



Community, individual and legal experiences  
of transgender people in Romania

# Transin Romania

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Established in 1996, at a time when homosexuality was incriminated, ACCEPT is the first NGO in Romania to defend and promote the rights of LGBTI people at national level and the organizer of Bucharest Pride since 2005. OUR MISSION AND WORK are to promote and defend, by all legal means, the persons whose fundamental rights and freedoms are violated because of their sexual orientation or gender identity. In the last two decades, ACCEPT has won numerous national and European legal battles for LGBTI equality.

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Founded in 1958 by Theodor Heuss, the first president of the Federal Republic of Germany, the Friedrich Naumann Foundation for Freedom (FNF) is a German political foundation that promotes liberal democracy, the rule of law, economic freedom and respect for human rights. Collaborating with local partner organizations, the Foundation operates in 70 countries, providing information and advice to voters, NGO activists, academics, economists, politicians and decision-makers, making thousands of young people interested in liberalism and the values of freedom.



# Introduction

# Introduction

For the first time in Romania, ACCEPT Association has documented the stories of transgender people in our country, for one year. In this category we include: trans women, trans men, non-binary people and agender people. For most people, gender identity corresponds to their biological sex and the entry for "sex" in the civil status documents. In the case of transgender people this overlap of gender with biological sex does not exist, is not relevant or is not total. Transgender is an umbrella term which includes various situations in which this overlap between gender and sex is not complete.

One essential thing must be mentioned from the beginning: being transgender is not a mental disorder. Through the decision of 25 May 2019 on the adoption of the revised edition of the "International Classification of Diseases-ICD", the 11th Revision, the World Health Organization has eliminated the psychiatric diagnosis of "gender identity disorder" and reclassified the trans experience as "gender incongruence" in the chapter "Sexual health issues". So far, the old diagnosis has generated a great deal of stigma, and the specific needs related to medical services for trans people have not been sufficiently covered. This report describes, through multiple research methods, how the lives of trans people in Romania have been affected by discrimination in a multitude of contexts: family, professional, medical, legal, bureaucratic. Also, this complex research brings us closer to trans people's lives, very different from each other, but striving for the same thing: for their identity to be accepted and respected in society.

The report begins with a glossary that defines the specific terms for this line of research. It presents the essential difference between sex and gender, within a constellation of concepts such as gender identity, gender roles, gender expression, transgender, gender-fluid, transsexual, transition, gender dysphoria and transphobia. The concepts related to sexual orientation are defined at the end of this section, drawing a clear boundary between gender identity and sexuality.

This report comprises three main sections: a quantitative research that analyzes the data obtained from the application of an online questionnaire on a sample of 123 trans people, a qualitative research that closely depicts essential levels in the lives of transgender people in Romania, and a legal research on relevant legislation and on court decisions regarding trans persons. The quantitative research was developed with the support of Trans Mreža Balkan and activist Arian Kajtezovic, by applying an adapted version of the questionnaire used to assess the health of transgender people in the Balkans. Overall, there have been addressed issues related to: how trans people perceive (their) gender identity, the difficulties they encountered regarding the transition (social, medical, legal), the nature of relationships with the family and the circle of close people, the incidents they had in the public space, the experiences at work, the relationship with the authorities, the relationship with the health care system and personnel. Also, a major part

of the report is the analysis of the implications (at legislative, judicial, community and personal level) arising from the necessity to recognize the right to self-determination, versus excessive bureaucracy and psychiatric pathologization of transgender people.

The report includes a rich casuistry, but also a statistical perspective. The quantitative research was conducted on a sample of 123 people who are part of the transgender community (trans women, trans men, non-binary people and agender people), aged between 16 and 60 years. These people were contacted by the ACCEPT Association, so the sample is an explorative one, an availability sample. Transgender people included in both qualitative and quantitative research are part of heterogeneous socio-professional and economic categories (artists, psychologists, lawyers, human rights activists, people in academics, freelancers, pupils, students, electronics engineers, translators), live mainly in urban areas (Bucharest, Timișoara, Iași, Cluj, Constanța, and in cities in the diaspora).

The methods and tools used to collect information for this report were:

- ▶ 123 questionnaires applied online, nationally and in the diaspora, answered by 27 trans women, 74 trans men, 12 gender-fluid people, 5 non-binary people, 3 agender people and 2 people who did not want to define their gender identity;
- ▶ 2 focus groups (in Constanța and Iași), attended by 5 and 3 transgender people, respectively.
- ▶ 9 individual interviews (with respondents from Bucharest and the diaspora), attended by 4 trans women, 4 trans men and a gender-fluid person;
- ▶ 1 group interview (in Cluj), attended by one trans man and one trans woman.

We chose to protect the identities of the participants in this study and to anonymize the personal data that would have made them easily recognizable and would have risked putting them in a vulnerable position. The quantitative and qualitative researches were held during the period 2018-2019.

The legal research on the court decisions given in the trans field took place in the first part of 2018 and includes the state of jurisprudence for the period 2006-2017. Although in Romania there are legal provisions that consider the possibility of modifying the entry for "sex" in the civil status documents, trans persons requesting this face the absence of clear conditions and procedures and the lack of specific information and training in the trans field of those who should apply these legal provisions - judges, prosecutors, lawyers and doctors. This situation leads to contradictory jurisprudence, interpretations based on prejudices and gender stereotypes, or even abuses.

This report highlights the major difficulties faced by transgender people. Aspects such as the following have been examined and substantiated sociologically, psychologically and legally: marginalization and social stigma, negative reactions from the family, difficult procedures for changing civil status documents, expectations of others regarding gender identity and gender roles, discrimination at work, the difficulties of the transition process, the lack of certainty in access to justice, the socio-economic status that prevents access to specific medical services,

the abuses suffered by trans people within the medical system, the avoidance of reproductive health services, depression and anxiety experienced by trans people, the very high risk of suicide and the feeling of social isolation.

Despite all the difficulties and obstacles, there is a little bit of optimism in this presentation. Even though they had a difficult journey to assume their gender identity, most of the participants stated that, following this personal imperative, they made the best decision for themselves. The idea that frequently emerged from the questionnaires, but also from the interviews, was that overcoming the doubts and feelings of shame, fear and guilt associated with the transition, meant a life-saving experience. For the participants, not assuming the trans identity would have created more suffering and would have reduced the motivation to live. Trans people have the right to dignity and to self-determination - the right to make free decisions on civil status documents, the beginning of the transition process and the assumption of gender identity. This report creates a framework for discussion in order to improve the living conditions of trans people.





# Definition of the terms

# Definition of the terms

## Sex

Complex of biological features (genotypic and phenotypic) of an individual, which outlines the differentiation between male and female, as well as the physiological and anatomical spectrum of male or female. At birth, the male or female sex is usually assigned based on the appearance of the external genitalia; when they are ambiguous, sex assignment is made taking into account other components (internal genitals, chromosomal and hormonal sex). For most people, gender identity corresponds to the sex assigned to them at birth (see **cisgender** below); for transgender and gender non conforming people, their gender identity or expression differs from those typically associated with the sex assigned to them at birth.

## Intersex

A term that refers to a series of physical features or variations that lie between the stereotypical ideals of men and women. Intersex people are born with physical, hormonal, or genetic features that are neither feminine nor masculine entirely; or are a combination of feminine and masculine features; or they are neither feminine nor masculine. There are many intersex variations; the term is an umbrella term, which defines a spectrum rather than a single category.

## Gender

Unlike "sex", which is related to biology (a person's body will be female, male or intersex), "gender" is a social construct, based on a set of emotional, behavioral and cultural features that society "attaches" to a person's biological sex. Gender can have several components, including gender identity, gender expression, gender roles, etc. There are people who do not recognize themselves in the male/female gender category (for example, non binary people, androgynous people, etc.).

## Gender binary

From a social point of view (of gender roles or stereotypes), the dominant Western view currently admits only the existence of two genders. Historically, however, there have been cultures around the globe operating outside of the binary that we see as a "standard" (Mahu in Hawaii, fa'afafine in Polynesia, hijra in India, two-spirit people in Native American culture).

## Heteronormativity and cisnormativity

Refer to the set of beliefs and practices that consider gender to be an absolute and indisputable binary, which therefore describes and strengthens heterosexuality as the norm. This implies that the gender, sex and sexual characteristics of people "are something natural" and must always be congruent. Therefore, heterosexuality is the only accepted sexuality and the only way to be "normal", while the only accepted gender identity is cisgender.

## Gender identity

Refers to the individual and conscious experience of gender, which may or may not correspond to the sex assigned at birth. A person who feels comfortable with the gender they were assigned at birth is a cisgender person. An example of a cisgender person is a woman who has been assigned the female sex at birth and identifies as a woman. Being a cisgender person has nothing to do with sexual orientation, and cisgender people can have any sexual orientation. For trans people, their own gender identity does not match the gender assigned to them at birth. Most people have a male or female gender identity, but some people do not fit perfectly into one of these two categories. Unlike gender expression, gender identity is not visible to the others. While the notion of "sex" refers to the biological difference between a man and a woman, "gender" also includes the social differences between men and women. The way people define the female or male gender has changed over time and even for the same moment it differs from one culture to another.

## Gender roles

A set of behavioral and social norms and expectations that are considered to be appropriate for a person of a certain sex, in the context of a specific culture. Gender roles differ greatly between cultures and change throughout history.

## Gender expression

The way people express their gender identity and are recognized by others as having a certain gender. Gender expression often refers to some visible features (clothes, hairstyle, gestures, manners, etc.) that are assigned to a particular gender in society. The connection between physical and gender features often depends on the social, historical and cultural context of society, and is traditionally expressed in terms of "male" or "female". But the gender expression does not always correspond to the gender identity of a person who either does not want or cannot express their identity, including for reasons of personal safety.

## Transgender or trans

It's an umbrella term that includes those people who have a gender identity different from the sex assigned at birth. The term includes those people who feel the need, prefer or choose to present themselves differently than expectations related to the gender role assigned to them at birth, through language, addressing terms, clothing, accessories, makeup or body changes. This concept includes people who have gone through the medical or legal transition (people with a trans past), but also people who identify as transgender but did not transition, as well as all those who have a gender identity or a gender expression that does not conform to the "male" or "female" standard. Such non-conformity may be manifested through clothing and/or body changes, including surgery.

## Gender-fluid, genderqueer, bigender, agender or non-binary person

A person who does not identify with the male/female genders, but is somewhere outside of them or between them. Some non binary people choose to use a neutral language, including neutral pronouns. In Romanian, besides the possessive pronoun *their* (sa/săi/sale) there is no neutral pronoun to address these people, but in English "they/them" is preferred.

## Coming out

The process of revealing the identification as a lesbian, gay, bisexual, trans or intersex person.

## Transition

Includes the actions related to social, medical or legal transition, which lead to the societal recognition of the person's gender identity.

## Social transition

It's the transition to the gender role the trans person wants. This could mean changing the name under which the person is known in society, changing the pronouns the person uses, changes related to gender expression (haircuts, makeup, clothing, etc.), and consequently communicating these things to people around. Many trans people don't reveal their gender identity from the beginning, they prioritize their physical safety and material security. Trans people usually go through the process of "**coming out**" gradually, starting with the people they feel they can trust the most.

## Medical transition

Represents the medical assistance used by trans people to assert their identity. Basically, this could mean any combination of: hormonal treatment, breast reconstruction surgery (mastectomy or mammoplasty), genital reconstruction surgery, facial masculinization or feminization surgery, vocal cord surgery, hair implants or permanent hair removal, voice therapy and other related surgeries.

## Legal transition

Represents the change of gender indicators in civil status documents (first name, NIN - National identification number, sex marker), so that the person can benefit from legal recognition and protection, and to facilitate the interaction with the authorities.

## Transsexual

It's an older term that comes from the medical and psychological communities. The term is still preferred by some people who have permanently changed - or are looking to change - their body through medical interventions (including, but not limited to, hormone therapy and/or surgery). Unlike "transgender" or "trans", "transsexual" is not an umbrella term, but a specific one, which is most often used in a pejorative, insulting sense, in Romanian. It is preferable to use the term "transgender" or "trans", always as an adjective (transgender people, trans man), and never as a noun (a transgender).

## Gender dysphoria

A term used by psychiatrists and psychologists to diagnose the acute and persistent feeling of mismatch between the sex assigned to a person at birth and the gender to which that person feels they belong. Gender dysphoria and non-conformity with gender norms are not one and the same thing: non-conformity has no clinical implications, while dysphoria causes angst and can lead to dysfunction. The criteria underlying the diagnosis of gender dysphoria are specified in "Diagnostic and Statistical Manual of Mental Disorders" (DSM-5), 5th edition, 2013, published by the American Psychiatric Association (APA).

## Gender identity disorder

The formal diagnosis proposed by "Diagnostic and Statistical Manual of Mental Disorders", 4<sup>th</sup> edition, Text Revision (DSM IV-TR) (American Psychiatric Association, 2000). Gender identity disorder is characterized by repeated and strong identification with the opposite sex and persistent discomfort with one's own sex or a feeling of mismatch with one's assigned gender role, causing clinically significant distress or inability to function socially, occupationally or in other important respects. The category "Gender Identity disorders" is also found in the World Health Organization's International Classification of Diseases, 10<sup>th</sup> Revision (ICD-10), 1990. Romanian psychiatrists diagnose "transsexualism" (code F64), required by endocrinologists and surgeons in order to complete the steps related to the medical transition. The diagnosis is placed in the chapter of mental and behavioral disorders, and defined as follows: "The willingness to live and be accepted as a member of the opposite sex, usually accompanied by a feeling of discomfort or inadequacy of a person's anatomical sex and the desire to undergo surgery and hormonal treatment to make the body as congruent with the opposite sex as possible".

## Gender incongruence

According to the World Health Organization's "International Classification of Diseases - ICD" (11<sup>th</sup> Revision, 2019), this classification is characterized by a marked and persistent incongruence between a person's inner gender identity and the sex assigned to birth. Variation in gender behaviors and preferences is not, in itself, a basis for diagnosing gender incongruence. This diagnostic code (HA60) will be used to collect statistical data on the progress of the medical transition and to fit into the medical system the organization and, eventually, the reimbursement of the medical services related to the transition. The use of this ICD-11 classification for transgender-specific medical services effectively cancels the pathologizing diagnosis of "transsexualism" (F64) which is currently in use.

## Transphobia

Refers to negative cultural and personal beliefs, opinions, attitudes and behaviors, based on prejudice, disgust, fear and/or hatred towards trans people or against variations in gender identity and gender expression. Transphobia manifests itself in various ways, for example, as direct physical violence, insulting forms of address and words, discriminatory media articles and social exclusion. Transphobia also includes institutionalized forms of discrimination, such as criminalization, pathologization, or the stigmatization of gender identities and gender expressions that do not conform to the norm of gender binary.

## Sexual orientation

A person's capacity to feel emotional and sexual attraction and to have intimate and sexual relationships with individuals of different gender, of the same gender or of all genders. Sexual orientation should not be confused with gender identity. Transgender people can be heterosexual, lesbian, gay or bisexual. LGBTI is an acronym for lesbian, gay (homosexual), bisexual, trans and intersex people. LGBTQ is also a version, where **Q** is the initial letter from the term **queer**.

## **Lesbian**

A woman who is sexually and/or emotionally attracted to other women.

## **Gay**

Refers to a person who is sexually and/or emotionally attracted to people of the same gender. It traditionally refers to men, but other people who are attracted to the same or other gender may also define themselves as gay.

## **Bisexual**

A person who is emotionally and/or sexually attracted to people of different genders.

## **Asexuality**

Sexual orientation characterized by a persistent lack of sexual attraction to any gender.

## **Pansexuality**

Sexual orientation characterized by sexual attraction to a person regardless of their gender.

## **Demisexual**

A person who does not feel sexual attraction to someone else unless he/she has already formed a strong emotional connection with the other person.

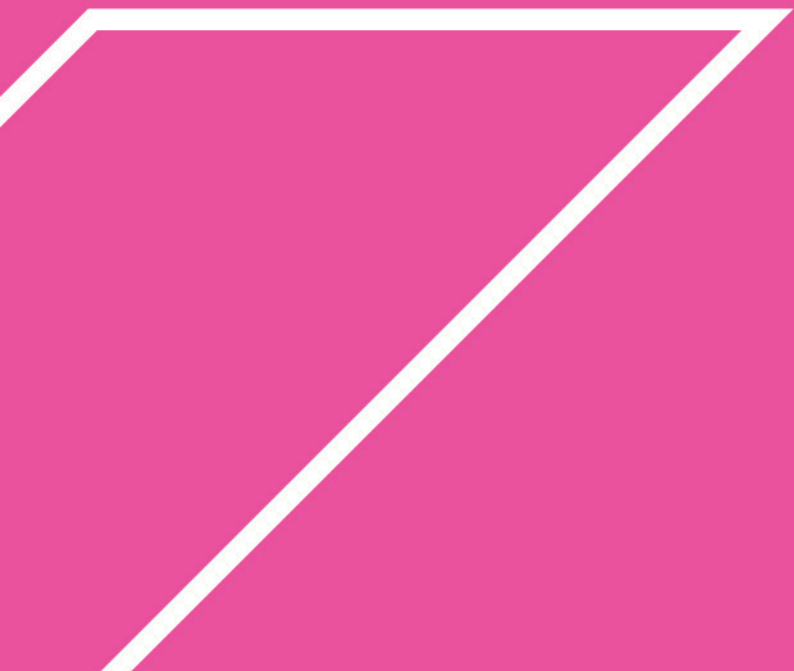
## **Queer**

Formerly used as a pejorative term (in English) to refer to LGBTI people, this term has been recovered by people who identify themselves beyond traditional gender categories and the heteronormative social framework. However, depending on the context, some people might consider it an offensive term. It also refers to queer theory, an academic field that criticizes heteronormative social norms regarding sex and sexuality.

### **Sources:**

- ▶ <https://transinromania.ro/>
- ▶ <https://www.ilga-europe.org/resources/glossary>
- ▶ <https://tgeu.org/glossary/>
- ▶ <http://www.whatisasexuality.com/outreach/glossary/>

# Experiences of the trans community



# Experiences of the trans community

## Gender identity and experiences of trans people

This section of the report includes the quantitative research carried out following the analysis of the online questionnaires applied among transgender people of Romanian origin. The sample resulting from this research includes 123 people, and the questionnaire was administered in Romanian. The characteristics of the sample are highlighted in the chapter **Demographic aspects of the sample**.

The purpose of this online questionnaire was to collect and highlight the experiences related to the gender identity of the participants. By "gender identity" we mean any personal feeling of gender identity, deeply felt inside. Examples: cis woman, trans woman, cis man, trans man, non-binary person (as an umbrella term or independent term), gender-fluid, agender, trans or transgender (along with another aspect of gender identity, such as, for example, a non-binary transgender person), genderqueer, bigender and others. By "gender expression" we mean the way a person represents and expresses their gender identity, as well as the way this is perceived by others in relation to looks and external appearance, for example through clothing, manners, speech. Terms that describe the gender expression, according to the respondents, can be: feminine, androgynous, masculine, gender-fluid, neutral. The answer to the question "What is your gender identity?" was left open so that participants could define and declare their gender identity as they wish. Under these conditions, the classification in Fig. 1 presents a statistical view of the sample, without invalidating or contradicting the gender identity statements of the respondents.

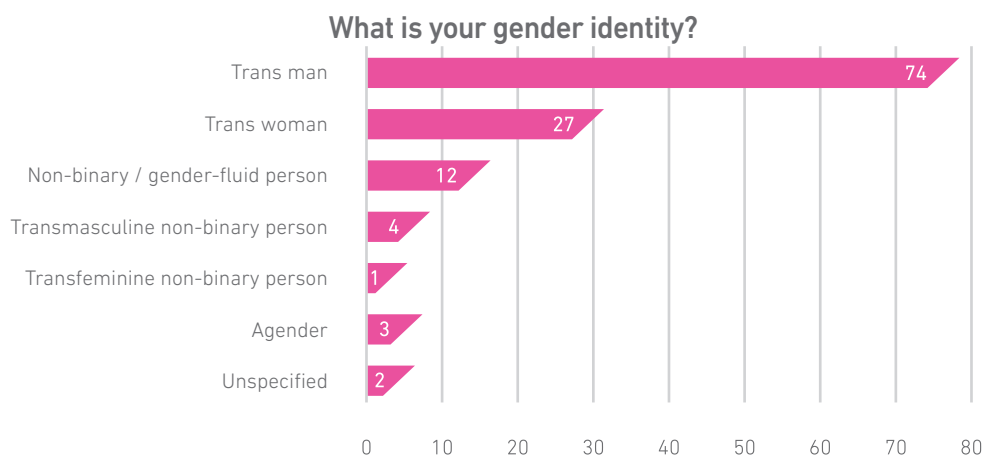


Fig. 1 Number of people who have declared a certain gender identity (total sample size: 123)



46% of the people in the sample consider that they live totally or mostly in accordance with their gender identity (Fig. 2). However, the majority of the sample (51%) consider that they live only partially in accordance or not at all in accordance with their gender identity. "Living in accordance with their gender identity" means that the person doesn't feel uncomfortable with their personal perception of their gender identity (through body image), with the social perception of their gender identity (for example the usage of the correct pronoun in addressing) and with their civil status (gender indicators in the identity card).

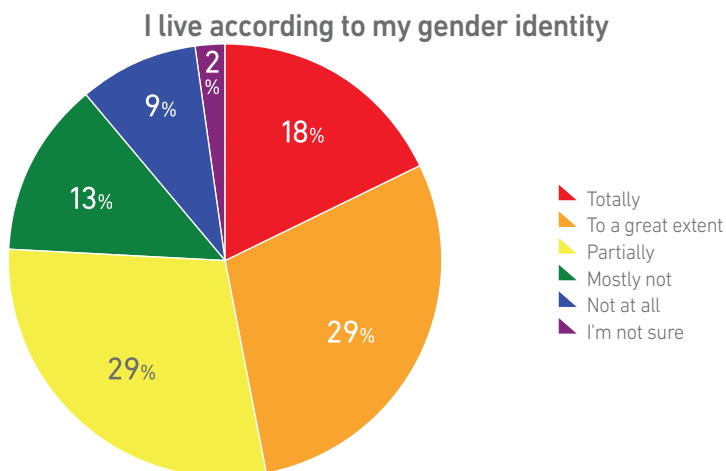


Fig. 2 Proportion of people who consider that they live in accordance with their gender identity

In terms of sexual orientation, the benchmark is the gender identity of the person, in relation to their sexual preferences. For example, a trans man who is attracted exclusively to women will be considered a heterosexual man. Instead, **queer** is a generic term for LGBTI+ people, who differ from heterosexual and/or cisgender people. For more clarifications go to the section **Definition of the terms**. Overall, 56% of respondents defined themselves as gay, lesbian, bisexual, queer, asexual, etc. The participants chose the following terms that suited them, listed in order of frequency of answers given in this research.

- ▶ Heterosexual (47 people - 38%)
- ▶ Bisexual / heteroflexible (16 people - 13%)
- ▶ Not defined (16 people - 13%)
- ▶ Pansexual (13 people - 11%)
- ▶ Queer (11 people - 9%)
- ▶ Gay (7 people - 6%)
- ▶ Asexual (5 people - 4%)
- ▶ Lesbian (3 people - 2%)
- ▶ I'm not sure (3 people - 2%)
- ▶ Demisexual (2 people)

The participants detailed, through open answers, the factors that prevent them from living in accordance with their own gender identity. The open format of the question allowed the respondents to express their opinions, but also their feelings towards the difficulties and challenges encountered from a social, family, legal, medical, professional and psychological perspective.

### a) Personal factors:

- ▶ The relationship with their own body, in some situations where the person hasn't start or finished yet their transition;
- ▶ The depression and the anxiety some trans people experience;

### b) Factors related to family and close group:

- ▶ Financial problems and the lack of support from the family;
- ▶ The necessity to give some difficult explanations to the family, society, medical and legal system;
- ▶ The opposition of the parents and their attempts to "heal" the transgender identity;
- ▶ The negative reaction of the parents or the children of a transgender person;

### c) Factors related to society as a whole

- ▶ Fear of the opinion of others, of their judgments, but also of aggression in public;
- ▶ Social marginalization and stigma (transphobia and homophobia);
- ▶ The expectations of others regarding gender identity and its associated manifestations (e.g. masculinity, femininity, motherhood, fatherhood, etc.);
- ▶ Lack of a culture of human rights in Romania;
- ▶ Rejection within the religious community;
- ▶ Discrimination in the workplace;
- ▶ Living in a small town, where everyone knows each other.

### d) State and authority factors:

- ▶ The difficult procedure necessary for changing the name and gender in Romania;
- ▶ Preserving the name in the documents, inconsistent with the assumed gender;
- ▶ Lack of specialized medical services;
- ▶ Inaccessibility of hormone therapy and difficulties to cover treatment costs;
- ▶ NIN (National identification number) and other identity or administrative documents that do not reflect the gender identity;
- ▶ Difficulty to access quality medical services, even abroad.

The respondents referred to the Romanian society in light of the following perceived characteristics: ignorance and lack of education (including in the case of medical and legal professionals) regarding transgender identities, gender stereotypes and cisnormativity; toxic masculinity; discrimination in the workplace; bullying and abuse (including legal and procedural) of trans people; the general attitude towards LGBT people. **"The world does not understand"** is a phrase that is constantly popping in the free answers given by the participants in this study. There are, however, testimonies of some rather positive experiences: ***"I made the sex change, but not fully. I obtained the court decision, I changed my documents, so legally everything is 100% ok. But medically not everything is ok; I am on hormonal treatment with Nebido (injectable testosterone) and I am 100% satisfied with the results; I also had a pectoral surgery to get rid of the unwanted breasts, which was not very successful, but even so, I'm still glad I did it; I haven't had genital surgery, so I can't say I'm 100% satisfied with my current gender identity, but let's say I'm at least 95% satisfied, and that's a huge improvement over how I was before the change*** [transition - ed.

note], ***when I was totally dissatisfied with myself, both with the way I looked and especially with the way I was perceived by the world around me. So, now, even if I am not perfect, that is 100% like a biological man, I am very well anyway***" (trans man over 40 years old, from Constanța County).

The participants stated that they are open ('out') about their gender identity mostly with close friends (67%) and their partner (60%). The family is on third place, in a proportion of 52%. On the opposite side, trans people do not want to reveal their gender identity to the authorities (46%), to other relatives (42%), to doctors (35%) and at the workplace (35%). More than a half of the trans people who answered the online questionnaire (62%) stated that they are not part of a religious community, so for them, there is no need to reveal their gender identity in this context.

The opinion and reactions of others over trans people in general and over the participants to the study in particular, were reflected on an axis from "disapproval" to "encouragement". The respondents argued that the negative attitudes are prevailing inside the close family (39%), with other relatives (39%), but also in relation to the authorities (27%). Instead, the support and encouragement constantly come from friends (67%) and life partner (55%). A majority of trans people do not come into contact with any religious community (72%), and many of these people avoid talking to the authorities (39%) or doctors (36%). In this respect, 59% of participants would like to be more open to others about trans identity or gender history. It is very relevant that only 24% of participants feel comfortable to tell others that their gender identity is different from the one conventionally/socially associated with the sex assigned at birth.

***"Romania was a prison, and now, at last, I am free!"*** (trans man, resident in Great Britain). In Romania, most of the trans people who answered the online questionnaire say they prefer to be discreet, to not reveal their gender history, because the society is uninformed, and some people may make fun of this topic. Many trans people said that they assert their gender identity, but they prefer to hide the fact that they are in the process of transition. Some trans people say they are dissatisfied with the way their gender is perceived, depending on the stage of the medical transition: ***"At the beginning there were bad reactions. Now, due to the treatment, things have changed for me and I can more easily cope with what people say"*** (trans man, Bucharest). Moreover, ***"the Romanian is a bit of a hypocrite as far as I know... no matter how much you tell him about yourself, he will roll his eyes after you leave"*** (trans man, Teleorman).

Regarding the reactions of the others, we present a relevant testimony: ***"Most of the incidents were conflicts with strangers who saw me for the first time and their question was: «Are you a girl or a boy?».*** ***My answer was acknowledging I was trans. Many were curious how it works and I preferred to not give explanations so that they have no reason to make fun of me"*** (non-binary person, Bucharest). Many participants share the opinion that ***"Romania is not an environment where you can feel really comfortable"*** as a trans person. For example, a transmasculine, non-binary person from Bucharest presents the reactions of others as being like: ***"«it's hard for me to get used to it, I find it strange to call you in the masculine, you have to learn to love your body as it is»"***. Another level of negative reactions is described as follows: ***"People seem to think that being trans is a disease or a result of a trauma, [some] have the impression that we need to be «repaired», «brought back to normal».*** ***Others believe that it is a choice or that we can change our***

*minds*" (trans man, Hunedoara county). **"Trans in Romania = faggot (RO bulangiu), this is what others think, so this is their reaction"** (trans woman, under 25 years old, Bucharest). In some situations, it goes as far as violence from the family side: **"Everybody encouraged me, except of my family. My family totally rejected me, relatives have come to beat me in order to «cure» me and have come to do other things which don't make sense for me to reveal here, but they're neither nice things, nor things that any child should go through"** (Trans girl from the north of the country).

There are also people who said that they have had positive experiences regarding the reactions of others about their gender identity. In some situations, classmates were very understanding and supportive, just like their close friends. But most trans people are reluctant to reveal this from their first encounter with someone, including in the professional environment. According to the respondents, in certain situations, the "first impression" is not/may be not in accordance with their gender identity, which may lead to embarrassing, unpleasant discussions, in which explanations are required or value judgments are issued about trans people. This situation created difficulties for a trans person in the hiring process, because the managers were put in difficulty by the **"discrepancy between my voice and the name in the CV"** (trans woman, resident in the UK). Some trans people say they choose to have a limited vision and ignore negative comments and disapproving reactions.

A trans man from the east of the country said that he thinks that a neutral attitude protects him from the unpleasant situations: **"Many of the answers I have given are neutral in light of the fact that I have never said I am or I'm not trans. Although the identity from the papers differs 100% from the way I am, the way I behave and the way I look, I never forced anyone to perceive me in one way or another, instead I gave everyone the freedom to perceive me as they want, and most of the time it was very good (and it still is, God help me to be still)"**. On the other hand, other respondents said that a sincere relationship also involves a revealing of the gender identity: **"While I can not say that I prefer people to know I'm trans, I couldn't form a close relationship with someone who wouldn't know me and fully accept me, my identity and experience as a trans person being quite important to me"** (non-binary trans boy, under 20 years old, from the southwest of the country).

## Gender indicator and civil status documents

The civil status documents in Romania do not explicitly refer to gender, they are completed by the authorities with the biological sex with which a child is born. The sex in the documents defines how we can be regarded in social interactions - at the bank, at a job interview, at the doctor, when leaving the country or entering the country. Transgender people legitimately want their gender, not the sex designated (by others) at birth, to be reflected by the identity documents. In a cis-normative society, a person's gender can be "deduced" from the identity card by several elements - gender indicators: first name, first digit of the NIN (National identification number) and the entry for "sex". Consequently, the presence of the legal gender indicator (specified in the documents) is an element that can create a state of confusion for cisgender people, especially when there is a discrepancy between the gender expression of the trans person and the legal indicator in the identity card. **"When people wondered (seeing my documents), they drew their own conclusions that the documents were wrong, so I let them believe what they wanted, without**

**other complications**" (trans man, Bucharest). In this context, 18% of trans people who participated stated that they would choose not to specify the gender or sex in the documents, or to specify it as gender X - the third gender (solution agreed in proportion of 15%). The remaining 49% stated that they would choose the masculine gender and 16% that they would choose the feminine gender (Fig. 3). One respondent provided a more elaborate answer, which insists on individual freedom: **"We should be able to choose the third gender or the gender should not be specified. (...) It would be nice not to have gender indicators at all and to write the gender to whoever wants it. But this is utopia"** (non-binary or agender person, Bucharest).

**If you could choose a legal gender indicator, which one would you choose?**

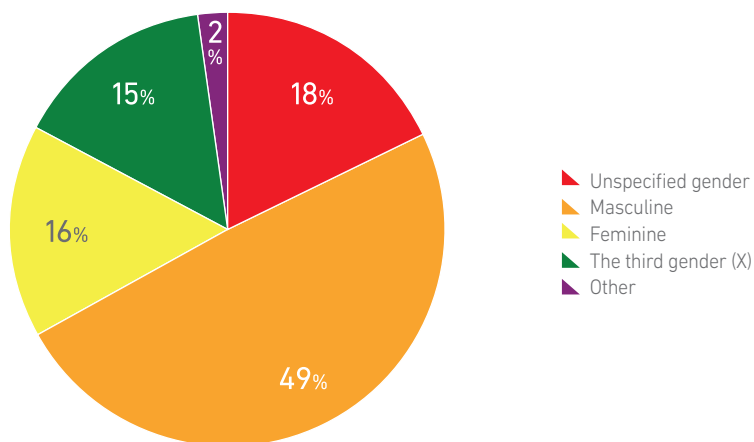


Fig. 3 Proportion of people who have opted for various gender indicators, including their elimination

The procedure for changing the identity documents and for recognizing the gender identity is a major obstacle for many trans people. A trans man from Argeş county offers this testimony: **"It's so difficult to go through so many legal procedures in order to have my true identity recognized, in order to obtain the legal recognition and the legal documents I need in my current activities. Most of the reactions were limited to curious glances, but that's enough to remind me of my gender dysphoria and all the steps I have to take".** In this context, 42% of respondents said they know the procedure for changing the gender indicators in civil status documents, 51% answered that they are not informed about this procedure, and 7% considered that they do not have sufficient, relevant or up-to-date information. Only 7 people (6%) of the sample of this research changed their gender indicators in documents, and another 13 people (11%) stated they have started the official steps. Instead, 72% want to do this, but have not started the procedures yet, and 11% don't want to do this procedure".

There are many reasons why a person may choose not to change their civil status documents. In addition to a variety of personal reasons, someone may perceive as barriers some official (laws or other regulations) or unofficial (unwritten but usually applied) requirements or criteria. When we refer to these requirements/criteria, we refer to both the official and the unofficial ones. Below, there is a list of the reasons chosen by at least 30 respondents (at least 20% of the sample), in order of prevalence of the answers:

- ▶ *"I cannot afford some or all of the judicial, administrative costs and others"* (43%)
- ▶ *"The judges will ask me to have done the surgery down there before they change my documents"* (31%);
- ▶ *"I'm afraid the authorities will ask me to go through abusive procedures, such as the evaluation of the National Institute of Forensic Medicine"* (28%);
- ▶ *"I am constrained by personal circumstances: lack of support from the family, from my partner, from co-workers or classmates, or other personal or social factors"* (26%);
- ▶ *"The current procedure requires me to have at least a part of the medical transition done, that is, to undergo medical interventions: hormone therapy, surgery, etc."* (24%);
- ▶ *"I don't know what the procedure is"* (24%).

Although 36 participants (29% of the sample) chose not to answer the above question, this issue is extremely important for most of the respondents. From the statements of a trans man from Bucharest, we can understand the complexity and severity of the obstacles which this category of people encounters in the effort to live in accordance with their gender identity: *"The stigma of society, the lack of pro-transition legislation, discrimination in the workplace and in the health system, few options for support of those with gender dysphoria and the fact that treatment or surgery costs are not covered by the Health Insurance Fund, the unavailability of hormone therapy in Romania, because they are not on the list of drugs and cannot be purchased from pharmacies"*. A non-binary person from Bucharest considers that *"the procedures for changing the identity document are unclear and difficult, there are no medical protocols"*. And a 19-year-old trans boy confesses that *"I still have the sex, the NIN (National identification number) and the name assigned at birth in the documents, which creates a lot of obstacles and discomfort in my daily life (for example, when I want to buy alcohol and I have to show the identity card), but also in other situations, such as important exams"*. The identity document is an extremely important element, and trans people in Romania are prevented from obtaining the legal recognition of their gender identity.

Legal representation is an extremely important element in the process of changing the civil status documents. In this regard, 28 of the respondents (23%) were satisfied with the way they were represented in court, 12 people (10%) were not satisfied, and 37 people did not benefit from legal representation because they did not start the process or because they represented themselves. Only one answer was more elaborate on this topic, highlighting the poor communication with the lawyer: *"Yes and no, I mean the lawyer is skilled and with many connections in the city and she solved my problem, but it was a little bumpy and with a lot of lack of communication. It would have been nice if she had given me more information and clarification about what was need to be done or what she was going to do; for a long time I had the feeling that she seemed to be working against me, and I was convinced that she was in cahoots with my mother behind my back; now I know that it wasn't like that and that the lawyer did the right thing, but then I didn't know, because she didn't give me information and explanations just so I could understand what's what and I'd effectively come to not trust my own lawyer"* (trans man from Constanța county).

## Intersex people

Some trans people may also be intersex. Intersex people are born with physical sexual characteristics that do not fully correspond to biological features that describe a woman's or man's body (e.g.: chromosomes, genitals, gonads, hormonal structure). Trans people are not automatically intersex: if a person's body is medically considered female or male without taking hormones or before undergoing surgery, then the person is probably not intersex, whether they have gone through a medical transition or not. Finally, people whose gender identity or gender expression does not match the social norms for women and men (non-binary persons, genderqueer, etc.) are not automatically intersex, since gender identity and gender expression are not part of the criteria for being intersex, but only the physical sexual characteristics.

Within the sample, 4 people identified themselves as being intersex, and 9 participants considered that they may be intersex. Of them, 8 received a medical diagnosis or treatment for intersex people. A trans man from Bucharest (over 30 years old) described his first medical consultation on the intersex issue: ***"The first endocrinologist would have suggested that I should do a karyotype analysis and a gynecological check-up to make sure I'm intersex. I didn't do them because of lack of money and because I was ashamed of the gynecologist"***. A trans man from Vâlcea county describes a similar feeling towards doctors and the interaction with them: ***"It's not a clear diagnosis, but I have secondary sexual characters from both sexes. I don't care to know more, I hate doctors"***.

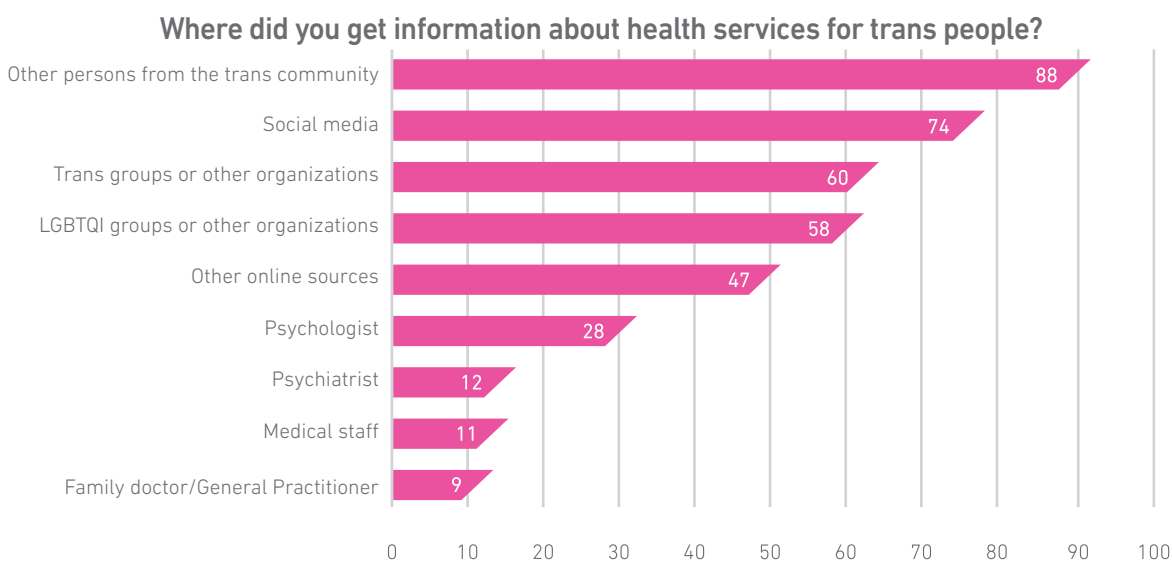
According to some respondents, agender and intersex people have to deal with family, medical and legal situations of a particular complexity. We present below the answer given by an agender person (with female sex assigned at birth), from Bucharest: ***"I think there was a minor intervention to confirm my gender during the first months of my life, but I don't have extremely concrete evidence in this regard. My parents raised me extremely gender neutrally - the abbreviated form of my name could not be attributed to the female or male gender, I wore mostly short or very short hair, I only wore pants, I was not allowed to wear accessories that were too feminine, nor to play with things that were too masculine. I was banned from shaving my legs until I was 12, even though I wanted to because of obvious and excessive hair, and I wasn't allowed to do that until my breasts started to grow. In the hospital registers there are erasures on the entry for name and sex, but not in the birth certificate"***.

## Health care services for trans people

Some trans people want a medical transition and health care services specific to trans people, but there are also people who cannot access specialized health care for various reasons. The health care services specific to trans people are the therapies, procedures and other health services necessary for the social or medical transition. These services include psychological support related to the trans experience (received from a psychologist within an organization for trans people, at school/work or at a hospital/clinic), hormone therapy with testosterone or estrogen (with or without medical supervision), permanent laser hair removal, **top** and/or **bottom** surgeries to affirm their gender identity or expression. The questionnaire revealed the respondents' opinion about the health care services specific to trans people; at the same time, the aim was to collect other experiences that the participants had with the Romanian health care system.

Issues related to health care services specific to trans people are of particular importance to all respondents. They stated that, in the last five years, they had searched and received information on hormone therapy or endocrinological care for trans people (77% of the sample), and information on psychological support for trans people (75%). Also, a topic that concerned most of the respondents was related to the specific surgical procedures. The source of this information is very important and Fig. 4 details how this information was disseminated among trans people who had participated in the online questionnaire.

The main source of information is the trans community itself, followed by online sources and groups or organizations for trans or LGBTQI+ people. According to the respondents, the personnel from the health services ranks on the last places in the top of information sources, that is the psychologist, the psychiatrist, the family doctor or other specialists. In this context, it is very relevant that 49% of the participants state that they do not know if there are medical protocols or good practices guides for health services dedicated to trans people, 20% consider that these protocols do not exist and 31% say that they exist.



*Fig. 4 Sources of information on health care services specific to trans people*

An extremely important element is the medical or psychiatric diagnosis received by the people in the sample in relation to gender identity. 61 people (50% of the respondents) stated that they received a diagnosis, 50 people (41%) did not receive it, and 12 people stated that they do not know or do not remember. The participants were asked to declare, if they wanted, what those diagnoses were. We list below: gender identity disorder (from the clinical psychologist), gender dysphoria (DSM 5), nuclear transsexualism (from the endocrinologist), sexual identity disorder (ICD-10), sexual identification dysfunctions. Several respondents expressed their reservation about the competence or the availability of the psychologist to validate their trans experience, and/or of the psychiatrist - to offer them support in the process of gender transition.



A young trans man from Maramureş county considers that, ***"given the fact that I am both trans and gay, and I have character traits that are stereotypically feminine, I am afraid to go to a psychologist, because I am firmly convinced that it would invalidate my experience"***. A teenager trans boy, from Galaţi county states that ***"my former psychologist was not well enough informed, so he relied on the fact that it could be a period in my life, and the psychiatric evaluation will be done in the winter of this year"***. An up to 25 years old non-binary person from Bucharest confesses that ***"I've never discussed this with my therapists because I haven't had therapists to know about for sure that they are LGBTQ+ informed so I've never opened up Pandora's box, so to speak, because I was afraid that it would be against me"***. A rather ironic observation comes from a young trans man from Iaşi county: ***"I keep waiting for the psychiatrist to ask me [about my gender identity - ed. note], but somehow we didn't get to talk about it"***.

We present a more comprehensive testimony about the relationship of trans people with psychologists and psychiatrists, coming from a young, non-binary, demimale person from Bucharest: ***"I wasn't open enough to contact a psychologist/psychiatrist or to start the treatment for hormonal change, partly because I feel uncomfortable being a non-binary person with a not so dysphoric experience in their own body. As far as I remember 3 years ago the procedure was largely addressed for the transition between feminine/male and male/female strictly and at that moment I did not feel comfortable to explain where I was in the spectrum. I also know at that time there were very few doctors outside Bucharest who dealt with the cases of trans people and it was expected to follow a whole process... from psychological tests to hormonal treatments, surgery and change of documents. I wouldn't have wanted to go through all these stages, especially through the psychological test. Currently, I would only go through such thing if I wanted to undergo hormonal treatment or surgery procedure for top, because I understand that the psychological testing is still necessary... I was also a little afraid of stigma because those in my close family are all psychologists, and they are not so open to address such problem even after the discussions, although I know that currently there are more open psychologists in LGBT organizations"***.

Trans people may need specialized health services in accordance with their experience of gender identity. These services may be: psychological or psychiatric support, products and/or prostheses (binders or penile prostheses), laser or electrolysis hair removal, voice therapy, puberty blockers, hormone therapy (with testosterone, estrogen, androgen blockers, etc.), surgery procedures specific to trans experience and others. The need or willingness of trans people to benefit from certain health services and the effective access to these services are compared in Fig. 5.

It is very obvious from the statistics presented that the need of trans people for health services remains unsatisfied for a significant number of persons. In other words, the distance between need and its satisfaction is obvious and worrying for all types of services. Other health services that trans people would have wanted or they had accessed include the services of a general practitioner and of a psychotherapist, but not in relation to gender identity. Within this sample, 30 people (24%) did not receive any health services specific to trans people. This result can be related to the reluctance towards the health service providers regarding the gender identity, which have been clearly demonstrated through the answers above. The fear of rejection, stigma or experiential invalidation, in addition to the high cost of these services, leads to insufficient access of trans people to the health services that meet their needs and willingness.

## Did you need or access health services specific to trans people?

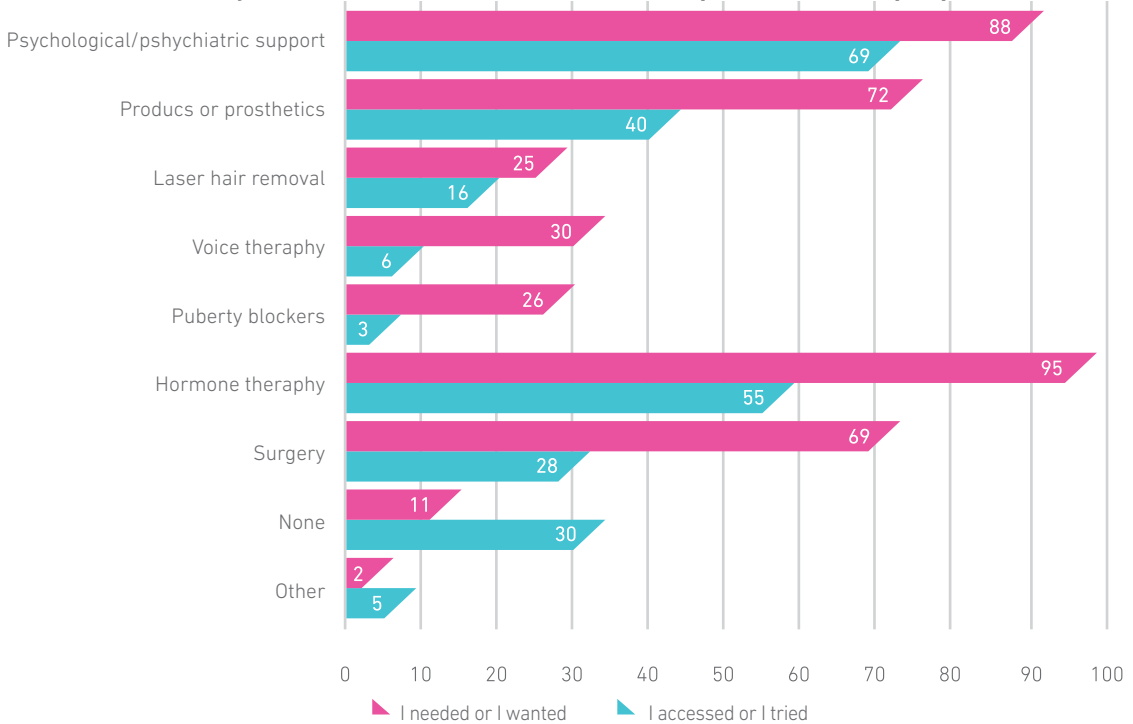
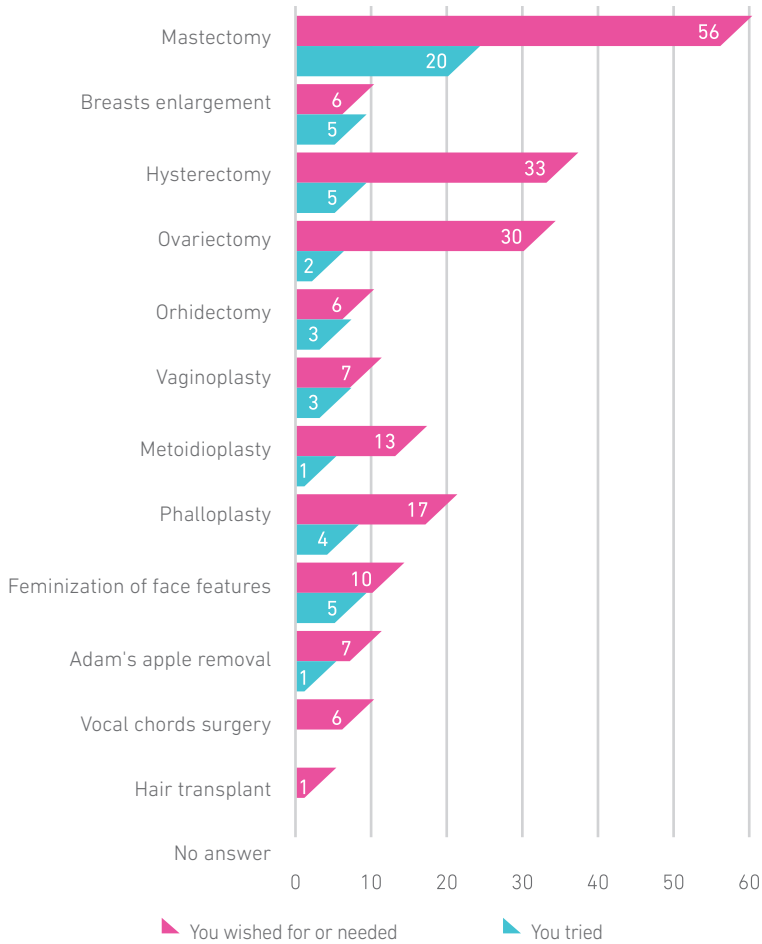


Fig. 5 Number of people in the sample who needed and accessed specific health services

One of the health issues for trans people is the access to surgery procedures specific to the transition process. Within the sample, 69 people (56%) said they wanted at least one type of surgery procedure, but only 28 people (23%) said they had tried at least one type of surgery procedure. This substantial difference is also maintained when the types of surgery procedures specific to the trans experience are detailed. Fig. 6 includes two series of elements: the person's need/willingness to undergo at least one specific surgery procedure, and the effective access of people to this type of surgery procedure.

## Did you wish for, need or tried the following surgical operations?



*Fig. 6 Number of respondents who needed/wanted and accessed surgery procedures specific to the trans experience*

There have been identified 12 types of surgery procedures: surgery procedure to reduce the size of breasts or for removal of the breasts (mastectomy), surgery procedure to enlarge the breasts, hysterectomy (removal of the uterus), ovariectomy (removal of the ovaries), orhidectomy (removal of the testicles), vaginoplasty (surgical creation of a vagina), metoidioplasty (turning a clitoris into a penis), phalloplasty (creating a penis from skin grafts), surgery procedures to feminize facial features, reshaping or removing Adam's apple, surgery procedure for the vocal cords and hair transplantation. Mastectomy, hysterectomy and ovariectomy are the surgery procedures that some trans men want and consider they are necessary for them, but only 20 respondents said they had a mastectomy, which is the most common surgery procedure specific to the trans experience. In conclusion, very few trans people had access to the surgery procedures they considered necessary, and we will further explore the reasons behind this state of affairs.

There are many reasons why respondents did not seek or could not access specific health care services for some of the trans people. We list the main reasons invoked by the participants:

- ▶ Limited financial resources for at least 38 participants (31%), especially for complex surgery procedures such as phalloplasty, but also for procedures of medium difficulty, such as hysterectomy;
- ▶ Lack of judicial or legal support;
- ▶ Requirement of a court decision for certain procedures (e.g. hysterectomy);
- ▶ Lack of hormones on the legal pharmaceutical market in Romania;
- ▶ Parental opposition in the case of minors, or lack of family support;
- ▶ Very few products (for example, penile prostheses) specific to trans people on the Romanian market;
- ▶ Unpleasant experiences with psychiatrists and endocrinologists;
- ▶ Difficulty in finding specialist surgeons for surgery procedures they need;
- ▶ Limited experience of psychologists and psychotherapists in working with trans people;
- ▶ Requirement of a psychiatric certificate for hormone therapy.

One of the problems in this research was related to certain medical services or procedures that trans people were forced to accept, even if they didn't want them or didn't need them. First of all, the requirement for a specific diagnosis of gender identity disorder is considered abusive by the majority of respondents, whereas, as one participant stated, ***"it doesn't seem appropriate to me to require a psychiatric diagnosis to show that being trans is a mental illness, since I do not consider it so"*** (trans man, up to 20 years old, Satu Mare county). This opinion is supported by the World Health Organization, which, by decision<sup>1</sup> of 25 May 2019 on adopting the revised edition of ICD-11, has eliminated the diagnosis of "gender identity disorder" and reclassified the trans experience as "gender incongruence" in the chapter "Sexual health issues". This reclassification requires the updating of legal procedures regarding the transition and the elimination of the psychiatric diagnosis of "gender identity disorder". Especially since, in Romania, trans people face the lack of professionalism and empathy of some medical staff: ***"the endocrinologist told me that: «Why should I do that? I'm such a handsome boy!»"*** (trans woman up to 30 years old, from Bucharest).

The psychiatric diagnosis is not the only medical service that some trans people have been forced to accept. A trans woman under the age of 30, living in India, testified: ***"I tried to use vaginoplasty to speed up and force the modification of the birth certificate"***. Another trans woman, up to 40 years old, from Hunedoara county said that: ***"I did a genetic test, on the grounds that a possible intersex condition could be the cause of my dysphoria"***.

<sup>1</sup> World Health Assembly Update, 25 May 2019, <https://www.who.int/news-room/detail/25-05-2019-world-health-assembly-update>

Most of the answers received to various questions result in a pronounced reluctance of trans people towards the Romanian medical system. A testimony of a non-binary person from Bucharest details the reasons behind this attitude: ***“I went to an endocrinologist, who prescribed me the wrong treatment (related to a personal problem, not trans) that unbalanced me hormonally, that I was close to getting breast cancer. Since then, I haven't gone to endocrinologists”***. A trans man resident in Great Britain offers a very detailed and relevant description of the abusive experience at the limits of the law he lived in the Romanian medical system: ***“I was forced to be hospitalized at Parhon Institute where I had numerous tests done (imagistic evaluation and serology) for a week. For the doctors to conclude that it can't be explained why I have certain masculine features, so... yes ... I was right, I'm a transgender. But the file issued by the institute doesn't specify this. It only presents a case, with the medical history and the results of the analyzes performed. A file and hospitalization I could do without given that they are absolutely useless! I think I was a lab rat; or the Romanian medical staff, in the absence of an adequate protocol, took measures to be covered in case something happened. So... we can conclude that the hospitalization was for the assurance and tranquility of the medical staff and NOT in the interest of the patient. I haven't received any medical advice. I mean I was told verbally «yes, you can start the hormone treatment», but what type of Testosterone and what dose was at my discretion”***.

The present research also took into account the obstacles encountered by trans people when they tried to benefit from specific health services. We list below some synthetic elements extracted from the open answers offered by the participants:

- ▶ Lack of professionalism of doctors (transphobia, malice);
- ▶ Verbal abuse by medical staff;
- ▶ The person's gender identity is not respected in the interaction with the medical staff;
- ▶ Lack of quality surgical services and of clear protocols/procedures regarding the complex medical interventions needed by trans people;
- ▶ Difficulty finding a psychiatrist, an endocrinologist or a psychologist specialized in working with trans people;
- ▶ Doctor's refusal, for alleged religious reasons, to provide consultations;
- ▶ Waiting lists for services reimbursed by the Health Insurance Fund;
- ▶ Hormone therapy is refused until the psychiatric opinion and the endocrinologist approval is obtained;
- ▶ Hormone treatment should be purchased from websites "obscure, for bodybuilders, where the drugs are probably counterfeit";
- ▶ In Romania there are no hormones for transition (e.g. Sustanon is not on the list of the National Medicines Agency);
- ▶ Access to a type of medical testosterone in the pharmacy is often only obtained by people who are identified as male (M) on the ID card;
- ▶ The difficulties of the judicial procedure or even the abuses made by some judges regarding the approval of the sex change or the recognition of the documents and the decisions of the foreign courts in this respect.
- ▶ Opposition of parents in the case of minors;
- ▶ Difficulty in getting a prescription for puberty blockers (substances that temporarily or permanently block the appearance of secondary sexual characteristics);
- ▶ High costs of specific medical services and interventions, given that certain drugs or procedures are not reimbursed by the Health Insurance Fund.

Hormone therapy or puberty blockers therapy is a very important topic for trans people. Within the sample, 61 people said they had tried hormone therapy or puberty blockers, and 62 people said they hadn't. Half of the respondents who turned to this type of therapy bought hormones from a website that sells steroids (31 people) or from pharmacies, without the doctor's recommendation (10 respondents), and other people bought hormones from pharmacies in the country (19 respondents) or from abroad (6 respondents), with a medical prescription. Another important aspect is to start or change hormone therapy without medical supervision. By changing hormone therapy we mean any change in the dosing regimen, including starting/stopping hormone administration, changing the type of hormone being administered, changing the dose, and others. Within the sample, 16 people (13%) started their hormone therapy without medical supervision, 11 people (9%) changed their hormone therapy without medical supervision, and another 7 people (6%) started and changed their therapy without medical supervision. In the case of a trans woman over 30 years old from Bucharest, who started hormone therapy without medical supervision, the endocrinologist asked her to stop the therapy "for a month, but it took 3 months until I restarted the same treatment". In another case, of a trans man over 30 years old from Bucharest, the endocrinologist "said I should stop the treatment I was taking so I could take Nebido, from the pharmacy, compensated, under supervision. I mean, he refused for me to take something counterfeit".

For people who have started the hormone therapy, but also for those who have not (yet) taken this step, the questionnaire explored the diversity of motivations and arguments behind these decisions:

- ▶ ***"I think it is important for progress to be monitored by a doctor"*** (trans man, up to 25 years old, resident in the Netherlands);
- ▶ ***"I didn't start this process because, being a minor, I need the consent of my parents. I have some reluctance to discuss this with my parents"*** (trans man, up to 20 years old, Tulcea county);
- ▶ ***"I didn't have the knowledge and age to start the hormone therapy without medical supervision. Also, the school situation and the social pressure made it necessary to postpone it"*** (trans-non-binary boy, up to 20 years old, Mehedinți county);
- ▶ ***"After leaving the country, I wasn't under medical supervision for a period of 2 years. Discontinuing the hormone treatment after the beginning of the transition can have extremely negative consequences, so I had to buy hormones from websites that sell steroids. Counterfeit ampoules have been sold to me at least twice"*** (trans man, over 40 years old, resident in England);
- ▶ ***"I changed the hormone therapy, I was taking one Nebido ampoule every 4 months, I switched to Tostrex gel, high testosterone level, it must be stabilized, in this case the therapy must be changed so you don't have health problems, you can have a stroke, you are more aggressive, you sweat more... it's not a permanent change, only the body needs a break, I continue anyway with testosterone gel"*** (trans man, over 40 years old, resident in Italy);
- ▶ ***"I considered it important for an endocrinologist to see me, to determine what dose of testosterone is needed for my body and my medical problems"*** (trans man, over 30 years old, from Bucharest);

- ▶ ***"I did not start/change the hormone therapy without medical supervision. I considered I am not responsible enough to do it without the monitoring of a doctor"*** (trans man, over 25 years old, from Cluj county);
- ▶ ***"I don't know any doctor who's willing or who knows the medication protocols"*** (trans woman, under 30 years old, from Bucharest);
- ▶ ***"I stopped the hormone therapy due to the fear of injections"*** (trans man, under 30 years old, from Galați county);
- ▶ ***"The costs for consultation and analysis, the discomfort of going to the doctor"*** (trans man, under 25 years old, from Bucharest);
- ▶ ***"I couldn't start the hormone therapy because: 1. My mother doesn't really agree and 2. I was told (not by doctors) that I must be 18 years old, although I don't know if this is the case"*** (trans boy, under 20 years old, from Argeș county);
- ▶ ***"I had waited too long to start the hormone therapy, which led to a nervous breakdown. Therefore, I decided to start the treatment by my own"*** (trans man, under 30 years old, resident in Serbia);
- ▶ ***"Waiting time too long, up to 1 year and 6 months to wait for the first meeting with a gender identity specialist doctor"*** (trans man, under 40 years old, resident in England);
- ▶ ***"Because in my city there is no doctor who wants to help trans people"*** (trans girl, under 20, from Botoșani county);
- ▶ ***"I tried «to do it right» with the guidance of an endocrinologist for 2 years, but the doctor being very cautious, delayed the process very much. When I was ready, I was prevented by personal reasons"*** (trans woman, over 30 years old, from Bucharest);
- ▶ ***"Despair, for example. I transitioned years ago, and yet I do not benefit at all of breast growth. No doctor gave me any explanation, so I did what I thought was right"*** (trans woman, under 25 years old, from Teleorman county);
- ▶ ***"I stopped for lack of money and I started to feel really sick because of the pills, I often got depressed!!!"*** (trans woman, under 39, Cluj county);
- ▶ ***"For me it was about the openness of those around me and the fact that I would endanger the relationship I have with my partner, which is very important to me, if I transition physically. I also thought about myself, but because I didn't feel so strong the dysphoria, I preferred not to start taking hormones, knowing that this will come with visible changes"*** (non-binary demimasculine person, under 25 years old, from Bucharest);
- ▶ ***"I started the hormone therapy despite the fact that the endocrinologist told me that I need to lose weight first"*** (trans man, under 30, Argeș county);
- ▶ ***"I started without medical supervision, and later I turned to the endocrinologist"*** (trans woman, under 25 years old, from Bucharest);
- ▶ ***"I raise money for sperm preservation (maybe I'll need it in the future), and then for the hormonal treatment with all stages. I want to have a significant amount of money when I start, so I will not have to suspend it along the way"*** (trans woman, under 30 years old, from Bistrița-Năsăud county);
- ▶ ***"I have no money. I can't afford anything"*** (trans man, under 25 years old, from Iași county).

A longer testimony regarding the transition process and the start of hormone treatment was offered by a trans man over 40 years old, from the county of Constanța: **“Legally, you cannot start the medical change until you have obtained the approval to change sex by a final court decision and after you change sex in the documents; an endocrinologist initially gave me prescriptions for another patient from her registry, hypogonadic male, but uncompensated; after the definitive departure of the respective doctor from the country, another endocrinologist told me that he does not do such a thing for 2 reasons: 1. is illegal, 2. has no hypogonadic patients; he cannot prescribe Nebido to me until I change my sex, because even in his leaflet it says that it is not recommended in women; indeed, the same doctor gave me a prescription without problems after changing the sex in the identity card, even though I had not yet changed my first name; I never bought testosterone except from the pharmacy; I did not buy from illegal sources, because there is a risk that it will be counterfeit and either have no effect or generate who knows what health problems; plus you can't get compensation from such sites, so it's expensive, so you better deal with the documents and then you get compensated treatment and pay only 10% of the price and 90% is covered by the National Health Fund”.**

An important question in the online questionnaire is whether trans people have been to at least one psychologist or psychiatrist, to a voice therapist, surgeon, endocrinologist, general practitioner or family doctor for reasons related to their trans identity in the last 5 years in Romania. The answers were 67% affirmative (83 people) and 33% negative (40 people). Another important factor is the proportion of respondents who used the health insurance for this type of assistance (Fig. 7). It can be seen that about 60% of the participants did not receive health insurance for psychological services, and over 40% did not receive health insurance for the psychiatrist, surgeon and endocrinologist. Furthermore, the method of paying for this type of assistance was traced. Again, it can be seen that for the psychological assistance, and for the psychiatrist, surgeon, endocrinologist and vocal therapist fees, it was necessary for all costs to be covered by the beneficiary, for most respondents. The family doctor's services are the only ones that are covered by medical insurance for a higher proportion of study participants.

### Did you use health insurance for these kind of services?

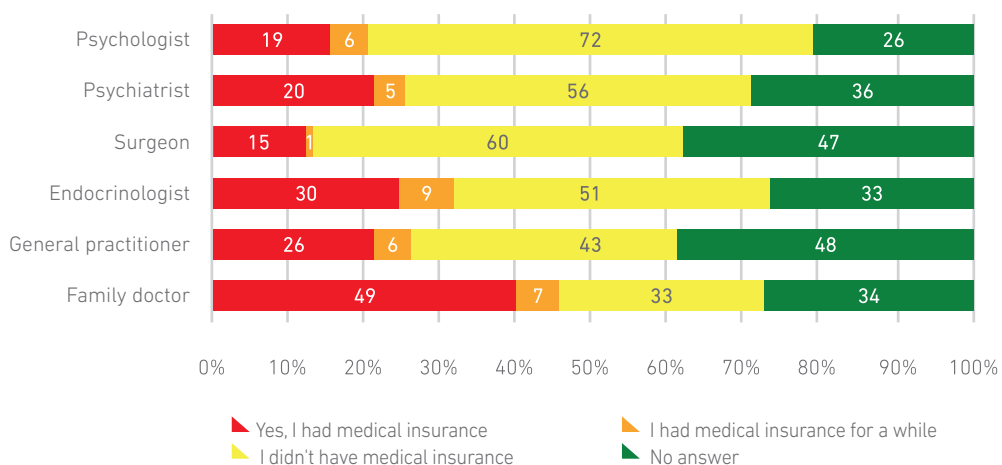
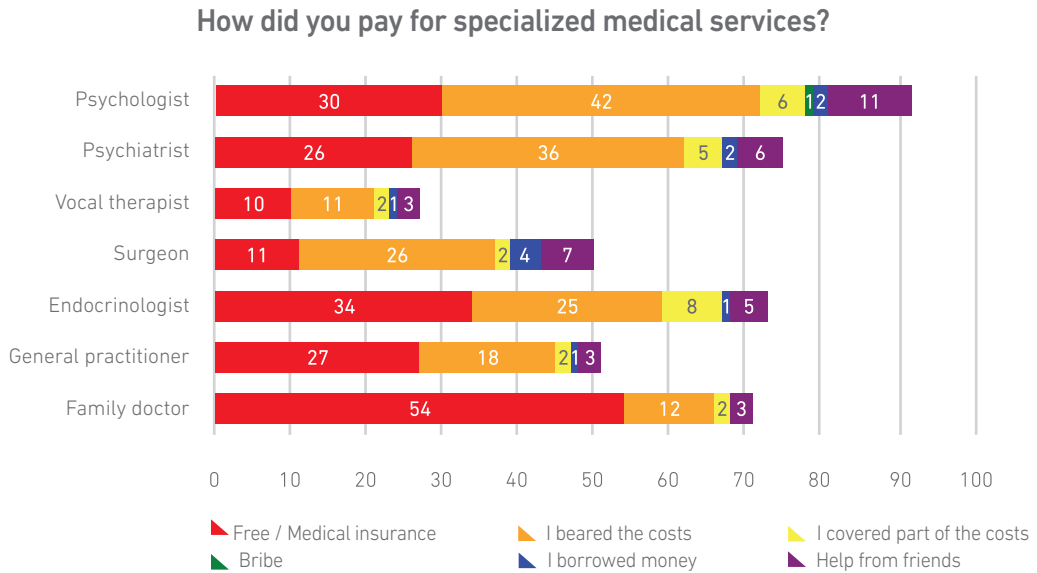


Fig. 7 The number of people and the proportion of those who received insurance for several types of medical services



From this statistical look, presented in Fig. 8, it appears that health services represent a financial burden for trans people. For specialized services (psychologist, psychiatrist, endocrinologist, vocal therapist), the financial effort falls mostly on the shoulders of the person, and health insurance covered the costs only for a minority of this sample. These results are in line with previous responses, in which participants mentioned financial difficulties as a major obstacle in the transition process. Also, some of the medical services listed below may have prohibitive costs (e.g. surgery), as some participants mentioned in the freely given answers. Under these circumstances, it is understandable why many people choose not to go through the entire medical transition process, or to postpone various procedures until they have enough funds to cover the costs in full.



*Fig. 8 Ways trans people paid for specialist assistance (number of people)*

Another question in the online questionnaire is what respondents were asked by a psychologist or psychiatrist, voice therapist, surgeon, endocrinologist, general practitioner or family doctor in order to receive the support they needed. We will highlight the experiences of the participants in this study, synthesizing their freely given answers. We mention that the list below is not a manual of good practices or a legal guide, but only a collage that demonstrates the difficulty of the transition process and even the abuses that trans people suffer under certain circumstances. The elements in the following table should be corroborated with the extensive discussion in **Chapter 3**.

---

## Professionals have requested...

---

- The psychologist**
- ▶ **"Just to tell my life experience"** (trans man, under 30, county of Cluj county);
  - ▶ **"1 year and 8 months of real-life test"** (trans man, age over 40, resident in Italy);
  - ▶ **"To 'live like a man' for at least 3 months, to make my coming out to some classmates and acquaintances and to have the psychiatric report beforehand"** (non-binary trans boy, age under 20, county of Mehedinți);
  - ▶ **"To try to live 'like a woman' for a period of about a year, which I refused, feeling bad about this decision. I also had to convince him that this is how I really feel, the psychologist subtly denying all my statements about my gender identity"** (trans boy, under 20, county of Galați);
  - ▶ Various psychological tests (e.g. Rorschach);

- 
- The psychiatrist**
- ▶ **"Tell about your whole life and how you felt/feel"** (trans man, resident in the UK);
  - ▶ **"Proof of 'real life as a man' for at least 1 year"** (trans man, over 40, resident in England);
  - ▶ **"To live like ... the sex that was assigned to me at birth for a year"** (trans boy, under 20, county of Argeș county);
  - ▶ Admission for psychiatric evaluation;

- 
- The surgeon**
- ▶ The consent of a psychologist before starting the breast augmentation procedure;
  - ▶ **"Two letters from psychologists recommending me for surgery and certifying that I do not suffer from mental illnesses that could influence my decision"** (trans man, under 30, resident in the USA);
  - ▶ A psychiatric opinion or report (medical referral letter);
  - ▶ A change in the psychiatric report to specify that chest reconstruction is recommended;
  - ▶ Proof of hormonal treatment for at least 1 year;
  - ▶ A court order on changing the gender;

- 
- The endocrinologist**
- ▶ Un raport psihiatric/scrisoare medicală care să ateste condiția de persoană trans
  - ▶ Recommendation of the clinical psychologist;
  - ▶ Psychiatric opinion to be able to start HRT (**hormone replacement therapy**);
  - ▶ An MRI and tests to prescribe hormones;
  - ▶ A court order to start hormone therapy;
  - ▶ One-day hospitalization to perform tests after which the endocrinologist could determine the dose to be administered.
-

Several respondents mentioned that the psychological/psychiatric interview is like a "proof" of the trans identity. ***"I had to say that I hate my body, to convince specialists that I was trans from an early age, I am expected to be heterosexual and to reveal intimate aspects related to sexual practices"*** (trans boy, under 20, county of Satu Mare). As long as people's gender identities are questioned, some of them have stated that they will use various strategies to get what they want, including adopting a stereotypical discourse: ***"I felt pressured to lie about my sexual orientation and childhood experiences to be sure that I would be taken seriously, so I had to adopt the classic perspective of a transgender person in the wrong body."*** (non-binary trans boy, under 20, county of Mehedinți). Speaking about the psychological/psychiatric consultations he requested, a trans man recalls that ***"the first person did not take my gender identity seriously, and the second person suggested that I don't start the transition because he considers there are more important things I need to focus on first. I mention these things because, although I can understand why they looked at things this way, it did not seem to me that any of them knew what they were talking about or made an effort to study the subject. I consider that the services for trans people are offered by this kind of people and therefore do not exist, at least not in the psychological/psychiatric field and at least not in my city"***(trans man, under 25, county of Arad).

In order to have an image of the complexity of the requirements that a trans person has to face, a very valuable testimony is offered to us by a trans man, over 40 years old, from the county of Constanța: ***"For psychiatric and endocrinological diagnosis I was asked for a referral from the family doctor (2002), INML (2005), valid identity card and a certificate from work that the institution paid the contribution to CASS (National Health Insurance Fund - transl. note)/ receipt for payment of the CASS contribution by me after the moment I came to work exclusively as a freelancer; currently, for the treatment, medical referral letters and related prescriptions I only need the health card, both with the family doctor and with the endocrinologist; I did not go to the psychiatrist after the change; nor to a psychologist; I didn't have to do any surgery, I had the pectoral surgery because I wanted to, so I wasn't asked to do it and no one forced me to do it, on the contrary, it was on the verge of legality, because I did it before I had the court decision, on a fictitious diagnosis of gigantomastia, and the operation was called not a mastectomy, but a reduction mammoplasty; I was not sterilized, nor can anyone in Romania ask you for such a thing; it's exactly the opposite: if you don't have the court decision approving the sex change, legally no doctor starts to perform any operation on you, because he risks being accused of mutilation. Other than that, I was diagnosed according to all the above criteria, because, as I would find out later, this is the usual diagnostic procedure according to the INML Methodology, which is approved and must be followed, so legally everything that happens is 100% correct. Morally, it is debatable whether it is correct."***

A relevant question concerns the extent to which legal recognition of gender was the reason why participants turned to specialist healthcare. By legal recognition of gender, we mean the option to change the name and/or gender indicator in the documents. The proportion of responses shows that for 48% of respondents, legal recognition was the only reason or a significant reason, and for 37% it was an unimportant reason or no reason at all. The rest of the participants (15%) considered that this question does not apply to them because they did not start these procedures or because reducing gender dysphoria is a very strong motivation in itself.

The present research also explores the obstacles or issues related to the procedure of legal recognition of gender. Participants had the opportunity to choose from a series of predefined answers or to present their own experience regarding this procedure:

- ▶ ***"The health care providers gave me information that did not comply with the legislation for the legal recognition of the gender"*** (15 people);
- ▶ ***"Health service providers refused to give me the necessary information"*** (6 people);
- ▶ ***"Health service providers have made it difficult for me to access the necessary information"*** (14 people);
- ▶ ***„Private details about my health/medical condition were disclosed without my consent"*** (5 people);
- ▶ ***"The lawsuit for legal recognition of gender was rejected although I had 3 years of hormonal treatment and partial GRS - mastectomy"*** (trans man, over 40, resident in England);
- ▶ ***"I'm more intersex, and I don't want to have surgery ... I want an N or X there ... [in the civil status documents] this does not require medicine..."*** (trans man, over 30, county of Vâlcea);
- ▶ ***"I was not prepared a report of social investigation of my childhood until the moment of its request by the Constanța Court, which, in turn, ordered its preparation because it was requested by INML together with the case file, according to the INML Methodology; I think that happened due to the professional incompetence of the social workers, who did not want to go to Arad (the place of my birth and childhood) to draw up the report on my childhood"*** (trans man, over 40, county of Constanța).

Participants were asked to relate to certain experiences they had in the last five years with health services, which are specific to trans people in Romania. The questions refer to how the respondents were treated by the general practitioner, or by another specialized doctor (endocrinologist, surgeon, anesthetist), a mental health specialist, a nurse or someone else from the staff, or by other patients or other people from the waiting room. Participants were given a list of situations and a point marking scale: always - sometimes - never - does not apply. Below is a summary of the statistics associated with these responses, highlighting the percentage of people who have suffered some ***form of discrimination based on gender identity***:

- ▶ ***"My gender identity has been respected (e.g.: correct use of pronoun / name)"*** - sometimes, 33%, or never, 10%;
- ▶ ***"I was assigned to a space which was segregated by gender according to my needs or preferences (hospital room, etc.)"*** - sometimes, 7%, or never, 21%;
- ▶ ***"I had the feeling that the services were adapted to my needs"*** - sometimes, 22%, or never, 15%;
- ▶ ***"I was asked to comply with the expected/imposed gender norms in order to have access to what I needed"*** - always, 15%, or sometimes, 11%;
- ▶ ***"I felt that I had to meet the gender norms expected/imposed to receive the care I needed"*** - always, 20%, or sometimes, 17%;
- ▶ ***"I felt that I had to meet the heterosexual norms to receive the care I needed"*** - always, 20%, or sometimes, 14%;

- ▶ **"I felt compelled to fit into the gender binary (a concept that recognizes only two genders, feminine and masculine)"** - always, 21%, or sometimes, 15%;
- ▶ **"I felt I had to prove that I was 'trans enough' to get the care I needed"** - always 15%, or sometimes 18%;
- ▶ **"I was afraid that divulging details about my gender identity might prevent me from getting the care I needed"** - always, 26%, or sometimes, 19%;
- ▶ **"I felt an inadequate curiosity (from staff or other patients)"** - always, 15%, or sometimes, 32%;
- ▶ **"I was pressured to say that I intended to get the medical treatment I did not want, in order to receive the care I needed"** - always, 4%, or sometimes, 8%;
- ▶ **"I felt pressured to divulge information or do things that were not relevant to gaining access to the care I needed"** - always, 7%, or sometimes 20%;
- ▶ **"I was afraid or anxious about accessing health services"** - always, 27%, or sometimes, 31%.

In this research, much emphasis was placed on people's experiences during accessing health services that were specific, in some cases, to the trans experience. We particularly monitored the incidence of negative experiences, discrimination, abuse, violation of human rights or conditioning of treatment. The participants revealed the frequency (sometimes or always) with which they faced the following negative attitudes and situations in relation to specific health services for trans people, but also in the case of accessing medical services for general health:

- ▶ **"I was verbally abused (nicknamed, ridiculed, yelled at me, etc.)"** - 35 people (28%) for specific services, 19 people (15%) for general services;
- ▶ **"I was physically abused (any intentional or unintentional harm, wanted or unwanted, injury or bodily trauma)"** - 13 people (11%) in the case of specific services, 3 people (2%) in the case of general services;
- ▶ **"I have been sexually abused (any comments, touching or unwanted sexual behavior)"** - 5 people for specific services, 2 people for general services;
- ▶ **"I was hospitalized against my will in response to the fact that I am trans"** - 3 people in the case of specific services;
- ▶ **"My gender identity was not respected (I encountered the refusal to use the correct name/pronoun)"** - 31 people (25%) in the case of general services;
- ▶ **"I was pressured or forced to undergo unwanted medical treatment or go through a psychological testing process"** - 25 people (20%) in the case of specific services;
- ▶ **"My right to privacy was violated (something that I did not want to be known about my trans identity was said/shared)"** - 30 people (24%) in the case of specific services, 9 people in the case of general services;
- ▶ **"I felt an inadequate curiosity (from staff or other patients)"** - 41 people (33%) in the case of general services;
- ▶ **"I was assigned to a gender-segregated space (hospital ward/room) that did not meet my needs or preferences"** - 9 people in the case of general services;

- ▶ **"I had to change my healthcare provider (because of his negative reaction or because I was afraid of a negative reaction from them regarding my trans identity)"** - 17 people (14%) in the case of specific services, 7 people in the case of general services;
- ▶ **"I was pressured or forced to have an unwanted medical or psychological consultation"** - 9 people;
- ▶ **"I was asked to do things that I did not feel comfortable with by specialists or other staff members"** - 14 people in the case of general services;
- ▶ **"I was denied treatment/care without any medically justified reason"** - 16 people (13%) in the case of specific services, 10 people (8%) in the case of general services.

To have a more complete image provided by the answers above, participants were asked how they found themselves emotionally in relation to the health services. The benchmarks provided in the questionnaire focus on both the positive feelings (Fig. 9) and the negative emotional conditions, which create suffering for the person (Fig. 10).

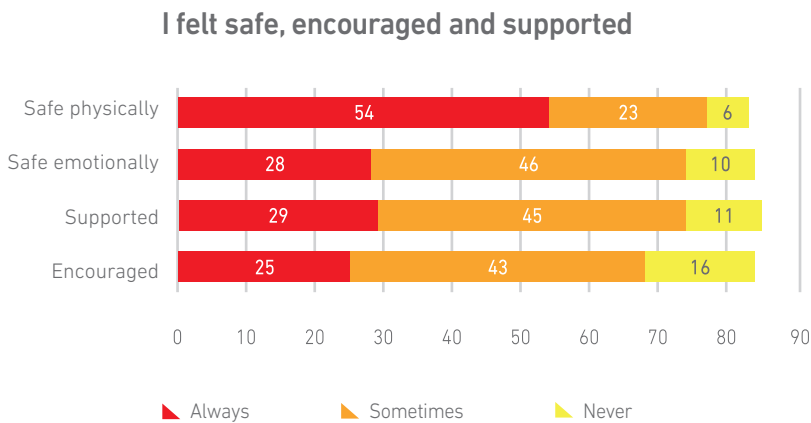


Fig. 9 Number of participants who experienced certain situations and had positive feelings in relation to health services



Fig. 10 Number of participants who experienced profoundly negative situations and had profoundly negative feelings in relation to health services

In both diagrams, the red zone indicates the number of people who have always felt discriminated against, insecure or without support in relation to health care providers. Yellow indicates the number of people who have sometimes had negative experiences in relation to health services. The diagram in Fig. 9 shows the very high share of people who have gone through various experiences, partly encouraging, partly negative, which can create a climate of mistrust and can lead to a reluctance to access health services for trans people. However, it is clear that, for the cases in the red zone, experiences with health care providers have been strong and constantly painful, which can lead to a total rejection of these services for trans people. The large number of people who have sometimes felt humiliated or even violated when accessing health services for trans people is very worrying.

## Reproductive health and other medical services

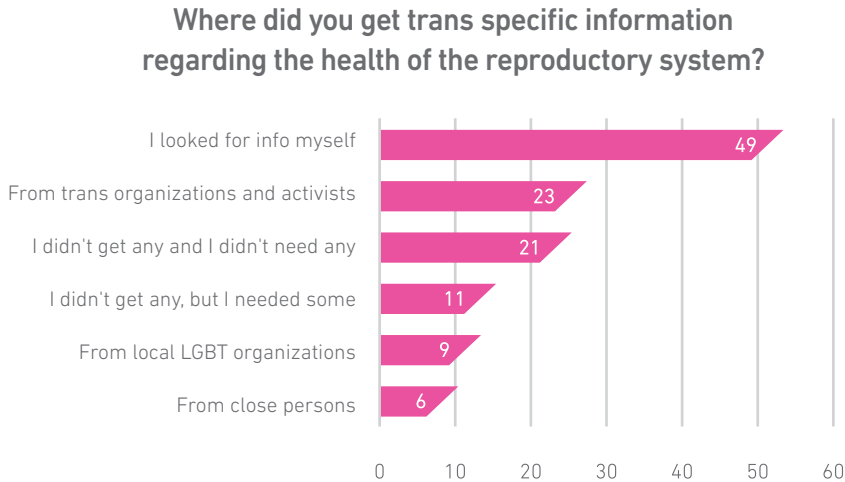
Regular pelvic exams (once a year or two) are very important for the health of all people who have reproductive organs. These medical exams look at the general health of the reproductive system, but often include screening for different types of cancer. Early detection of cancer saves lives, and all people (trans or cis) should see a gynecologist and/or urologist. Participants were asked about how often they had a gynecological or prostate check-up, or received medical care related to the reproductive organs. The answers indicated that 61% of the sample did not check the health of their reproductive system in the last 5 years, and 25% only went to the specialist once or twice during this period.

In this context, the question arose whether respondents had needed sexual or reproductive health services in the last five years, but decided not to use them at that time or place because of their experience as trans people (gender identity, gender expression, sexual characteristics, gender indicators/names in their documents). Of the respondents, 80% said they did not avoid meeting the specialist because of the trans experience, but 25 people said they had at least once in five years avoided accessing reproductive health services for reasons related to their trans identity. Participants had to choose between multiple reasons for two risk situations: a check-up at most once a year or no check in the last five years. The table below shows the relevant motivations for the people in the sample, highlighting the frequency of responses. One respondent had the opportunity to choose several answers.

Motivations for ...	A checkup at most once a year	No checkups in the last 5 years
<i>"I was turned down by health care providers when I wanted to have a checkup"</i>	–	2 pers.
<i>"Because of negative experiences in the past"</i>	7 pers.	7 pers.
<i>"I had no reproductive health issues"</i>	26 pers.	70 pers.
<i>"I did not have sex involving penetration"</i>	14 pers.	38 pers.
<i>"I did not know / I do not know health service providers familiar with the issue of trans"</i>	10 pers.	25 de pers.
<i>"I thought I would be denied treatment"</i>	2 pers.	5 pers.
<i>"I was afraid I would be treated with hostility for my trans identity."</i>	7 pers.	21 pers.
<i>"I was afraid that specialists would not use the name or pronoun I prefer"</i>	4 pers.	17 pers.
<i>"I was afraid that the treatment would activate my gender dysphoria"</i>	8 pers.	26 pers.
<i>"I didn't want to reveal that I'm trans"</i>	8 pers.	22 pers.
<i>"I was afraid of how I would be treated because I didn't fit into gender norms."</i>	5 pers.	20 pers.
<i>"I was worried, because my documents do not correspond to my gender identity or expression"</i>	8 pers.	22 pers.
<i>"I feared that the confidentiality of my information would not be respected."</i>	4 pers.	15 pers.
<i>"I was afraid of being recognized by the medical staff or other patients of the clinic"</i>	4 pers.	8 pers.
<i>"It was too expensive and/or too far"</i>	3 pers.	11 pers.
<i>"I feel very uncomfortable when someone looks at me in that region of my body"</i>	–	3 pers.
<i>"I had no time"</i>	1 pers.	1 pers.
<i>"Negligence"</i>	1 pers.	–
<i>"Family reasons"</i>	–	2 pers.



In the field of reproductive health, the source of needed information that trans people use is very important. Fig. 11 presents the frequency of use of certain sources of information, which is very useful for organizations and agencies that want to develop information programs for trans people.



*Fig. 11 Frequency of people who mentioned how they obtained reproductive health information*

Topics of interest in this area refer to: the influence of trans people specific therapies (hormone therapies, surgeries, etc.) on reproductive health (32%); storage or cryogenization of reproductive material - eggs, sperm, embryos (14%); pregnancy or surrogate options; and contraceptive information formulated in trans-inclusive language (which does not generalize that all men have a penis and all women have a vagina).

By general health we mean all aspects of health, but it does not refer to being trans or to the sexual and reproductive health. For example, this may mean that respondents turned to a general practitioner or family doctor when they had a fever or a sinus infection. It may also include a general medical examination, treatment for a dislocation, going to the dentist, consulting a dermatologist for a skin infection or any other health problem. The question the participants were asked refers to their decision not to go to the doctor when they needed care for their general health, for reasons related to how their trans identity will be perceived by the medical staff. In the sample, 49% of participants stated that this situation had never occurred, 37% had experienced this difficulty at least once in the last 5 years, and 15% of participants were put in this situation by at least at least five times in the recent period.

Respondents had the opportunity to detail the experiences and motivations that led them to avoid medical services, even when they needed them for general health:

► ***"It was a simple cold, it happened in Turda, Cluj County. I refused to go to the doctor because the doctor used the wrong pronoun and caused me great discomfort"***  
(trans boy, under 20, county of Cluj county);

- ▶ ***"I went to the doctor, I changed the family doctor to feel safer, because the previous one was not okay. Also, initially, before I started the hormonal treatment, I did not reveal my gender identity, especially at the first gynecological check-up, and I did not feel very comfortable due to this fact "*** (trans man, under 25, from Bucharest);
- ▶ ***"I kept avoiding going to the endocrinologist because she made fun of me"*** (trans girl under 20, county of Botoşani county);
- ▶ ***"First of all because of the documents! People look at you as if you were a freak who doesn't know what planet he lives on "*** (trans man under 40, resident in England);
- ▶ ***"I always went to the doctor when I needed to, even if I knew there would be some comments. For example, last year I broke my hand. At the hospital, I was in pain and the doctor was being amazed at my appearance. He said that he could not believe it, that in such situations you need to 'check' to make sure what someone is. He actually kept on going, my folks were there, too, but he was not embarrassed. This happened in Gorj, Motru"*** (trans boy, under 20, county of Gorj);
- ▶ ***"The curious looks of a nurse during an abdominal ultrasound, at the time of presenting the identity card. The biggest problem remains the fact that the identity documents do not correspond to the gender identity and embarrassing situations may appear"*** (trans man, under 30, county of Argeş county);
- ▶ ***"I had no health problems, but I avoided a gynecological check anyway because I am trans and this will put me in a strange situation in front of the gynecologist, when it will be the case, because my documents are male and organs female genitals... so at the moment I choose to postpone this. It is the only medical department I chose to avoid"*** (trans man, under 40, county of Iaşi);
- ▶ ***„In Iaşi. I need to do some heart check-ups. I went to the family doctor once for this and the first thing they ask is that you undress so that they listen to your heart. When I take off my binder I feel very uncomfortable. I received some pills and they temporarily solved the problems. Now, a few years later, I feel that I should investigate in more detail, but I know that all these investigations require me to be topless. I will go and do these investigations anyway. But I waited maybe a little too long"*** (trans man, under 25, county of Iaşi);
- ▶ ***"I avoid giving information about being a genderqueer to the medical staff. This saves me from unwanted questions, suspicious looks and curiosity. For visits to the doctor, I can pass as a slightly eccentric woman and avoid all explanations"*** (non-binary person, under 40, from Bucharest).

A question from this questionnaire investigated the participants' opinion on how general health services for trans people in Romania could be improved. The predefined answers received the following approval rates, in order of importance for the trans people in the sample:

- ▶ "Compiling lists of doctors or clinics that respect trans people" - 87%;
- ▶ "Trainings for the medical staff" - 75%;
- ▶ "Non discriminatory policies in clinics/institutions regarding gender identity, gender expression and sexual characteristics" - 71%;

- ▶ Adoption by clinics of a system of good practices on how to address trans people" - 70%;
- ▶ "Finding ways to indicate the name or pronoun (if different from the documents) in a doctor's office or in a waiting room" - 67%;
- ▶ "Clinics/institutions that have materials to support trans people (information materials to share with trans clients)" - 60%;
- ▶ "Mentoring and support groups for trans people" - 57%;
- ▶ "Existence of gender-neutral toilets in clinics/institutions" - 57%;
- ▶ "Existence of an online space where I can share or read specific experiences of trans people with health services (under the protection of anonymity)" - 51%;
- ▶ "Display by clinics / institutions of support messages for trans people (posters, information materials, etc.)" - 48%;
- ▶ "Finding ways to mention my experience as a trans person at a doctor's office and why I came to the consultation" - 43%;
- ▶ "The presence of relatives or other trans people to accompany you to the doctor" - 28%.

We can conclude that trans people have to face multiple challenges and unpleasant situations in their relationship with health care providers. From being addressed using a pronoun that does not conform to their gender identity, to verbal, physical aggression, forced hospitalizations or unnecessary investigations, trans people often face a lack of professionalism and empathy, or even ill-will and humiliating attitudes. Under these conditions, enough people avoid asking for help, even in health situations that are not related to the trans identity.

## Sexually transmitted infections and HIV

Trans people, as everybody else, need to have access to sexual health information. Some of this information may highlight the influence of trans-specific health services (hormone therapies, surgeries) on sexual health, and may be presented in language that respects the trans experience. Other information refers to sexually transmitted infections (STIs), such as HIV, hepatitis C, chlamydia, etc. This tool aimed to highlight topics of interest to trans people in the field of sexually transmitted infections:

- ▶ STI transmission, including HIV - 59%;
- ▶ Health risks associated with STDs, including HIV - 36%;
- ▶ Preventive treatment options for HIV - 28%;
- ▶ Preventive treatment options for other STIs - 17%;
- ▶ Treatment options for people living with HIV - 17%;
- ▶ Treatment options for people infected with other STIs - 16%;
- ▶ Information for the prevention of STDs formulated in a trans-inclusive language - 10%.

Another important aspect is related to the source of information which is specific to trans people related to sexual protection or the prevention of STI infection. Fig. 12 summarizes the preferred sources of information for trans people in the sample.

## Where did you get information specific to trans people about sexual protection and STIs?

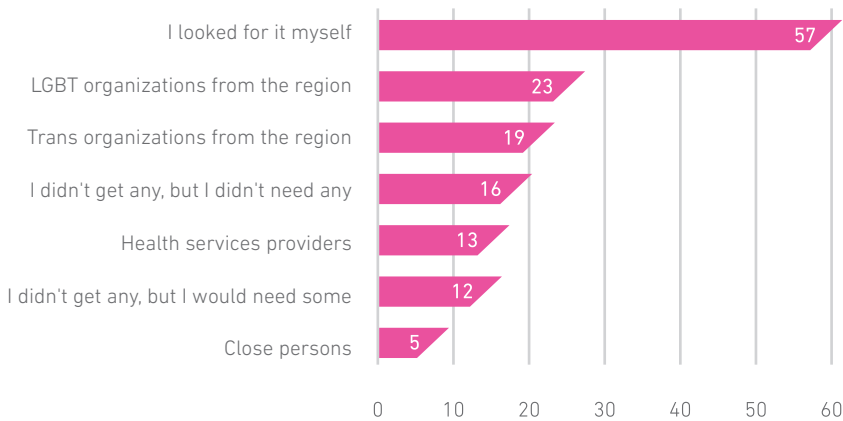


Fig. 12 Number of participants who prefer certain sources of information on sexual protection and STIs

Regarding the HIV test, 64% of the respondents stated that they have never done this test, and 39% state that they do not know if they are HIV positive or negative. For the rest of the sample, 11% of all respondents had their HIV test in the last 6 months, 6% in the last year, 12% in the last 5 years, and 3% more than 5 years ago. For those who have never had an HIV test, the prevalent reason is that they have never had unprotected sex, that they are in a monogamous relationship, or that they haven't had sex before the time they filled in the questionnaire. However, there are also participants who stated that they do not know where to go for testing (3 people), that they are afraid of a hostile attitude on the part of the medical staff in relation to their gender identity (5 people), that they do not trust the confidentiality of the results (2 people), or that they are afraid of the test results (6 people). For 9 people, the test is too expensive, which reinforces previous results regarding the difficulty of accessing health services due to lack of financial means. Of the people who took the test, 7 turned to an LGBT organization or other NGO, 23 people to a private clinic, and 10 people to a state institution or family doctor (in England). In this context, 10 people stated that they received counseling after testing and only 16 participants are convinced that the testing was anonymous each time.

## Well-being versus suicide risk

Participants' perception of their health is essential. The results presented in Fig. 13 indicate the extent to which the trans and non-binary persons in the sample consider their state of health to be very good, good, all right, or deficient.

### Generally, you would consider your health as...

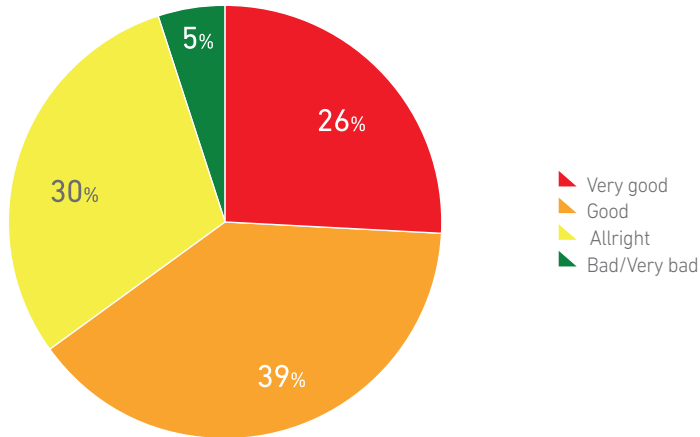


Fig. 13 Participants' perception of their health

In this context, the participants answered two questions concerning chronic physical or mental illnesses, diseases or disabilities (Fig. 14) and the degree of incapacity felt in relation to those conditions (Fig. 15). It can be seen that about 30% of the sample considers they suffer from a chronic condition, illness or disability, and the same number of people feel strongly or to some extent incapacitated by such a medical condition. Going in more detail, 3 people have hearing difficulties, 7 people have a physical disability, and 19 people have a mental health condition and/or learning difficulties. 12-14% of the sample didn't answer this question or say they "don't know" how to answer.

When asked "Considering all this, how satisfied are you with your life now?", participants had a scale of five points, from zero - very dissatisfied, to 4 - very satisfied. The statistical distribution of these evaluations shows that most of the people got an above average score, where only 23 people in the sample are very satisfied.

## Do you suffer from any chronic physical or mental illness or disability?

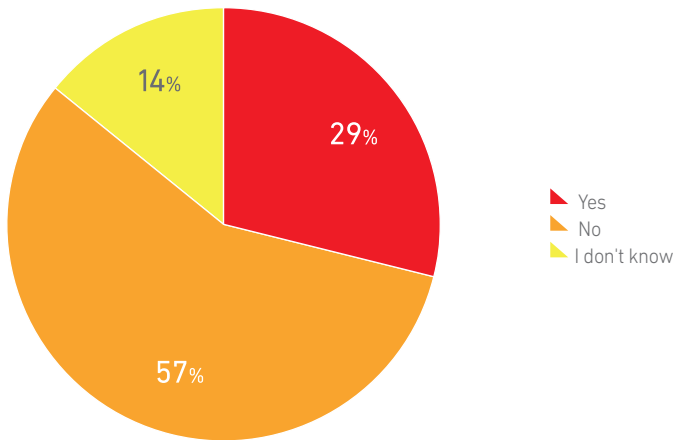


Fig. 14 Proportion of people suffering from chronic conditions, diseases or disabilities

## Do you feel incapacitated in your daily life by this physical or mental illness?

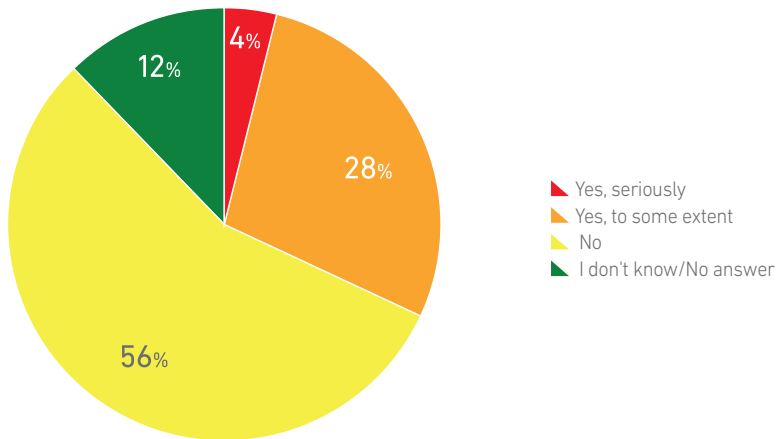


Fig. 15 Proportion of people who feel incapacitated by the chronic mental or physical condition with which they live

The suicidal ideation and the suicide risk are very high among trans people, according to respondents to the online questionnaire. This trend is well documented in the literature and should be taken into account in any presentation of the mental health status of trans and non-binary persons. A meta-analysis<sup>2</sup> of 42 studies on samples from the US and Canada indicated that 55% of participants seriously considered to take their own lives (a value 14 times higher than the population average), and 29% actually had suicide attempts (a value 22 times higher than the population average). This data from the literature is, unfortunately, confirmed by the present sample too.

<sup>2</sup> Adams, N., Hitomi, M., & Moody, C. (2017). Varied Reports of Adult Transgender Suicidality: Synthesizing and Describing the Peer-Reviewed and Gray Literature. *Transgender health*, 2(1), 60–75. doi:10.1089/trgh.2016.0036

When asked "Have you seriously considered to commit suicide?", 43% of the sample answered "Yes, many times", and 20% confessed that they had thought about suicide at least once in their life (Fig. 16). These percentages decrease when the participants referred to the last 12 months, during which time 33% had suicidal thoughts and the rest did not. Regarding the suicide attempts, 12% of respondents said they tried to take their own lives several times, and 11% at least once. 9 of them have attempted suicide in the last 12 months.

### Have you seriously considered killing yourself? Have you attempted suicide?

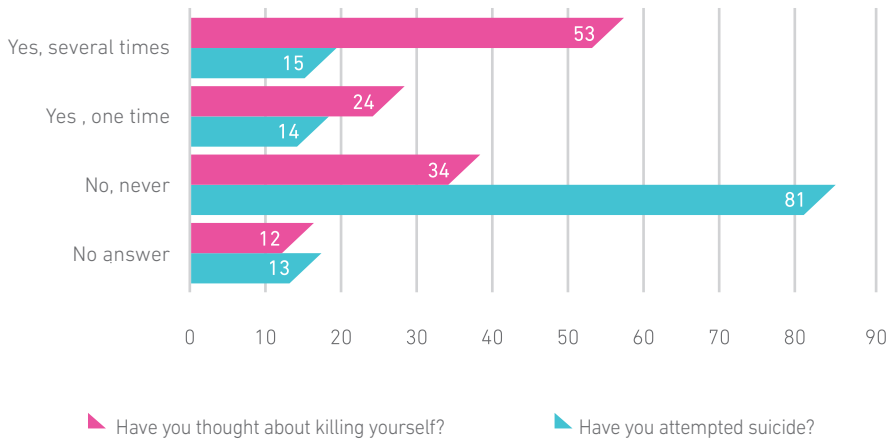


Fig. 16 Number of people who had suicidal ideation or attempted suicide

Fig. 17 illustrates how trans and non-binary people sought help when they had suicidal thoughts or suicide attempts.

### Did you seek help when you had suicide thoughts or attempts?

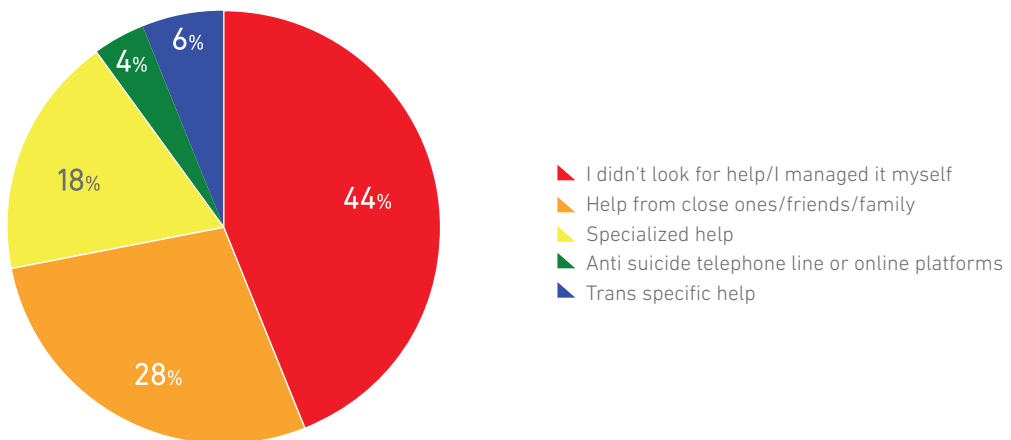


Fig. 17 The proportion of people who asked for help when they had suicidal thoughts or suicide attempts

Below are some testimonials from participants about the mental health status and the perspective of trans people on the evolution of their mental state throughout life:

- ▶ ***"The period in which I had those [suicidal] thoughts was very short but strong enough to affect me from all points of view, including professionally"*** (trans man, under 25, from the Netherlands);
- ▶ ***"The main factor was my age (high school) and the fact that there was nothing for trans people then (the year 2000), or if there was I had no idea about it (Buzău). I had no one to talk to, I didn't know what I was, or if there were any other people like me. I only knew that I live in Romania and I will always be a weirdo who will not integrate into society, who will never know what freedom is. I was isolated and misunderstood, uninformed. I went inside myself for my own good. I don't think I had a choice. If I had talked, I would have been put in a madhouse"*** (trans man, under 30, resident in England);
- ▶ ***"(...) I think that every day I mentally face the fact that I still don't have the appearance that I think should represent me, the fact that I have to accept the judgments of others, that I am not always treated with respect, but I have to be strong to go through everything with the power to appreciate my life as it is"*** (trans woman, under 49, Prahova county);
- ▶ ***"I suffer from severe depression, clinical I think, because of what happened to me regarding my parents (...) Generally, my parents are quite closed to transgender issues. When I told them I was actually a girl, and I went to explain everything to them, they automatically closed themselves against this idea. After that, they 'rejected' absolutely everything related to this, they tried to 'cure' me, which resulted in physical force and taking my computer and other things that could 'corrupt' me, after which they forced me to do some typically masculine things so I get better, saying that 'someone on the internet would have corrupted me' and 'would have made me transgender'. As far as their information goes - they believe that 'gay people are men who think they are women' - it is practically zero. However, the reason I can't live like a girl is simply because I'm not allowed to do so, and talking to them about this is almost impossible because of what they've done to me in the past and what I've been through"*** (trans girl, under 20, Satu Mare county);
- ▶ ***"Starting the hormone treatment and performing a mastectomy surgery have greatly improved my mental health (reducing suicidal thoughts by 50%). Moving to a country where my gender identity is recognized and respected has led to the complete elimination of suicidal thoughts"*** (trans man, under 49, resident in England);
- ▶ ***"I was diagnosed with borderline personality disorder with depressive decompensation two or three years ago and I was treated for depression and anxiety for a year, but I didn't really feel better until I started the hormone therapy with testosterone"*** (trans boy, under 20, Constanța);
- ▶ ***"Yes - there is well-being in Romania only if 100% of your friends are extremely well-educated and loving people. People on the street, the authorities, the family, co-workers in general create an environment in which you have to hide yourself in one way or another. And this is not well-being - it generates sadness and the feeling that you simply want to disappear somewhere, you don't know where"*** (trans woman, under 39, from Bucharest);



- ▶ *"Because I lived so many years without knowing anything about what it means to be trans, I used to consider myself just a very depressed woman, sad and without a place for herself, and after I found out what it means to be trans... now I am a man caught in the body of a depressed woman and without money or help to do anything. One of the reasons that fuels my depression is that I play the role of this woman which I'm not. In front of the doctors, family, school, some acquaintances. I am a woman. And it consumes me. The willingness to isolate myself from everyone grows enormously, I bury myself in work all day to make money, money, money, I'm obsessed with money. I don't feel like buying anything because I have to raise money because the surgeries are very expensive. When I go out and I want to relax, I only think that I should be at home working or that those people don't even know who I really am, I lie to them and I lie to myself. It also bothers me when someone says I'm shy and introverted. I am not like that. I just never feel good anywhere. Because of this, I think I have some form of anorexia. I don't like my feminine shapes and I don't eat. Everyone enjoys their youth and I am obsessed with work and losing weight and I only feel good on the internet where I am a man and no one knows what I look like, what my name is, what my voice sounds like. So, my condition is not good at all and it hasn't been good since I started puberty and suddenly I was a woman. People looked at me and treated me like a woman. I hate these things. I was just a boyish child before and no one cared because I was a child. Now I'm an enigma for the Romanian retina that doesn't understand what it sees, what is happening, but when I open my mouth and I speak, I see that I'm a woman and I'll still be a woman no matter how many efforts I make"* (trans man, under 25, from Iași);
- ▶ *"I'm doing very well at the moment - I unpack my emotional baggage and continue to learn things about myself, about who I am, why I have some problems, etc. I still suffer from depression, but I'm fine at the moment and I'm doing much better than in adolescence (honestly, a thick fog of anxiety and depression described my life experience until I got to college). The mental fog, the depersonalization, derealization, social anxiety, toxic thought patterns, all such things have radically improved and continue to improve as I make a concentrated effort to address my issues. I've reached the stage where I am a functional and well-adjusted person"* (non-binary, transmasculine person, under 25, Cluj County).

## Demographic aspects of the sample

At the end of this chapter, we will present in more detail some demographic aspects of the current sample. The age structure is as follows: one person under 16 years old, 28 people between 16 and 20 years old, 32 people between 21 and 25 years old, 22 people between 26 and 29 years old, 31 people between 30 and 39 years old, 7 people between 40 and 49 years old, and 2 people over 50 years old. 94 respondents (76%) live in a large city (over 100,000 inhabitants), 18 people (15%) live in a medium-sized city, and 11 people (9%) live in a small town, or in rural areas. Within the sample, 101 people (82%) currently live in Romania, and 52 people (42%) live in Bucharest. People who do not live in Romania have indicated the following countries of residence: Netherlands, Great Britain, Italy, Spain, Germany, Serbia, United States, South Korea, India, Japan.

Thus, 11 participants stated they are migrant persons. Regarding the ethnicity, 3 people are of Roma ethnicity, 7 people belong to another ethnic minority, and one person belongs to a racial minority.

Regarding the education, 52% of the participants have higher education, 42% have graduated high school or a vocational school, and 6% have graduated middle school. 27% of the respondents continue their studies and 14% are not employed and do not work. The rest of them, 36% have a full-time job, 11% are freelancers, 5% have a part-time job, 6% work illegally, and one person is a sex worker. It is noted that 5 people stated they couldn't find a job due to the identity documents or they often changed the job due to the transphobic reactions of bosses or colleagues.

Regarding the socio-economic situation, one question focused on household expenditure management. The participants had several options, which indicated the ease or difficulty of managing their monthly income. The answers indicated that, for 25% of the participants, expenditure management is very easy or moderately easy; on the other hand, for 11% of the participants, this management is very difficult. The rest of the sample is in the middle zone, between "approximately easy" and "somehow difficult". In this context, 22 people consider they are facing great financial difficulties, and one person is homeless. Regarding the family life, 6 people stated they are (or were) parents or tutors, and 3 people are about to become.

Instead of conclusion, we present below some thoughts sent by the participants through this research tool:

- ▶ ***"It is extremely important that a law dedicated to trans people should be adopted in Romania, for the recognition of their gender identity and for establishing an institutional framework for the provision of specialized medical services for the needs of these people"*** (trans man, over 40, resident in England).
- ▶ ***"Maybe from now on people like us will be accepted and respected, too"*** (androgynous person, under 25, resident in Germany).

# Individual experiences of trans persons



# Individual experiences of trans persons

The pages of this chapter gather a collection of testimonials or, so to say, voices that have not previously been heard. In their vast majority, trans persons live discreet lives, for various reasons. In some cases, they are not “out”, that is their near ones don’t know anything about their gender identity. Some find it very hard to explain these things to those around. In these pages, however, the interviewed trans persons expressed some of their most intimate experiences, aspirations, frustrations and wishes. Testimonies about childhood, family, education and adaptation (or maladaptation) - all of these can be found in detail in several excerpts that are both moving and revealing. Although there are no taboo topics in the discussions held with the interviewed persons, the reader will be faced with some proofs of dignity and inner strength. All these people went through the experience of feeling that “something is wrong” with them, physically, emotionally, socially and regarding their identity. But they are also the ones who have managed to take ownership of their gender identity, close their wounds and live in harmony with themselves. Keeping a social identity that did not belong to them is, for many, an impossible requirement, and the trans people interviewed demonstrate - often without realizing it - a form of heroism, and that is going on an extremely difficult path, but in agreement with their deep, authentic experience.

## Gender identity and the transition process

**Gender identity** begins to take shape in the first years of life, but there can be a distance of years, even decades, between the moment a person realizes that they resonate with a gender identity other than the one assigned at birth, and the moment when that person takes ownership or not (publicly) for the things that can result from this. So, in such cases, the transition process (towards the gender identity they identify with) can be a (very) long one.

Regardless of the subsequent decision, most of the interviewed persons reported that they associate the first times they were aware of gender identity with episodes from early childhood. Some respondents said that although they shared with relatives ever since that they felt they identified with a gender other than the one attributed to them at birth, they experienced reactions of mistrust or rejection from the others or attempts to trivialization or minimization of the revealed aspects. And the multiple and varied pressures and attempts to invalidate their experience by others may have contributed to the exacerbation of gender dysphoria and feelings of inadequacy, some study participants say.

**Fear of rejection, fear that they will not be understood and accepted, fear that they may face hostility or violence**, and/or that others may put pressure on them to divert their decision to begin or continue their transition - all this can feed deep anxiety and sadness for transgender people, and such situations show, according to some of the interviewed persons, why many end

up hiding, repressing thoughts and intentions related to the transition on the long-term, feeling excluded or excluding themselves from their circles, or even resorting to self-aggressive attempts and behaviors (in the past of some of the interviewed persons there are depressive episodes and suicide ideas or attempts).

According to some situations described by respondents in relation to their past, **most of the people around misinterpret gender identity for gender expression and/or sexual orientation.** Among other things, nearby cisgender people largely used to associate gender and sexual identity with the presence/absence of some anatomical-physiological, morphological and functional features. As a consequence, many such surrounding persons (family, neighbors, colleagues, acquaintances) complied with certain patterns or imposed behaviors conventionally assigned strictly to the cisgender women or cisgender men category. The implications, however, were profound. In this context, several transgender people interviewed for this study criticized gender stereotypes, as well as the cisgender and heteronormative exclusive references, which were transmitted to or imposed on them through education, and condemned their inherent limitations and impact on their development, on the relationship with oneself and those around them.

Respondents reported that they grew up with the feeling that "something was wrong" with them, because they did not identify with the information provided to them about sex-role identity and with the role prescriptions related to masculinity and femininity.

- ▶ *"It's a way too segregated environment, which, subsequently, with aging, I consider that it restrains ideas, cuts possibilities, and, why not, even the chance of some people to discover things and opportunities that they can't even imagine, because they were born with a certain gender"* (gender-fluid person, 42 years old, Bucharest).
- ▶ *"Apart from some friends and colleagues in college who totally accepted me, the rest I had friends who kept telling me: 'You have to get back on track', and I didn't really express myself in that feminine way. [...] A girl, who is like a sister to me, said that she accepts me, but finally she said that she does not agree and that being a boy suits me better. A friend, an -ex, from whom, funny thing, I assimilated a lot in terms of beauty, of being feminine, did not agree, but turned a blind eye, so to speak. Much more tolerant was X [my partner - ed. note], who at first seemed to agree almost completely, but in fact she isn't. She even used this as blackmail, namely: 'Keep being like that, feminine, and we're done.' In the end, she let me know that she doesn't accept it and she keeps waiting for me to 'get back on track'. And two girl friends from college, who also fell in love with me, accepted me totally, and I could express myself with them around, acknowledge a lot regarding life and my case, specifically. They totally accepted and it's great when someone totally accepts you, you feel that this person loves you more than someone who says: 'I like you, but you need to change'. With them, they were fascinated by the extra femininity. [...] One of the girls I used to like was saying: 'You're not a real man', or something like that. So, when it was time to talk, we told one another everything, showed our vulnerabilities, and, when it was time to accept each other, nothing. 'You were a girl once, that's it!' (trans person that identifies themselves with both genders, 20+, Constanța).*

The documented facts show that transgender people relate differently to gender identity not only in relation to the cisgender population, but also from one case to another. The spectrum of gender identity is much more varied than the classic female / male classification and includes proximal genders and specific differences that each person acknowledges and explores in time, during the life experiences one has. Consequently, **how people see gender transition is also different from one case to another, in the sense that the need and choice to go or not through the gender transition (partially or totally) depends on the person.** Therefore, some persons chose to go both through the social, as well as the medical (hormonal and surgical) and juridical transition, others choose a partial transition or a single (sub)type of transition, others don't want to go through any kind of transition for various reasons (medical or of a different nature).

- ▶ *"Let's start from the beginning, let's start in childhood, when I was little, because inside of me, I always knew that I was a boy and that I felt like a boy, but I didn't know how to explain this, I didn't know it's a thing, and I didn't know it was okay to be like that. The first signs appeared somewhere around 4-5 years old, from what I can consciously remember, 6 years old, something like that. I only played with boy toys, I refused any girl clothes, I was forcibly clothed in dresses, skirts, etc. and I burst into tears, and I really didn't want to go out the door dressed like that. My parents and my family had a whole quarrel, it was a scandal with me that I had to dress like that and I refused, until one moment when they couldn't do anything anymore to force me and my mother let me do what I wanted. I never wore a skirt and a dress voluntarily, I didn't try because I simply wanted to, but I was forced and that's about it"*(trans man, 34 years old, medium-sized city in Romania).
- ▶ *"I identified [as a trans person - ed. note] at [the age of - ed. note] three years old, three to four, when I realized that I was not what I was required to be by my family and people close to me. I realized that I was a girl, and this was rejected by my family. And, although I did not renounce this idea, in time, because of the unfavorable environment, I hid away my gender identity and my sexual identity, deeper and deeper, until I completely denied them, forgot them, swept it under the carpet, some kind of 'suppressing memories', and this happened around high-school, when I also had some psychological trauma, because a member of my family died in front of me. I discovered my real gender, so to say, when I was with my partner, and she offered me a friendly environment in which I could evolve the way I wanted to. She was always behind me and that was actually the time I remembered all these feelings I swept under the carpet. I came out at 29 or 28 or something like that. My partner was behind me in this. My parents still don't accept me and hope that 'it will pass', that I'll finally be 'all right' (trans women, 32 years old, Bucharest).*
- ▶ *"When I was little, I did not fully understand the difference between girls and boys. I wanted to do certain things, I wanted toy cars, for example, and I was told those are for boys. I did not understand: 'What do you mean for boys? I want a toy car, what is this?' And, as my family was able to explain to me, [the difference - ed. note] was referring to the way children pee, more precisely to their device through which they urinate, and that's all I understood, I knew that peeing was done that way and that was all. 'Boys have a weenie and girls have a pussy.' I didn't quite understand what the idea was: 'So, if I don't have a*

*weenie, why can't I play ball?' [...] In the end, I had some ok parents and this helped me. I mean, they let me be the way I want to, they didn't force me to have my hair long. I told my mother to cut my hair, she cut it but, well, not right away, I had to beg her a little. It was probably much easier to accept, at the time, in 87-88, that she had a little girl who was boyish, so that's how they basically saw me, as the boy of the family, and I enjoyed it. The only trauma I had was when they dressed me up in little dresses on various occasions. [...] I always knew [...] that I should have been born a boy. [...] I don't know, there was like something inside of me, I felt as if, I don't know, I was hungry, you know you can't describe hunger, you're stomach aches, I don't know, my soul ached, my mind ached, it sucked"* (trans man, age 34, Bucharest).

- ▶ *„Basically, this [assumption of gender identity – ed. note] started in childhood. Sexually, it started at the age of 15, but I have never known what to identify myself. I mean, I felt like I didn't belong to the male sex or male gender, but I didn't know how to identify this thing and I thought it was an anomaly I could live with. This wasn't the case and, at some point, some things came my way, I started to see, to ask myself some questions, [I understood – ed. note] that things are not like that, that there are other people. [...] For quite a long time, 30 years and more, I was identified as a man, not as a woman, although at some point, when I started to understand myself much better, after the age of 27, especially, it started to be annoying not to be able to acknowledge this, not to be able to say to anyone things like: 'I am more a woman than a man', and then, somehow, one had to shut up and keep going. That was the process to get to turn 34, when I put my foot down and then it was ok, actually the process simply started at 33"* (trans woman, age 36, Bucharest).
- ▶ *"There are some people, close friends, who know this, and speak to me as to a male. Well, I'm not very good at explaining stuff, at sitting and explaining things. I said I feel this way since I was little. So, my close friends know. And I think, if I make the transition, after a while I will be able to make the others accept it and see"* (trans boy, age 18, Constanța).
- ▶ *"As a child, I was, let's say, quite neutral, meaning I didn't particularly see myself as a boy or a girl. I didn't feel any difference, but I still longed to be a girl, I would have liked to have longer hair, I still would have liked to try some things that were considered [for girls – ed. note]. I know that, sometimes around 4 or 5, I was sitting and wondering: 'Why doesn't my mother get me into ballet lessons?' All the girls do it, something like that. But I wasn't like: 'Mom, I need this', and, all things considered, I was pretty neutral, I mean, well, my interests and my activities were rather masculine, but I didn't like sports, for example, violence, physical contact, that kind of things, no"* (trans woman, age 51, Bucharest).
- ▶ *„[...] I identified myself [as a girl – ed. note] since I was little, because I basically used to steal my sisters' dresses, and, anyway, I was fascinated by the community, by the world of women, and I didn't find myself as a boy. Basically, even when they called my name, when I was eleven, everybody knew me by the nickname [X – ed. note], which is unisex. Only at school they called me by my name [, the official one – ed. note]"* (trans woman, age 27, Bucharest).

- ▶ *„I am non-binary. [...] I had a period of, let's say, one year and a half, a more intense period, since I have realized I am trans... I don't know, I stopped getting out, I haven't done much since. Basically, I had this non-stop concern. [...] I used to read. I was reading continuously. I wasn't sleeping much during the night... [...] During that period of one year and a half I tried to figure out what I want, what I wish for myself, what is it with me... And then I was relieved. [...] I tried to be as honest as I could with myself and figure out where I belong, and I am more on the feminine side”* (non-binary trans person, age 33, Iași).

Even though they had a difficult journey to assume responsibility for their gender identity, most of the participants stated that, by following this personal imperative, they made the best decision for themselves. Discussions often led to the idea that overcoming the doubts and feelings of shame, fear and guilt associated with the transition meant a life-saving experience, in the sense that the lack of ownership would have created too much suffering and would have dramatically reduced the motivation to live.

There were also respondents who even expressed their pride in being "different", in being transgender, and who expressed their gratitude for having taken part to heteronormative and cisgender education of the "other sex" in the past, whereas these experiences supposedly have helped them to gain access to a broader knowledge of gender norms, which they subsequently integrated into their own identity.

- ▶ *“I had a talk with someone at some point, he was a friend, who shouted out loud, slammed his fist down that I am a man, and I told him ‘NO, I am a transgender male’. He didn't understand, and I told him: ‘You are not bleeding, you didn't have breast, you were raised in a different way, they picked you up and raised you in a different way’. And I'm not sorry, honestly, that they didn't pick me up and raise me like a boy. I had a period in life when I felt super bad, somehow [...]. But actually I am sitting now and I realize that it's much cooler this way, that I have access to the emotional side of people, I can enjoy a hug, [...] enjoy the fact that I can have this experience”* (trans male, age 34, Bucharest).
- ▶ *“It's so many years that I felt I'm doing, I don't know, a bad thing, that I'm treading on a forbidden ground. And I did baby steps, so small, and it took years, but finally I think it was a good thing, I discovered myself. I discovered myself a lot after the transition, when I started to know other people from the LGBT community. [...], not to add that, as I had started my medical transition, I realized how dysphoric I was and that, somehow, affirming my femininity was more like a riot thing - I had to prove it to myself and it was very difficult when I looked like a man, so to speak, and that's why I was practically trying to be too feminine in appearance. That wasn't ok, I realized these things don't matter much. It's how you feel that matters. I now feel ok in my body and I am seen as a woman even if I don't wear make-up, even if I walk around in a pretty neutral style. That gave me confidence somehow, and I don't insist on proving things to myself anymore, as I used to. I had some fits with high heels, with a je ne sais quoi, but that isn't burning anymore. I still like them, I mean, I wear some, but not all the time, and this way, it's different, it's a different perception. When I turned 46 and I read about trans people, I said to myself:*



*'Look, man, there is a way, I am not that alone, there are other people like me out there', because that was the feeling, that I was somewhere all alone or that there are very-very few people, and I reached the conclusion that there are pretty many, but many of them are suppressed and prefer to live a lie, because there are afraid to take the step forward, so to speak. With me, it took about two months, this period of searching and experimenting. And one of these experiments was to buy some vouchers for permanent hair removal. Of course I bought the men's version, which included the chest and armpits; laser hair removal, IPL in fact, and electrolysis hair removal are rather used for facial hair. There was no problem with the armpits, especially since it was a hidden area, but with my face, I started at the corners of the mustache where I had some straw-like hair, it got swollen and I looked like hell. 'What did you do to your moustache?' 'Well, I went and had my hair permanently removed using electrolysis, I started a little, around here.' 'With your face hair? Why, are you a woman?' 'Yes, I am transgender' (trans woman, age 51, Bucharest).*

- ▶ *"[...]When there is no information, you well know you have the feeling that there is something wrong with you and, a little, this small something stays with you all your life. [...] From my point of view, I consider myself neither a man nor a woman. I sometimes have accents of masculinity, other times I have accents of femininity, but it is not a constant in my existence. I tend to wear relatively "gender neutral" clothes, which was a heavenly manna, when possible. Because, unfortunately, being 42 years old, I also caught that communist period, in which genres meant a certain clothing imprint and a certain behavioral imprint. I have always known the reproach: 'Are you a girl? Why do you do this? A girl doesn't do this!', because, yes, in the papers my gender is female. After that, in school, there was always that part where girl and boy uniforms already differentiate based on sex, and this thing sticks on you, somehow. I remember I was wearing pants under the skirt and I felt more 'safe', though by doing this I always received more reproaches. But I felt 'safer'. Unfortunately, it was much later that I got the information about being gender-fluid. Until then, I considered that I am that 'tomboy' type, as it is known from the English literature. Yes, I was simply 'Zoe, be a man', to quote our [transl. note: Romanian] literature. Sometimes, I happen to look at myself in the mirror and even feel I would like to do something feminine to myself, and other times it's: 'Really? No! How did I survive so far? Ok, me and my identity don't go along now, I'll dress whatever ...' My excuse was something like: these clothes were clean, this is what I could grab this morning. I made a 'lifestyle' of this, to make it look like 'that's it'. And this is how I survived. And, then, when I found out I am not alone and this thing is not that abnormal and to be cornered and blamed, finally, and that I belong to a bigger family, I admit that I cried. I cried, because I was blaming myself for many years. I mean, I remember dad, for instance, he used to say, at some point: 'You, with you behaviour, do you expect that you'll ever find someone to share your life with? You'll never have a family!'. [These are - ed. note] the lines most of you, people from the community, probably have heard. I did not even realize I was part of the LGBT community, if you can imagine. However, I know that I have always hated the idea of cornering someone because they are thinking or doing something, something different, in a different way. Then I said to myself: 'Yes, because it was my case, too!' It comes as an excuse, but I think it's beyond gender*

*identity or sexual orientation, when one disapproves that somebody is cornered, because that somebody does not agree with a majority or to somebody else, because, in my opinion, this is the definition of bullying and has nothing to do with a balanced society”* (gender-fluid person, age 42, Bucharest).

- ▶ *“When I chose to speak about myself in the masculine, I think I was pretty young, somewhere around the age of six, I think. School was ok. Once in college, I came out right from the start, because I knew some persons from the community and I said I can put my finger on it, that guy and that gal are like that, and it was ok. My teacher didn't know what I was and he talked to me in both ways, alternatively [feminine and masculine], so I told him, in the end: “You know, sir, I would prefer to be called in the masculine”. And I had the luck he had a trans person during his college time, when he was a student, and he did get it well. But, unfortunately, that person committed suicide, he told me that the person couldn't take it anymore and resorted to this”* (trans male, age 24, city in the south-east part of the country).
- ▶ *“I was pretty outspoken on Facebook in the last years, only fools couldn't see it. But I didn't have problems, not even from my relatives, even if I have a lot of those on Facebook, cousins, aunts. Ironically, very religious ones. Not even with them. Yes, we don't see each other very often, but there were never any problems, oh my, they realized it, we don't call each other anymore. It's pretty ok. And I'm convinced that, if they know, the rest of the relatives know, too, from my grandmother, and I didn't see any reaction anywhere, when I went places. I am a more than happy case and not one of the few happy cases. [...] I think my brother was more reserved at some point, until he left for England. He and his wife. And, after around five years of England... Another civilization. And I can tell that from his vocabulary, too. [...] I said to him: ‘Bro, you did well you went there’. And that's exactly what they say, in fact: ‘We went someplace else and we realized it's a totally different world’ “* (non-binary person, age 34, Iași).

## The relationship of transgender people with their family and close circle

What contributed substantially to self-acceptance and life quality improvement for transgender people was **creating a support network made out of family members and close friends from before the transition, as much as possible**, as well as from friends made after the transition, some of these eventually being members of the LGBT+ community themselves, as the majority of the interviewed persons stated. But for the most it wasn't easy at all to get into this life “formula”, one of the reasons being they had to confront attitudes and **behaviors that were contradictory, oscillating or ambivalent from people close to them, some of which escalated to hostility, violence or total rejection**.

Some of the transgender people told us about how they have strived for many years to fit into the sex-role conventions dictated by the society and how they have made compromises to gain acceptance and approval from others, but how that false comfort and false feelings of affiliation obtained from this non-authentic relationship with themselves (with their own emotions, feelings, desires and expectations) came to trigger long-term feelings of inadequacy, depression and anxiety. Finally, many of those who have gone through these experiences say that they have come to the conclusion that the sacrifices and the compromises were not justified as long as they fueled tensions, dissatisfaction and suffering.

**The decision to come out regarding gender identity remains a sensitive issue for many transgender people in Romania**, some of who are split between the messages they send to the close ones (relatives, friends, colleagues, contacts) that know this aspect (partially or in detail) and the messages they share with or hide from the ones who know nothing about what their inner reality is all about. Generally, according to the respondents, coming-out is a gradual and selective process, that happens more conveniently in a close circle, together with people that make one feel safe and that have a potential to show acceptance and understanding.

- ▶ *“I didn’t come out very early, so to speak. I started the transition around 2002. I am now 43. I was born in 74. So I did [the transition - ed. note] at 28. The new people, that don’t know me [from before the transition - ed. note] don’t know about it. In principle, nobody suspected anything. There are some people from the past, that know me from before, and I can’t do anything about it. And, if I know people who I can trust out of the new people, that get to enter our group and to integrate, to go out together, to have a beer or whatever, I sometimes tell them. The people from the past, who know me, don’t tell without my consent. So far, I had no such problem, that someone tells without me wanting so. And, so far, I have never met anyone in the same situation. My circle of friends is not very big, but it’s stable, for years, and made out of cis people”* (trans man, age 43, Constanța).
- ▶ *“What worries me are those families in which you don’t have access to information, whether urban or rural, in which they try, by any means possible, to cure you from your “urges” that, from their point of view, are out of place. Unfortunately, it will take generations. What we could do now would be to try to pass as much information as possible, as much enlightenment as possible, so that people understand that ‘being different’ does not mean being a monster. People should understand that “being different’ does not mean that you have to heal or that you have to fix something, but instead you have to accept your difference and you have to understand that, in the end, each of us is different, the realities are in a continuous change. A few decades ago, kissing in the street was awful, now it is somehow accepted. Society has learned to accept certain feelings. Well, maybe, in time, society will learn to accept diversity, in a true sense, not just in a declarative or political way, because, unfortunately, that’s where we are today”* (gender-fluid person, age 42, Bucharest).

- ▶ *"It was a long journey until I found out that there is such a term [the term" transgender "- ed. note] and to assimilate it. After childhood, after that innocent period, when it practically doesn't matter what gender each of us has, when you play with who you want to play with, and so on. As a child, you feel that you are different, but the pressure is not very high. Then puberty began. The transformations began. I had a big shock when I had to deal with my first period and when my mother tried to explain to me that: 'All the girls go through this, get used to the idea, nothing is out of place' and that it will be so I don't know how long from now on. I had a fit of rage and said: 'But what do I have to do with the girls, because I'm not a girl, I have nothing to do with the girls?', in such a way that my mother was super shocked. She didn't take me seriously, but that was one of the late signs, so to speak. I had given her some hints before that I'm not ok with myself and that I don't feel well in my body. She has many friends, girls, and all came by at my mother to visit her, they knew me, interacted with me, liked as a child, nothing wrong about that, but they always had something to comment, something like: 'Let your hair grow once in a while, try a little make-up, act more feminine, in your gestures, as you are a girl', and so on. I pretended not to hear them, until some point, when I was full of it and I was blasting stuff like: 'I may be a girl, physically, but I don't feel like one', and everybody was stunned and didn't know how to react. [...] They looked at each other, they looked at my mother, and she was stunned, because she didn't know what to say to them, because I didn't know how to explain these things to her, I didn't have the necessary words to be credible. My mother, she has it in for me regarding this thing, not only about being trans, but she has this, when she doesn't like something, she gets crazy and raises the tone of her voice. If not there, in someone's presence, she used to bend my ear later. And I was very afraid of her and her reactions, that's why I stayed hidden for so long, and I became depressive" (trans man, age 34, medium size city in Romania).*
- ▶ *"I'm not that kind of trans to make a transition, I'm in the non-binary category. [...] For me is irrelevant if my father knows or not. And my mother would be something like: 'Ah, ok', if I told her about non-binarity. The way she accepted my [sexual - ed. note] orientation, the same way she would accept this, too. [...] Honestly, I don't know if it's defining for me. I wouldn't say much has changed about me, besides the fact that besides hitting the nail on the head and realizing... 15 years ago, I gave much thought to the transition. Then I said to myself: 'That doesn't suit me either, so, what the hell is wrong with me? Why am I like this?' Until I could precisely define it. I don't mind people addressing me in one way or another, I am comfortable with any pronoun, I don't mind, I'm not the type"(non-binary person, age 34, Iași).*
- ▶ *"It's a more complicated story, because I don't know if I really want to start the transition here, to complicate things by adding I don't know what problems. [...] I'd rather make an effort and leave the country in one year, two. I live alone with my parents, and my folks, even in the house they don't let me express myself as a binary person. [...] It's rather that I still have two almost completely parallel identities. One is the semi-public person, [...] and the other identity is this [trans person - ed. note]. [...] I would prefer moving to a different country, and then things would be different, I wouldn't care what people say, what my*

*relatives say. [...] I especially told mom a few things about what I want to do and she said she would support me, she's ok with me, she wants me to be happy, she raised a person, not a girl or a boy. But, in the same time, she's often nagging me, she's telling me I don't take care of my looks, what kind of girl am I, that I don't cook, these kind of stereotypes. [...] My folks have been keeping me like this, in the closet, for many years now. I'm afraid that, if I tried the same talk with my father, I would have to really prepare, in advance, to leave. To move"* (trans woman, age 26, Constanța).

- ▶ *"I was never discriminated, because I am very selective with the persons that I tell [about the gender transition - ed. note]"* (trans man, age 28, Cluj-Napoca).
- ▶ *"My ex-girlfriend had a very good reaction, I didn't see it coming. She was super supportive. And I liked the fact that she didn't contradict me, she didn't tell me it wasn't true. When we were together, she was the first person I spoken to: „I think I like boys”, and it was super ok and I felt safe to talk to her"* (non-binary trans person, age 33, Iași).

Several participants to the study claimed that the initial reactions in their close circles to finding out about their gender identity were recommendations to go to a priest or consult a medic or psychologist. Also, **the majority of the transgender people interviewed say that, at least one time, they received offensive messages or messages that (may) incite hatred, directly or indirectly, from priests or members of religious communities**, especially from the part of the Romanian Orthodox Church and of some organizations close to it, around the Referendum for the redefinition of the family in 2018.

Another encountered reaction of the relatives/acquaintances was not to separate the idea of gender identity from sexual orientation, and/or to assume that the trans person would have a certain sexual orientation, possibly to put pressure or to discriminate on the basis of that assumption, or to demand "assurances" that the trans person in front of them is heterosexual.

- ▶ *„An aunt of mine had started... I went for a visit and she was there and started to get nasty, like a big scandal, screaming. Good thing dad was there. She said I was the Antichrist, that kind of very, very stupid things. Because she is a religious person, oh my, and that's why she started this. My dad kicked her out"* (trans boy, age 19, Constanța).
- ▶ *"I have been like this all my life. As a child, I opposed many things that are specific to the female gender. My family used to try and correct this, but my folks let me be sometimes, they did not correct me all the time, as it was tiring, they couldn't do anything else about it. [...] Mom chooses to deny that I identify myself in this way. She kept trying to prove me wrong, she took me to the psychiatrist trying to show me things are different from what I think they are. She still does it, she wants to send me to the priest. [...] The changes are more and more visible and she recently asked me to stop the [hormone - ed. note] treatment, but I told her I can't. She is not seeking help in the church, she keeps trying to recommend priests that I should talk to so that I can give up any transition process. She says it's ok being as I am, but just give up the transition. [...] I have all the goodwill in the*

*worlds, I can have patience, I know it's hard to go through this issue, but asking me to stop means asking me to hide and be someone I'm not"* (trans man, age 28, Cluj-Napoca).

- ▶ *"[...] Not only my mother disagreed with this thing from the start, but she tried to stop me, to sabotage me, to cause me all the problems in the world. [...] She bends my ear talking, but she eventually cools off. She goes to the church, where she learns all kind of silly stuff. And before making the change I made, her primary concern was 'What would people say?', that I'll make her look bad in front of the whole town and everybody will talk behind her back and point towards her, that was her number 1 concern. [...] As I said, she is very religious, she goes to church every Sunday, she goes there every so-called holy day, she goes on St. Anthony Day... And the priest comes every year to bless the house, because that's the custom, and if I happened to be at home, he would tell me that 'such a thing is unnatural, such a thing is a sin, I hurt everyone around me, especially my mother who loves me so much »"* (trans man, 43 years old, Constanța).
- ▶ *"I think I was about 3 months after I started the transition, and I said to let her [my teacher - ed. note] know, to tell her the whole situation, because there were also the little ones in the class and I didn't want her to call me by my other name and let those little children, who were in the fifth grade, also hear. Although, I know they are open-minded, that's how I tend to think about them at their age. Well. I went to her desk and said: 'Madam, I have something to say to you... I started the hormone treatment, I have been doing this thing for three months, I am still with this name at the moment, but I am known and everyone calls me by this name'. Then she said: 'How's that? Who are you? Ok.' She searched a little... I talked to her for about five or ten minutes and she told me: 'Don't do this, it's a sin', although I had told just a few minutes before that I already took testosterone for three months. Or 'Look, if you want, I know a good priest, and, if you want, we can go together.' What could I have said? Could I have started to treat her badly? I explained calmly, but she didn't get it at all. And I told her: 'Madam, let's make a deal: I'll make a compromise, and you'll do one, too: You can call me as you wish, but when we enter the classroom, please don't address me in feminine, you can talk to me in neutral or to avoid it'"* (trans man, age 24, south-eastern city).
- ▶ *"I'm not out, only two persons know, my ex [girlfriend - ed. note] and my aunt. [To my aunt - ed. note] I told her this year or the last one, I don't remember. I was in a very bad mood, I needed to talk to someone face-to-face, to tell that person about this thing. [It took me about five hours until I actually told her, I literally needed five hours with my aunt until I was able to tell her something. After that, I realized she didn't understand much of what I had told her, that happened in a few months, because... [...]] She just told me it wasn't true, it's in my imagination or... 'No, you're not like that'. I told her I want to go to Pride and she said: 'What can you do there? What's your business there? You're not like that.' [...] She was referring to the fact that I would not be gay, that's what she was referring to. [...] The last time we spoke, it was like nothing happened. But, when I told her again, her line was: 'Ok, I'm telling you for the last time, it's my opinion that you're not like that, I don't want to talk about it anymore'. And, in the end, she told me: 'But maybe people*

*change, sometimes'. And she told me not to be mad with her. I'm bursting into tears here'* (non-binary trans person, age 33, Iași).

- ▶ *"I'm more of a hidden person in relation to my family. Mom did realize some things and she got upset. She didn't agree. I told her, it was more like an experiment, I did experiment, and she shouldn't be mad, 'cause I still like girls. My parents separated. I talk about this only to quiet them down, to tell them things are not what they think. [...] mother became a little distant, because she also saw that something's going on. Although I didn't want it, she saw the pills and distanced herself from me a little, I felt she's more distant and more critical. You can be whomever, you can be the best student in school or the best at work, but because of this, that's it, she just crosses them out. She just didn't have it in for me before, being critical and all. Now she thinks that, because of this, she's entitled to. We had that some talks, I tried to cool her down, I told her I like girls and she has nothing to be worried about. But I don't think these talks really cooled her off"* (trans person that identifies themselves with both genders, age over 20, Constanța).

Regarding relations with family and close group, assuming the trans identity was not without its challenges for the respondents, because it meant, among other things, major changes of the relationship dynamics. And the relationships with those who proved hard as a brick in response to these changes have suffered and soured, or needed more time, more patience and more information to (re)consolidate, as some of the reported experiences show.

- ▶ *"What does it mean to be 'close'?" Me, for example, when I started my transition, I lost 90% of my circle of people. I mean, we have to consider it... I can't say that I was in the middle of an unfavorable environment, but I was in an environment made out of ex-college mates, educated people, open-minded, business partners, collaborators... That's the kind of people we're talking about. And yes, I can consider it a discrimination the fact that I had to change almost all my friends. [...] I'm not the only person who does it. Anyone wants to get rid of some dogmatic values that are passed down from one generation to another - whether it's sexual orientation, gender identity, freedom of expression, freedom of religion, topics that are deeply rooted and influence the masses - as soon as you want to get out of there, you basically lose a certain amount of contacts"* (trans woman, Cluj-Napoca).

Some transgender people, who said they felt rejected by family members and by some close people and felt pressured to claim that they were different from what they felt they were, claim that notions such as **"family" or "friendship" really made sense or got a positive connotation only when they have developed relationships based on mutual feelings of acceptance, respect and understanding.** With each case, this meant overcoming animosities and solving older conflicts, as well as creating and redefining new relations, whether it was family, couple or friends.

Also, some of the respondents say, the personal (and financial) autonomy supposedly was useful in managing rejection reactions (on indefinite or short term) from the family and/or people that were close. So, the more independent a person was and the more able they were to support themselves and identify solutions on their own to everyday problems, the less dramatic and destabilizing the impact of rejection would be felt subjectively, and an improving of the relationship would have been seen possible more easily.

- ▶ ***“Before starting [the transition - ed. note], I was afraid, I don’t know why specifically, I was afraid, I read on some blogs, on the Internet, that people get rejected, someone [a girl from the trans community - ed. note] was telling how she was thrown out”*** (trans man, age 34, Bucharest).
- ▶ ***“In my family, things were complicated. My folks generally speak to me in the masculine, 99% of the time. My mother, sometimes, when she’s “in the mood”, she tells me: “You know, you’re pretty, this thing suits you”, speaking in the feminine, but that’s rare. [...] When I told my parents I’m transgender, my dad wasn’t that acid, he told me: “I suspected there was a problem, but I couldn’t see which. Now, that you told us, that’s it.” But mother reacted very badly and she told me: ‘You know, we expected many things from you, but not this.’”*** (trans woman, age 51, Bucharest).
- ▶ ***“Me, for example, I choose not to say things from the beginning, at least I wait for another two or three days, because I can’t lie to someone, I really can’t. And finally, I choose to tell the others. [...] I say: ‘I got something to tell you, I’m a more special case, I’m so and so and so. [...] I tell them I’m trans, that I like girls... If the person is ok with me, ok, if not, that’s it, I can’t force anyone into accepting me like this. So far, I did it like this, and there was no trouble. [...] It’s probably the way I approach people, I’m more open: ‘If you have any questions, come to me and ask me, don’t ask around, people who don’t know.’ [...] It’s normal for a hetero [and cisgender - ed. note] person to ask me a bunch of stuff. From my perspective, it’s a kind of education regarding trans persons. [...] I talked to various people - colleagues, family, family friends”*** (trans man, age 24, south-eastern city).
- ▶ ***“I have nothing to lose if you don’t accept me. In other families, where the family offers real support at least before the transition, there is a risk to lose that support. I’ve been on my own all my life, at least since I started to work and be self-supportive, I’ve helped my family by myself and never have depended on anyone, had no relationship, nobody gave me nothing, so I didn’t own nothing to no one and nobody owned nothing to me*** (trans woman, age 36, Bucharest).
- ▶ ***“I consider that I live in a family of mine since 13 years ago. In a family in which my partner takes me as I am. [...] it happened, not once, that they [my parents - ed. note] prefer not to take me to some family meetings, so that I don’t taint their image. They used to find a reason for it: that I’m taking private lessons, that I’m staying with my grandmother. [...] instead of having a stain on the perfect family image, it was better this way. [...] We don’t talk much. I mean, we meet, we tell each other how much we miss one another,***



*but we don't talk about anything. Their position is that I should distance myself from my girlfriend, which I won't, that is I won't do it just because they tell me to. Their problem is why we are not making a traditional wedding, because I can't say a 'natural' one, so one that would be in the tradition of what they had. We can't say we are against the institution of marriage, but our problem is that, the way we are [a gender-fluid and a transgender woman - ed. note], if we manifested the way we are, nobody would marry us. So instead of this humiliation, we prefer acting like - as my father says: 'Why do you want to be special?', so, we prefer acting like snowflakes and say: 'We won't get married, not here, maybe in another country'. But this is actually a way to beat the bush, as I tried here also, because I know it can hurt. I have a sister, who was the perfect child, and me, on the other hand, I was the black sheep [...]. The biggest treason I felt and which hurt the most was not from my parents, but from my sister. I felt like she understands me, and I tried to tell her a few things, I surely told her many things, and my sister felt so loaded up with these things and she went and told my mother about them. A pretty awkward moment, it's like calmly walking on the street, and, all of the sudden, all the car lights are on you. My mother didn't say anything, didn't comment anything, she just said to me: 'Your sister told me.' I said: 'Oh, yeah?'. I tried to act like nothing changed. My relationship with my mother is purely utilitarian: mother needs me, she call me, I go and fix it, I need mother, something specific, I call her, and that's it. With my father there is a state of tension, he doesn't know much, but he suspects, unfortunately, because he is an intellectual. [...] And so, we hide things under the carpet and we talk about the weather, about what we heard about our friends lately, that is, not about ourselves"* (gender-fluid person, age 42, Bucharest).

- ▶ *"[...] my folks were expecting it, they saw my tendencies, my female gestures, they saw I was wearing skirts, stealing my sister's make-up kits, they saw I didn't feel good when they gave me boy clothes to go to school. I would have liked to go in a skirt, but I would've got beaten, so I was dressing up as a boy. So, there were many gestures that implied I was feminine, and my coming out did nothing but confirm the suspicion they already had. [...] but they accepted me, they said "That's it, what can we do, we're doing our duty as parents, we're supporting you as you are. Later, when you'll grow up, you'll see what you'll do"* (trans woman, age 27, Bucharest).
- ▶ *"After I told my family and friends I am trans, my friends were ok. But I was already having problems with my family during the time and those problems got worse, basically, it was a very bad moment. But, after a while, we got to get along much better than we ever did, basically it was a very good thing. [...] At first, it was pretty hard, of course. I think it's hard for any parent to accept it. But now they are very ok, they helped me start the transition. They know about it for two years, I think. They are very ok now, they talk to me in the masculine since I started testosterone, 8 months ago"* (trans boy, age 19, Constanța).

## Incidents transgender people endured in the public space

Even when transgender people have a consolidated entourage, which can ensure support and a certain dose of psychological comfort in their private space, in Romanian society no one can guarantee that they are safe on the street, in public transport, in school or at work.

**The risk of facing discrimination, transphobic reactions, harassment or physical or verbal violence is widespread,** as shown by the experiences of some of the respondents.

- ▶ ***"At the dorm I heard comments like: 'What is that thing, a girl or a boy?', or they shout it from the other side of the street: 'What are you?'. That's it."*** (trans man, age 27, Timișoara).

A transgender woman reported that shortly after the transition began, when her facial hair was still visible, she was verbally harassed by several construction workers who wanted to know if she was a "woman or a man" in a means of transportation in the capital city. The verbal abuse and insinuations supposedly continued for several stops, without any of the present passengers stepping in and defending her, according to the woman. ***"[...] the whole trolley-bus was sitting and looking at them, but nobody stepped in to defend me, nobody said anything"*** (trans woman, age 51, Bucharest).

Another transgender woman said that she was harassed by several young people, in the district of Cluj where she lived, due to transphobia, and her car was vandalized. The woman said that she filed a complaint with the Police, but that she never recovered her damages, and that she preferred to move to another area of the city, in order to avoid similar incidents.

- ▶ ***"There were some children that were throwing stones towards me, the stones zinging by my head, and I ran into the car. [...] They shattered my mirror and the windshield. Meanwhile I called the police. [...] We don't speak here about discrimination, because I was attacked by these people, but about the most basic thing - that they should pay compensation for the material damage. I couldn't even get that, this is the level of discussion here, forget about discrimination. Anyway, I had to move out from there. Even if the police would help us, we are dealing with people that have such a mentality that if you insist chasing them back using legal methods, they will take revenge, they will continue to harass you. One morning I would have woken up with the car destroyed, not just with a broken mirror and a broken windshield. if you insist that the law is on your side, - let's say police would have paid each one a visit and asked them questions - you still don't get rid of the underlying problem"*** (trans woman, Cluj-Napoca).

A transgender man said that his identity before the legal transition was publicly revealed, without his consent, on the Internet, by a person who criticized him on a blog on a topic that was not related to his gender identity but was related with a professional subject. ***"[...] he wrote about me that I would have had another identity before. Anyway, it was an aggressive and insulting article***

*that was written and posted on the net based on this professional issue. [...] I don't know the man, I haven't seen him in my life, he didn't have any other reason to write about me, he had no reason to write this thing, unless some people who opposed our efforts put him to"*, said the man. He filed a complaint with the National Council for Combating Discrimination (CNCD), which ordered a fine of 1,000 lei for the author of the article, but the material stayed on the Internet. After a talk with his lawyer, the man gave up the idea of suing the blogger in order to make him delete the article from the Internet, because he feared that the personal attacks and the invasion of his private life could have continued and multiplied.

**We can also highlight that an extremely vulnerable category in the public space (and not only there) is represented by the transgender (and cisgender) persons who are sex workers.** One of the main reasons is that, in Romania, offering sexual services for money is not decriminalized, and there is no legislation to promote and protect sex workers, according to our documentation. In case of transgender persons that practice sex as a commercial business, the threat is even greater because of transphobia. Every year, transphobia makes hundreds of victims for this minority in the world.

A transgender woman who currently works as a sex worker in a country other than Romania said that in her past, she was accepted as a transgender person by most members of her family and of the Roma community she belongs to, but that she did not receive the same treatment from the main population, in the public space. Thus, while her family and relatives respected her gender identity and supported her in the transition process, the woman said that she felt systematically harassed and discriminated **"all over the place in that civilized Romanian society"**.

According to the interviewed person, she was treated with hostility in response to her gender identity, gender expression, ethnicity and her alleged sexual orientation, in the street or at school. The woman said she faced pressure, aggression and humiliation, also from some teachers, such as her teacher, who allegedly cut her hair in front of the class on the grounds that boys were not allowed to have long hair in school, and the sports teacher, which allegedly hit her and forced her to do boys exercise. The discrimination lasted for a long time, she said, until she decided to seek her mother's support. **"I felt powerless, and that was my mistake, because these guys got above themselves, because they knew I won't tell mother; until one day, I got it off my chest and told her everything"**, she added. As an answer, mother encouraged her many times to transfer herself to another school, but shortly after, the interviewed person dropped high school, and emigrated, together with her then partner in life.

At less than 18, being (illegally at first) in a foreign country, without knowing the language, with an entourage of people who were mostly marginalized, some of them stealing, begging or offering sexual services to support themselves, the woman became a sexual worker, according to her own accounts. The woman mentioned that integrating the society had become even harder, from this new perspective, as the rejection and discrimination of others would have reached a higher level. **"[...] this part is very tough, as the sex worker has acceptance problems... First, the sex-worker is a**

***taboo and will stay one. Me as a LGBT [member - ed. note], I was accepted here and there, but as a sex worker, no. There are many problems that need to be considered, starting with protection and ending with information about this job [...]. As a sex worker it is very hard to integrate society, it's hard to tell a person what you do. [...] [I'm - ed. note] also Roma, and trans, and a sex worker, so it is very, very hard"***, she said.

Addressing using the appropriate pronoun, in public (but also private) space, in a conversation with a transgender person, is one of the first signs that the interlocutor respects that person's gender identity. A person who (intentionally) insists to address in the masculine/feminine, when asked otherwise, is a person who insists on invalidating the experience of the transgender person in front of them, say many interviewees. Some of them even say that they perceive as hostile and discriminating an interlocutor who, although informed, continues to (intentionally) ignore or contradict the addressing forms with which a trans person identifies themselves and which that person agrees to. And these addressing forms vary from one person to another, depending on how that person resonates with a certain (male/female) pronoun, with more pronouns, with none, or with a neutral one.

As the gender expression is not always an indicator, the information can be clarified either at the initiative of the transgender person, who can mention right from the start of the communication process which pronoun they use/prefer, or at the initiative of the interlocutor, who can ask which pronoun is to be used/preferred. From the experiences of some of the interviewed persons, there is a (involuntary) tendency of some close relations to continue for a while to oscillate between pronouns when addressing or to use mainly the pronouns before the transition (out of habit, ignorance or carelessness), in the early stages of transition. Often, such situations are reduced or disappear over time, where there is patience and understanding on both sides, and where those around adapt to the inherent changes of gender transition and create for themselves the willingness to become familiar with the subject, according to the respondents.

- ▶ ***"Well, there were some situations in the supermarket, when I had a beard and mother called me by my girl name. And, suddenly, she was near a lady, and that lady gave a long look. And I told her: 'Mother, look: at home you can call me whatever. In these kind of situations, when we're in the supermarket, if you can't call me in the masculine, call me: Yo, come over here'. And I told her: 'If you want a delicate and awkward situation, I can enter the ladies bathroom with you, at the mall, so you'll see the reactions, how things are seen from outside, and that it's not ok'"*** (trans man, age 24, south-eastern city)
- ▶ ***"I think the only street incident was: 'What's this: a girl or a boy?', someone said behind me in the street. [...] And, last year, it never happened to me before and I didn't think it would ever happen. [...] I heard it from classmates that teacher supposedly named me and she gave me some awkward nicknames. And one of my classmates who told me wouldn't have to lie to me for no reason, because he's from the community. I was late two or three minutes and waited on the hallway and, after her class, this classmate told me: 'Check this out, miss said: Look, the masculine woman or girl is coming'. And finally, I got mad, and asked her: 'Why do you have it in for me? I heard some nasty words you supposedly***

*have said about me, I don't think it's ok for a teacher to react like this'. She immediately attacked me, asked me who said that, but I didn't tell. I'd rather not cause any problems to my classmates, and I preferred not to tell any names. She denied, she said she has nothing against me, stuff like that. This thing affected me, I would have never expected it. Some people just don't get it"* (trans man, age 24, south-eastern city).

**The media can play an important role in how transgender people are perceived in society and can influence the attitudes of the majority population towards gender transition**, according to some of those interviewed. In other words, the way the press treats the topics about this minority (quality of documentation, terms used, information sources consulted, angles of approach, tone of reports, etc.) can contribute to the creation of correct images or to the creation of distorted ones, likely to lead to attitudes and behaviors of acceptance, neutrality, rejection, or discrimination against transgender people. Also, because this community is small in numbers, the early generalizations can be even more damaging, the respondents say, because it can lead to bad associations.

▶ ***"My biggest concern is that more and more people gets to know about this subject [gender identity - ed. note] in an erroneous way, which makes life even worse. Those that feel ok to speak in public about this must take more care about the how they do it. We don't want to be in the spotlight, we are ordinary people. [...] I don't feel well under a label. Even if I am born this way and I identify myself otherwise, it's not the end of the world. Each should mind his own business and life. Let us pass as any other human being. [...] Personality is not limited to gender identity. We cannot all be put in the same category, it's not ok to generalize and say we would have a questionable character. We see more and more examples in the media that don't necessarily serve our good image"*** (trans man, age 28, Cluj-Napoca).

▶ ***„We have to avoid tabloids"*** (trans woman, Cluj-Napoca).

For over two decades, in Romania's public space, there goes a story of a transgender woman named S., who, at the age of 19, made the first surgical transition in Romania, in 1995. Numerous (tabloid) papers have exploited intimate details of this woman's life over time and claimed that S. regretted the surgical transition and that she tried to have surgery to reconstruct the male sexual organ.

Most press releases about S. did not treat this case professionally, impartially and well-documented. There were many slippages: the exposure and exploitation of the drama of this woman, who came to live on the brink of subsistence, the emphasis on unusual or "spectacular" aspects of her private life, which were not for the public to know, the presentation of uninformed opinions as positions of "experts" in the field, hasty generalization, bias, establishing false reasons, encouraging rumor, pejorative treatment of the subject of gender transition, presenting hypotheses as facts, etc. Moreover, although most materials about S. have never gave journalistic answers (who?, what?, when?, where?, how?, why?), over time this story has become emblematic by becoming viral and turned into a false landmark inside the public space.

The effects of irresponsible media treatment of this case can still be seen today, including among people in the medical community, who use truncated information and interpretations related to this case as an argument against the transition, in communication with and about transgender people, according to some respondents.

- ▶ *"[...] I don't understand who would do such a thing and go through this process [of transition - ed. note], which clearly changes your life, at 180 degrees, and in addition who would endanger themselves - because I understand that the transition process is even more dangerous for girls - who the hell would do that if it wasn't safe. And stop telling me examples like S., who had the operation 100 years ago, and then regretted it. She did not regret becoming a woman, that's not why she had regrets - she regretted because of the society, she probably became severely depressed, she regretted because she became marginalized. When you don't have access to a psychologist, to a psychiatrist to help you, to support after the operation... This should be the concern of the medical world - to take care of the person during the transition and after. Not that she stopped wanting. She effectively regretted because of the society, that's nothing to do with what she felt. In the end, what's the connection with the other ones, why all the ink? It's a humiliation of the person, it's an intrusive process, that's why it's humiliating. And to sit and explain to each individual what and how and so on. Why? To invade your life"* (non-binary person, age 34, Iași).
- ▶ *"There are precautionary measures that, if not taken into account, lead to cases such as S., very extreme situations, which can be avoided only through well-written and clear procedures, but which are not abusive. [...] Beyond the legal aspect, which validates the procedures that follow after the transition process, we must keep in mind that there are certain diagnoses that can overlap with gender dysphoria. Schizophrenia, for example, or multiple personality. [...] They can coexist or not. And only a psychiatrist can decide this things"*(trans woman, Cluj-Napoca).

## Experiences of transgender people in the workplace

**Discrimination in the workplace or even blocking access to the labor market, abusive dismissals and harassment due to transphobia** are realities that have affected many of the participants in this study, according to their accounts. Such abuses often take place unexpected, in a confined setting (no witnesses), and those who went through them said that it was only after the events took place that they thought that they should have taken precautions and recorded the slippage, so that they would be able to file complaints for discrimination or sue those who harmed them.

**Repeated and prolonged contact with hostile work environments, which ignore skills and abilities in favor of prejudice, has dramatic consequences:** vulnerability, financial insecurity, even precarious living conditions are undesirable facts, which some transgender people often encounter due to discrimination and which drastically reduce their chances of supporting themselves.

Even when they manage to get a job and keep their job, some transgender people face the ostentatious refusal of their team or colleagues to respect their gender identity, these addressing them in a different gender and pronoun than what they prefer, or by calling the names from documents they do not use.

Also, **there is a deep lack of inclusive spaces, mixed toilets, anti-discrimination training at work**, respondents say.

- ▶ *"[...] I couldn't just go and say: 'You know, I'm a girl', and I didn't even say to anyone for at least four months after getting the job. I dressed somewhat neutrally, because I had been walking around like that for years, I didn't make any specific changes, because I couldn't go to work as a boy, because I felt awful when doing that. I ditched my men's jeans almost four years ago. [...] I don't know what to say, it's a risk one takes, I can't say I like it. I mean, even now I still introduce myself using the masculine name in the work context and it seems crazy to me. And, if they talk to me like that, if they "mister" me, it's a pretty unpleasant feeling, but I can't blame people, because that's how they perceive me. That's who I go as, that's me officially, I have no problem with it. But I have a small problem with my colleagues, because, although it is visible to everyone that I am a girl [...], most of them speak to me using my old masculine name. And this is a bit annoying and I don't know how I could solve this problem"* (trans woman, age 51, Bucharest).
- ▶ *"I did my coming out at work, but that's exactly what they told me, that they can't talk to me in the masculine, because the clients already know me in a certain way. And I said to them: 'If you saw me wearing a beard one day, would you call for me in the feminine?' and I was told that: «No, of course»"* (trans boy, age 18, Constanța).

One respondent from Cluj reported that he feels safe from discrimination at work, because he works in a corporation that complies with the code of ethics of the country of origin, and this code of ethics clearly stipulates the rights and obligations of employees, which includes non-discrimination.

After informing her boss at work about the physical changes that would occur with the start of her transition, a transgender woman was fired, and her boss allegedly argued that the people under her care no longer respected her.

- ▶ *"I told [my boss] in a private discussion: "Look what will happen to me, look what the situation is", so that there would be no discussions. [...] At one point, he calls me after a few days and tells me: 'Ok, we have to somehow end this collaboration, because we can't continue under these circumstances. The team will no longer see you as authority, they will no longer see a person to listen to and, as such, we should end the collaboration'. [...] Being a private discussion, in an office in which I didn't know I should have taken my phone with me in my hand [to record the conversation - ed. note] [...], automatically, I had no proof to go to Court. You can instantly open a lawsuit with the best lawyers; if you have no evidence, the person may say: 'I fired him, because that's what I considered', and then I would have had no chance and there would have been no point in acting in that sense, so I preferred to do other things'"* (trans woman, age 36, Bucharest).

One interviewed person said he was rejected in the hiring process in a corporation that allegedly supported diversity, when, having passed the evaluation interview, he told the HR employee that he was transgender and used a different name than the one in the identity documents, until he manages to go through the procedures for the legal transition. According to the respondent, the HR employee's reaction was to tell him that "she finds it strange", "she doesn't know how to react" and that "she can't guarantee for people", in the sense that "we can't force people to respect someone" [a person with an alternative gender identity - ed. note]. „***I somehow knew I was protected*** [against discrimination - ed. note], ***you see, at least by the internal regulations [...]***", the interviewed person added, stating that, if he would have expected this kind of treatment, he would have recorded the conversation, in order to press charges for discrimination.

***"I would have 'kicked their asses' if I had had them on tape, just to show them that 'you are super insensitive, you have super mega diversity preachers and, in fact, in reality you are not able to hire a person who, well, he's super good at what you are looking for there, you want him, you want to make him an offer, but here, it is difficult for you to enter him in the system until the person changes their documents »"*** (trans man, age 34, Bucharest).

Another respondent said that she allegedly had to resign from the academic environment, after the beginning of the social and medical transition (hormonal substitution), due to the harassment and pressures she allegedly felt at work. She said that the attitude of others (especially her superior in the organization chart) would have changed for the worse once her gender expression began to be more and more in line with her gender identity.

- ▶ ***"[...] I left because I was already taking the hormonal treatment, to do the MTF transition [acronym for: male to female - ed. note] I was starting to have long hair and dress more feminine, and this made me a lot of trouble, in the sense that my director, who was my boss, always gave me the heaviest tasks, while he took care of the others, whom she was protecting. I was always detached, just me, to take care of other people's jobs, and, subsequently, a personnel manager, as I remember, came to me to tell me 'why do you dress like that?'. I was in decent clothes. Or 'why do you have your hair long' and, all this things, 'why don't you cut your hair?'. [...] Yes, in the end, the pressure was too big, and I left. I quit, but I had been working there for a few years. [...] There were moral and especially emotional pressures, in the first place. When you suddenly see that, with everyone, she behaves nicely, and with me she behaves as if I were the worst person in this world, you ask yourself some questions. But that wouldn't have been so hard, if, about once a month, I would not have been moved from one location to another, to do the other people's jobs, just so that I could be taught a lesson, or rather be forced to leave that environment."*** (trans woman, age 32, Bucharest).

**There are transgender people who end up with drastically limited prospects of life**, due to repeated confrontations with abuse, discrimination and marginalization, at various stages of life, on multiple levels, according to the documentation. Against this hostile background, in some cases, the possibilities for some to support themselves and cover the expenses necessary for the transition risk being almost zero, especially in the absence of a circle of people and institutions to provide them with adequate acceptance and support. And in this context of desperation, forced



by circumstances or because they do not see the alternatives, some people are forced to earn a living as sex workers, say some members of the trans community. But some of them point out that this activity can be particularly dangerous for the physical and mental integrity of those who practice it, especially in countries where it is not decriminalized and does not enjoy any protection, as we have previously shown. As a sex worker, a trans person is therefore at risk of being exposed to a new set of abuses and, implicitly, to (re)victimization, due to prejudice, secrecy, violence and various forms of pressure associated with this form of earning a living.

Regarding the provision of sexual services, the situation described above is not a rule. There are many people (both trans and cisgender) who delimit themselves from this activity and/or who simply do not consider it under any circumstances as a solution, just as there are people who say that they practice it on their own initiative, being fully aware of what they do, without feeling pressured in any way.

- ▶ "[Some trans women, - ed. note] ***they become sex workers because they have no other solution, because the transition costs money, surgery costs money, and because most of them want these interventions, and even if there are some who don't want them, they still need money. [...] Without money... there come prostitution, poorness and needs. And some are really forced by the situation, others take drugs, so then the drugs come, and they take everything. And because society does not accept them, depression comes. It is a very long chain of weaknesses***"(trans woman, age 27, Bucharest).

A transgender woman who graduated from high school said she did video-chat in the beginning of the transition, in order to cover her expenses. The woman said that, from her point of view, many transgender people consider the option of providing sexual services or video chat because they are often discriminated against (having limited access to education and/or the labor market) and/or the wages they earn do not cover the costs of transition and daily living.

- ▶ ***"When I started the transition, I was in bankrupt in my own business. If the contacts I had, would have been maintained - that is, if the fact that I started the transition would not have wiped my contacts like a sponge - I would probably have found a solution. But when I went bankrupt, I was aware that I would not be able to get a job somewhere and, from that salary, make the transition. And then I did video-chat. Because it was the only solution to do this thing, and it later came to me that if I hadn't had money from video chat, it would have turned for the worst for me. It was a solution that at the time brought me a thousand and something euros a month, so I managed to make treatments with that money, because otherwise I would not have been able to. No income of 2000 lei, 2500, no average income in Romania, net income, is enough to make the transition. [...] And you can't make the transition in any city, and then you have to go to a bigger city. And, if you consider the expenditures with the rent, a coat, everything you need to buy... And all medical interventions do cost money, because the fact that we do not exist in the medical protocols means that we have absolutely no compensated treatment. [...] Most people come and do prostitution or do video chat because it is the only option. [...] I speak from the perspective of a person who has graduated college. If I hadn't done that***

*either, then the options would have been almost zero. [...] Now, I recently got a job, but I insisted on looking for companies and corporations that are not Romanian, because, if they are not Romanian, they come with some staff rules. [...] Now I work at [company name - ed. note], which is originally from America, and they are really afraid, because there, if you end up in these situations of discrimination, you pay for life. And they are afraid to get into those situations. [...] On the first day of employment, someone from the staff took me and spent about half an hour explicitly repeating to me that if I had a problem, I should address them. And, well, they made me a badge with my name on it. [...] It's an isolate case. [...] But for those who haven't even finished high school, the options [to get into such a company - ed. note] are almost zero. Their only option is more low-tech companies, and then they have to turn to the local ones, which have the problems we know” (trans woman, Cluj-Napoca).*

## **The relationship of transgender people with the authorities and other institutions**

**The absence of or ignorance of coherent anti-discrimination policies often leads to abuses by the officials and employees of different institutions, in relation to the transgender people.**

Interviews also showed that, many times, transgender people encounter difficulties and even humiliating treatment in relation to the authorities (Police, Gendarmerie, People's Registry, etc.) and/or other institutions (banks, post office, airport, etc.) because officials/employees are either malevolent or do not know or understand what it means to be transgender, or simply do not know or follow the procedures for such situations, if any.

One of the interviewed persons reported how, after the transition began, he had to enlist the help of a lawyer friend to renew his identity documents, because the representatives from the People's Registry had repeatedly refused to issue him a new identity card and another passport, on the grounds that his gender expression did not correspond to the gender indicators in the documents (old ID card, birth certificate).

- ▶ *“Well, when I went to Passports Office, it wasn't so easy, the employee looked at the identity card, she looked at me ... I told her that I cut my hair and that my beard has grown, she looks surprised, looks in the bulletin, sees the NIN that starts with 2, sees the name of a girl, sees that gender marker there, the sex, that it's F, and her jaw drops and she is stuck. And I tell her: ‘Wait, let me help you’ I had it with me, since I made my association, a kind of sheet of paper through which I explain to people, to whom needs explanations, the respective sheet stamped by the psychiatrist, [...] and I give her that sheet as well which showed that this and that person is going through a medical treatment of gender change, prefers these pronouns and so on And she tells me that is not an official paper, that she doesn't know what to do [...]” (trans man, age 34, Bucharest).*

On another occasion, the same respondent said that, in a police station, he was mocked by officers, who passed his ID card from one to another and made vulgar and offensive remarks

towards him. Moreover, one of the policemen, in his presence, allegedly said to a stranger (in civilian clothes) from the station: **"Tell me, have you ever seen a man with a cunt?"** showing the identity card the transgender man involved to that person.

Another transgender man, who was stopped by the Traffic Police for a routine check, said he had to explain to law enforcement what "transgender" means and show his psychiatrist's opinion, but that he kept an assertive attitude until the end, and they eventually proved to be understanding. **"The first time when police stopped me [in traffic - ed. note] to check if I drank or something like that, I didn't have my ID card changed yet. Although, now I changed it, but [NIN - ed. note] still starts with 2. I gave the ID card, he looks at the ID card, he looks at me ... 'Sir, this is not your ID card.' I smiled nicely to him and said, 'But yes, it's my ID card, I'm a special case.' I always use the same word. I told them I was a transgender person, but they didn't understand. I also had the psychiatrist report, so that they get it, 'Look, my name is there'. Until I changed my ID card, I was walking around with the psychiatrist report, now I don't do it anymore. I carried that report with me, it wrote 'gender dysphoria' and a code. [...] The policemen were super understanding, I didn't expect it, maybe because I didn't have an aggressive reaction, I didn't get offended they thought I didn't match my ID card. If I reacted like that, things would probably have been different. And at the end, they said to me: 'All right, sir, you have a safe trip.' My city is very small, I didn't expect it",** said the man.

A transgender woman said that she also had incidents with law enforcement officers, because they did not respect her gender identity and ostentatiously insisted on addressing her using the masculine pronoun and the masculine first name from the documents. The woman said that her photo in the documents was updated according to the gender expression with which she identifies and that she also had the psychological and psychiatric reports that confirmed her gender identity.

There were also cases in which employees from banks or the Post Office did not want to carry out some operations on the grounds that they did not recognize the identity of the transgender person who used the services of these institutions. Interviews show situations in which employees treated customers with contempt and hostility, in an intrusive and unprofessional way, reacting inappropriately and repeatedly ignoring the procedures. A common example is represented by the situations in which transgender customers' requests were rejected, as employees relied on the pretext that discrepancies between gender indicators ("sex" field, first digit in the NIN and first name in civil status documents) in the documents and gender expression would have led them to suspect that they were dealing with a fraud attempt, but they were unwilling to check these allegations with the police.

- ▶ **"At the bank they refused me and they didn't want to give me the money [...]. Do you know what he said [the person at the counter - ed. note]? That I should go and come back with the woman face from the ID card. [...] They don't have a policy for that, and that call center man didn't agree to transfer the money to me. And I told them 'If you suspect that my identity card is false, I'm here and I'm waiting for you to call the police', and the lady at the counter said: 'This isn't necessary, just come with an identity card with a picture that resembles the name'" (trans man, age 34, Bucharest).**
- ▶ **"I had another case at the bank, I had to deposit some money, I gave them my identity card and the employee said to me: 'Oh, I can't do this'. And I told her: 'Why, if it's me in the ID card?'"**

*And she said no, because: 'What if people find out about this?'. In the end she could do it, but she was reluctant. I handed her my psychiatrist's report, and she said: 'Let me make a copy of this: And I told her: 'Why make a copy?' And she said: 'So that we should have you in our evidence', etc. And I didn't let her make a copy'" (trans man, age 24, southeastern city).*

There's a famous story of a transgender man from Constanța, who, wanting to change his documents in accordance with his gender identity, followed all the recommended steps, except that he followed them in a different order. After two years (during which he followed the officially recommended psychotherapy sessions, he obtained diagnoses and evaluations from all the suggested institutions), the man had to start again, this time in a different order, in order for the validity of his approach to be recognized. Finally, four years after the procedures for changing the documents were initiated, the man received official recognition of his gender identity.

- ▶ *"I was not discriminated against, I was misinformed, because I did not take the steps in the right order. I should have started the process with the Court, the Court should have sent me to INML, INML to the hospitals, that is, Obregia and Parhon, then back to them, then to psychotherapy; so this whole part of the medical investigation had to be based on the INML referral. But at the time I started [the legal transition - ed. note], I didn't know. [...] I found the lawyer, he took care of starting the process, I got to INML ... Well, there was the bomb, because the people from the psychiatric expertise commission told me that I shouldn't do any hospitalizations or therapy, that hospitalizations are done only when they send you, so absolutely everything you do medically is only through them. And at that time, it made no sense. They made me go through new hospitalizations. Look, I have the documents with me. They gave me written references for Obregia and Parhon, I did the same hospitalizations, that's why it seemed to me at the time that they were some idiotic and crazy cows, because I don't see why I should get some papers that I already have, from the same hospitals where I have been before, because they didn't send me to different, but to exactly the same hospitals. That's why I found it strange in the beginning. Well, I did the hospitalizations, my diagnosis was reconfirmed in all these places, after that they sent me back to psychotherapy. [...] Everyone did the same tests with me, but at regular intervals. So, the authorities made a long soup out of it, because of this, because I didn't take the right steps. [...] The authorities, the city hall, once I had the final decision, did not make any comment, they were ok with me, they did not discriminate against me, they did not make fun of me, they guided me what to do to change my pronoun in the official way. I can't say that I met any resistance"*(trans man, age 43, Constanța).

## The relationship of transgender people with the health system and personnel

The lack of healthcare specialists (endocrinologists, surgeons, psychiatrists, psychotherapists, psychologists) to assist transgender people in an informed and adequate way is felt acutely in the community, according to the respondents. And the exceptions only confirm the rule.

- ▶ *"I think there are a lot of doctors in Romania who still don't really know what gender dysphoria is all about"* (trans woman, age 51, Bucharest).

- ▶ *"We will not have the support of the masses for many years. [...] It is less important that we are not accepted by society, it is more important that we are not institutionally accepted. These are two completely different things. Institutionally it is much more urgent, from my point of view. I can change my circle of friends, but not the hospital I go to, if I don't have any other option. [...] We are so few that there will never be a majority of the population that is ok with this thing"* (trans woman, Cluj-Napoca).
- ▶ *"It's a lot of shame in this and a lot of discomfort ... Because there are things I've felt all my life, but I didn't have the courage to do anything about it, I didn't have the courage to be myself. And I'm kind of stuck, I feel stuck. [...] The only person I've actually talked to about this thing is the psychologist. [...] I was in an office here for the first six months, and I didn't find it ok, she was off the point. And at one point, she gave me some tests and told me they were tests for men. And I tried to explain to her, not to contradict her. And I realized that she didn't understand and I left"*(non-binary trans person, age 33, Iași).
- ▶ *"[...] Somewhere around 17-18 years old I went to an esteemed psychiatrist, to whom I have all the respect as a person and as a doctor, but she really didn't know how to deal with this issue [related to gender identity - ed. note]"* (trans man, age 34, medium-sized city in Romania).
- ▶ *"Last year I went to a psychologist because of something else [...]. And, obviously, when I told him I was trans, he took me with: 'Do you like boys?' [...] Ideally, [health professionals - ed. note] they should know that there is not such a strict correlation between gender identity and sexual orientation, anyway not enough that it would justify this prejudice that I don't even know where it comes from. You can be bi-, or whatever"* (trans woman, age 26, Constanța).

Even more worrying is that Hippocrates' oath seems to turn into an optional or negotiable one for some doctors, when their patients are transgender, judging by the many unprofessional, absurd and humiliating circumstances involving medical staff, reported by the interviewed persons.

On the other hand, there are also interviewed persons who primarily blame the lack of medical protocols to regulate the care of transgender patients and to facilitate the existence of compensated services for the transition.

- ▶ *"Whether I went to doctors using my connections or simply went straight to them, they still have no way, legally, to send a prescription for compensated hormone treatment, because there is no protocol to validate the fact that they are doing a hormonal change to a person who is different in the identity card. I have insisted on this subject before. It seems that very few people understand that compensated prescriptions are validated when there is a diagnosis. [...] The total risks - medical and functional of the person in the social environment - if a hormonal change is made to a person who is a man in their papers, but in fact is a woman, are lower if you give them the hormonal treatment, because, otherwise, the person is more socially dysfunctional. [...] But doctors can't decide*

*this for themselves. They must have an official document, a recognized diagnosis, which validates Hippocrates' oath. [...] But in their protocols there is no trans person, in vain I come with a diagnosis from psychiatry. And then a decision from the court is needed"* (trans woman, Cluj-Napoca).

Moreover, some doctors (psychiatrists, endocrinologists) or psychologists have expressed their reservation about the beginning of the (medical, legal) transition, but without providing arguments related to the (physical or mental) health of the patients, but referring to personal prejudices or frivolous, irrelevant arguments. "Oh dear, but why do you want to do this kind of things? Don't you see what slender hands you have?" a specialist (endocrinologist) allegedly have said to a transgender man who had already started his social transition and had presented himself for tests in order to start his hormonal treatment. More and more transgender people say that there is a need for specialists (doctors, psychologists, psychotherapists, etc.) familiar with the literature on transgender issues.

- ▶ *"You should be able to enter any [hospital - ed. note] institution and look for specialists, and to be able to be informed, that would be the ideal situation. Every endocrinologist should know how to follow the [hormonal a - ed. note] transition of a trans person, cause it's not a big deal for them, they can be trained in a week or two to do this thing. In fact, they don't even need much of an additional training, because they can do it themselves, after all. So, this would be the ideal, to be able to go to any of them [doctors - ed. note] and tell them: "I want this thing", and they should then inform you without prejudice"* (trans man, age 27, Timișoara).
- ▶ *"Recommendations for the medical system: staff should respect patients, have mandatory training, know what a trans person means, understand it. I believe that compulsory training should exist both in the medical system and in any public institution. Mandatory, from my point of view. A training should be given by informed people, but it is debatable what an informed person means. [...] There are also some commonsense things, they should understand that there is a spectrum of identity, understand that there are also non-binary people, accept this thing, listen, realize it. They should listen - this is true for everyone"* (non-binary trans person, age 33, Iași).

A transgender man who underwent a masculinizing mastectomy operation (in Chisinau) and who later went to a post-operation check in Bucharest reported that the doctors who interacted with him did not seem to understand what transgender means and, therefore, they would have been reluctant to provide him with special medical assistance.

- ▶ *"Nobody knew there what it means to be transgender. That was like they learned to be doctors in, I don't know, in a cave, something like that; and even if they had done in a cave, they would have known. [...] [A resident physician] told me: 'You know, we never saw this in school, they never taught us.' And he was a medical student in his 6th year in Bucharest [...]. Of course, you don't want to go there anymore. If you have to go, you only go using recommendations, and that's because someone had the courage to take a first step or that someone was lucky enough to know a doctor"* (trans man, age 34, Bucharest).

Another transgender man said he attended psychotherapy sessions for two years, at the urging of his mother, during which time he claimed he felt that his psychotherapist had tried to persuade him to adopt a "feminine behavior" until when, finally, the specialist would have convinced himself that he was working with a client who identified with the male gender. The man said that his therapist was not initially familiar with the literature targeting transgender people, but was receptive to inform herself during the sessions, including with the help of his client, and that this visibly improved the therapeutic alliance and the effects of psychotherapy sessions. However, before he could assume his identity without reservations and without fear that those around him would try to invalidate his experience, the interviewed person said that he had struggled for many years with depression, anxiety, and other effects of gender dysphoria.

- ▶ ***"And I kept trying all kinds of role-playing games, all kinds of texts, ways to make me behave feminine, to think feminine, and to get something feminine out of me. Then I got to a point where I obviously didn't want this thing either, but I couldn't control it, when she made me do certain things I actually had blockages and started crying and bursting. [...] Yes, I was struggling to implement in introspection what she recommended to me, I was actually struggling, I had come to say: 'To be a young lady, you have to like this and that, dress in whatever, let people kiss your hand.' [...] the more I tried to induce this thing, the worse it was, because, you know how it is, the mind and the soul go in one direction and the body in another, and if you force yourself and it doesn't work out, it's awful. It was a matter of torment. [...] I said, at the age of 27 I started therapy, and at the age of 29 I slowly tread on this road and I started to build, I started talking, I also talked about my sexuality. And I also came with some information to help her, because I, knowing English very well, had access to information that was not available in Romanian. [The therapist - ed. note] was open, informed herself, educated herself, and helped me a lot, and now I'm fine. But, if I look back, at how things were back then, I don't want to remember"*** (transgender man, age 34, medium-sized city in Romania).

There are exceptions: doctors of different specializations, psychotherapists, psychologists, health professionals and other specialists who have proven competent in the eyes of people in the transgender community who have turned to them. Usually, these specialists end up being recommended by the beneficiaries to other trans people, but these exceptions are very few, say the respondents.

- ▶ ***"The psychologist I went to initially turned out to be an open-minded person. They didn't know the subject, but they informed themselves about it, helped me get through hard times, and also offered to talk to my parents. [...] It helped me talk to someone about this topic and that person supported me throughout the transition process. [...] And I got along pretty well with the endocrinologist, too, they were informed on the subject. [...] I had a pretty good interaction with doctors in general, I wouldn't say I ever had an unpleasant experience, maybe because I turned to the recommendations of other trans people before me, so these doctors knew what it was all about. I had not bad experiences"*** (trans man, age 28, Cluj-Napoca).

Mistrust in the unsupportive or unprofessional attitude of some of the specialists, the high costs of tests, treatments and interventions, as well as the limited access to viable solutions lead to situations of partial or total avoidance of the health system.

Some transgender people choose **unsafe, sometimes risky options, such as self-medication with hormones ordered from the Internet (often from steroid sites), on the advice of people they know more or less.** This fact, which causes many to turn to black market products (ordered online), is also caused by the frequent lack of suitable substances in in Romanian pharmacies.

In the same time, even among those who did their tests and went to endocrinologists for hormone replacement prescription, there are people who eventually ended up resorting to **increasing doses or changing preparations on their own, without medical supervision,** because they were not satisfied with the results.

- ▶ *"I started the hormones on my own [...]. I should have done a medical examination for this thing, but I was already on therapy for a few months and I tried to go to an endocrinologist. I mean, my best friend was going to an endocrinologist, because she also had I don't remember what problems, and I said to her: 'Can you ask him, please, if I can come too?,' and she told me: 'Don't worry, I'll ask if it's ok'. And he told her that he didn't work with 'something like that', that 'it's unnatural', that kind of crap. So, I wasn't there personally, but she didn't tell me everything either, because all she said initially was that he was a pig" (trans man, age 27, Timișoara).*
- ▶ *"I went to a clinic in my city, to have my injection, with all the papers from the psychiatrist, from the endocrinologist, with the respective dosage. And I went with the bottle, with the syringe, with the sheet which said how much they had to administer to me. And I went there to ask if they could give me the injection, the nurse said: "I've never administered testosterone." And I told her: 'What is so difficult?' And she opened the bottle, looked at the syringe, looked at the dosage, looked at the syringe again: 'But this syringe is too small.' She gets another, a bigger one. And I told myself: 'Ok, let's see what she's doing'. She draws some testosterone from the bottle. Draws.. Draws.. And I tell her: 'Wait a minute, what are you doing?'. 'Well, the injection'. «Yes, but, as far as I know, I need 5 lines of that, 05 or ...' Lucky for me that I already knew that. And she was a nurse with a doctor next to her. And I told her: 'Wait a minute, don't do it, something is wrong Put the testosterone back in the syringe, because I'm leaving '" (trans man, age 24, southeastern city).*
- ▶ *"You can't find hormones in our country, they are banned substances on the market, they are considered steroids, I think they are included in a high risk class, they confiscate them and they imprison you if you cross the country illegally with them" (trans man, age 34, Bucharest).*
- ▶ *"I only managed to take my pills from one pharmacy, where I managed to talk to the people there. In other places, they wouldn't give them to me" (trans woman, Cluj-Napoca).*



- ▶ *"[...] hormone trading is not medically approved or legalized, and there is a lot of using these bodybuilding sites as a source of supply. You can find them there, indeed, but testosterone, from my point of view, is often not clean, meaning I do not trust those substances. I wouldn't want to use all kinds of substances that would harm me later. Muscle mass and bone density are also changing and it could affect me, because I already have problems with my knees and kneecaps and the situation could get worse. There are several reasons why I do not want to take this road as long as I am not forced to do it, it's not a mandatory situation"* (trans man, age 34, medium-sized city in Romania).
- ▶ *"[...] if it's nothing serious, I try to avoid going to the doctor, precisely because I know that my privacy as a trans person will be invaded. [...] I needed to go to the gynecologist, I went there for a checkup, and it didn't go too well. That is, simply the whole situation and the whole atmosphere were uncomfortable"* (non-binary trans boy, age 19, small city in Romania).
- ▶ *"I was afraid to take other things, from the sites, I read all kind of strange stories, that they can be counterfeited, that something can happen to you. [...] There are hormones in pharmacies, but the supply is not so strong. [...] There should be more interest from manufacturing companies to want to sell their preparations in Romania and they should register with the National Drugs Agency and get a clearance to sell the product. And then the drug stores could bring some"* (trans man, age 43, Constanța).

**Health services for the medical transition (hormonal and/or surgical) are reimbursed by the National Health Insurance Fund** only on rare occasions, partially, and in exceptional cases, usually associated with other diagnoses, which in turn makes it difficult for transgender people to access the necessary assistance and procedures, according to the interviewed persons.

But the suffering associated with gender dysphoria and with the inability to make the transition is comparable, from the respondents' point of view, to that caused by other conditions, for which public funds are allocated for treatment, and should therefore be treated as so, they say.

**Also, the representatives of the transgender community who participated in this study argued for the need for psychiatric depathologization of gender dysphoria and its inclusion in a category of conditions for which the state reimburses therapy**, so that affected people can lead a normal life. A proposal in this regard, coming from some of the respondents, would be **to situate the transition (hormonal and surgical) in the field of sexual health**.

- ▶ *"[The medical transition - ed. note] **Should be fully reimbursed. What does a trans person mean? It means that the person has gender dysphoria, and dysphoria means a huge soul pain, which can only be cured or alleviated through the transition procedure. Another procedure, conversion or whatever, does not help that person at all and will even make their situation worse in the future. So I think it is best to be reimbursed by the state and,***

*similar to cancer or other diseases that are reimbursed by the state, it should be in this case, too, in which you don't heal through psychological or psychiatric therapy* "(trans woman, age 32, Bucharest).

- ▶ *"At least the operations should be reimbursed, they should be covered, because they are not related to a diagnosis of mental illness, but are related to sexual health, and contribute to mental well-being, so they should be covered. At least partially, if not entirely, I think it is possible"* (trans man, age 27, Timișoara).
- ▶ *"It would seem absolutely natural to me [that medical services for transgender people are reimbursed - ed. note, especially since we need that the person has a normal life. The fact that it involves some costs, these are costs that the state could very easily cover, and they are not as high as they say they would be".* (trans woman, age 36, Bucharest).
- ▶ *"There shouldn't be a total depathologization, because you would no longer benefit from compensated treatment. So, as long as it is considered a disease, you get treatment. If it is no longer considered a disease, you won't receive any"* (trans man, age 43, Constanța).
- ▶ *"[Expenses for transition tests and services - ed. note] should be covered by insurance, in many countries they are covered. To have this, there must be a form of diagnosis included in some medical standard. But [the gender transition - ed. note] it needs to be depathologized psychiatrically, [because - ed. note] we don't have [...] a mental illness, it's just a congenital thing, that's how we were born, and it should be reflected as such in the medical standards. This is not a problem, i.e. the diagnosis of gender dysphoria is put in the absence of another psychiatric pathology. Now, somewhere, there is a cause and effect, gender dysphoria is a disease in quotation marks, because it's basically the cause for other conditions that are classified as mental illness, especially depression and anxiety, which many trans people suffer before the transition begins. Only from this point of view, but gender dysphoria itself is not a mental illness, of course. Untreated gender dysphoria causes mental illness that worsens over time. And, for me, I would say that, after 40 years, my mental state has deteriorated significantly, the fact that I have aged in a man's body depresses me terribly"* (trans woman, age 51, Bucharest).

Also, related to the inherent surgeries, in some of the cases, the gender transition, most transgender people say that they are not equivalent to cosmetic surgery, but have a deeper meaning, which lies in the need for this category of people to align their physical features with the way their gender identity is reflected internally, psychologically.

Most respondents stated their willingness to go through such interventions, citing the high costs as prohibitive, at least for the time being, and therefore an impediment to the fulfillment of this wish.

It should be noted that the majority stated that they would opt for such surgical procedures abroad and that, from this point of view, few were those who expressed their unreserved confidence in the specialists in Romanian clinics, mainly due to the lack experience in this niche. The same answers

were given by the respondents who have already gone through at least one such intervention, and who, in their majority, preferred to resort to clinics abroad.

- ▶ *"I want medical operations, but I don't have the necessary money, so this aspect is for the future, it's a project. [...] the operation down there, I would like to do in another country, because there are no specialists in Romania, and, anyway, the prices are higher in Romania than in other countries. But I can do the other operations in Romania, in case I find a doctor who will help me and be tolerant and somewhat a good doctor"* (trans woman, age 32, Bucharest).
- ▶ *"I would not do it [surgery interventions - ed. note] in Romania, because I don't know who would be able to do this thing here. As far as I know, there haven't been done any in the recent years, and those that have been done have all been in the experimental phase. We do not have any surgeon specialized in this type of surgery"* (trans woman, age 51, Bucharest).
- ▶ *"Unfortunately, these operations are seen [as useful - ed. note] only from an aesthetic point of view, so it is assumed that I would like to do this thing only for the aesthetic [purpose - ed. note], not that it would help me mentally, and as such, they are very expensive. They seem prohibitive to me and it seems to me that here we should take a look at where we situate them. Considering them just simple marginal pleasures is a little dangerous: 'We blame everybody around us to the sadness we had, and we don't want anybody else to feel better'. That's what I feel [people send us - ed. note], through the school system and healthcare system we have: 'Don't let anybody feel better, let them all suffer' (gender-fluid person, age 42, Bucharest).*
- ▶ *I didn't do it [masculinizing mastectomy - ed. note] in Romania, I admit I didn't trust the place. For such a thing, in Romania, I consider that our plastic surgeons are not sufficiently trained, first of all, in this field and, unfortunately, many of them are not open to this. That is, they themselves have a dose of transphobia, not only do they not respect you but they kick you out, or in the happiest case, they tell you politely: 'I'm sorry, I don't want to do this'. They don't have the necessary experience, they don't have enough cases so that I would trust them, no"* (trans man, age 34, medium-sized city in Romania).

As a possible solution to increase information level and acceptance and openness about the gender identity of trans people among health workers, some study participants identified the **need for campaigns, ways for dialog and information (trainings, advocacy, etc.)** that would not only target specialists, but actually involve them. Such an approach would prove all the more useful, according to some of the respondents, as it would be integrated from the training phase (colleges, medical residencies, schools / training courses, specialized studies), but also later, during the professional evolution of those who work in the health system.

- ▶ *"[...] it is quite difficult, because a person of this medical caste generally listens only to members of the caste, so to speak. In general, they are more reluctant to what others say. But, I think that if you manage to convince a person, a doctor - he could advocate, through an organization, advocate among doctors, tell them about what is happening and what he observed "*(trans woman, age 32, Bucharest).
- ▶ *"In an ideal world, issues related to the health of trans people would be a chapter in the Faculty of Medicine"* (trans man, age 27, Timisoara).

Respondents also argued for the **need for clinics, centers or departments with integrated health services to assist transgender people in all stages of their transition.** Arguments in support of these ideas were also based on the healthcare standards in countries known to respondents as being more advanced in the field of research (gender studies, etc.) and support for transgender people.

- ▶ *"I believe that the gender clinic is an ideal. You need specialized treatment, you need to go to a place where people know about you. It can also be a ward, in Floreasca hospital, in Fundeni hospital, that is, not an entire hospital. [...] I would make medical centers like this in every big city, and then one would know to go there, where they would have trained people, and not just one doctor, to wait 50,000 years in line, which is dangerous too"* (trans man, age 34, Bucharest).
- ▶ *"I say that it is a good thing to be able to gather all the services in one place, to have doctors of several specialties, psychologists, psychiatrists, etc. under the same roof, and to offer full services"*(trans woman, age 51, Bucharest).
- ▶ *"[...] In Norway and Sweden there are gender clinics and they are the only ones allowed to make the transition of a trans person and to give their opinion on what happens to a trans person. Some say it's better, others say it's more restrictive, in the sense that you have to go there, from any part of the country you live in, you have to get to that clinic, which can be in the Capital, or in other cities, which is a little harder for a trans person, because, generally, we don't have the funds to do that. But, for example, in Sweden and Norway, the transport, so that you can get there, is partially reimbursed, almost 80%. So, gender clinics would be a good thing, but also the medical staff should be informed, from college, about what is happening, not to be discriminatory against LGBT people "* (trans woman, age 32, Bucharest).
- ▶ *"What I wish is a system implemented at state level, which provides psychological, psychiatric, endocrinological support, and, if necessary, if there are health problems that come with a different gender identity, then a double support, i.e. to have other specialties that know what a transgender person means. As you well know, we have a lot of people - doctors, psychologists, psychiatrists, endocrinologists and so on, - who have no idea and treat you the wrong way"* (trans woman, age 36, Bucharest).

**Some interviewed persons expressed reservations, pessimism or resignation about the expectations they would have for the near future from many of the specialists and staff in the medical and health system.** Romania has transgender people who postpone or avoid as much as possible to turn to doctors (regardless of specialization) or to specialists in the field of mental health, because they either say that they have had unpleasant, invasive and discriminatory experiences in the past or they fear they may face hostile treatment towards their gender identity. A simple routine check, a set of tests, or a visit to a doctor/psychologist, even unrelated to gender identity/transition, creates, in some cases, feelings of anxiety and stress, as some trans people claim that they can expect unjustified, uninformed or offensive questions and comments about their gender identity, and attitudes may escalate to the point of jeopardizing the confidentiality of the personal information provided.

An undesirable and recurring example of the interviews are the situations in which doctors or healthcare professionals address a transgender person using the name from before the transition, in front of other patients (in hallways, wards or waiting rooms, etc.), thus revealing, without consent, intimate aspects of the patient's life. Another circumstance that causes major discomfort, according to the respondents, is that in which they request that their preferred pronouns be respected, but the interlocutor (doctor/psychologist) ignores this request. Also, the question "Are you a woman or a man?" is considered inappropriate and embarrassing by most respondents, and could easily be avoided, or at least replaced with a more neutral wording, such as: "What pronoun do you prefer/use?", say the members of the trans community. Another problem raised by some respondents is that no matter what type of problem they address to some specialists, the discussion would be diverted to details of the transition, even when they would be irrelevant to the consultation in question.

We reproduce, in the following, a fragment from a transgender woman's report, from the discussion she had with a medical staff, at a hospital in the capital city, after she had a finger cut.

*„«-I had an accident last night ...» I say.*

*«But are you a girl or a boy?» she asks me.*

*«I hate that question!» I tell her:*

*«I'm a transgender woman on hormonal treatment during the transition.»*

*«- What does this mean?»*

*«- Well, you should know better, you're a doctor»*

*«- I've heard something, but I've never seen a boy like this.»*

*«- I'm not a boy, I'm a girl,» I tell her.*

*«- Ah, you cut yourself down there, too?»*

*«- Yes,» I tell her. This silenced her. Well, you can't control me down there, I came for a finger, I didn't come so that you ask me what's down there. She unwrapped it [the finger bandage - ed. note] and I saw her doing it with hostility, she pressed my finger. I say:*

*«- Ouch, it hurts!» She says:*

*«I can't help it, boy, try and be a man.» I tell her:*

*«Ma'am, I can't, because I'm on hormonal treatment, I'm more feminine, I have to scream when something affects me.» She looks at me and says:*

*«- But listen, why didn't you stay as God left you?» I tell her:*

*«Ma'am, you know, if we talk about God, we have nothing to talk about. This is how God left me. I didn't come here to talk about my gender identity, I just came for this finger.»*

*«Ah, yes, I don't want to upset you, I just wanted to ask, just like that.»*

## The right of transgender people to self-determination

**Stigmatizing, invasive, humiliating, dehumanizing and lacking empathy.** This is the treatment that transgender people are condemned to on a daily basis, due to the climate of suspicion, persecution and marginalization, maintained by the absence of policies adopted at state level, by institutions and employers, to protect these people.

Specifically, many interviewed persons accused as being **excessive and disproportionate the way the Romanian state would question their discernment and mental health, asking them, often using scientifically invalidated, outdated and invasive methods, to "prove" their gender identity. Respondents pointed out that, currently, the legal transition may involve complicated, lengthy and privacy-violating procedures, which do not even guarantee the recognition of the assumed gender identity in official documents** (updating names and gender indicators in the papers). The procedure for transgender people is different from that for the rest of the population who change their documents, because they must not go first to the People's Registry Office, but must go to the Court to which they belong and present "evidence" that they pertain to the genre with which they identify. And what follows is, from one case to another, at the discretion of each judge, because **the practices of the courts in such cases are non-uniform and the results risk being arbitrary and abusive.**

Under these circumstances, for example, a judge may reject the request to amend the data in the person's papers regardless of the arguments of the case. Similarly, another judge may make the legal transition subject to the medical one (both hormonal and surgical) without taking into account the possibility that the transgender person involved does not want the (partial or total) medical transition or cannot go through it out of health or financial reasons. At the same time, a third judge may request reports from the Forensic Medicine Institute (IML), from the National Institute of Endocrinology C.I. Parhon, as well as from various specialists and representatives of the health system (psychiatrists, endocrinologists, etc.), before making a decision, a situation that would force a transgender person who wants to change their documents to address all these institutions and people to be "tested" in order to have their identity officially recognized. This situation would also imply the obligation to obtain a psychiatric diagnosis (gender dysphoria), an aspect that many study participants consider stigmatizing and unfair.

The above examples are not purely hypothetical, but are based on the real situation in the field presented by the interviewed persons, and on the way in which the laws aimed at the legal transition of transgender people are applied and which currently leave room for many contradictions and abuses. In such cases, one needs resources of time, money and energy that do not compare with those invested by other categories of the population, and **the identity of some people becomes strictly dependent on the opinions of third parties, who may take into account or perfectly ignore the person concerned,** say representatives of the transgender community.

- ▶ *"Because the law is so vague, it leaves everything to the judge. And the important points in a case are: a good lawyer, who knows how to base the case, also based on European law, [...] and a judge who is a little open-minded. So it's basically a lottery. Unfortunately, the weight of medical evidence is defining, as are the reports from the psychiatrist and/or clinical psychologist, the medical letter from the endocrinologist. And, unfortunately, in court, the more operations you have done, the more chances you have to win. This, of course, is contrary to human rights"*(transgender activist, age 33, Bucharest).
- ▶ *"[...] some judges are not necessarily malicious, but they are not informed, and it may be more difficult for them to understand, and therefore they need more evidence"* (trans man, age 28, Cluj-Napoca).

Another inconvenience, which made some transgender people reluctant to address court to update gender in their documents, has been linked to the fact that sometimes gender expression has not been a sufficiently convincing indicator in the eyes of the authorities for the assumed gender identity. In other words, there were people who stated that they didn't consider that they looked "feminine" / "masculine" enough to be able to "convince" the authorities that they identified with one gender or another. In reality, this would be a false problem, because even among cisgender people there are people who do not correspond in appearance or in the way they dress or in other physical details to the classical, conventional criteria or definitions of femininity/masculinity. But **the pressure (felt subjectively and/or from third parties) to "look convincing" in accordance with what can be conventionally understood by gender expression can be even greater for a transgender person.**

- ▶ *"The main barrier [for which I have not yet started an action in court to amend my documents - ed. note] is that if I don't look physically convincing as a woman, no one would believe me to be trans"* (trans woman, age 51, Bucharest).

Under these conditions, more and more transgender people are advocating for the recognition of their right to self-determination, and, implicitly, for the simplification of the legal transition procedures and for the psychiatric depathologisation of their condition. It would be essential, the interviewed persons say, **that there is a guarantee that (because of judges or surgeons or endocrinologists, etc.) the legal transition is not conditioned by the medical one (and neither the other way round), but the freedom is respected so that each transgender person decides for themselves, knowingly, (optionally) assisted by specialists, at each stage of their transition.** Also, most respondents stated that they would prefer to be able to change their documents, according to their gender identity, based on informed consent and/or a statement on their own responsibility, without the need for psychiatric trials and diagnoses (such as that of gender dysphoria).

- ▶ *"No, it [the legal transition - ed. note] should not be dependent on the medical transition, because not all people have a healthy enough body to be able to endure a medical transition, whether full or partial"* (trans woman, age 32, Bucharest).

- ▶ ***"I think psychological counseling would be helpful, but one would not necessarily need a psychiatric diagnosis. From a legal point of view [for the legal transition - ed. note], no medical diagnosis should be needed. For the medical transition, I think that an informal consent could be enough"*** (trans woman, age 51, Bucharest).
- ▶ ***"Not [there's no need for - ed. note] a medical diagnosis that I'm sick, but a sheet that you can get from any psychologist who can put a stamp there as if giving you [a specialist's opinion - ed. note] that you are fit for work. If I'm fit for work, I'm able to change that too [gender indicators in identity documents - ed. note], and let it be simple, three sheets of paper, that's all, an easy procedure. [...] Ideally, you shouldn't have to do these things anymore and there should be no gender markings anywhere, this would be the easiest and, when this would happen, you'll be able to change your name the way you want, change the picture as you want with the Police and that's it, at the People's Registry, because they register you anyway, we live in this super-technological world, for fuck's sake, and they would be ready in 10 minutes"*** (trans man, age 34, Bucharest).
- ▶ ***"I don't even know where [a transgender person should be able to change their documents - ed. note], I don't care if I send a letter to the court or if I send a letter to the mayor's office, I don't care. In fact, I think [that this should happen - ed. note] at the People's Registry, not in Court, I mean with the officials from the People's Registry from the day you are born until the end. So, the easiest would be at the People's Registry, there [one should file - ed. note] the request form and the motivation letter, and after that they should call you in for a discussion, I somehow find that it would be gracious, too. 'Let me see the person at least, I don't know, that's how I see it, maybe I see it in a wrong way.' After that, yes, you would simply change your document, it would make sense like this"*** (trans woman, age 36, Bucharest).
- ▶ ***"I do not think any medical opinion should be required. From my point of view, there should be only one consent form, for everyone to use. And maybe some health tests would be useful, but, again, it's something that should be up to everyone's choice. But in my case, personally, the sessions at the psychologist helped me, both with depression and with anxiety. But most psychologists and psychiatrists need training on this subject. I heard some horrible things, some were overwhelmed by the situation, they simply didn't do it out of malice. [...] I am definitely for self-determination. The only role of medicine should be to assist in the transition process and that's it. It would be much simpler than administering yourself injections with hormones. Your doctor should know what you need and know exactly what to give you. That is where the work of medicine should stop in this whole transition process"***(non-binary trans person, age 33, Iași).
- ▶ ***"[...] I believe that self-determination is needed, but there can also be abuses here, in the sense that it is possible, if you are not sure about yourself and what you want, and you are not sufficiently aware of what you will do in the future and what it involves, it is possible to make a mistake. There are people who have made such mistakes, who thought they were different and did medical procedures only on the basis of what they said, or who insisted more and were allowed, in some countries, where it is easier, and then regretted***



*it. At the same time, someone will always point the finger at these people and they will be mentioned to us, to the others, who are in this situation, of being trans, in the following way: 'Look at him, he was wrong and he thinks he did the biggest stupid thing in his life. Why are you so convinced that what you are doing is good?' [...] Except for that, I go with free determination and everyone should to do what they want, if the consent is given well enough and the person is quite well acquainted [with what transition means - transl. note]. [...] The ideal procedure would be self-determination. In Norway, for example, you just send a letter to the town hall, in the city where you live, and the town hall, in 30 days, automatically changes your gender in their records and assigns your new gender and documents" (trans woman, age 32, Bucharest).*

- ▶ *"Obviously there may be a commission, but it should not be a matter of obligation. This is about free will and how you feel. It's your decision if you go to a psychologist, a psychiatrist, to talk about it and help you figure out where you are, whether you want to make a transition or not. That, if you're not sure. But not to be forced by the state and to let everyone invade your private life" (non-binary person, age 34, Iași).*

**In the case of transgender people who begin their transition after marriage, things are currently even more complicated if they want to change their identity and marital status documents in accordance with their gender identity,** say the respondents. And this partly happens due to the fact that in Romania civil partnerships between persons of the same sex are not legally recognized and, as subsequent changes in the acts of a marriage between heterosexual persons could lead to situations in which both spouses could end up with the same gender indicators in the documents, their communion would no longer be "valid" in the eyes of the authorities.

- ▶ *"Romania entering the civilized world and same-sex marriages being possible, this would be the ideal option" (trans man, age 43, Constanța).*

On the other hand, if the marriage also produced children, the modification of the identity documents of one of the parents in accordance with the assumed gender and, consequently, of the civil status documents of both parents could raise dilemmas regarding the impact these changes could have on the children's identity documents. It is also debatable which parent would have custody of the children in the event of divorce, and for what reasons, according to the respondents, given that there is no recognized legal status and single procedure at system level for transgender people in Romania. Under these conditions, **paradoxical and aberrant situations can arise, in which the de facto reality is not only not reflected but ends up being contradicted by the de jure reality.**

There is no unanimous agreement on the terminology that should be used in documents for transgender people, or if it is necessary to have such terminology that signals their gender identity in documents. However, many respondents were in favor of **removing gender indicators from documents and even proposed the introduction of expressions such as "parent 1", "parent 2" in children's birth certificates,** in order to avoid mentioning the gender identity of each parent.

- ▶ *Ideally, let it be like in normal countries, change the documents and specify 'parent 1', 'parent 2'. Let it no longer be father and mother, as in our country, but as in normal European countries. These new identity documents should be introduced at the country level, and everyone should have a parent 1, a parent 2, i.e. even those from 'traditional families' - although this term is not very inspired. So, the total replacement of the identity documents for the entire population, that would be ideal"* (trans man, age 43, Constanța).
- ▶ *"From my point of view, sex should not be mentioned in the documents, because for the official bodies, for a policeman, a postman, etc. the gender indicator is absolutely irrelevant. [...] Nobody should be interested in it"* (trans woman, Cluj-Napoca).
- ▶ *"The parent's name should also be changed in the children's documents. And this thing with mom/dad should be changed to "parent". We are now talking about some documents. If you, at home, call him "father", if you call him "mother", if you call him by his name, if you call him "bau-bau" [boogie man - transl. note], is strictly your problem, at home. But in the official documents, simple, clear: parent 1, parent 2, parent 5"* (non-binary person, age 34, Iași).
- ▶ *"A parent remains a parent, regardless of their name"* (trans man, age 28, Cluj-Napoca).
- ▶ *"[...] presently, a marriage becomes null and void, basically, when one of the partners transitions"* (trans woman, age 51, Bucharest).
- ▶ *"[...] it seems normal to me, especially if the people in question want to stay married, to be possible in some way. [...] I think it could be, if marriages between people of the same gender were possible"* (non-binary trans boy, age 19, small city in Romania).
- ▶ *"At the moment, unfortunately, the judges are forcing you to divorce, to annul your marriage, if you want to transition, but this seems abusive to me. There is no paragraph in the current legislation which says that if you change your gender, and even if, in our country, same-sex marriages are not recognized - there is no paragraph that marriages should be annulled because you are transitioning. As long as you have notified your life partner and they agree with you, it is an abuse of society and against your rights. Because they both want to stay together, they have no problem with that, it's just that there will be one woman and the other woman, or one man and the other man, after the transition, it doesn't mean that their marriage must be annulled. Often, in our country, the children resulting from such a marriage are taken from the transiting parent and are given exclusively to the other person in the relationship, which is a mistake, after all. There are children in the same sex relationships and they have no problem being, growing and developing harmoniously. It does not mean that they will come out gay, lesbian or transgender, but it simply means that they will continue to be loved by two parents. So, any marriage should normally be unrelated to the transition and remain so [officially recognized - ed. note]. If you want to divorce, because the person you live with wants to do the transition, that's your job, but you divorce, it doesn't mean that your marriage should be annulled [ex officio - ed. note]"* (trans woman, age 32, Bucharest).

# The experience of trans people in court



# The experience of trans people in court

1. Although in Romania there are legal provisions that consider the possibility of modifying the entry for "sex" in the civil status documents, trans persons requesting this face the absence of clear conditions and procedures and the lack of specific information and training in the trans field of those who should apply these legal provisions - judges, prosecutors, lawyers and specialist doctors. This situation leads to contradictory jurisprudence, interpretations, sometimes based on prejudices and gender stereotypes, or even abuses. As a result, the trans person faces discrimination and lack of certainty in the access to justice.

2. The conclusions expressed below in three related sections are based on the analysis of the legislation in force, the monitoring of a number of 63 court decisions (48 different cases) from 2006-2017, identified in the single public legislative database<sup>3</sup> and in the legal practice of representation of trans people supported by the ACCEPT Association.

3. In short, some problems identified in this legal research are related to:

- ▶ The legislation governing the change of sex in the civil status documents for trans people is incomplete, putting the claimants, their lawyers and the judges and the prosecutors in the position of "testing" certain interpretations of the law, in terms of the type of promoted action, of the procedural framework, of the jurisdiction of the court, of the conditions to be fulfilled by the claimant.
- ▶ The authorities dealing with People's Registry and civil status, which are on trial in the respective cases sometimes invoke the application of **Government Ordinance no. 41/2003 on the obtaining and change of the names of natural persons on the basis of administrative provisions**, despite the fact that this law exclusively regulates the administrative procedure, not the judicial procedure. Art. 4(2)(l) of Government Ordinance 41/2003 flagrantly violates the rights of trans people because it conditions the change of the first name in the administrative procedure by performing surgery on their genitals.
- ▶ The evidence in these cases is often very burdensome for trans people because it involves undergoing multiple repeated medical assessments and examinations, finding specialized medical staff who are available to consult them and to provide them with the necessary medical documents in court. Finally, this type of medicalized approach for obtaining the legal recognition of trans people, empowers the medical system to decide on the personal identity of the trans person, which is contrary to the right to dignity and privacy of trans people.

<sup>3</sup> We consulted the database [www.rolii.ro](http://www.rolii.ro), developed to be used freely by the general public. Some of the court decisions are from the private database of the ACCEPT Association, which has collected around 15 cases in this matter in the last 11 years.

- ▶ Forensic expertise from the Institute of Forensic Medicine is a particularly burdensome requirement for the claimant who sometimes doubles the efforts already made to submit the specialized medical reports and evaluations from physicians, it takes a long time to obtain the expertise report, it involves the hospitalization at the psychiatric hospital, etc. In addition, forensic reports conclude on the anatomical sex of the person, regardless of the person's gender identity and of any changes in secondary sexual characteristics developed following hormonal treatment.
- ▶ Conditioning the recognition of gender identity, the change of sex, first name, NIN in the civil status documents by performing surgeries on the genitals, imposed by some courts, is contrary to the jurisprudence of the ECHR, especially to that of the case A.P., Garçon and Nicot vs. France (April 6, 2017).
- ▶ The duration and formalism of the judicial procedure for the recognition of gender identity constitute barriers in the exercise of the right to privacy of trans people.
- ▶ In a few cases, the motivations for the court decisions make a correct reference to the jurisprudence of the ECHR or to the Decision of the Constitutional Court no. 530/2008 regarding the recognition of the gender identity of trans people. In some court decisions, instead of legal arguments, judges use personal assessments on several aspects of the private life of the claimants or project their own preconceptions on the claimants about what it means to be a woman or a man, about the presence of genitals, or sex change surgeries.

## The legal framework is insufficient and allows for arbitrariness

**4.** In the Romanian legislation, the New Civil Code (Art. 98-103)<sup>4</sup> and Law 119/1996 (Art. 43(i))<sup>5</sup> provide the framework for making changes regarding the sex in the civil status documents of trans persons. The legal provisions are rather declarative, meaning that it is mentioned that it is required to undertake the judicial procedure in order to have a final court decision which allows for the change of sex in the civil status documents. The law does not provide any guidance on the requirements to be met by the plaintiff, the type of legal action etc. Even if there is a decision of the Romanian Constitutional Court in the field, it is not clarifying the situation, this decision being itself enforced by the courts in a contradictory manner (see point III).

**5.** Thus, it was for the jurisprudence to provide details on the conditions in which the action in court can be filed, and a connection was established between the medical transition (for which there are international standards of treatment) and the legal transition (for which there is no legal provision). More particularly, the medical transition which is documented by medical certificates is used by the judges during the trial, either to confirm the transgender status and the perseverance of the person in identifying with a specific gender (the judges are interested in the "diagnosis"), or to condition issuing a favorable decision towards finalizing the medical transition (by undertaking all surgical interventions, including those regarding the genital organs, some judges requiring even the construction of genital organs corresponding to the gender identity).

<sup>4</sup> Law 287/2009 on the Civil Code, republished in the Official Gazette, no. 505 of July 15, 2011.

<sup>5</sup> Law no. 119/1996 on civil status documents, republished in the Official Gazette, no. 339 of May 18, 2012.

**6.** The most frequent type of case is of a civil status action based on Law 119/1996 on civil status documents, filed initially before the first instance court in the locality where the plaintiff has the legal residence. The case is filed against the local council of the locality where the plaintiff lives (even if the plaintiff was born in a different place, the civil status service in the locality of residence will be in contact with the civil status service holding the civil status registries which include the birth certificate to be changed, so that the plaintiff will pick up a new birth certificate from the civil status service in the locality where they live). The claims in the complaint will regard approving the change of sex in the civil status documents, of the first name and of the personal identification number, as well as the duty of the defendants to make adequate changes in the civil status documents and issue a new birth certificate in which the approved changes are to be clearly mentioned, without any reference to the prior status.

**7.** Written documentation such as medical documents from the treating doctor (endocrinologist), the psychiatric assessment and psychological assessment, any type of medical letter attesting certain medical treatments or surgical interventions undertaken (where this was the case) can be used as evidence. Also witnesses stating in which way the plaintiff is expressing their gender identity in daily life can be heard. The medical-legal expertise from the Institute of Legal Medicine, when it is requested by the court (or by the plaintiff), has a significant weight in assessing the case. The conclusions of the medico-legal report are influential not in the sense of confirming or not the transgender status of the person (as this seems to be easily accepted by the judges if these is a diagnosis of "gender dysphoria (transsexualism)" which can be proved with medical letters or forensic expertise, but they are influential in rejecting the claim if no surgical interventions were made over the genital organs (see the analysis below).

**8.** The main problem debated in such cases is if the change of sex in the civil status papers is approved before or after undertaking surgical interventions over the genital organs. The solutions issued by the courts are contradictory.

**9.** The **Government Ordinance 41/2003**<sup>6</sup> on officially acquiring and changing the names of physical persons is invoked in a part of the jurisprudence as a legal source for conditioning legal recognition of gender identity by the presence of genital organs which belong to the sex opposite to the one registered at birth. This conditionality is grounded on the way in which Art. 4 (2)(l) requires for administrative changes to show a definitive court decision and the submission of a medical-legal document mentioning the sex: "(l) when the change of sex was approved to the person in a court decision which is final and irrevocable and requires to have a corresponding first name, by showing a medical-legal document from which the sex can be inferred;". Given that medical-legal expertise in Romania equals external genital organs with the sex of the person, the legal condition from above was interpreted by some judges as meaning that legal recognition can be done only after the surgical interventions are performed over the genital organs.

<sup>6</sup> Government Ordinance no. 41/2003 on the obtaining and change of the name of a natural persons by administrative procedure, published in the Official Gazette, no. 68 of February 2, 2003.

**10.** Another part of the jurisprudence considers that the legal provision in Art. 4 (2)(l) does not apply to the judicial procedure of sex change in the civil status documents as this one regulates an administrative procedure.<sup>7</sup> The GO 41/2003 regulates solely administrative changes of the first name and not of the sex. During the judicial procedures, judges would not be under such conditionalities and instead look at all the evidence provided. For example, in a case regarding a trans person which at that time started only the hormone treatment, Brasov court of first instance rejected the challenge that the request for sex, first name and personal identification code changes was filed prematurely, before surgical interventions were undertaken regarding the genital organs. The Brasov court of first instance found that: "Art. 4 (2)(l) of the GO 41/2003, invoked by the defendant in the preliminary considerations, does not apply to the case because it regulates administrative changes of the names of persons." The court clarified that the legal transition cannot be linked to the medical transition and spelled out that: "Art. 43 (l) of Law 119/1996, invoked by the defendant in the preliminary considerations, regulates the moment in which the changes intervened in the civil status of the person will be registered in the birth certificate, that is the moment when the present court decision is final and cannot be challenged anymore."

## **Ways in which arbitrariness manifests itself during court procedures**

**11.** The Romanian legal framework is characterized by the lack of clear legal standards regarding legal recognition of the gender identity of trans persons, while there is a clear necessity of using judicial procedures for this purpose. This combination lead to the fact that in most cases judges saw themselves as being the main persons responsible in taking a decision regarding the change of sex of a person. In this way, an entirely personal decision as living and expressing one's gender identity on a daily basis, ceases to be just noted by the judge as a fact of civil status, followed by an order to make the corresponding amendments in the civil status documentation. On the contrary, judges end up going rather far and make decisions in such cases based on their personal beliefs regarding what means to belong to a certain sex – what sexual characteristics must be present, how they should look, etc.

**12.** The exercise of this oversized power of the judges is manifested in making the legal recognition of gender identity in the civil status documentation subject to the undertaking of surgical interventions of the genital organs, as well as in the length and formalism of the procedures, and in the denial of justice or in the arbitrary reasoning of the court decisions rejecting such requests.

## **The condition of undertaking surgical interventions**

**13.** As previously shown, the legislation does not provide for any explicit norm on what surgical interventions in such cases might entail. Judges had different expectations from the plaintiffs and implicitly from the medical system. Such expectations contradict the principle of self-determination of the person (Art. 8 ECHR) and, equally important, they are not realistic, given the socio-economic and medical conditions in Romania.

<sup>7</sup> Braşov Court of first instance, Civil Judgement no. 9628 of 13.08.2014.

**14.** The very terminology used by the judges to define the surgical conditions to which the legal recognition of gender identity is subjected is diverse. Firstly, there seems to be a common understanding among the judges that surgeries or medical interventions for sex change target genital organs, referred to as “anatomic sex” as mentioned in some court decisions.<sup>8</sup> Secondly, a differentiation is made between “anatomic sex” and what some of the judges refer to as “social sex”<sup>9</sup>, meaning „the external nature of a person when socializing”<sup>10</sup>, “the way in which (the person) is accepted from the social point of view.”<sup>11</sup> Also, a differentiation is made between „the anatomic sex” and „the psychological perception of sex”<sup>12</sup> or „the inner nature”<sup>13</sup> of the person. Thirdly, the scope of surgical interventions over the genital organs consists in changing from feminine to masculine or the opposite („surgical intervention for the change of sex”<sup>14</sup>, „sex change operation”<sup>15</sup>). This entails the surgical reconstruction in order to obtain a masculine or feminine look of the genital organs. In practice, in order to achieve this objective not one but multiple surgical interventions are needed as well as medical treatments: for example masculinizing mastectomy, hysterectomy, bilateral anexectomy, including metoidioplasty or phalloplasty and bilateral testicular prosthetics with silicone, the resection of the phallus-shaped clitoris, vaginoplasty, feminizing fantoplasty or vaginoplasty, clitoroplasty, labioplasty and orchitectomy.

**15.** The terminology used above illustrates the attitude of the majority of judges regarding trans persons and gender identity in general. The judges scale down the identity of the persons to a biological determinism reflected in the anatomical image of the genital organs they are born with. In legal terms, the judges of the Bucharest Court of Appeal referred to this approach as representing the principle of the reality of the civil status of the person.<sup>16</sup> In more explicit terms, another judge stated: “As for the sex of the person, there is a natural law, expressing a perception which is congenital and independent from education, according to which, all children can be identified at birth as being men or women (biological sex), these persons will later adopt a feminine or masculine behaviour (public sexual identity) and will live as women or as men (social sexual role), marrying a woman or a man (heterosexual affective orientation).”<sup>17</sup> In the large majority of the Romanian jurisprudence, in the case of intersex minors, this anatomic reality must be surgically “corrected”<sup>18</sup>. In the case of trans persons, it can be surgically “rectified”<sup>19</sup> in an irreversible manner, in very restrictive conditions, as we will prove below.

<sup>8</sup> E.g. Bucharest Court of Appeal, Civil Decision no. 2261R of 6.12.2012, Bucharest Tribunal, Civil Decision no. 1141A of 28.11.2012, Galati Court of first instance, Civil Sentence no.6658 of 15.06.2012, Petrosani Court of first instance, Civil Judgement no.3821 of 30.12.2015, District 3 Court, Civil Judgement no. 8054 of 30.05.2011.

<sup>9</sup> E.g. Odorheiu Secuiesc Court of First Instance, Civil Judgement no.2484 of 18.05.2011. See also Câmpeni Court of First Instance, Civil Judgement no. 1042 of 24.07.2008, Odorheiu Secuiesc Court of First Instance, Civil Judgement no. 2484 of 18.05.2011.

<sup>10</sup> E.g. Constanța Court of first instance, Civil Judgement of 01.02.2008.

<sup>11</sup> E.g. Constanța Court of first instance, Civil Judgement of 01.02.2008.

<sup>12</sup> E.g. Bucharest Tribunal, Civil Judgement no.491A of 10.05.2012.

<sup>13</sup> E.g. Constanța Court of first instance, Civil Judgement of 01.02.2008. See also District 3 Court of First Instance, Civil Judgement no. 8054 from 30.05.2011.

<sup>14</sup> E.g. District 1 Court of first instance, Civil Judgement no. 22444 from 15.11.2010.

<sup>15</sup> E.g. Galati Tribunal, Decision no. 1206 of 19.12.2013.

<sup>16</sup> E.g. Bucharest Court of Appeal, Decision no. 2261R of 6.12.2012.

<sup>17</sup> Câmpeni Court of First Instance, Civil Judgement no.1042 of 24.07.2008.

<sup>18</sup> E.g. Odorheiu Secuiesc Court of First Instance, Civil Judgement no.2484 of 18.05.2011. See also Suceava Court of First Instance, Civil Judgement no. 3868 of 12.09.2012.

<sup>19</sup> E.g. Constanța Tribunal, Civil Judgement no. 2039 of 01.09.2016.



**16.** In 48 different cases, only 16 courts admitted the petition without making a condition in requiring the plaintiff to undergo surgical interventions affecting the genital organs, while in other 8 cases such surgeries were already performed.

**17.** Even in the cases of intersex children, the admission of applications by the courts was directly related to whether the surgeries on the genitals had already been performed - in 5 out of 7 cases this connection was made,<sup>20</sup> while in only 2 cases the courts did not make this conditioning<sup>21</sup>. What is even more worrying is the fact that, in all cases, the recommendation of forensic institutes for intersex minors is to undergo the surgeries as soon as possible, despite the fact that they are children up to 1-2 years old, which is contrary to the medical standards and to the human rights in the field.<sup>22</sup>

**18.** Even in the case of some trans people requesting exequatur, regarding decisions from abroad that were given before the completion of the medical transition, the Romanian judges are reluctant to admit the applications if no surgery was performed on the genitals - 1<sup>23</sup> in 3<sup>24</sup> cases identified by us in the last 8 years was rejected for this reason, despite the fact that the foreign court approved the rightful changes in the civil status of the person abroad.

**19.** Establishing the condition of undergoing surgical interventions regarding the genital organs during procedures for legal recognition of the gender identity in civil status documentation can take different forms. A first form of conditioning consists in rejecting the complaint if it is found that at the time of the trial the surgical interventions required by the judge were not performed. Another form of conditioning is done by admitting only the request regarding the approval of the surgical intervention of changing sex<sup>25</sup> and rejecting as premature of all other requests or rejecting them as not being the general competence of the courts, but a part of the administrative procedure, after undertaking the surgery and presenting a medical-legal act which proves the new sex (according to Art.4 of GO 41/2003)<sup>26</sup>.

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<sup>20</sup> Bălcești Court of First Instance, Civil Judgement no.192 of 10.04.2009, Odorheiu Secuiesc Court of First Instance, Civil Judgement no.2484 of 18.05.2011, Suceava Court of First Instance, Civil Judgement no.3868 of 12.09.2012, Brașov Court of First Instance, Civil Judgement no.8242 of 16.03.2015, Gheorghieni Court of First Instance, Civil Judgement no. 759 of 26.06.2013,

<sup>21</sup> Săveni Court of First Instance, Civil Judgement no.951 of 27.11.2013, Zalău Court of First Instance, Civil Judgement no.808 of 26.03.2015.

<sup>22</sup> Recent international medical standards recommend postponing any surgery until the child reaches the age at which he or she can express his or her gender identity and can give an informed consent. OHCHR, UN Women, UNAIDS, UNDP, UNFPA, UNICEF and WHO, "Eliminating forced, coercive and otherwise involuntary sterilization: an interagency statement", 2014.

<sup>23</sup> Neamț county court, Civil judgment no.1941/C of 04.11.2015.

<sup>24</sup> Bucharest county court, Civil Judgement no.746 of 09.04.2012, Bacău Court of Appeal, Civil Decision no.618 of 23.05.2016.

<sup>25</sup> E.g. Galati Court of first instance, Civil Judgement no. 3663 of 13.04.2011; Bucharest District 3 Court of first instance, Civil Judgement no.8054 of 30.05.2011, confirmed at the Bucharest Tribunal, Decision no.491A of 10.05.2012 and at the Bucharest Court of Appeal, Decision no.2261R of 6.12.2012; Cluj-Napoca Court of first instance, Civil Judgement no. 8111 of 12.05.2011.

<sup>26</sup> E.g. Galati Court of first instance, Civil Judgement no. 3663 of 13.04.2011; Galati Court of first instance, Civil Judgement no.6658 of 15.06.2012, Constanța Tribunal, Civil Judgement no.2039 of 01.09.2016, Cluj-Napoca Court of first instance, Judgement no.8111 of 12.05.2011, Piatra Neamț Court of first instance, Civil Judgement no.257 of 31/01/2017.

**20.** In the first category of cases, a judge reasoned that the right to change the first name and the other aspects regarding sex in the civil status documents “will become actual only after undergoing the surgical intervention of sex change.”<sup>27</sup> Another judge mentioned that implicitly, the law conditions the changes in the civil status documentation to undergoing the sex change surgery, “because another interpretation would leave the requirement of obtaining a definitive decision of allowing the change of civil status void of meaning.”<sup>28</sup> In a case in which the plaintiff was under hormonal treatment and underwent a mastectomy, the court of first instance of district no.3 rejected the complaint with the reasoning that: “the sex mentioned in the birth certificate...from the anatomical point of view corresponds with the real situation...because the surgery underwent so far by the plaintiff was to extirpate the breasts, without any surgical interventions, which, from the anatomical point of view would modify the sex of the plaintiff, so that, currently, there is a conformity between the data mentioned in the birth certificate and the real current and existing status of the plaintiff.”<sup>29</sup>

**21.** There are also cases in which the action filed by the plaintiffs was rejected not only because the requested surgical interventions were not performed, but also because the plaintiffs did not obtain a final and definitive judgment approving such surgical interventions prior to filing the action regarding the civil status<sup>30</sup>. For example Râmnicu Vâlcea court of first instance justified this solution by invoking the same provisions of Art.4 alin.2 letter l from GO 41/2003: “The interventions and the treatments undertaken so far by the plaintiff are, alone, not enough to request the modification of the information in the civil status documentation as well, without having carried out the final and most important step, the step of obtaining a court decision to change the sex, based on which an intervention could be conducted, meaning reconstructing the sex, and only after that, based on the confirmation of the sex by the doctor to request also the changes in the data from the civil status documentation.”<sup>31</sup> This decision was maintained by Vâlcea Tribunal when challenged, with the same reasoning.<sup>32</sup> Notably, this was a case about a person which started various judicial and administrative procedures since 2002 and by the time of the action already had undertaken a total hysterectomy with bilateral anexectomy, total colpectomy, subtotal vulvectomy, posterior perineoraphy and bilateral mastectomy.<sup>33</sup> A similar decision was issued by Timișoara court of first instance,<sup>34</sup> confirmed by Timișoara Tribunal, and the plaintiff decided to give up on their right to appeal justifying that they will undertake the required surgical interventions.<sup>35</sup>

**22.** In the second category there are decisions such as the one of Galați court of first instance which connects the judicial procedure with the administrative procedure, in which a medical-legal act from which the sex can be determined is a mandatory requirement: “More specifically, the court finds that according to Art.4(2)(l) from GO 41/2003, are considered as justified the

<sup>27</sup> District 1 Court of first instance, Civil Judgement no. 22444 from 15.11.2010.

<sup>28</sup> Bucharest Tribunal, Civil Judgement no.1141A of 28.11.2012.

<sup>29</sup> Judecătoria Sector 3 București, Sentința civilă nr.8054 din 30.05.2011. A se vedea de asemenea, Judecătoria Petroșani, Sentința civilă nr.3821 din 30.12.2015.

<sup>30</sup> Judecătoria Râmnicu Vâlcea, Sentința civilă nr.2985 din 30.05.2014.

<sup>31</sup> Judecătoria Râmnicu Vâlcea, Sentința civilă nr.2985 din 30.05.2014.

<sup>32</sup> Tribunalul Vâlcea, Decizia civilă nr.241 din 02.04.2015.

<sup>33</sup> Judecătoria Râmnicu Vâlcea, Sentința civilă nr.2985 din 30.05.2014.

<sup>34</sup> Judecătoria Timișoara, Sentința civilă nr.13740 din 24.11.2015.

<sup>35</sup> Tribunalul Timișoara, Decizia civilă nr.1446 din 16.09.2016.

requests of changing the name when the change of sex was approved for the person in a court decision which is final and irrevocable and requests to have a corresponding first name, by presenting a medical-legal act from which it can result the sex of the person. In such conditions, the change of names is to be done as a part of administrative procedures on grounds of Art.4 (1) of GO 41/2003.<sup>36</sup>

**23.** The same interpretation of the law is found in the case of intersex children, where the court admits the approval of sex change and leaves it to the administrative bodies to resolve the request for changing the first name after undergoing the plastic surgeries of genitals that are to be performed and certified by a medico-legal document, according to Art. 4(2)(l) of Government Ordinance 44/2003<sup>37</sup>. For example, Braşov Court of First Instance stated the following reasons: „Thus, after undergoing the plastic reconstruction treatment, the claimant will follow the procedure of changing the name and gender, according to Art. 4(2)(l) of Government Ordinance no. 41/2003, presenting the medico-legal document from which the sex of the child should result”<sup>38</sup>

**24.** There were cases when the plaintiff specifically requested surgery as well among the claims approving the sex change (for example because the doctor requested such a court decision from the plaintiff).<sup>39</sup> In other causes, the plaintiff did not mention explicitly the term „surgery”, but used the terminology from Art.43(i) of Law 119/1996, that is „approving the sex change” and certain courts understood by this that surgical interventions were requested, even in spite of the explicit opposition of the plaintiff.<sup>40</sup>

**25.** Such a change of the scope of the civil action done by the court on its own initiative occurred in a case filed before the court of first instance Galaţi. When this decision was challenged, Tribunal Galaţi noted the mistake and quashed the decision sending it back to the first instance court for a new trial: **„The Tribunal notices that it is also valid the criticism presented by the plaintiff that the first instance court issued a ruling on a different topic than the one indicated in the application initiating the proceedings.”**<sup>41</sup> Later on in this case, after the retrial, another appeal was necessary, once again at Galaţi Tribunal, which admitted after all the request of changing the sex, the first name and the personal identification number in the civil status documents, without undertaking the surgical operations of reconstructing genital organs. The appeal judge criticized current legislation, namely the GO 41/2003, because Art.4 (2)(l) would condition the change of name by the existence of a court decision of sex change, finding that it would be enough to undertake what he defines as “partial procedure of sex change”, performed even in the absence of a court decision (because in Spain this was not required from the person). The judge added that, a contrario, the right to family and private life would be limited.<sup>42</sup>

<sup>36</sup> Judecătoria Galaţi, Sentinţa civilă nr.6658 din 15.06.2012.

<sup>37</sup> E.g. Judecătoria Braşov, Sentinţa civilă nr.8242 din 16.05.2013.

<sup>38</sup> Judecătoria Braşov, Sentinţa civilă nr.8242 din 16.05.2013.

<sup>39</sup> E.g. Judecătoria Câmpeni, Sentinţa civilă nr.1042 din 24.07.2008, Judecătoria Sector 1, Sentinţa civilă nr.22444 din 15.11.2010.

<sup>40</sup> E.g. Judecătoria Galaţi, Sentinţa civilă nr.3663 din 13.04.2011; Judecătoria Sector 3 Bucureşti, Sentinţa civilă nr.8054 din 30.05.2011, confirmată la Tribunalul Bucureşti, Decizia nr.491A din 10.05.2012 şi la Curtea de Apel Bucureşti, Decizia nr.2261R din 6.12.2012; Judecătoria Cluj-Napoca, Sentinţa civilă nr.8111 din 12.05.2011, Judecătoria Sector 3, Sentinţa civilă nr.4750 din 18.04.2017.

<sup>41</sup> Tribunalul Galaţi, Decizia nr.527 din 12.07.2011.

<sup>42</sup> Tribunalul Galaţi, Decizia nr.1206 din 19.12.2013.

**26.** In another case, which went through all three degrees of jurisdiction (available at the time of filing the complaint), during each level of jurisdiction, the judges based the conditioning on the provisions of Art.4 (2)(l) of GO 41/2003.

The court of first instance of District 3 Bucharest: “[civil status documentation cannot be changed] prior to the surgical intervention of sex change, but only after such a date, as it results from the provisions referred to above [GO 41/2003] which expressly require showing a medical-legal certificate which would prove that the change in the identity documents will be done according to the existing reality in the moment when these documents are changed”.<sup>43</sup>

Bucharest Tribunal “... the applicant must meet two conditions in order for the change of first name to be approved: 1. the existence of an irrevocable decision approving the change of anatomical sex; 2. presentation of a medico-legal act indicating her sex. [...] the condition imposed by Art. 4(l) of GO 41/2003 respects the proportionality between the general interest of ensuring the identification of the person both individually and socially by correlating the identification attributes – sex and first name – and the right of the plaintiff in the present case to have a first name corresponding to her sexual identity”.<sup>44</sup>

Bucharest Court of Appeal: “The text of the law previously rendered [Art. 4(1) of GO 41/2003] authorizes the interpretation embraced by the court of appeal, according to which the approval of the sex change, by court decision, is a distinct stage and prior to making changes in civil status documents”. “Because of reasons pertaining to the necessity of observing the requirements provided for in the legislation in force, respectively to the necessity of observing the principle of reality of the civil status of the persons (which entails correspondence between the anatomical state of the person and the civil status), the Court does not accept the arguments of the plaintiff according to which the court of appeal should have issued a unitary verdict and unconditioned by the simultaneous approval of sex change and modifications of the civil status documentation, solely on the basis of medical documents from which it can be inferred on one side the diagnosis of sexual identity disorder- transsexualism, and, on the other, undertaking a bilateral mastectomy. [...] neither the court of second instance, or the present court could not attribute ab initio to the plaintiff a civil status which does not correspond to the anatomic status, especially because, from the documents in the file, it could not be inferred the irreversible nature of the psycho-physical evolutions of the plaintiff.”<sup>45</sup>

**27.** The very fact that the procedure for obtaining the legal recognition of gender identity takes place before a court of law is an insurmountable obstacle to the effective protection of the self-determination of trans persons (Article 8 of the ECHR) and affects their human dignity (Article 3 of the ECHR). The length and formalism of the court proceedings, given the rigor of following certain procedural steps, including the taking of evidence, ensuring the right to be heard and the right to defense, place trans persons in a situation of unnecessary and unreasonable stress. In addition, these conditions are incompatible with the principle of self-determination of individuals.

<sup>43</sup> Judecătoria Sector 3 București, Sentința civilă nr.8054 din 30.05.2011.

<sup>44</sup> Tribunalul București, Decizia nr.491A din 10.05.2012.

<sup>45</sup> Curtea de Apel București, Decizia nr.2261R din 6.12.2012.

## The duration of the court proceedings

**28.** The duration of legal gender recognition trials is disproportionately lengthy, considering the fact that individuals have already begun their social and/or medical transition, resulting in significant changes in their appearance, and face daily issues because of the inconsistency between their appearance (gender expression) and legal sex markers in their identity card. Identification on the basis of identity documents is part of the routine professional activity in certain fields of work, for instance when the person is a lawyer or part of the military, and the inconsistency in identity documents puts the person in humiliating situations in their professional life. Any trans person needs to identify themselves in everyday, mundane situations – for example, one needs to show their identity card for the control of nominal subscription in public transport, which puts them in embarrassing situations or even jeopardizes personal safety.

**29.** Generally, the court trial may last between a few months to a year and a half.<sup>46</sup> Additionally, courts take in practice between 2 and 4 or 5 months to draft the court judgment. If necessary, a trans person may appeal a court judgment, resulting in a double waiting time. Moreover, a trans person needs to wait another 2 or 3 months for the execution of the judgment by local public services managing population records.

**30.** Lengthy court proceedings are also the result of instances when courts decline jurisdiction, as a result of a vague Law 119/1996, which does not specify where the court proceedings should be conducted and against which public authority. For instance, in a case tried by the Pitești Court of Appeals, the declinations of jurisdiction and the appeal to the judgment rejecting legal gender recognition lasted for over two years, and the person in question still did not obtain the legal recognition of their gender identity by the end of the procedure.<sup>47</sup>

**31.** In 5 of the 48 cases studied, the civil trial has gone through at least 3 or 4 degrees of jurisdiction, including cassation and referral for a retrial, which made these cases last between 2 and 4 years.<sup>48</sup> Even in cases resolved favorably, in which legal gender recognition was not conditioned by undergoing surgical interventions on genital organs, the request was admitted in 3 out of 16 cases only after going through several degrees of jurisdiction (appeal or retrial after cassation) or following successive and distinct court cases.<sup>49</sup> For example, a man from

<sup>46</sup> E.g. Judecătoria Cluj Napoca, Sentința civilă nr.8111 din 12.05.2011, Judecătoria Sector 4 București, Sentința civilă nr.9975 din 18.11.2014; Judecătoria Petroșani, Sentința civilă nr.3821 din 30.12.2015; Tribunalul Constanța, Sentința civilă nr.2039 din 01.09.2016, Judecătoria Sector 3, Sentința civilă nr.14389 din 02.11.2016, Judecătoria Piatra Neamț, Sentința civilă nr.257 din 31.01.2017, Judecătoria Sector 3, Sentința civilă nr.4750 din 18.04.2017.

<sup>47</sup> Judecătoria Râmnicu Vâlcea, Sentința civilă nr. 8093 din 01.11.2013, urmată Tribunalul Vâlcea, Sentința civilă nr.113 din 24.01.2014, regulator de competența la Curtea de Apel Pitești, Decizia nr.26 din 06.03.2014, urmată de Judecătoria Râmnicu, Sentința civilă nr.2985 din 30.05.2014 și Tribunalul Vâlcea, Decizia civilă nr.241 din 02.04.2015.

<sup>48</sup> E.g. Judecătoria Galați, Sentința civilă nr.3663 din 13.04.2011, urmată de Tribunalul Galați, Decizia civilă nr.527 din 12.07.2011 și Tribunalul Galați, Decizia civilă nr.1206 din 19.12.2013; Judecătoria Sector 3, Sentința civilă nr.8054 din 30.05.2011, urmată de Tribunalul București, Decizia civilă nr.491A din 10.05.2012 și Curtea de Apel București, Decizia civilă nr.2261R din 6.12.2012; Judecătoria Sector 4 București, Sentința civilă nr.2683 din 27.03.2012, urmată de Tribunalul București, Decizia civilă nr.1141A din 28.11.2012, Curtea de Apel București, Decizia civilă nr.999 din 03.06.2013 și Tribunalul București, Decizia civilă nr. 190A din 19.02.2014.

<sup>49</sup> E.g. Judecătoria Sector 4 București, Sentința civilă nr.9975 din 18.11.2014, urmată de Tribunalul București, Decizia civilă nr.3418 din 28.09.2015; Tribunalul Bacău, Sentința civilă nr.950 din 18.09.2015, urmată de Curtea de Apel Bacău, Decizia civilă nr.618 din 23.05.2016.

Gheorghieni introduced three distinct court cases over a period of four years (2007–2011), to finally obtain a favorable judgment.<sup>50</sup> The first case was treated like a request to allow sex change surgery, even though it was formulated as a request regarding the person's civil status.<sup>51</sup> The second case was declared inadmissible, because the person still had female secondary sexual characteristics and female external genital organs.<sup>52</sup> Another trans person had a trial that lasted four years under the scrutiny of the Constanța First Instance Court (2004–2008), finally obtaining a favorable judgment.<sup>53</sup>

## The formalism of the court proceedings

**32.** In addition to the lengthy procedure, the formalism characteristic to court proceedings represents another disproportionate obstacle in legal gender recognition. Firstly, any judicial procedure entails proving to a judge, by employing all types of admissible evidence, the validity of one's claim, both on the merits and on the points of law. Therefore, invariably, the judicial procedure focuses on proving one's gender identity, with evidence external to the trans person (medical documents, witnesses, etc.), deeming self-determination of the person as inferior or even irrelevant (the will of the trans persons themselves, and their gender expression in their everyday life). Moreover, the judge can either admit or deny the claim. This attitude regarding the will of the person is described and justified by First Instance Court Sector 3 Bucharest in a judgment issued in 2016: ***"The Court cannot take into account the request of the party to issue a birth certificate without any indication of the change of sex occurred, since, on the one hand, such a request is devoid of any legal basis and, on the other hand, it is taken into account that the whole procedure regarding civil status documents is the one stipulated by the law, not being left to the discretion and will of the party."***<sup>54</sup> For as long as the procedure for legal gender recognition will occur in a court of law, the principle of self-determination of the person will continue to be ignored.

**33.** There are courts that go further than the mandatory conditions imposed by the civil procedure in the context of proving a claim in court and call into question the very mental capacity of trans persons to understand the consequences of surgical interventions. For example, a judge requested as part of the medical-legal expertise administered in the case for an evaluation regarding the plaintiff's mental capacity, in order to ascertain if she fully understood the consequences of such a serious surgical intervention.<sup>55</sup> Another judge described in less offensive terms the same underlying concept: state authorities, via a judge, need to ensure that the trans person takes the decision to undergo surgery „in full knowledge of the facts, that [the person] has a profound understanding of the consequences, rights and obligations arising from such a decision”.<sup>56</sup> It is intriguing that the court motivated this decision in light of its role as a mediator of the state between different rights that may be contradictory, but without indicating the rights that

<sup>50</sup> Judecătoria Gheorghieni, Sentința civilă nr.837 din 31.05.2011.

<sup>51</sup> Judecătoria Gheorghieni, Sentința civilă nr.857 din 08.11.2007.

<sup>52</sup> Judecătoria Gheorghieni, Sentința civilă nr.324 din 27.03.2008.

<sup>53</sup> Judecătoria Constanța, Sentința civilă din 01.02.2008.

<sup>54</sup> Judecătoria Sector 3, Sentința civilă nr.14389 din 02.11.2016.

<sup>55</sup> E.g. Tribunalul Constanța, Sentința civilă nr.2039 din 01.09.2016.

<sup>56</sup> Judecătoria Sector 3, Sentința civilă nr.4750 din 24.04.2017.o

are threatened by the legal recognition of the gender identity of trans persons: „the obligation to offer its citizens the highest level of protection of rights and freedoms possible, with the limit of respecting the rights of others, while balancing the two notions”.<sup>57</sup> This confusion regarding the role of the court comes from the fact that the court is involved, without having a legal mandate, in the matter of performing surgical interventions, an aspect that should be exclusively based on personal choice and at most on the doctor-patient relationship.

**34.** For the most part, judges perceive surgical interventions modifying the genitalia as interventions on the human body with very serious consequences. For example, a judge at the Constanța Tribunal who rejected a request for legal gender recognition in 2016 explained why, in his opinion, medical papers and specialist expertise are needed in such cases: ***“Therefore, a sex change should be authorized only after a complex previous medical procedure, which has been carried out over a period of several years, in which it is established both the form of transsexuality of the patient, and a study by qualified persons in the field of sexual, psychiatric, psychotherapeutic disorders, precisely because of the irreversible nature of such an operation, with special consequences for the person undergoing such intervention, such an operation being practiced only as a last resort”***.<sup>58</sup>

**35.** If the person does not submit medical records attesting to gender identity disorder, gender dysphoria or transsexualism, and the forensic expertise required by the court is not conclusive as to the existence of a diagnosis of this kind, then the court will reject the action as unproven.<sup>59</sup> Also, if the forensic report concludes that the person belongs to the gender assigned at birth, based on the anthroposcopic characteristics, then the situation of the plaintiff is more difficult, because they have to combat this conclusion with other evidence. For example, the Mina Minovici National Forensic Medicine Institute concluded in two different cases of trans men who had started their transition abroad for several years, that they had ***“all the elements of sexualization (genetic, gonadal, internal and external genital tract, secondary sexualization and functional) characteristic of the female morphogenetic sex”***.<sup>60</sup>

**36.** In almost half of the cases (23 out of 48 cases), forensic expertise was submitted to the file. In itself, the procedure by which this expertise is carried out is invasive and affects the private life and dignity of trans persons. The duration of obtaining an expert's report is added to the length of the court proceedings, summing up to months or even a year.<sup>61</sup> In addition, the forensic expertise is paid by the plaintiffs, as an additional cost to bear in order to obtain the legal recognition of their gender identity. There were also judges who explicitly rejected the administration of the forensic expertise as evidence, on the grounds that it was not useful to the case, given that a psychiatric assessment was already available on file.<sup>62</sup> In a few examples below, we will show why this type of evidence infringes upon the right to private life of trans individuals.

<sup>57</sup> Judecătoria Sector 3, Sentința civilă nr.4750 din 24.04.2017.

<sup>58</sup> Tribunalul Constanța, Sentința civilă nr.2039 din 01.09.2016.

<sup>59</sup> E.g. Judecătoria Câmpulung, Sentința civilă nr. 1792 din 30.10.2012; Tribunalul Argeș, Decizia nr.1587 din 12.06.2013.

<sup>60</sup> Judecătoria Sector 4, Sentința civilă nr.9975 din 18.11.2014, anulată de Tribunalul București, Decizia civilă nr.3418 din 28.09.2015; Judecătoria Focșani, Sentința nr.2747 din 01.04.2016.

<sup>61</sup> E.g. Judecătoria Sector 2, Sentința civilă nr.1656 din 23.02.2006.

<sup>62</sup> E.g. Judecătoria Sector 1, Sentința civilă nr.22444 din 15.11.2010.

**37.** In a 2017 case, the First Instance Court Sector 3 Bucharest handled the forensic psychiatric expertise report and the social inquiry report citing the discussions with the mother and father of the plaintiff.<sup>63</sup> For many trans people, such a practice would be harmful because they are not understood by their family, or they keep their gender identity private to others.

**38.** There are several court cases in which the forensic service uses stigmatizing wording that no longer meets current medical standards and makes recommendations outside its scope regarding the necessity to undergo surgical operations on genital organs. For example, the Râmnicu Vâlcea First Instance Court imposed in 2012, in the case of an intersex child younger than one year old, the forensic expertise report from the Iasi Institute of Forensic Medicine, concluding that the child "**presents female pseudohermaphroditism**" and recommended "**feminizing phantoplasty**". The forensic experts drafting the report established that the genetic sex of the minor is female, that the genitalia is male and there is a possibility of correcting surgically the external genitalia<sup>64</sup>. Such surgical interventions on children have been recommended by the forensic service in other cases regarding intersex children<sup>65</sup> or other trans persons<sup>66</sup>. In these situations, the goal stated by legal medicine was to correct sex, namely "**to maintain physical and mental health and to avoid behavioral deviations**"<sup>67</sup>.

**39.** Even in the few court cases where the expertise report was favorable to the legal recognition of gender identity unconstrained by surgical interventions on genital organs, judges can take contradictory decisions.<sup>68</sup>

## Denial of justice

**40.** In several cases (6 out of 48 cases), the courts have declared themselves generally lacking jurisdiction to judge the request for sex change, or only for the change of the first name and the personal identification number in the civil status document, arguing that such action is exclusively done under an administrative procedure, in the competence of population records services, invoking Art. 4(2)(l) of the GO 41/2003. In general, this solution includes the condition imposed by the court regarding the necessity to undergo surgical interventions on the genitals, because Art. 4(2)(l) of OG 41/2003 mentions the need to present a "forensic act that certifies the sex". In the context of exercising the right of access to justice for trans persons, such approaches by the courts constitute a denial of justice.

**41.** Another form of denial of justice consists in the fact that judges reclassify on their own initiative the requests made to the court without the consent of the plaintiffs. In particular, the main request, which usually repeats the wording of Article 43(i) of Law 119/1996 - "Sex Change"

<sup>63</sup> Judecătoria Sector 3, Sentința civilă nr.4750 din 18.04.2017.

<sup>64</sup> Judecătoria Suceava, Sentința civilă nr.3868 din 12.09.2012.

<sup>65</sup> E.g. Judecătoria Brașov, Sentința civilă nr. 8242 din 16.05.2013.

<sup>66</sup> E.g. Judecătoria Râmnicu Vâlcea, Sentința civilă nr.2985 din 30.05.2014.

<sup>67</sup> E.g. Judecătoria Râmnicu Vâlcea, Sentința civilă nr.2985 din 30.05.2014.

<sup>68</sup> Judecătoria Petroșani, Sentința civilă nr.3821 din 30.12.2015 respinge acțiunea, în timp ce Tribunalul Galați, Decizia nr.1206 din 19.12.2013 admite acțiunea.



– is reclassified by some judges as a request for consent to perform surgical operations leading to a change of sex, not a request to change all legal sex markers in civil status documents (see above, paragraph 1). Such a measure by judges comes to represent a denial of justice because in the civil proceedings, the plaintiffs are the only ones able to establish the procedural framework. The plaintiffs are either faced with the fact when they receive the judgment and are denied their real claims as premature or are in a position not to oppose such a reclassification, especially in the first instance court, when they do not know it is in fact a condition imposed by the court. Some plaintiffs even faced a request from physicians to submit a court decision allowing sex change surgeries or think it would be useful in dealing with doctors.

## The reasoning behind court judgments

**42.** In the court judgments monitored by ACCEPT, trans persons are dehumanized by judges, prosecutors and forensic experts who question their mental capacity, identity, or even their will and condition as human beings. In a 2008 court ruling, a judge questioned the very existence of trans persons: "***There is no single case, there are many ways and many unique experiences. But there is no evidence for the political assertion that the transsexuals were born this way.***"<sup>69</sup> The same judge reproduced an alleged medical categorization of trans persons, which did not serve in any way to solve the case – instead, it only had an dehumanizing effect: "***...one can distinguish, from a medical point of view, 'pure' or 'primary' transsexuals, named also 'nuclear' or 'real' transsexuals, whose disorders appear since childhood and who manifest disgust towards their own genitalia, and 'marginal' transsexuals (marginal cases) or 'secondary' transsexuals, whose manifestation appear later.***"<sup>70</sup> Eight years later, in the reasoning of a judgment denying legal gender recognition, another judge from a court of appeals named a trans person „the subject”.<sup>71</sup>

**43.** Intersex children are not regarded more humanly either. One judge described the tests and surgeries suffered by a 1-year-old child as being "the correct determination of the sex of the child",<sup>72</sup> another one mentioned that the "real sex" of the child would be female, as long as there are female genitals.<sup>73</sup>

**44.** Judges' preconceptions about gender identity, what it means to be male or female and sexual orientation can be found in the reasoning of some court rulings. An 2008 example from Câmpeni First Instance Court<sup>74</sup> contains language with an obvious transphobic character: "***As to the sex of the person, there is a natural law, an expression of a congenital perception independent of education, according to which all children can identify themselves at birth as men or women (biological sex), they will later adopt a male or female behavior (public sexual identity) and will live as women or men (social sexual role), marrying a woman or a man (heterosexual affective orientation).***"<sup>75</sup>

<sup>69</sup> Judecătoria Câmpeni, Sentința civilă nr.1042 din 24.07.2008.

<sup>70</sup> Judecătoria Câmpeni, Sentința civilă nr.1042 din 24.07.2008.

<sup>71</sup> Tribunalul Constanța, Sentința civilă nr.2039 din 01.09.2016.

<sup>72</sup> Judecătoria Odorheiu Secuiesc, Sentința civilă nr.2484 din 18.05.2011.

<sup>73</sup> Judecătoria Gheorghieni, Sentința civilă nr.759 din 26.06.2013.

<sup>74</sup> Judecătoria Câmpeni, Sentința civilă nr.1042 din 24.07.2008.

<sup>75</sup> Judecătoria Câmpeni, Sentința civilă nr.1042 din 24.07.2008.

**45.** Some judges make personal appraisals on several aspects regarding the private life of plaintiffs, in the absence of evidence in this regard, by projecting their own preconceptions about the presence of genitalia or about sex-change operations. One judge questions the future behavior of the petitioner in connection with genital surgery: **"At the same time there is no certainty that this operation will take place, with the plaintiff herself submitting evidence that such operations are expensive, and span over a long period of time..."**<sup>76</sup> Another judge makes assumptions about the psychological impact of a judgment to legally recognize gender identity in circumstances where the person does not have genitalia corresponding to their actual gender identity: **"Moreover, in the plaintiff's personal plan in the present case, benefiting from a decision to consent to the change of anatomical sex [...], but in the absence of completing this biological transformation through necessary medical interventions would equally mean to perpetuate the current discrepancy between biological and legal reality, with serious consequences for the psychological functioning of the person concerned."**<sup>77</sup> Another judge qualifies surgical sex-change interventions as an **"experiment"**.<sup>78</sup> Similarly, the judges state that the obligation to perform a sex change operation to obtain a change in civil status documents would not constitute a violation of Article 3 ECHR, "because the change of sex, with all the consequences, is a choice of the person and eliminates any fears that the person may be exposed to situations where society does not regard the person as belonging to a psychological sex".

**46.** Some judges motivate the refusal to recognize gender identity in the absence of external genital organs belonging to the sex opposite to that assigned at birth, on the fact that they would like to avoid a forgery and that other treatments and surgeries would not produce **"irreversible psycho-physical evolutions"**.<sup>79</sup> For example, in 2011, the Sector 3 First Instance Court, subsequently confirmed by the Bucharest Tribunal and the Bucharest Court of Appeals<sup>80</sup> ruled on what it calls the "principle of reality regarding the civil status of persons", which assumes the equivalence between the external anatomical reality of the person's genitals and mentions regarding sex in civil status documents: **"[If the request were admitted], the court would dispose to make changes with the consequence of issuing false identification documents, since they would not correspond to the outside reality, but possibly only to the plaintiff's internal nature."**<sup>81</sup> In the opinion of the same court, the imposition of this principle is not discriminatory **"because for all persons possessing civil status documents issued on the territory of Romania there are the same conditions to be met regarding the identity that must exist between the anatomical, external, reality and that contained by civil status documents..."**.<sup>82</sup> The Cluj Napoca First Instance Court decided similarly in 2011: **"The court considers that the name change will be done by administrative means, but only after the forensic certificate will be presented, which would indicate the plaintiff's sex, so practically after the sex change intervention because, otherwise, it would come to the situation where the plaintiff would have a name specific to the sex she still does not possess"**.<sup>83</sup>

<sup>76</sup> Judecătoria Sector 3, Sentința civilă nr.8054 din 30.05.2011.

<sup>77</sup> Tribunalul București, Decizia civilă nr. 491A din 10.05.2012.

<sup>78</sup> Tribunalul Bacău, Sentința civilă nr.950 din 18.09.2015.

<sup>79</sup> Curtea de Apel București, Decizia civilă nr.2261R din 06.12.2012.

<sup>80</sup> Curtea de Apel București, Decizia civilă nr.2261R din 06.12.2012.

<sup>81</sup> Judecătoria Sector 3, Sentința civilă nr.8054 din 30.05.2011.

<sup>82</sup> Judecătoria Sector 3, Sentința civilă nr.8054 din 30.05.2011.

<sup>83</sup> Judecătoria Cluj Napoca, Sentința civilă nr.8111 din 12.05.2011.

**47.** The reasoning behind legal gender recognition judgments and the array of arguments used by judges are very poor, considering that judges resort to dictionary definitions, religion or tradition in order to condition the legal recognition of gender identity to undergoing surgical interventions on genital organs: "***In the absence of a definition of sex in the legal provisions regarding civil status, the definition of the Romanian language dictionary applies, in the sense that it is the physical and constitutional difference between man and woman, including consequently [the difference] between genital organs.***"<sup>84</sup> Another judge appeals to what he calls the "natural law", referring to assigning the child's biological sex at birth.<sup>85</sup> The legal arguments are replaced in a court decision by alleged religious doctrine arguments: "***An essential aspect in assessing the legality of hormonal treatments and surgical interventions is the justification of the therapeutic need, in the absence of which, the sexual remodeling surgery required by a transsexual involves and constitutes a genuine castration. St. John Chrysostom said 'I say not only that by this sin you have not become a woman, but you have also lost the right to be a man, because you have not even changed in the nature of a woman, nor have you preserved a man's nature, but to both of you have made yourself a traitor, because you have wronged and dishonored both genders.'***"<sup>86</sup>

**48.** Judges omit the existence of a Romanian Constitutional Court ruling in the matter or misinterpret it and use it to motivate solutions to deny legal recognition of gender identity. On May 13, 2008, the Constitutional Court of Romania issued a decision on an exception to the unconstitutionality of the provisions of Article 44(i) (current Article 43(ii)), of Law 119/1996 and Article 4(2)(l) of GO 41/2003<sup>87</sup>. The exception of unconstitutionality was related to a matter of procedure, namely that the law requires trans persons to go through the proceedings before the court in order to obtain the change of sex markings in civil status documents. The RCC rejected the exception, stating that the legal obligation to obtain a final judgment does not violate the person's right to private life, the issue being a matter of public order related to maintaining population records. At the same time, the RCC ruled that the decision on sex change as an element of the person's identity remains a personal choice of the person, on which the court can not intervene: "***The mentions that are recorded in the civil status documents on the basis of a judgment are exclusively related to the legal nature of these documents, as well as the legal status of the person, with the purpose of a correct records keeping of the population. In view of this regime of civil status document, the Court holds that the consent to change of sex by final and irrevocable court decision is necessary for the recording of the mentions relating to the change in the civil status of the person, therefore we cannot consider this an intervention of the courts in the intimate life of a person, as the author of the exception claims, and he remains to decide on the resolution he has made. Therefore, the change of sex is an option of the person concerned, but with effects on his social status as a matter of public order.***"<sup>88</sup>

<sup>84</sup> Tribunalul București, Decizia civilă nr.1141A din 28.11.2012.

<sup>85</sup> Judecătoria Brașov, Sentința civilă nr.8242 din 16.05.2013.

<sup>86</sup> Judecătoria Câmpeni, Sentința civilă nr.1042 din 24.07.2008.

<sup>87</sup> Curtea Constituțională a României, Decizia nr.530 din 13 mai 2008.

<sup>88</sup> Curtea Constituțională a României, Decizia nr.530 din 13 mai 2008.

**49.** In the above decision, the RCC does not mention the existence of any legal obligation to perform genital surgery or other medical interventions and treatments. On the contrary, it is implicit in the reasoning that the courts cannot impose conditions constraining in any way the personal choice of sex change in civil status documents, including any obligation to carry out surgical interventions on the genital organs. However, the courts of law interpret and apply the above-mentioned decision differently, using it in some cases in support their reasoning to condition the legal recognition of gender identity to the obligation to undergo surgery on the genital organs. For example, some judges confuse the RCC's ruling on the validity of the obligation to have a final court order as part of the legal gender recognition procedure with the obligation to undergo a sex-change operation: ***"The Tribunal assumes the Constitutional Court's view that the obligation to carry out the sex change operation in order obtain the modification of civil status documents cannot constitute an interference of the authorities in the intimate life of the person, and be contrary to Art.8 of ECHR, precisely because among the diagnostic criteria for sexual identity disorder (transsexualism) is the strong and persistent identification with the sex opposite to that present anatomically, and persistent discomfort caused by the presence of native (biological) sex and the gender role of the native sex."***<sup>89</sup>

**50.** Other judges reason that since the RCC has found the respective articles to be constitutional on one issue (obligation to go through the court procedure), then they have the freedom to apply them in any way they may see fit.<sup>90</sup> This reasoning is applied by judges despite the fact that they themselves admit that the law does not explicitly stipulate the legal conditions for granting the court's decision to grant the change of sex in civil status documents, provided by Art. 43(i) of Law 119/1996: "The Romanian legislator was not explicitly indicating the steps to be taken to allow such an operation, so we will analyze the European Union's legislation in an attempt to establish the conditions that, in the view of the Court, must be met, cumulatively, for the admission of the request, as it was formulated".<sup>91</sup>

**51.** Among the judgments favorable to the legal gender recognition of trans persons without the condition of carrying out surgical interventions on genital organs, the only one referring to Article 26 (Intimate, Family and Private Life) of the Constitution and RCC Decision no. 530 of May 13, 2008 simply makes reference to them, without developing on the reasoning regarding how they apply in the case.<sup>92</sup>

**52.** Also, in just a few cases, judges base their decisions on ECHR jurisprudence in the field. Out of 63 judgments that are being monitored, ECHR jurisprudence is invoked in only 9 judgments, regardless if the decision is to admit or reject the request for legal gender recognition.

<sup>89</sup> Tribunalul București, Decizia civilă nr.1141A din 28.11.2012. A se vedea de asemenea, Tribunalul București, Decizia civilă nr.190A din 19.02.2014 și Tribunalul Vâlcea, Decizia civilă nr.241 din 02.04.2015.

<sup>90</sup> Judecătoria Petroșani, Sentința civilă nr.382 din 30.12.2015.

<sup>91</sup> Tribunalul Constanța, Decizia civilă nr.2039 din 01.09.2016.

<sup>92</sup> Judecătoria Gheorghieni, Sentința civilă nr.998 din 26.06.2017.

**53.** On one hand, an appellate court that admits an exequatur request on the grounds that gender identity recognition is not contrary to the Romanian public order of private international law, argues with the jurisprudence of the ECHR and the CJEU in the field: "gender identity is a fundamental aspect of the right to privacy protected by Article 8 of ECHR, and the CJEU has ruled in several cases that discrimination on the basis of gender reassignment is an aspect of discrimination on the grounds of sex (see cases of PVS and Cornwall City Council, KB vs. NHS Pensions Agency and Secretary for Health, Sarah Margaret Richards vs Secretary of State for Work and Pensions)."<sup>93</sup> Another court states that "**the right to modify civil status documents as an element of legal recognition of gender identity**" is covered by the right to private and family life, as stipulated in Article 8 of ECHR.<sup>94</sup>

**54.** On the other hand, a court of appeals rejects a request for legal gender recognition in the absence of genital organs surgery in 2012, reasoning that ECHR jurisprudence has not yet given a definition of sex, and ECHR cases on the subject concerned only transsexual persons who underwent genital surgery: "**The ECHR practice does not provide any other definition, and the judgments pronounced by the European Court regarding the obligation of states in the matter of Art.8 regarding transsexuals refers to persons who at the birth had declared a sex, subsequently underwent a sexual conversion operation, followed by a social life as persons with sex opposed to the one declared at birth ...**"<sup>95</sup> The ECHR jurisprudence, as summarized above, leads the judge to conclude that the Romanian legislation complies with Articles 3 and 8 of the ECHR when it "**requires a final decision to admit the change of civil status by carrying out the sex change operation prior to requesting registration of this change of civil status in the documents kept by authorities.**"<sup>96</sup>

**55.** Out of the 8 court rulings that were passed after 6 April 2017, the date of ECHR judgment in the case of A.P., Garçon and Nicot vs. France<sup>97</sup>, only one quotes this decision in the reasoning of a judgment allowing legal gender recognition independently from any surgical interventions on genital organs.<sup>98</sup> Two other court judgments<sup>99</sup> out of these 8 decisions are favorable to trans plaintiffs, while the rest condition legal gender recognition to the surgical operations.

**56.** Instead of conclusions, we review some lessons learned from the Romanian casuistry study in the field of legal gender recognition:

- ▶ The applicable law for the legal recognition of gender identity, respectively the change of sex, first name, NIN in the civil status documents is mainly the Law 119/1996 (Art. 43 (i)). Government Ordinance 41/2003 refers exclusively to the administrative, non-judicial procedure and imposes additional unfavorable conditions on trans people.

<sup>93</sup> Curtea de apel Bacău, Decizia civilă nr. 618 din 23.05.2016.

<sup>94</sup> Judecătoria Focșani, Sentința civilă nr. 2747 din 01.04.2016.

<sup>95</sup> Tribunalul București, Decizia civilă nr.1141A din 28.11.2012.


<sup>96</sup> Tribunalul București, Decizia civilă nr.1141A din 28.11.2012.

<sup>97</sup> CEDO, A.P., Garçon și Nicot v. Franța - 79885/12, 52471/13 și 52596/13, hotărârea din 6.4.2017 [Secția a V-a].

<sup>98</sup> Judecătoria Sector 5 București, Sentința civilă nr.9143 din 18.12.2017.

<sup>99</sup> Judecătoria Gheorghieni, Sentința civilă nr.998 din 26.06.2017 și Tribunalul Caras Severin, Decizia civilă nr.239 din 20.07.2017.

- ▶ The Court of First Instance from the claimant's hometown is generally, materially and territorially competent to judge the respective cases according to Art. 57 of Law 119/1996.
- ▶ The approval for the sex change in the civil status documents, provided by Art. 43(i) of Law 119/1996, does not refer to the approval of the sex change surgery. The latter should not even be included among the claims of the action because it does not belong to the nature of the civil status action, it does not belong to the jurisdiction of the court, being a personal matter, which is established within the doctor-patient relationship. Additionally, some judges rejected civil action as being premature, making the connection to the application for the sex change operation, when it was filed by the petitioner.
- ▶ The proposal of the evidence to be administered normally involves weighing whether the means of proof serve the purpose of proving the claim and whether or not they expose the petitioner (a trans person) to stigma and discrimination.
- ▶ Forensic expertise is not a means of proof in favor of the legal recognition of the gender identity of trans people. The expert report focuses mainly on the recommendation to perform surgeries to change the external genitalia, which can be interpreted by the court as a reason for rejecting the action as being filed prematurely.
- ▶ Supporting the application on the jurisprudence of the ECHR, in particular the case of A.P., Garçon and Nicot v. France (April 6, 2017), decouples the legal recognition of gender identity from the course of sex change surgeries.



# Conclusions and recommendations

# Conclusions and recommendations

This report presented the experiences of a sample of trans people in Romania, from a plurality of perspectives: personal, family, social, professional, medical and legal. We will summarize the most important aspects, which can be concluded from the three chapters of this paper.

- ▶ There is a general lack of education in society about the differences between sex, gender and sexuality;
- ▶ A majority of trans people would like to be open ("out") about their gender identity, but the attitudes of those around them and of their family of origin are, in many cases, discriminatory;
- ▶ Trans people most often live in fear of social rejection and fear that they may experience hostility and physical or verbal violence from any person;
- ▶ In some situations, medical staff confuses the transgender experience with intersex particular aspects, which puts additional pressure on people and does not provide them with adequate solutions to their needs;
- ▶ Trans people need specialized health services according to their experience of gender identity (tests and consultations, psychological support, hormone treatment, specific surgery), but the requirements of these people remain unsatisfied for most respondents;
- ▶ Limited financial resources and low health insurance coverage are the most important obstacles for trans people accessing trans-specific health services;
- ▶ The lack of professionalism of the medical staff and the abuses suffered within the health system are strong reasons why trans people avoid specialized health services, but also general ones, as well;
- ▶ Psychiatric diagnoses, such as 'gender identity disorder' or 'gender dysphoria', are humiliating for many trans people and are reason for some people to not want to start their medical and legal transition;
- ▶ Some trans people do not access reproductive health care services because of feelings of shame or fear of being assaulted or humiliated within the medical system;
- ▶ There is a risk of suicide for almost half of the respondents in the sample, and some people have even had suicide attempts;



- ▶ The media often portrays the trans experience in a biased, discriminatory, offensive and false way;
- ▶ Some trans people face discrimination at work (abusive dismissals, harassment) or even have their access blocked to the labor market;
- ▶ In their relations with state or private institutions (police, post office, bank, etc.), trans people face discriminatory, humiliating and difficult situations, which sometimes prevent them from accessing the services they are entitled to;
- ▶ Procedures for changing civil status documents (change of name and gender indicator) are a major obstacle for most trans people;
- ▶ The applicable law for the legal recognition of gender identity, and the change of sex, first name and NIN, respectively, in civil status documents, imposes unfavorable conditions on trans persons and does not regulate the legal procedure;
- ▶ Forensic expertise (performed by INML) is not a means of proof in favor of the legal recognition of the gender identity of trans people, and is perceived by them as invasive, degrading and useless;
- ▶ The absence of clear procedures and conditions in the process of amending civil status documents leads to the emergence of contradictory jurisprudence of aberrant, abusive court decisions that violate the fundamental rights of individuals;
- ▶ Transgender people are a vulnerable social category, due to repeated confrontations with abuse, discrimination and marginalization, which reduce their prospects of a decent life in Romania.



[www.transinromania.ro](http://www.transinromania.ro)  
[www.acceptromania.ro](http://www.acceptromania.ro)