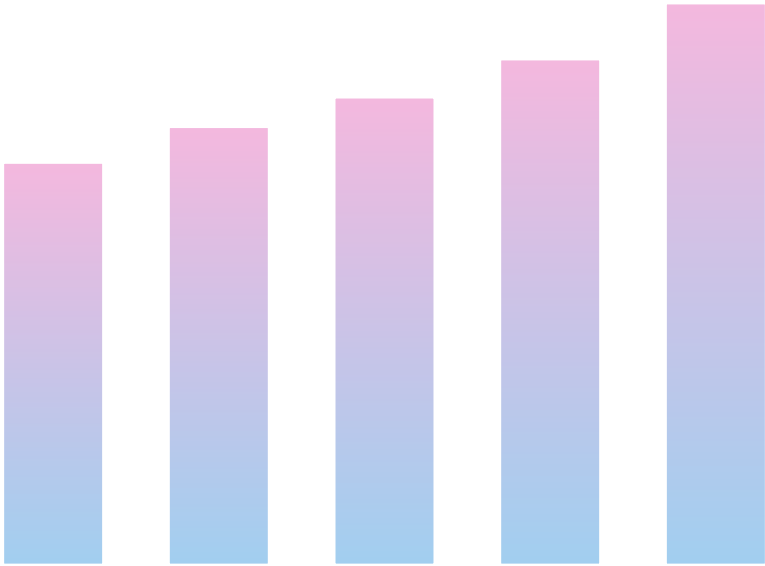


The Hopes and Fears of Trans People



Final report
from a survey conducted
by Trans*parent in 2018



Karel Pavlica and others

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Dear readers,

The recent survey compiled by Trans*parent with the support of ILGA-Europe is unique in the Czech context in that it provides a platform for the voices of transgender and non-binary persons themselves. Up until now, these populations' testimonies have represented a whisper in a few diploma theses. The number of respondents (396) to the survey allows for quantitative and qualitative analysis and a departure from the authoritative medical approach towards self-determination. This is an historical development identical to that of gays and lesbians. It marks a shift from pathologization, medicalization and stigmatization towards recognition and understanding of gender identities.

The research is an inspiration for the general public and the professional arena, as well as for trans people themselves. The survey helps identify trans people's needs, thus serving as an important source in lobbying for legislative change and effective psychosocial support (for example, replacing diagnostics with quality counseling and psychotherapeutic services, both for identity-related issues and the consequences of stress experienced before, during and after transitioning). The process of determining one's own identity can be demanding, because individual gender identity is situated on a spectrum and is not necessarily binary. Incidentally, the research revealed that non-binary respondents reported the highest average age of internal coming-out. The fact that the survey was answered by non-binary people (bigender, agender, genderfluid, etc.) is even more valuable, because their voices and identities are completely ignored by the medical community. It is therefore not surprising that, according to the findings, non-binary people reported feeling least comfortable in the Czech Republic, compared to other gender identities.

The survey covers several thematic areas focusing on the experiences, fears and hopes of trans and non-binary people in the Czech Republic, for example, trans people's level of satisfaction with the quality of life in the Czech Republic and the way in which their lives are affected or made more difficult due to others' lack of understanding or acceptance of their identity. The survey also deals with how open trans and non-binary persons are about their gender identity, how such identity is perceived and to what degree it is accepted. It also asked respondents about their experiences with discrimination and bullying perpetrated in reaction to their gender identity. One of the chapters maps out the respondents' transition in terms of steps taken or planned during transition, and their concerns related to transitioning. The questions also inquire about desired changes in legislation and proposed solutions, particularly in the issue of legal gender recognition. Importantly, the survey offers a space for respondents to freely write their experiences.

The research indicates that roughly one-half of trans and non-binary people are open about their identity. These people also experience more positive reactions from their environments. Negative reactions can certainly cause reluctance to disclose one's identity, but it is also possible that openness and a certain confidence in one's behavior may lead to increased respect. It was clear that trans and non-binary respondents who felt the freedom to be open about their identity were more satisfied in their relationships.

Almost one-half of respondents considered their identity an inborn (physical) disorder or defect. However, it is not entirely clear to what extent this option was selected in order to emphasize the fact that it is seen as a physical defect/disorder (or selected due to pressure to conform one's body or identity to cis-normativity) and to what extent this belief of innateness played a critical role in respondents' thinking, because almost as many people indicated their belief in gender identity as a spectrum.

It has become obvious that non-binary persons and those currently questioning and searching for their identity have the greatest difficulties in terms of self-determination. The normative medical system and legislation force people into binary categories and decisions to conform to cis-normativity – change of appearance, starting hormonal replacement therapy and even giving up some of their civil rights, such as forced sterilization and surgeries that can violate not only one's bodily integrity but also one's dignity, in order to gain others (the use of public spaces and institutions, for instance). While 79% of women indicated satisfaction with their vaginoplasty, only 24% of men were happy with the result of their phalloplasty (it should be noted that phalloplasty does not constitute a condition for legal gender recognition, and only about one-third of men opt for it, however, the public quite automatically assumes this intervention to be a prerequisite for social and legal gender recognition).

Although the respondents were predominantly satisfied with the general approach of doctors, intimate partners and other people, it is in care occupations (and at school) where trans people experience the most discrimination and degrading treatment at school and as clients in the helping services. Although the respondents appreciated the general availability of sexological, medical and psychological services, 92% of them found the greatest help in support groups formed outside the medical system and those not organized by sexologists. In order to undergo transition, trans people have to conform to the medical system in any of its stages, thus being dependent on the authority of the sexologist. This limits the space for unhindered discussion of certain topics without putting the transition process at risk (for example, access to hormones, committee or surgeries). On top of that, over one half of trans men see the availability of hormones as insufficient.

It is also notable that only 17% of trans and non-binary parents experienced negative reactions from their children. Further analysis could assess the ages of these children, as other studies have indicated that children in general have no trouble accepting their parent's transgender identity and that the younger the child, the more naturally the change comes across. Conversely, adolescence can be a critical age.

Trans men are accepted by their partners most frequently. Only 12.5% of partners reacted negatively to their trans partner's coming out, as opposed to 30.5% of trans women's partners. One of the factors in this statistic might be that more trans men participated in the survey. My personal, limited experience and observation based on cis/heteronormativity in society might suggest that potential partners of trans men are more accepting. Yet it is not uncommon that even after a trans woman's coming out/transition, her existing ("heterosexual") partnership is preserved. One factor can be that there have been children born into the partnership. A related issue is the legally forced divorce/end of registered partnership,

which was also identified as one of the main stressors stemming from Czech legislation. This experience substantially disrupts the stability of the couple and the family, making it more difficult for them to adapt to the transition of one of them and face the insecurities or potential health risks related to transitioning, etc.

Despite the fact that that sexual orientation and gender identity are two different things, questions related to sexual behavior, practices and fantasies are often part of the trans person's "diagnostic process". They are redundant and trans clients consider them impertinent and even degrading. Children would never be asked such questions. Even more undignified and unjustified are examinations by means of phallometry/vulvometry and visual inspection of the client's naked body. 20 respondents reported that medical practitioners actually palpated their naked bodies. Generally, this can be referred to as sexual assault. Unnecessary physical exams (sexologists performing gynecological or urological exams, when the trans client has their own doctor for this purpose) can especially in this context of possible physical dysphoria be a traumatizing violation of bodily integrity and dignity. If diagnostic procedures were unified and transparent, such violations could be safeguarded against.

The survey also thematizes the current legislation, found satisfactory by one half of the respondents. As expected, non-binary people were least satisfied, as Czech legislation barely acknowledges their existence. Relevant topics included the forced divorce/dissolution of registered partnership, sterilization, the nonexistence of gender-neutral birth numbers and lack of freedom in naming oneself. The state requires a neutral name, with very narrow options, and trans clients cannot secure a name corresponding with their gender identity. International statistics show that there is up to a 50% rate of attempted suicide among trans children and youth. Simply using the client's chosen name corresponding to their gender identity considerably decreases this threat. It is necessary to provide education on gender-related issues to social workers, medical staff and others offering psychological support services.

I hope that the findings from this survey will also encourage trans people to be more open to themselves and those around them, to accept themselves and live their lives authentically. I also hope the survey contributes to increased respect to otherness and that which we find unfamiliar. As renowned therapist Virginia Satir said, "Sameness attracts, differences help us grow."

Mgr. Jiří Procházka

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Methodology

The survey (see Annex 3) was designed in spring 2018. The survey was finalized at the end of June, 2018, and contained 27 questions of various types (open-ended questions, close-ended questions, and a rating scale).

The data was collected between 7 June and 11 October 2018. Calls to complete the survey were published in Facebook groups for the members of Trans*parent, in regional affiliated groups and in the groups “MtF&FtM CZ/SK”, “FTM Czech”, “MTF (z kluka holkou a jejich ženské sympatizantky)”, “Jsme trans v médiích”, “Transgender.cz”. The calls were also disseminated individually by e-mail and published on the website www.jsmetransparent.cz. The survey was also regularly announced at support groups and social events organized by Trans*parent. We requested local sexologists to distribute the survey among their clients (MUDr. Hana Fifková, MUDr. Pavla Entnerová and MUDr. Petra Vrzáčková).

As of 11 October 2018, we received over 400 responses. These were filtered down to a final number of 396 valid responses, which exceeded our expectations.

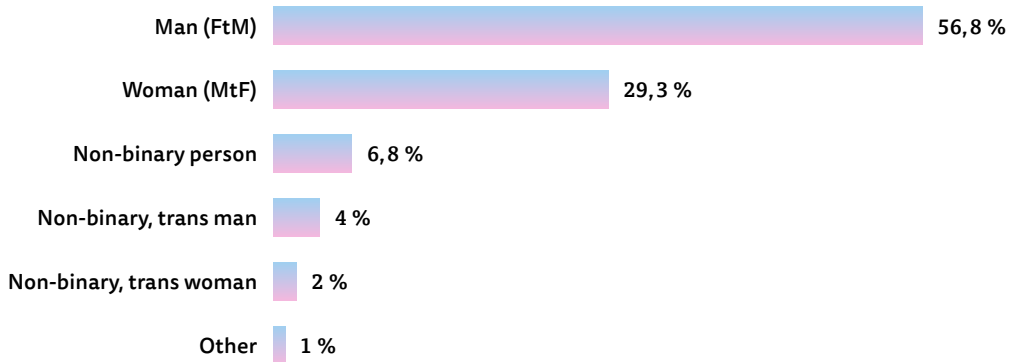
Socio-demographic Profile of the Respondents

Tables on all socio-demographic indicators are included under Annex 2.

- **Population of Home Town** – More than one quarter, 26% (103), respondents listed that they live in Prague (the only city with a population of over 1 million). 17% (67) picked ‘town of two thousand people or fewer’. The least represented category was that of ‘city of one-hundred thousand to one million’, which was selected by a mere 12% (47) of the respondents.
- **Level of Formal Education Attained** – A completed elementary school education among respondents was assumed (respondents could have not completed elementary school, but this questions was not specifically asked). The majority of respondents (63%) reported that they graduated high school with a ‘Maturita’ exam¹ (41% listed high school as their highest achieved level of education, while 22% reported having graduated from a university or a tertiary professional school). 37% did not complete their high-school education with the Maturita exam (28% listed elementary school as their highest level of education, 9% listed some high school which does not require a Maturita exam).
- **Gender Identity** – More than half of the respondents (57%, 225) identified themselves as ‘trans men (FTM)’ or simply as ‘men’. Less than a third of the respondents (29%, 116) identified themselves as ‘trans women (MTF)’ or simply as ‘women’. 13% (51) of the respondents identified as non-binary, including one agender and one genderfluid person. Some of the people who identified as non-binary simultaneously

1 The Maturita exam is a semi-standardized graduation exam required by most, but not all, Czech high-school-level educational institutions. In some respects, they are the Czech equivalent of the British A-Levels.

identified as trans* ('non-binary, trans man' at 4%, 'non-binary, trans woman' at 2%). Three people who submitted the survey identified themselves as 'intersex', which is less than 1% of the respondents.



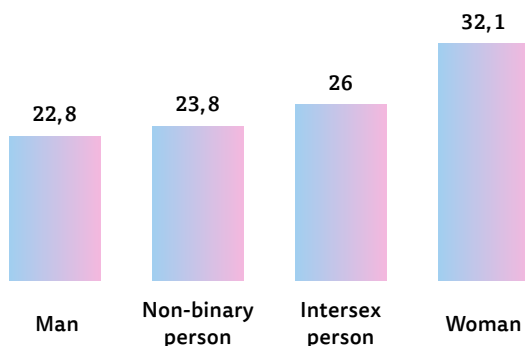
Graph 1: Gender Identity of Respondents

A whole 13% (51) of the respondents identified as non-binary, including one agender and one genderfluid person.

- Age and Awareness of Gender Identity** – The average age of the respondents was roughly 26, with a standard deviation of 9 years (that is: most respondents were between 17 and 35 years old). The youngest respondent listed their age as 13, while the oldest was 60. Two people listed their age at over 100 years old, which is why the total number of respondents here is 394 compared to the 396 elsewhere in the report. Results are slightly different based on gender identity. Overall, men are the youngest, with an average of 23 years old, followed in close proximity by non-binary people (24 years old). Intersex people have an average age of 26 and women an average age of 32. See table and graph below.

Gender Identity	# of resp.	Average	Standard Deviation
Man	224	22,8	7,5
Non-binary Person	51	23,8	7,1
Intersex Person	3	26,0	6,1
Woman	115	32,1	10,8
Total	394	25,6	9,5

Table 1: : Average age by gender identity

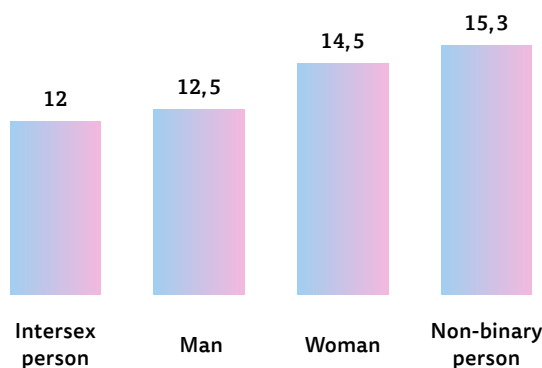


Graph 2: Average Age Based on Gender Identity

- On average, respondents reported that they started to become aware of their gender identity around the age of 13. The lowest reported age was 2 and the highest was 47. Even here, the results differed depending on the respondents’ gender identity (see table and graph below). Intersex people reported the lowest average age (12 years old). Trans men had an average age of 13, women had an average age of 14, and the highest was among non-binary people (15 years old).

Gender Identity	# of resp.	Average	Standard Deviation
Intersex Person	3	12,0	2,0
Man	225	12,5	5,4
Woman	116	14,5	8,4
Non-binary Person	51	15,3	5,7
Total	396	13,4	6,5

Table 2: Respondents’ age upon initial awareness of gender identity, categorized by gender

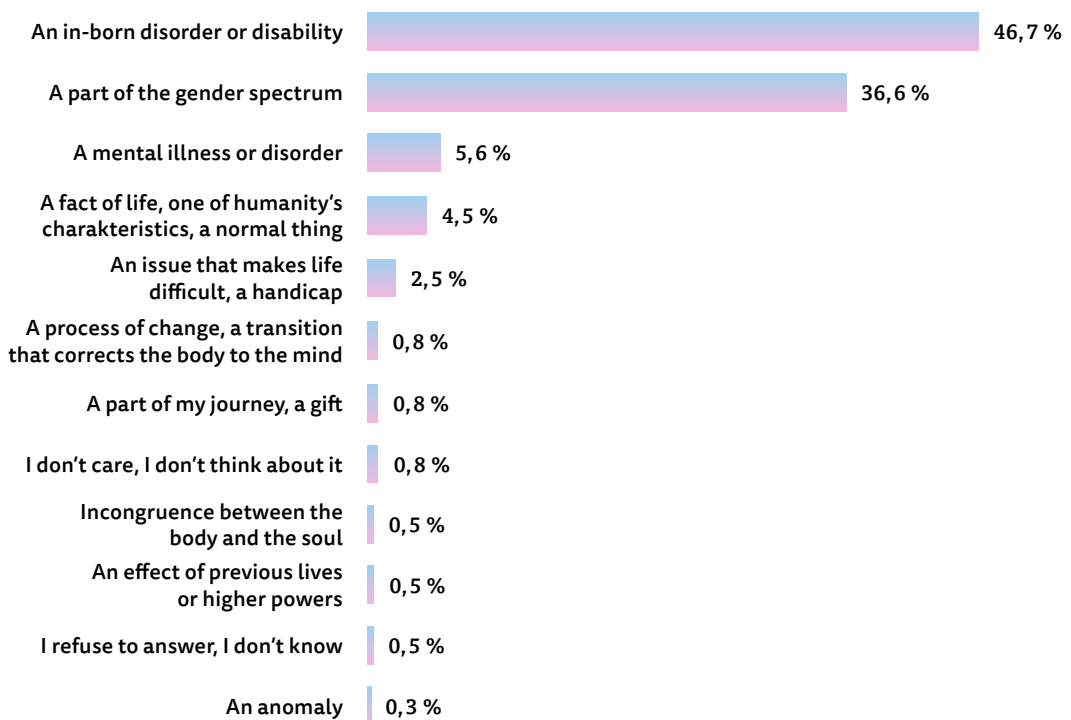


Graph 3: Average Age of Becoming Aware of Gender Identity

On average, respondents reported that they started to become aware of their gender identity around the age of 13.

Perception of Transgender Identity

One part of the survey was dedicated to a semi-open question regarding the participants' understanding of 'trans identity'. We received a wide range of answers, which we categorized based on a set of criteria. The most common answer was that 'trans identity' was an 'in-born disorder or disability' (47%, 185 respondents). In 37% of responses (145), the answer could be generalized as 'trans people are part of a gender spectrum'. 17% were other answers. Noteworthy answers included: 'It's just a fact of life, one of humanity's characteristics, a normal thing' (5%), 'An issue that makes life difficult, a handicap' (3%) or 'A part of my journey, a gift' (1%).

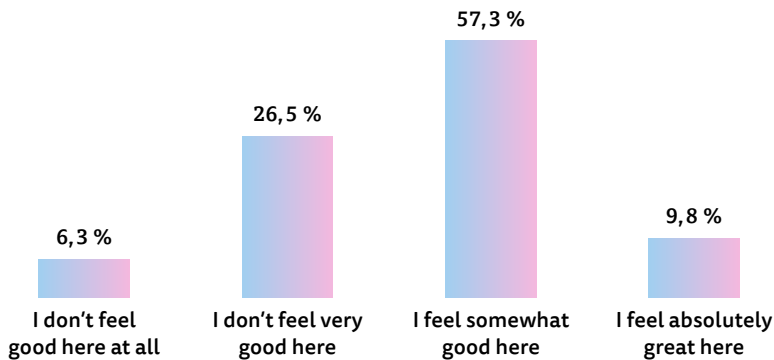


Graph 4: I consider transgender identity to be:

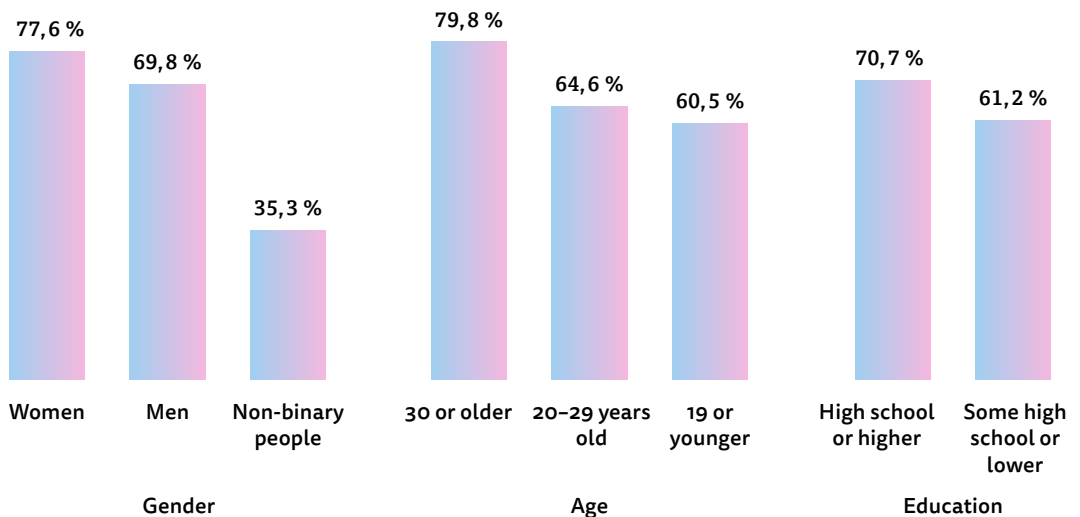
Quality of Life of Trans People in the Czech Republic

Approximately one-third of the respondents (32.8%, 130 in total) answered the question “What is your life like as a trans person in the Czech Republic?” by saying that they did not feel good in this country, while two thirds rated their quality of life here positively.

When we analyzed these answers based on selected socio-demographic groups (gender, age, population of home town, level of education), we observed statistically significant differences in how respondents rated their quality of life (significance of a chi-squared test was under 1% in all cases). Of these categories, those who rated their quality of life the highest were women (77% said they feel good living here), people over the age of 30 (80% said they feel good) and people with a high-school or higher level of education (71%). On the other



Graph 5: How do you feel as a trans person living in the Czech Republic?



Graph 6: Percentage of “I feel good here” answers based on gender identity, age and education level

Women rated their quality of life the highest, whereas non-binary people rated their quality of life in the Czech Republic the lowest.

side, non-binary people rated their quality of life in the Czech Republic the lowest (only 35% said they feel good living here).

A space followed in which respondents who reported feeling unhappy here could write freely about the relevant issues which contributed to this feeling. Here, 187 respondents wrote 279 individual reasons. More than half of these (54%, 152 in total), indicated treatment by other people: the lack of belief in the diversity of gender identities, lack of awareness, ignorance, pathologization of trans people and belief in various stereotypes that could lead to the social exclusion, discrimination or harassment of trans people. Respondents also mentioned the media's lack of interest and stereotypical depictions of trans people in the media, conservative politicians, poor treatment by government officials, difficulties passing, difficulties finding the right clothes, unwanted attention and misgendering.

Here are quotes from some of the answers that describe the ways in which being trans or non-binary in the Czech Republic makes people's lives more difficult:

- "1. The sterilization requirement for legal gender recognition – there are trans people (such as myself), who don't want to or can't undergo surgical sterilization and who have to repeatedly come out at work/part-time jobs/school/the doctor's office because of the sex listed on their government ID and their birth number;² 2. The pre-surgery committee (in my case for FtM mastectomy) – why is it not enough to receive approval from a sexologist who already had to agree to prescribe me hormones long before the mastectomy?"
- "[...]and the fact that that someone's legal gender is listed in their documents and their birth number. Doctors don't have a lot of information about gender as a concept. They think that they can objectively measure someone's gender based on questions such as 'How often do you masturbate?' instead of just asking the person how they consider themselves or what gender role they prefer. What's more, there are too few sexologists who deal with transgender issues, and the waiting times for them are too long. The doctors are arrogant and rude to patients or they touch them in inappropriate ways because they know they can get away with it[...]sometimes people don't get hormone prescriptions regularly enough[...]and when somebody actually wants to get sterilized, they have to stand in front of this a horrible committee of strangers and 'experts' who decide whether a person is trans enough and if they are therefore worthy of getting sterilized. It's also sad that a lot of people are prejudiced towards trans people. I get misgendered on a daily basis. And sometimes they continue misgendering me even when I correct them, regardless of the fact that I present as masculine. It's also hard to use restrooms around town or go to the public swimming pool.

² The Czech birth number system generates a unique identification number for every Czech citizen, which is then used in most interactions with the state or the medical system. This number is gender-coded, meaning that someone's legal gender can be deduced from the way it is structured.

“Doctors don’t have a lot of information about gender as a concept. They think that they can objectively measure someone’s gender based on questions such as ‘How often do you masturbate?’ instead of just asking the person how they consider themselves or what gender role they prefer.”

I feel uncomfortable when people make it clear that they mind that I use the same restrooms as they do (regardless whether it’s the men’s or the women’s).”

- “As a non-binary person who would like to go at least through a partial transition (i.e. top surgery), I feel like the system doesn’t account for me – most experts who are technically supposed to help me actually don’t even believe that non-binary identities exist.”
- “Medical diagnosis is stigmatizing. I’m not mentally ill, but I get treated as if I were.”
- “People wonder what’s normal and what isn’t and judge others based on that. They don’t keep other people’s feelings in mind.”
- “My non-binary identity, for the system, for sexologists and for most people, doesn’t exist. I’ve only come out to the people who understand. The system doesn’t allow me to go through the changes I would like without the diagnosis of ‘transsexuality’ and lying about how I feel, which is emotionally difficult to deal with.”
- “I’m afraid of coming out when I’m not sure if I want to go through hormone therapy, or rather, I’m not ready to go through it right now. I feel that if I say that I’m trans FtM, I’ll be expected to start going through a physical transition and that I’ll need to fulfill all the sex stereotypes of the sex I identify with, even if some of those are alien to me. I’m scared that I’ll be put under the microscope in terms of how I fulfill these stereotypes. Coming out would be personally very good for me, because I’m annoyed with people around me (especially men) perceiving me as a woman, but I feel it would force me into a different kind of uncomfortable situation. Therefore, I feel like there is no solution for my situation. And that’s because society isn’t very well informed and because it only identifies those who get a ‘sex change’. That’s why I don’t feel good living in our society and there aren’t many safe spaces. I feel like, despite the gender dysphoria I have to deal with, at this point in my life, I’d be content if the people I worked with and interacted with every day stopped thinking of me as a woman, which could be done by me coming out. But I think the risks of doing that are very high, especially since there are no legal protections against the discrimination of minorities.”
- “I don’t like the requirement that one’s reproductive organs must be removed in order to change one’s gender on the government ID (officially preventing one from reproducing). And I also don’t like the fact that they emphasize the voluntary nature of this decision. If I tell a kid that they’ll get chocolate (M/F on one’s ID) for taking out the trash (surgery), is that really a voluntary decision, or is it just that someone will take out the trash because they want the chocolate? But there isn’t really anyone who’s physically forcing me.”
- “The limited capacity of mainstream society to tolerate. I see this clearly, TS women’s

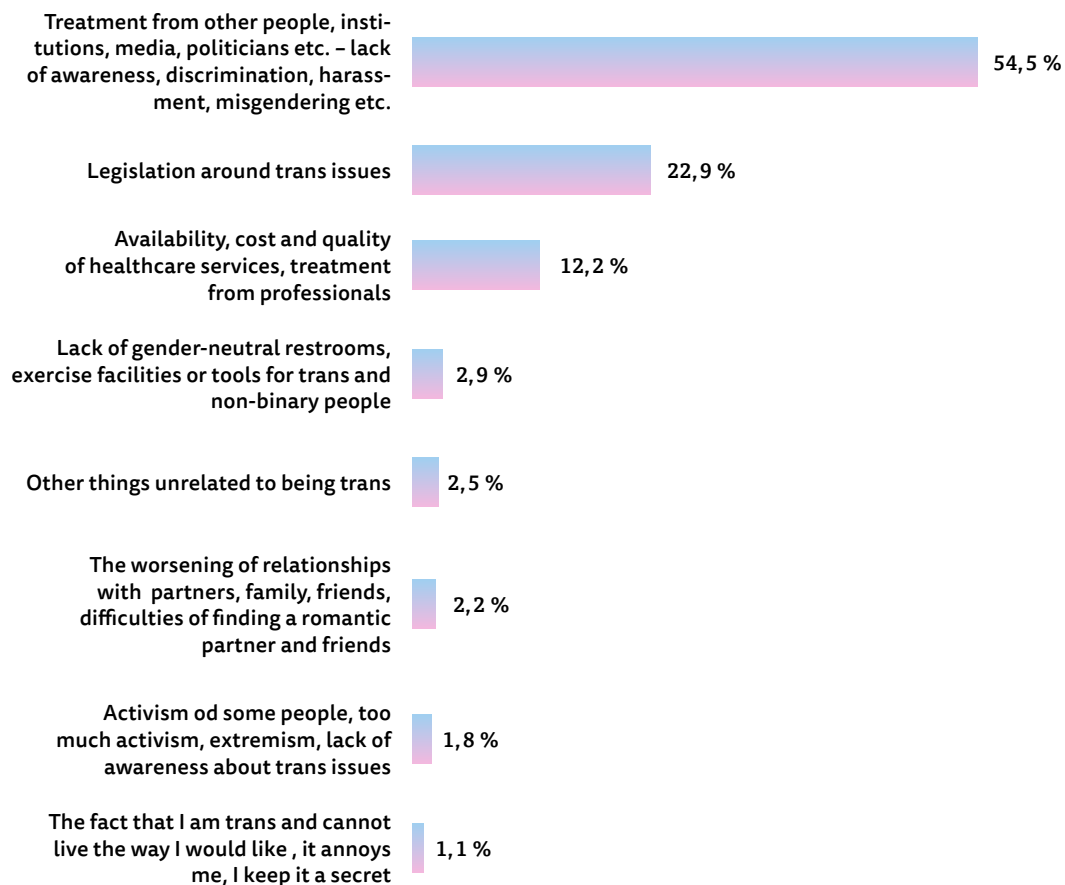
presence is merely tolerated, but she won't get the chance to live a fulfilling life with respect. I mean things like the difficulties of finding a job, social exclusion, the zero chance of finding a partner and, sadly, also the lack of preparedness on behalf of the experts in supporting fields (clinical psychologists) or the outdated treatment of TS people. There are more reasons why I don't feel good living in this country, but one of them is that, as a TS woman, I feel like a second-class person, for example because, according to what people around me say, unlike biological men and women, I can't have children or a family. I'm seriously thinking about leaving the Czech Republic after I've had my sex change operation."

- "Questions such as 'Is that a boy or a girl?'"
- "I wish people were more informed. We keep talking about all sorts of things, so why can't we talk more about this? Could the problem be that Czech people are more stupid in the sense that they lack the ability to adapt and understand? Everything's fine, as long as people don't know 'who I used to be'. Issues arise when people find out about my past."
- "The state is needlessly obsessed with what's in my pants."
- "Transphobia – for instance, people talking about how a 'traditional' man or woman should look and act."
- "In smaller towns, you have to go to the bar if you want to use the men's restrooms at a restaurant or a pub. It makes me feel uncomfortable and stresses me out."
- "Society isn't so much conservative, but it's trying to do some sort of prehistoric revival."

The third question was more of a general one and, as a result, the answers reflected both the respondents' own experiences and those of the people around them. Individual aspects of a person's life that could somehow be affected by the person's trans identity were graded on a 5-point scale from "definitely negatively" (point 1) to "definitely positively" (point 5), with the alternate option of "I don't know, I'm not sure". The following graphs shows these answers reduced to a 3-point scale, where 1&2 and 4&5 are merged.

Trans people reported issues when using public restrooms and visiting public exercise facilities such as pools and fitness centers, particularly their locker rooms. 76% and 69% of respondents, respectively, said that being trans affects these things negatively. More than half the respondents also said that being trans negatively affects romantic relationships (54%) and family relationships (51%). Answers regarding issues around one's trans identity vis-a-vis work and career (47%), life satisfaction (46%), school (46%) and general relationships with other people (42%) were also mostly negative.

Trans people reported issues when using public restrooms and visiting public exercise facilities such as pools and fitness centers, particularly their locker rooms.



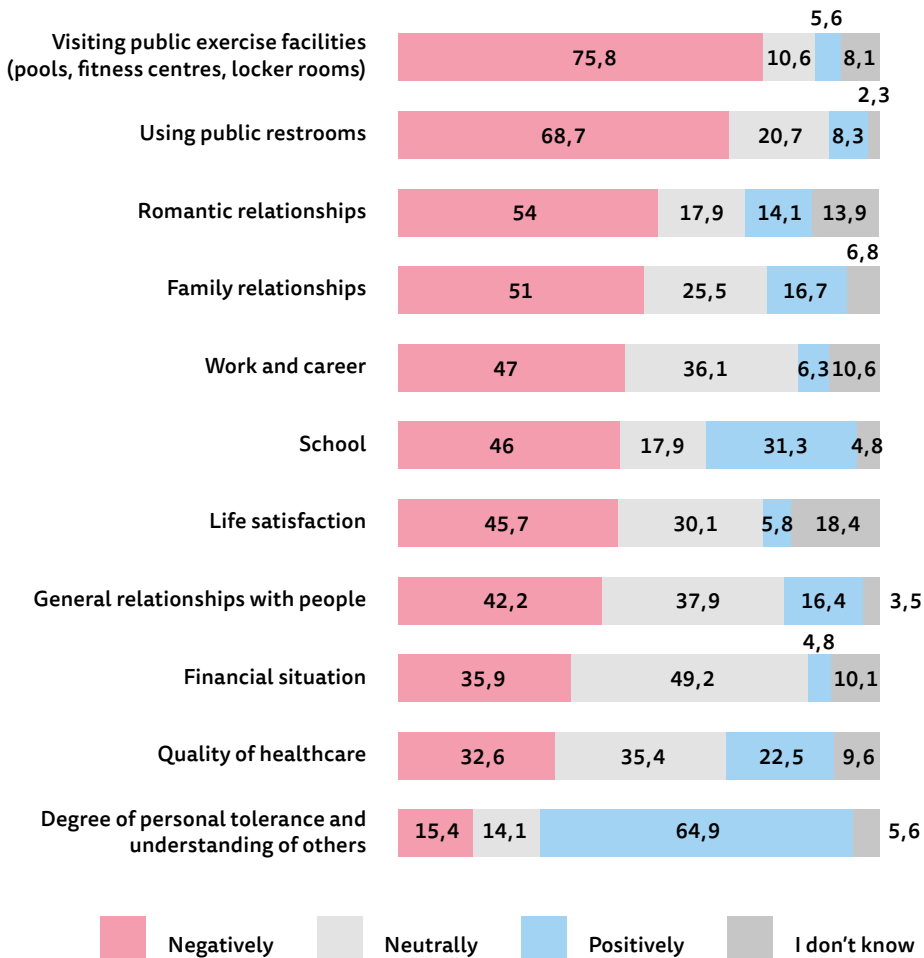
Graph 7: What makes more difficult for trans and non-binary people in the Czech Republic

On the other hand, respondents also said that being trans positively affected their own level of tolerance and understanding for others (65%). Details are listed in the graph below.

When we approach this question from the perspective of various gender identities and age and education groups (once again, tested by the chi-squared test), we can observe some difference. For example, people with a high-school or higher level of education felt that being trans positively affected (increased) their level of tolerance more than people with lower levels of formal education.

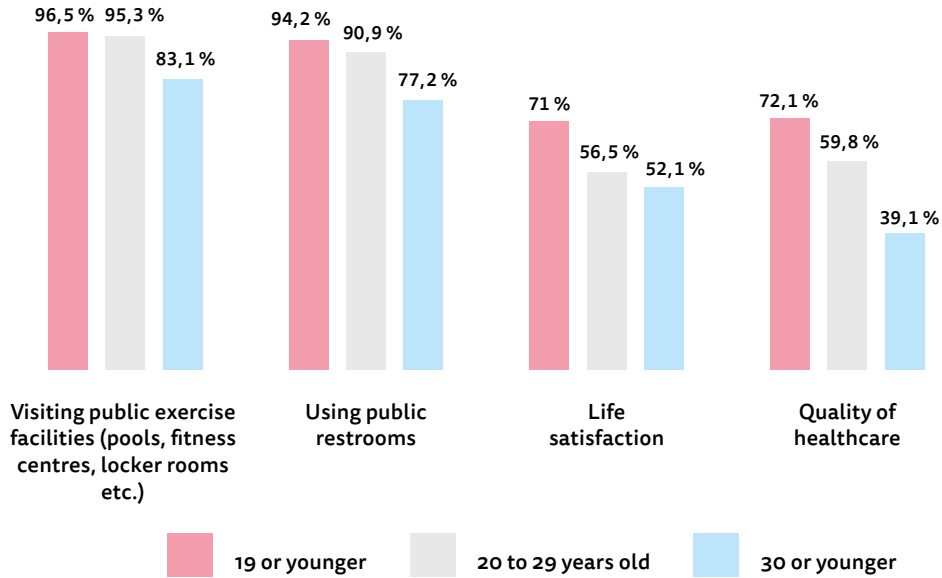
From the perspective of different age groups, it seems that younger people rate the given experiences more negatively than older people. This is especially the case for visiting public exercise facilities, using public restrooms, life satisfaction and quality of healthcare.

In six of the eleven areas of life named in this question, respondents' answers were greatly differentiated by their gender identities. Non-binary people reported a much more negative

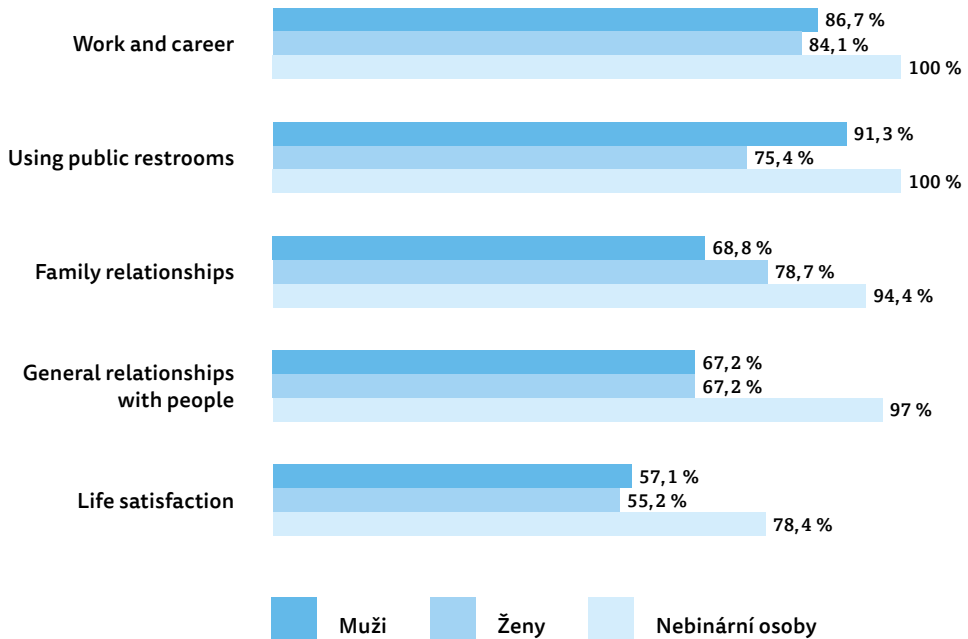


Graph 8: The fact that a person in trans affects the following aspects of their life in what way (% of answers)

outlook on some of these situations. As regards work and career and using public restrooms, 100% of non-binary people said that those aspects of their lives were negatively affected by their non-binary identity. 97% of them also said that their non-binary identity negatively affected their general relationships with other people. Women reported that their trans identity had a negative impact in these areas: work and career (84%), family relationships (79%) and using public restrooms (75%). Men reported that their trans identity had the most negative effects in these areas: using public restrooms (91%), work and career (87%) and family relationships (69%).



Graph 9: Negative effects of being trans on aspects of life, based on age group

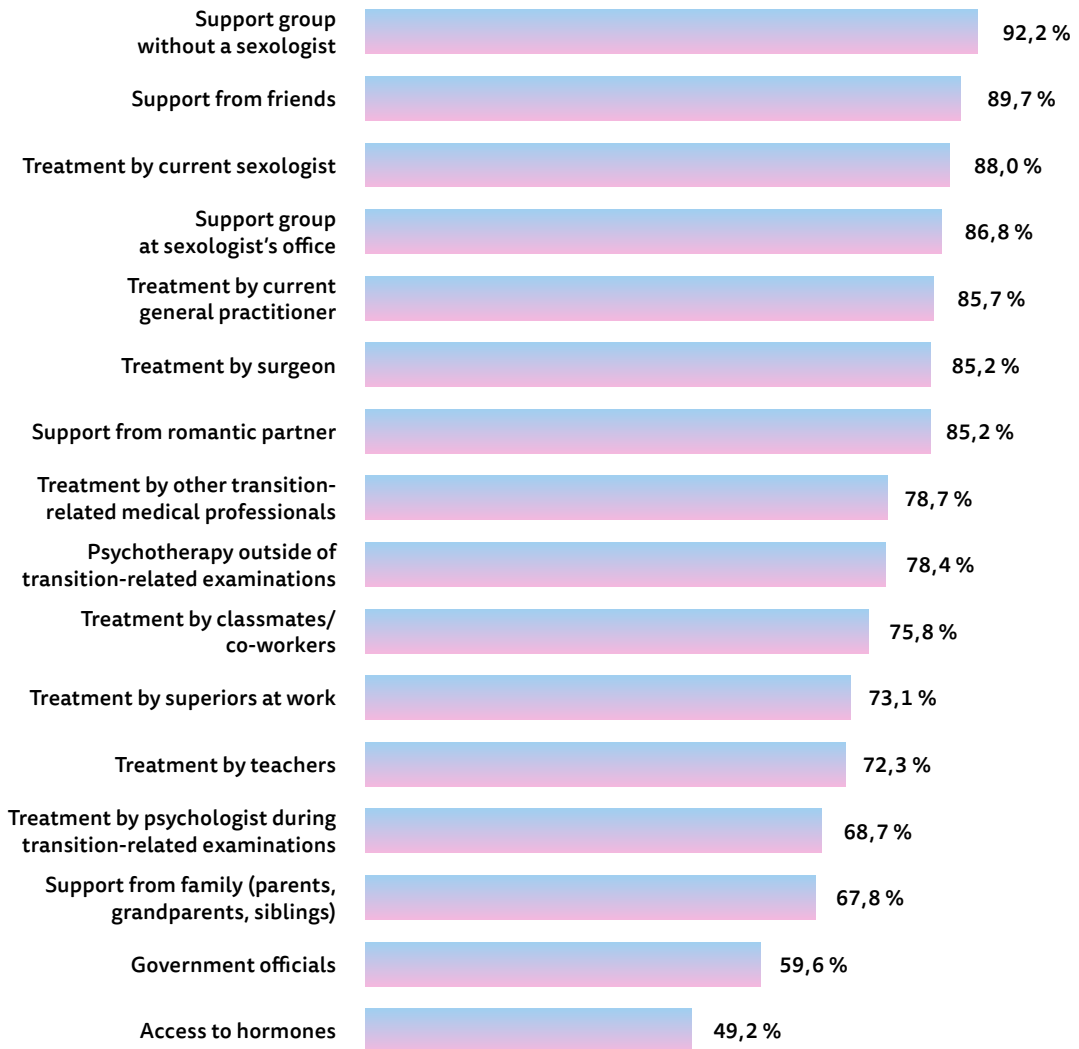


Graph 10: Negative effects of being trans on aspects of life, based on gender identity

Others' acceptance of trans and non-binary people

Question number 6 was about rating people's experiences with how they were treated by medical professionals, loved ones and other people, including those who provide services related to transitioning.

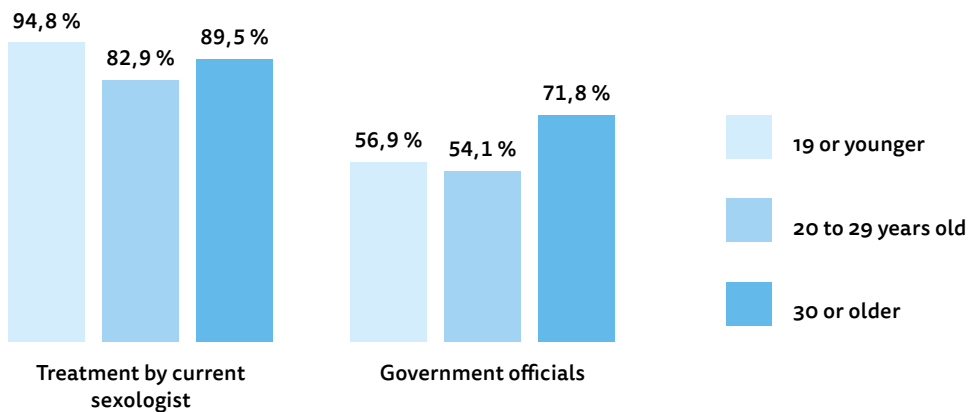
The respondents seemed to be most satisfied with support groups run without sexologists (92% said they were 'absolutely satisfied' or 'mostly satisfied'). This was followed by the support of friends (90%) and personal treatment by their current sexologist (88%), general practitioner (86%) and surgeon (85%). 85% of respondents were also satisfied with their romantic partners' support. On the other hand, people were least satisfied with access to hormones (only 49% were satisfied), treatment by government officials (60%), support



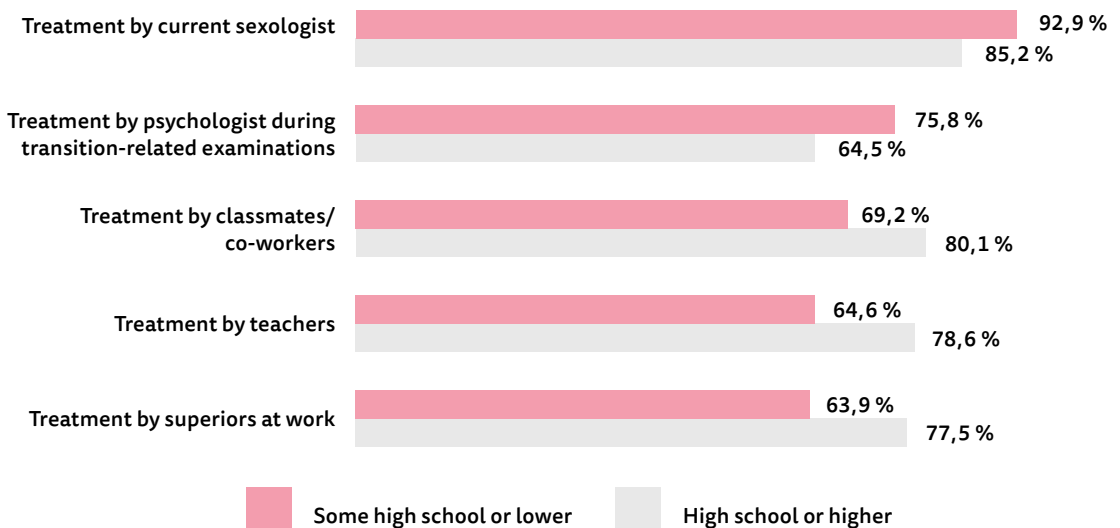
Graph 11: Satisfaction with people or situations (%)

from their family (parents, grandparents, siblings – 68%) and treatment by psychologists who providing examinations related to transition (69%). See the following graph for more details.

In terms of age groups, the chi-squared test revealed only two statistically significant differences, with overall satisfaction with personal treatment by the current sexologist and by government and other official institutions. In both cases, the least satisfied age group was 20 to 29, whereas people under the age of 19 were most satisfied in terms of personal treatment by the sexologist. People over 30 were the most satisfied with government and other official institutions.



Graph 12: Satisfaction with the Following by Age Group

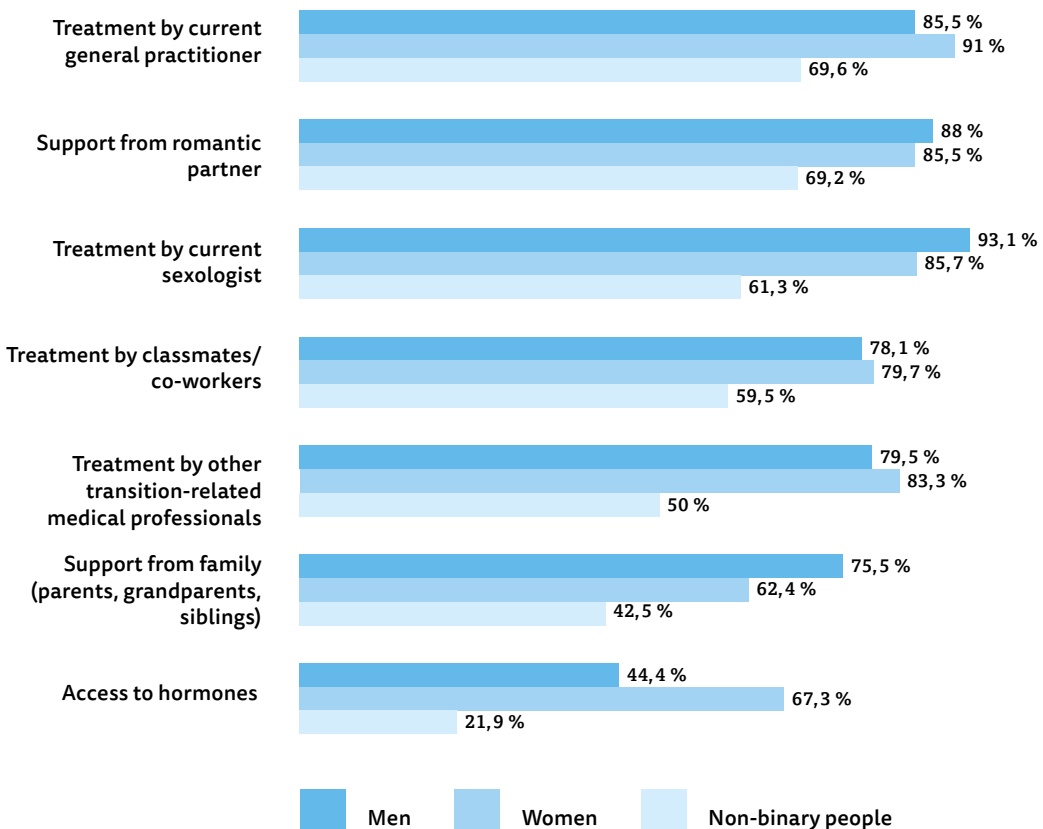


Graph 13: Satisfaction with the Following by Level of Education

We found some more statistically significant differences in respondents' answers corresponding to their highest level of formal education attained. Questions related to the personal treatment by their current sexologist and satisfaction with the psychologist who conducted examinations related to their transition were both evaluated with the highest level of satisfaction by people with 'some high school or lower'. Accompanying questions inquiring into personal treatment by classmates/co-workers, teachers and superiors. In these three cases, the highest level of satisfaction was reported among respondents with a 'high school or higher' level of education.

We observed a particularly large disparity when it came to access to hormones and with overall satisfaction with personal treatment by medical professionals required for the transition process.

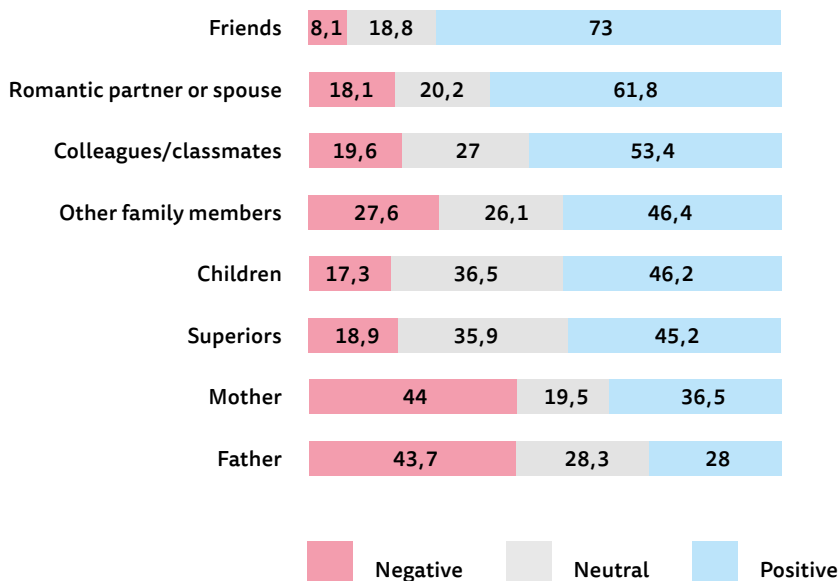
The highest number of statistically significant differences corresponding to the gender identity of respondents was found in seven categories specifically. In all cases, the lowest level



Graph 14: Satisfaction with the Following by Gender Identity

of satisfaction was among non-binary people. We observed a particularly large disparity when it came to access to hormones (satisfaction among non-binary people = 22%, men = 44%, women = 67%) and with overall satisfaction with personal treatment by medical professionals required for the transition process (satisfaction among non-binary people = 50%, men = 78%, women = 83%). Non-binary people also reported significant dissatisfaction with support (specifically, the lack thereof) they receive from their families (satisfaction among non-binary people = 43%, women = 62%, men = 75%).

Overall, friends reacted the most positively, whereas the least positive reactions were from parents.

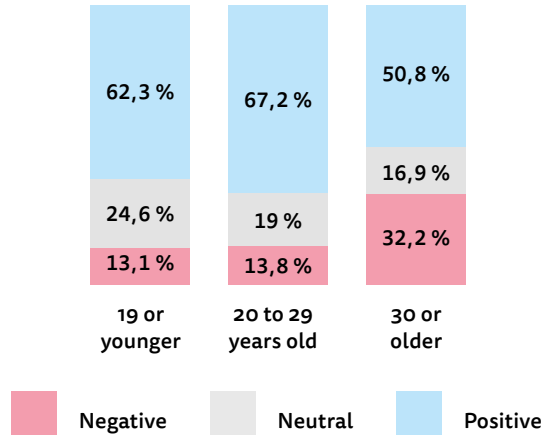


Graph 15: Reaction of Others to Coming Out

Question number 8 had to do with the way people reacted when the respondents came out to them as trans. Overall, friends reacted the most positively (73% of positive reactions), followed by romantic partners or spouses (62%). In contrast, the least positive reactions, according to the answers received, were from parents (44% of negative reactions, only 28% of positive reactions came from fathers and 36% from mothers).

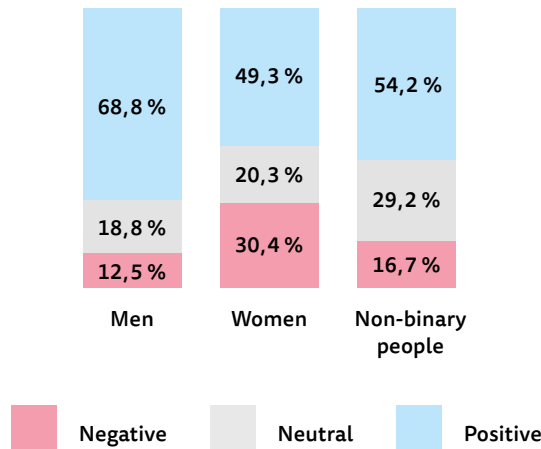
The only differences in terms of socio-demographic categories (age, education, population of home town, gender identity) were observed in the area of 'Acceptance by Romantic Partner or Spouse', specifically in the cases of age and gender identity.

Looking at the data, the highest percentage of negative reactions from romantic partners or spouses was for respondents over the age of 30 (32% of negative reactions). In other age brackets, the percentage was between 13% and 14%.



Graph 16: Acceptance from Romantic Partner or Spouse

In terms of gender identity, women had the highest percentage of negative reactions from romantic partners or spouses after coming out (30%, compared to 13% among men and 17% among non-binary people). In contrast, men had the highest rate of positive reactions from their romantic partners or spouses (70%, compared to 49% among women and 54% among non-binary people).

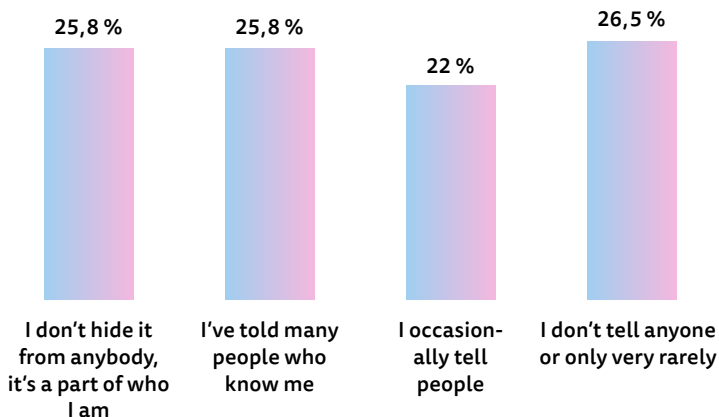


Graph 17: Acceptance from Romantic Partner or Spouse by Gender Identity

It is worth noting that there is a relationship between the openness about gender identity and the level of acceptance from close ones and others after coming out.

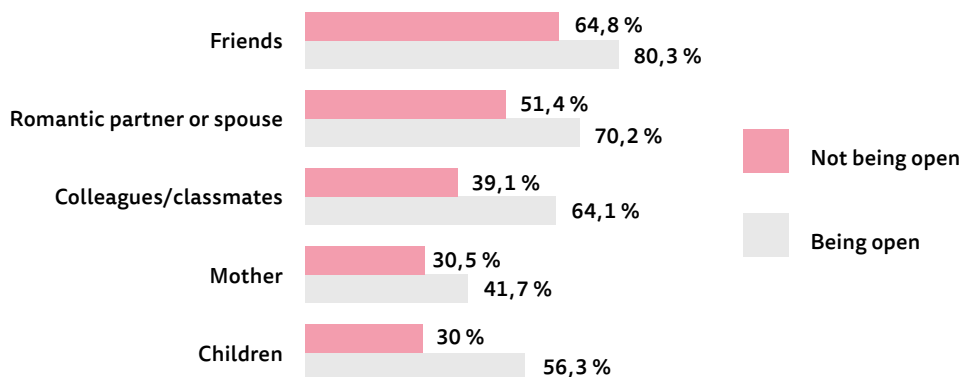
As for openness about one's gender identity towards others, all four possible answers for this question are fairly well balanced. Each of these three statements was selected by 26% of the respondents: 'I don't hide it from anyone, it's a part of who I am', 'I've told many people who

know me' and 'I don't tell anyone or only very rarely. 22% selected the answer 'I occasionally tell people'. Overall, we may say that 52% of the participants are more-or-less open in this regard, while the rest usually keep their identity hidden.



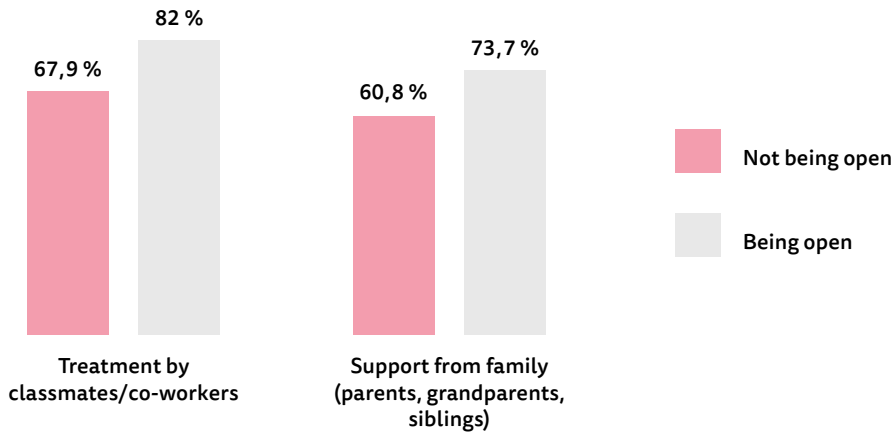
Graph 18: Openess About Gender Identity

Between these two subsets, a statistically significant difference was found in the reactions to a respondent's coming out between in five specific groups of persons close to the respondents. In all cases, the number of positive reactions was higher when respondents were more open. It may be possible that trans persons who keep their identity to themselves do so mainly due to having experienced negative reactions after coming out or after observing negative reactions in their surroundings regarding trans-related topics. Differences are most prominent in the case of colleagues at work or fellow students at school (64% positive reactions in more open respondents, as opposed to 39% in less open respondents) and also in the case of children (50% positive reactions in the case of more open respondents as opposed to 30% in the case of those who are less open about their gender identity).



Graph 19: Positive reactions after coming out in relation to openness about gender identity

As for the level of satisfaction with others' attitudes, a difference in the categories "Attitude of fellow students, colleagues" and "Support in the family (parents, grandparents, siblings)" correlated to the degree of respondents' openness about their gender identity. Again, in both these cases it applies that the more open respondents are also more satisfied (see graph below).

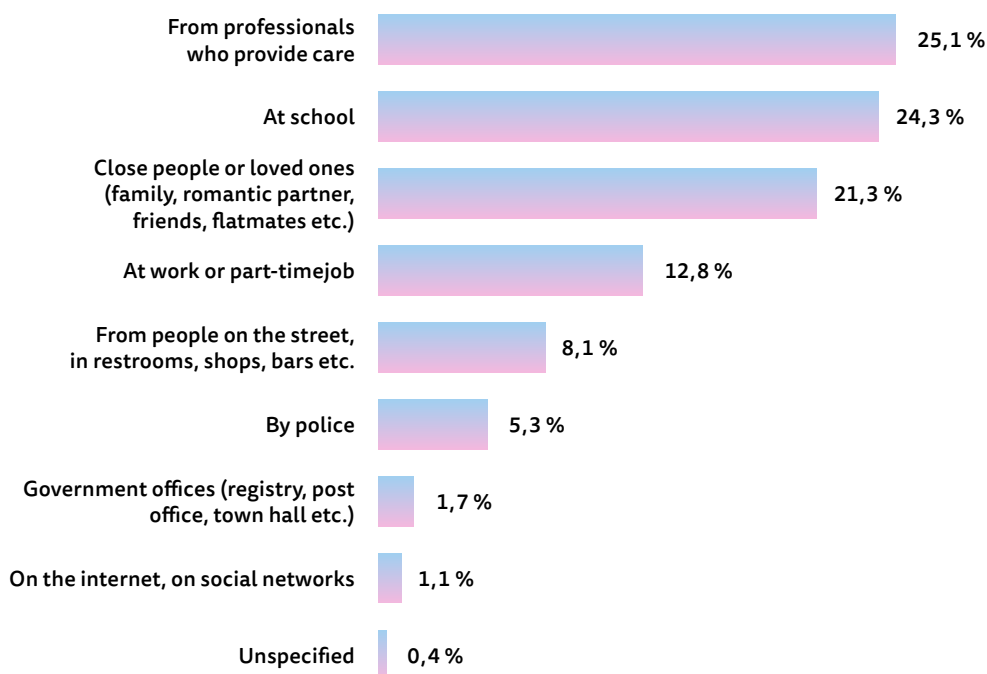


Graph 20: Satisfaction with the following in relation to openness about gender identity

Experiences with Discrimination, Harassment or Degrading Treatment on the basis of Gender Identity

Question number 9 asked respondents if they had ever been victims of discrimination, harassment or degradation perpetrated on the basis of their gender identity. 110 people (28%) said that they never had to deal with such issues. A quarter of respondents listed negative experiences with professionals who provided some form of care (medical professionals, psychologists, sexologists, priests, etc.). In 24% of cases, discrimination, harassment or degrading treatment occurred at school. In 21% of cases, such treatment came from people close to the respondents. 8% of people listed this sort of treatment from strangers, such as people on the street, in restrooms, shops, bars etc. See the following graph for details.

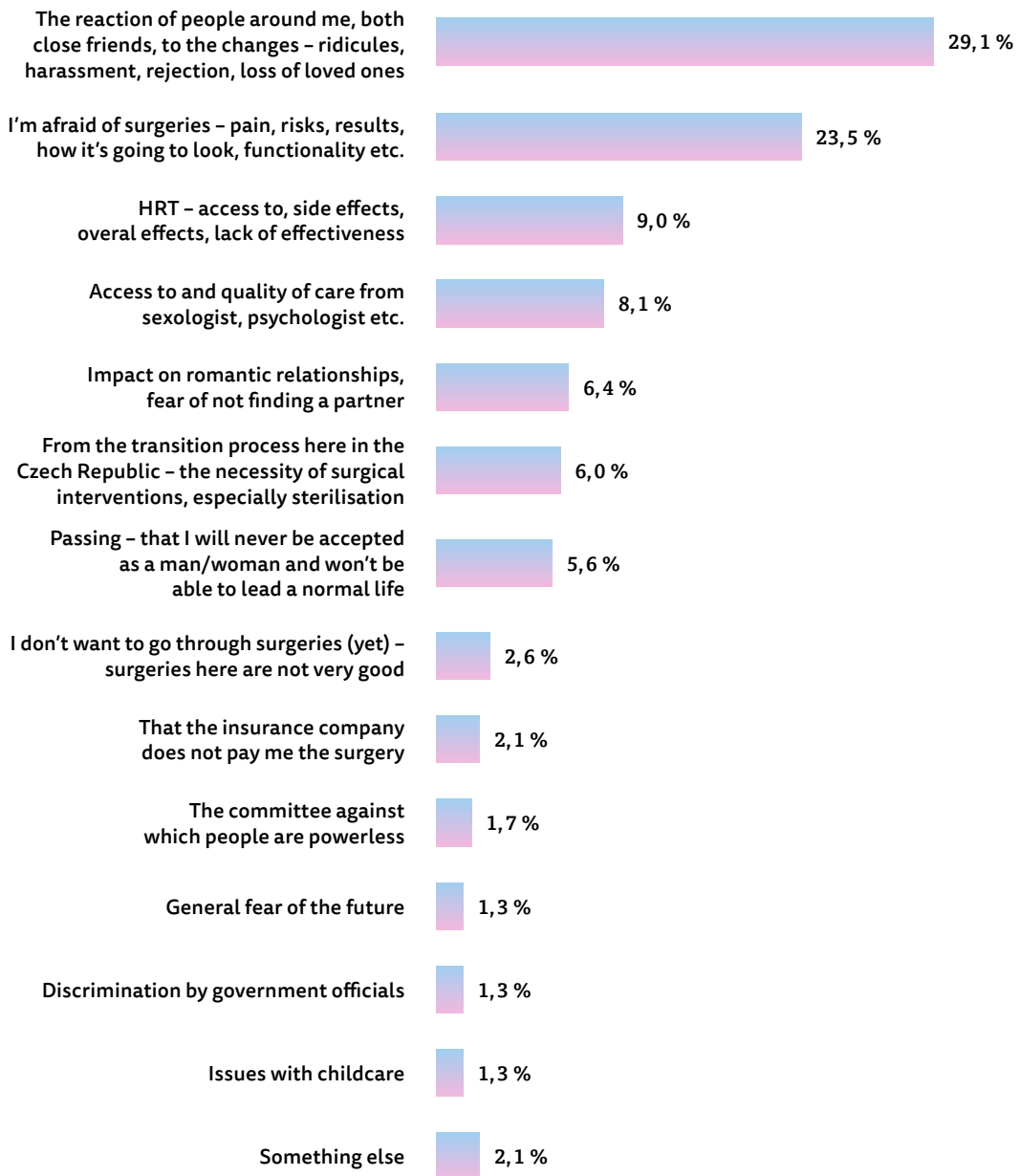
Most often (a quarter of) respondents listed negative experiences with professionals who provided some form of care (medical professionals, psychologists, sexologists, priests, etc.).



Graph 21: Experiences with Discrimination, Harassment or Degrading Treatment due to Gender Identity

Trans and non-binary people and transition

The open question regarding respondents' fears around the topic of transitioning yielded a majority of answers (29%) indicating fear of others' reactions, whether friends or strangers, and of potential ridicule and harassment. The second most common fear (24%) involved transition-related surgeries – fears of pain, potential complications, success rates, etc. Some

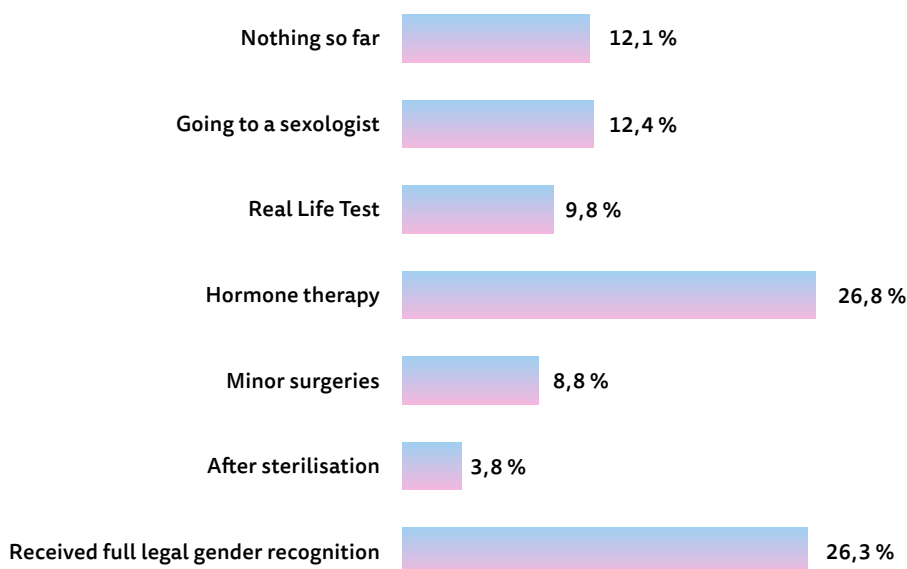


Graph 22: Are you afraid of something when it comes to transitioning?

The open question regarding respondents' fears around the topic of transitioning yielded a majority of answers indicating fear of others' reactions, whether friends or strangers, and of potential ridicule and harassment.

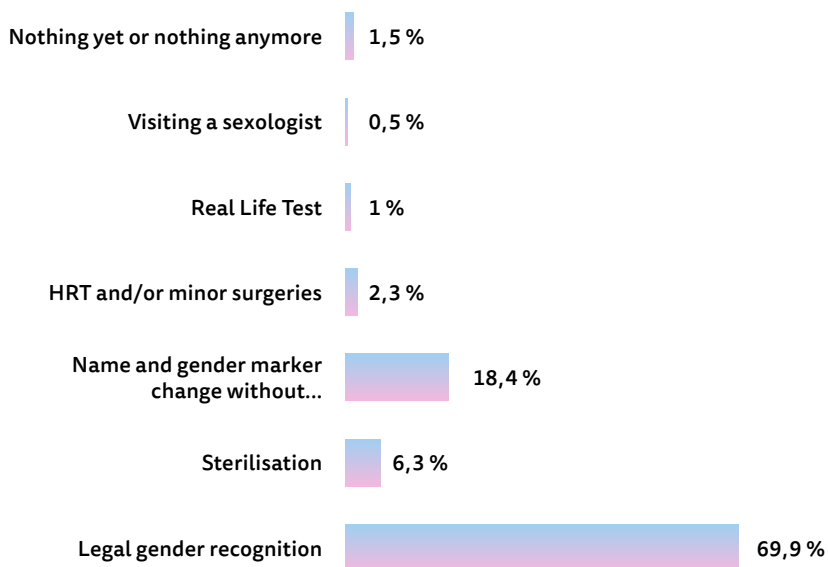
people (9%) reported fears about access to HRT and the effects of the hormones. Other fears listed by the respondents included worries about access to and quality of care from sexologists and other medical professionals (8%), fears related to romantic relationships (6%) and doubts as to whether or not the respondent has the potential to lead a normal life (6%). As part of the survey, we also asked respondents which stage of their transition they were in and their goals.

The two largest groups were people who are currently undergoing HRT (27%) and people who had already received full legal gender recognition (26%). The less numerous groups included respondents currently in the care of a sexologist (12%) or not yet taking any steps towards transitioning (12%). The rest were currently undergoing the Real-Life Test (10%), had undergone some minor surgeries in addition to HRT (9%) or had been surgically sterilized, but hadn't yet received legal gender recognition at the time of the survey (4%).



Graph 23: Which stage of transition are you currently in?

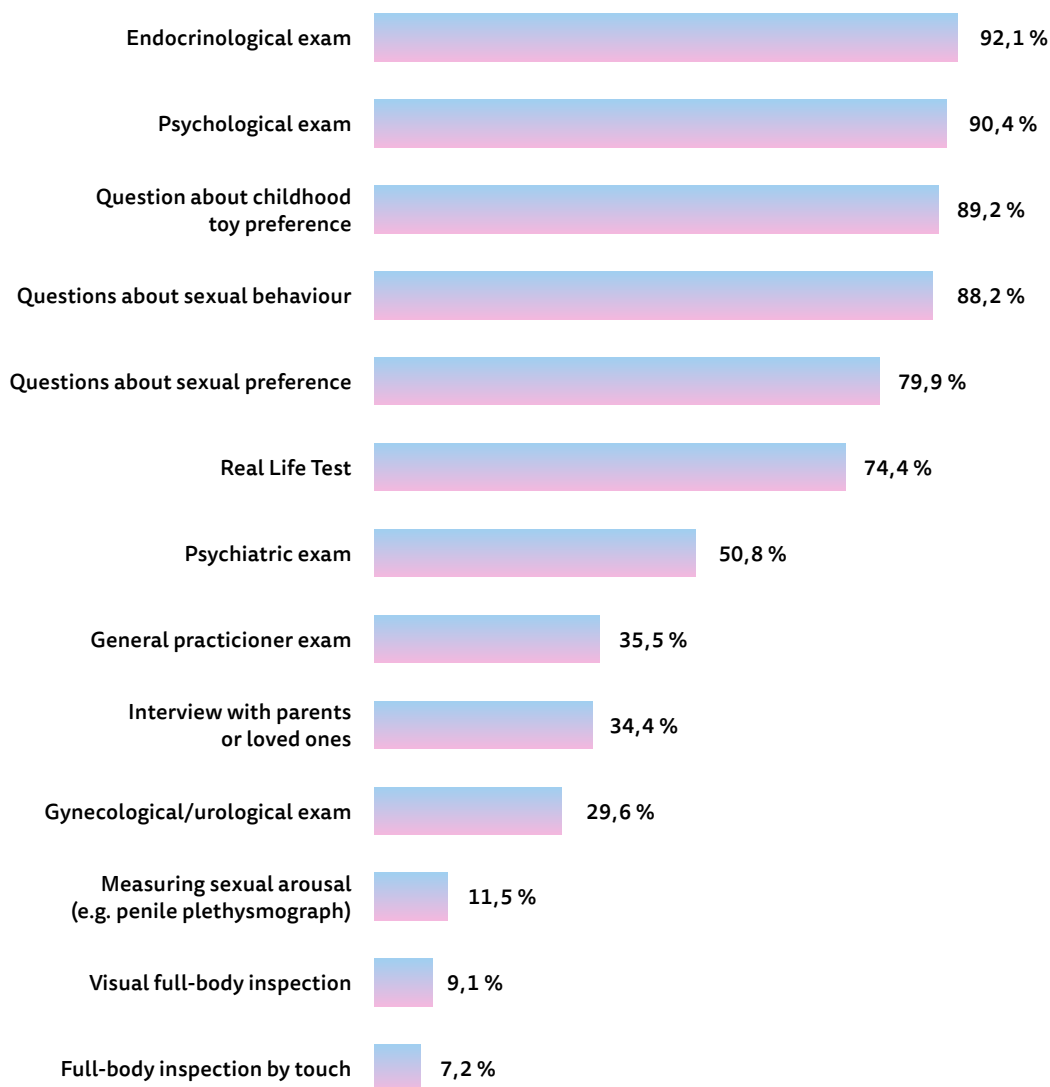
The majority of respondents listed full legal gender recognition as their goal (70%). Roughly 18% of those who filled out the survey expressed a desire to be able to change their names and the information listed in their government IDs without the requirements of surgery or sterilization. Overall, more than one-fifth of the respondents (22.2%) were not planning to undergo gender reconstruction surgery or legal transition under the current system. See more in the graph below.



Graph 24: Transition goals of respondents

In terms of diagnostic prerequisites for establishing a diagnosis or starting HRT, the most common one listed was an endocrinological exam (92% of those who'd undergone the diagnostic process) and a psychological exam (90%). The most commonly asked questions during the diagnostic process concerned the preference of toys during childhood (89%), sexual behaviour (88%) and sexual preference (80%). Considering the fact that sexuality and gender identity are unrelated, the latter two questions are superfluous. It should also be noted that 32 respondents who'd undergone the diagnostic process said that they had to go through a sexual arousal exam (phallometry/vulvometry measures the changes in volume of the penis/vulva caused by the increase of blood flow in response to various sexual or erotic stimuli, usually visual, which is used in order to diagnose someone's sexual preference – this can be traumatising for many people and is irrelevant the diagnosis of gender identity). 25 respondents said that the sexological clinic they went to required full-body visual inspection. 20 respondents said that not only were they subjected to a visual full-body inspection, but that it also included an inspection by touch, which is certainly not standard procedure.

32 respondents said that they had to go through a sexual arousal exam. 25 respondents underwent full-body visual inspection and 20 were also inspected by touch.



Graph 25: Requirements for establishing diagnosis/getting access to HRT

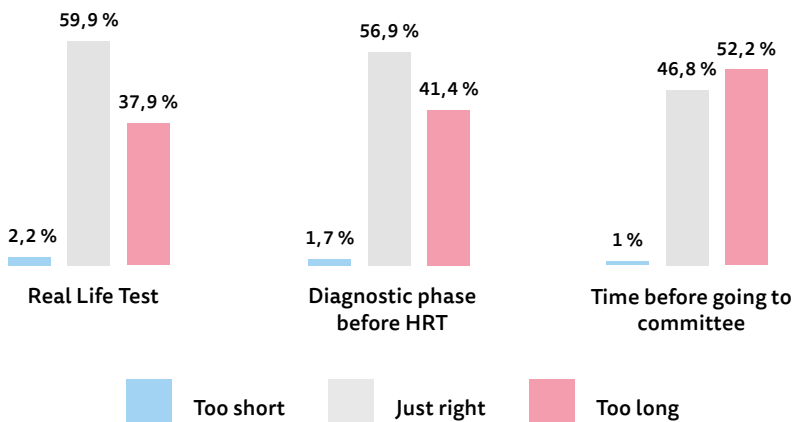
Other exams required for establishing a diagnosis that were listed in the survey included general medical exams (8 respondents), genetic exam (3 respondents) and densitometry (1 respondent). Some other noteworthy answers related to the topic of diagnosis:

- 'To write a biography and to be "required" to want a surgical sex change.'
- 'Questions about preferred clothing, including underwear, sexual relationships and sexual history.'
- 'The Real-Life Test followed after starting hormones, in the following years, I started changing my body and clothes, which made the changes easier to accept for people around me. That also assured me that I'm doing the right thing. Requiring RLT before

starting hormones is equal to social suicide. The form of RLT I went through felt okay to me.'

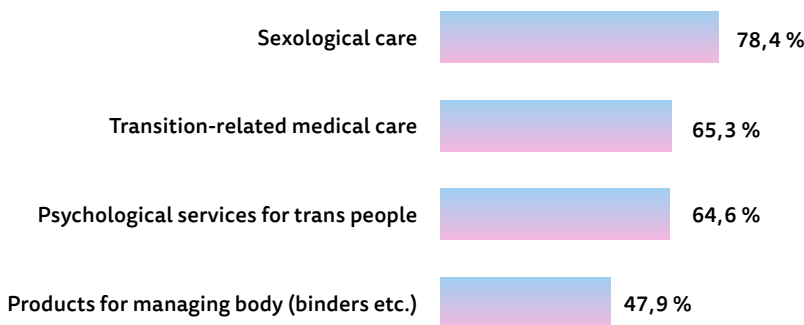
- 'The sexologist wanted to conduct the gynecological exam himself, but I refused.'
- 'An exam by an internist, which included a visual inspection of my body fully naked.'

Based on the length of the individual stages, respondents seem to think that the length of the Real-Life Test is the most acceptable (60% responded with 'just right'). They also rated the length of the diagnostic process before HRT mostly favourably (57% responded with 'just right'). On the other hand, more than half the people said that the period of time before one is allowed to stand before the committee is too long (52% responded with 'too long').



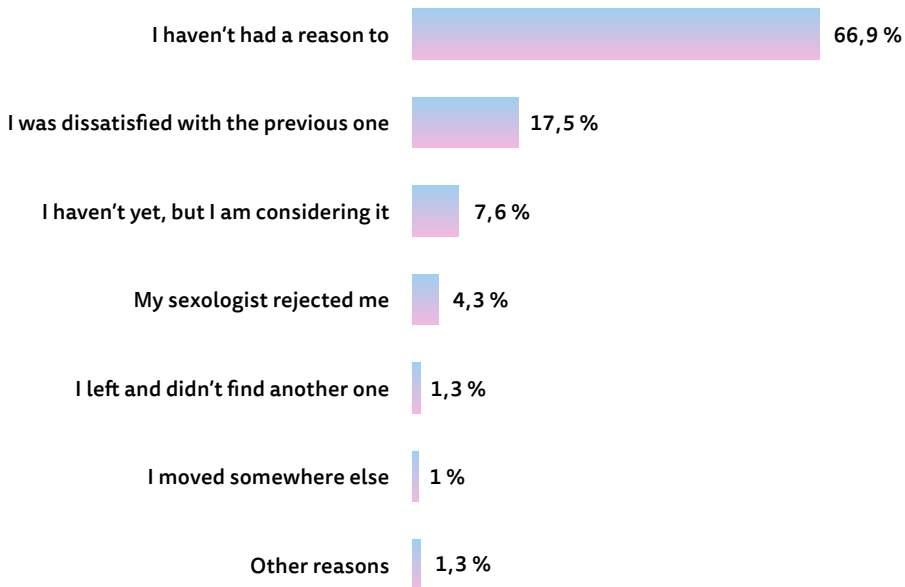
Graph 26: Rating the length of individual stages

As for the rating of access to care, services and products for transgender people, respondents were the most satisfied with access to sexological care (78%), followed by transition-related medical care (65%) and psychological services for trans people (65%). In contrast, access to products that help trans people manage their own bodies was rated less than favourably by the majority of respondents (48% rated it positively).



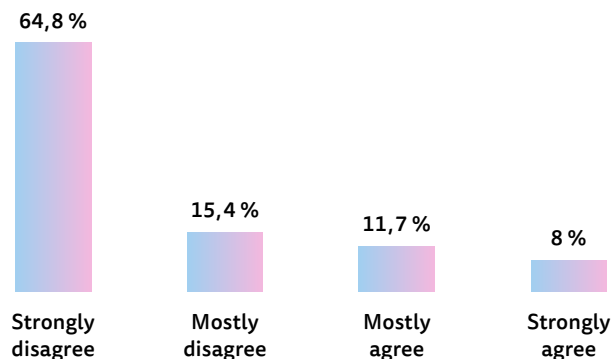
Graph 27: Rating access to the following

One of the questions asked about switching to a different sexologist. 70% of respondents said that they had no reason to change their sexologist so far. 18% of people already changed their sexologist due to dissatisfaction with the previous one. 8% of the respondents were considering switching but hadn't done so yet. Approximately 4% reported being rejected by their sexologist. See the graph below for details.



Graph 28: Have you changed sexologist?

Respondents answered agree/disagree to the statement 'If I could go back, I would not undergo one or more surgeries related to my transition.' Roughly one-fifth of them agreed (19.7%), while the rest disagreed. See graph below.



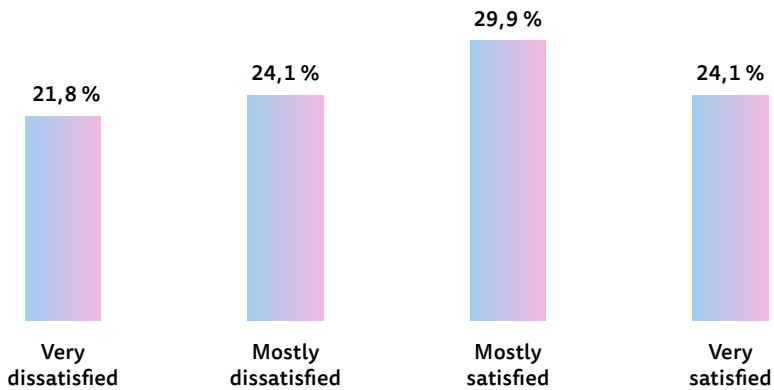
Graph 29: Agreement with the statement: 'If I could go back, I would not undergo one or more surgeries related to my transition'

A little over one half of respondents (54%) said they were very or mostly satisfied with vaginoplasty or phalloplasty – great majority of women (79%) and only 24% of men.

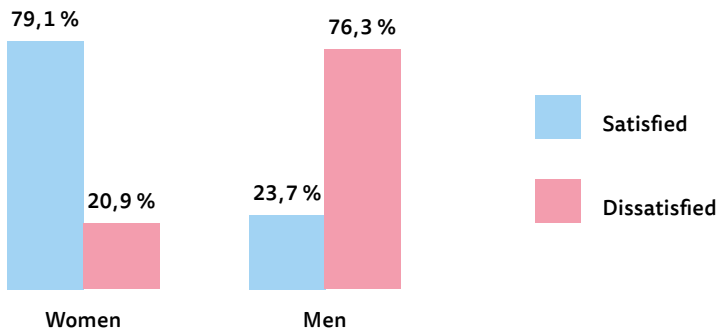
The next two questions regarding the respondents’ level of satisfaction with their surgeries were asked only of those who had already undergone vaginoplasty or phalloplasty. 54% of respondents said they were very or mostly satisfied – 79% of women and 24% of men.

People were the most satisfied with the visual result (28%), functionality (27%), the approach and treatment by medical professionals (21%) and the overall look of their body after surgery (17%).

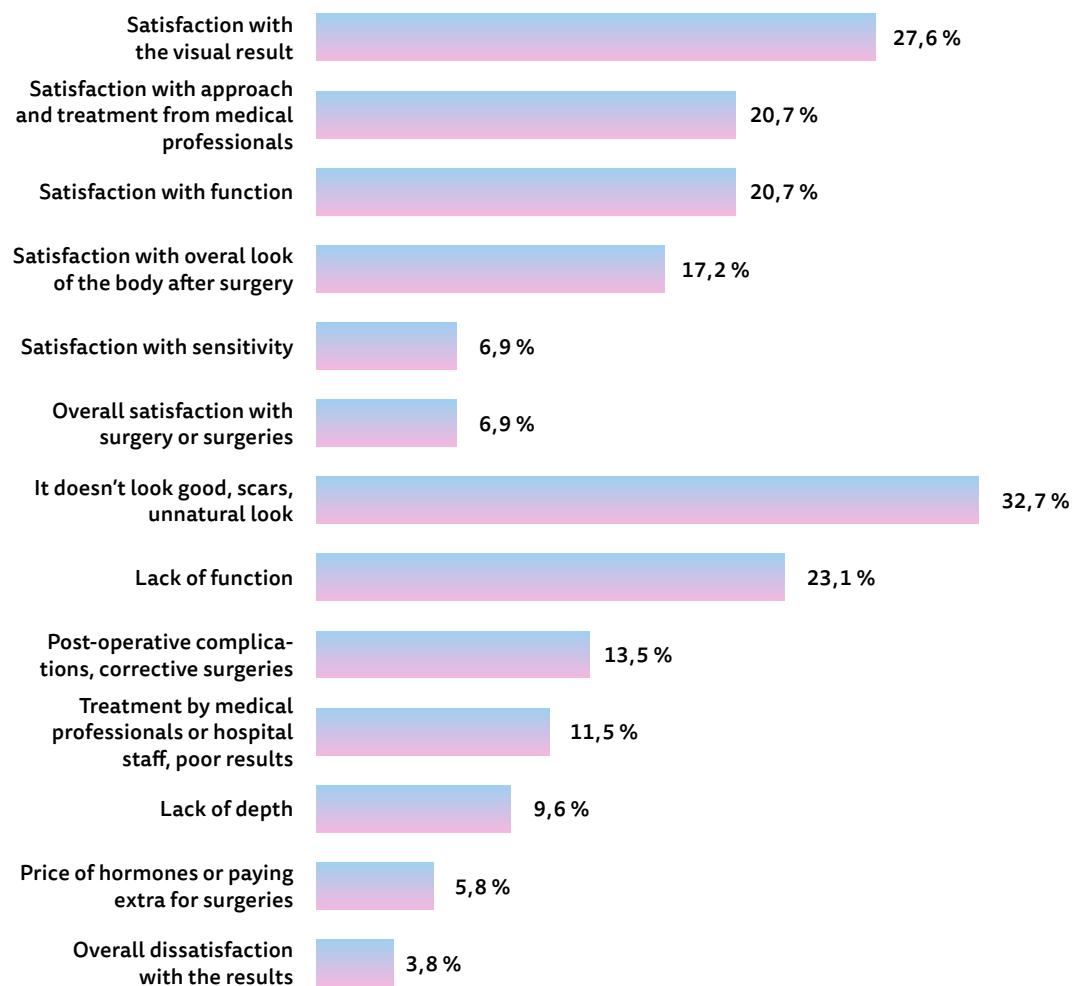
The highest levels of dissatisfaction were with the visual result (33%), lack of function (23%), post-operative complications and having to undergo corrective surgeries (13%) and with the approach and quality of care from medical professionals or hospital staff (12%). See graphs below for details.



Graph 30: Satisfaction with neovagina or neophallus



Graph 31: Satisfaction with neovagina/neophallus by gender identity



Graph 32: Satisfaction and dissatisfaction with vagino/phalloplasty

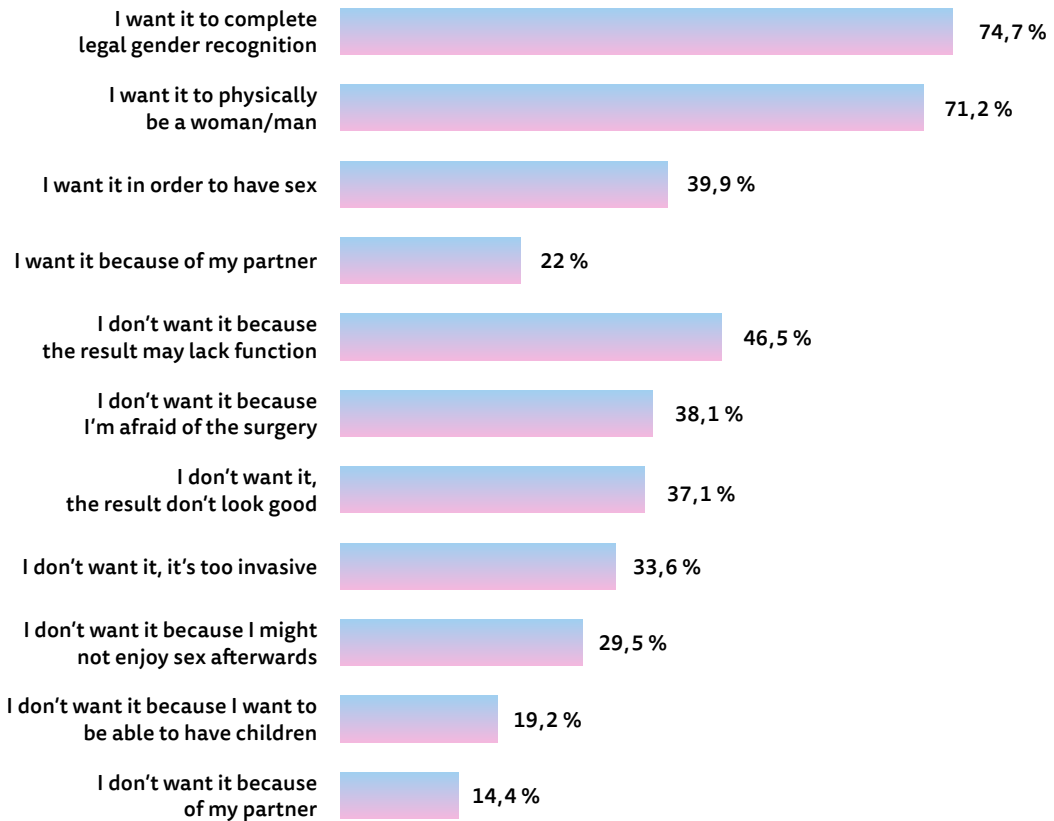
Question number 18 asked respondents to agree or disagree with a set of statements to determine transgender people's opinions regarding the sterilization requirement.

75% of respondents agreed that one of the reasons they wanted to undergo or underwent surgery was to complete the requirements for legal gender recognition. The second most common reason was 'to physically be a woman or a man' (70% agreed). Only 22% listed their romantic or sexual partner as one of the reasons.

As for reasons to not have the surgery, 47% of respondents said they were worried about the resulting functionality (or lack thereof), 38% were afraid of the surgery, 37% said that the

75% of respondents agreed that one of the reasons they wanted to undergo or underwent surgery was to complete the requirements for legal gender recognition.

results don't look very good, for 34% the surgery is too invasive. Less than a third (30%) was worried about the loss of sexual enjoyment. 19% of respondents said that they didn't want the surgery because they would like to have the option of having children. See graph below.



Graph 33: I want/don't surgery for the following reasons (%)

We also looked at this question in terms of gender identity and whether the person had already gone through surgery, wanted or didn't want surgery.

In terms of looking at the participants' gender identities, women agreed the most with the statement that they want the surgery in order to be physically women (92% agreed). Compared to others, they also had a higher rate of agreement with the statement that they wanted surgery in order to have sex (68%). They also fear the least that the end result may lack function (28%) or that it may not look good visually (17%).

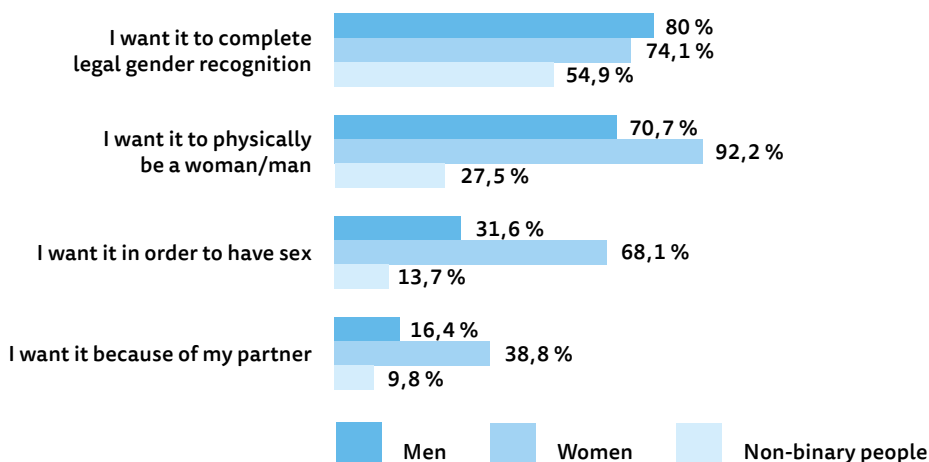
Men had the highest rate of agreement with the statement that they wanted surgery in order to complete the legal gender recognition process (80%). They also had the lowest rate of

Men had the highest rate of agreement with the statement that they wanted surgery in order to complete the legal gender recognition process (80%).

agreement with the statement that they didn't want surgery because they wanted to have children in the future (16%).

Once again, non-binary people had very different views. This was particularly noticeable in their answers to "I want this surgery in order to physically be a woman or a man" (28% agreed) and "I want this surgery in order to have sex" (14%). Non-binary people were the most in agreement with the reasons for not having surgery. See graph below.

One of the main criteria based on which people answered this section is whether the person in question wanted to have surgery, had already had surgery or didn't want to have it at all.



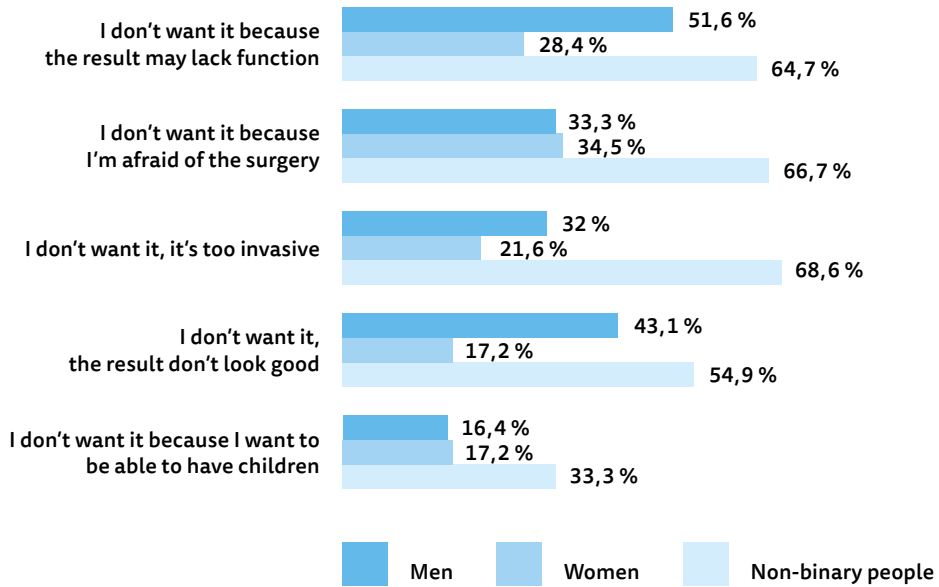
Graph 34: Rate of agreement with the following statements by gender identity

One of the main criteria based on which people answered this section is whether the person in question wanted to have surgery, had already had surgery or didn't want to have it at all.

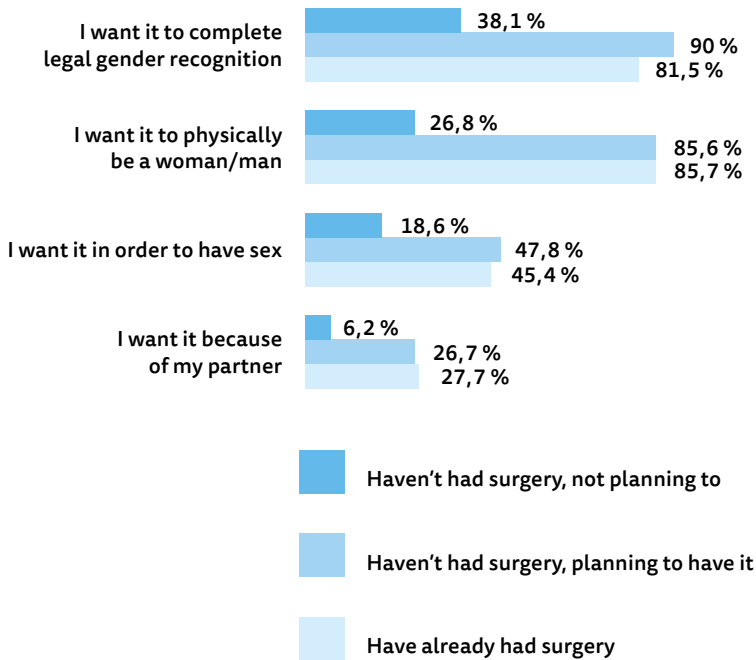
The group that stood out the most was that of those who didn't want to undergo surgery. This group agreed the most with the statement that "I don't want the surgery because it's too invasive" (78% agreed). They also agreed the least with the statement that they would want the surgery because of their partner (6%).

Those who said that they were planning to undergo surgery had the highest rate of agreement with the statement that they wanted the surgery in order to complete their legal gender recognition (90%) and that they wanted to physically be a man or a woman (86%). Their lowest rate of agreement was with the statement that they didn't want the surgery because they want to have children (11%).

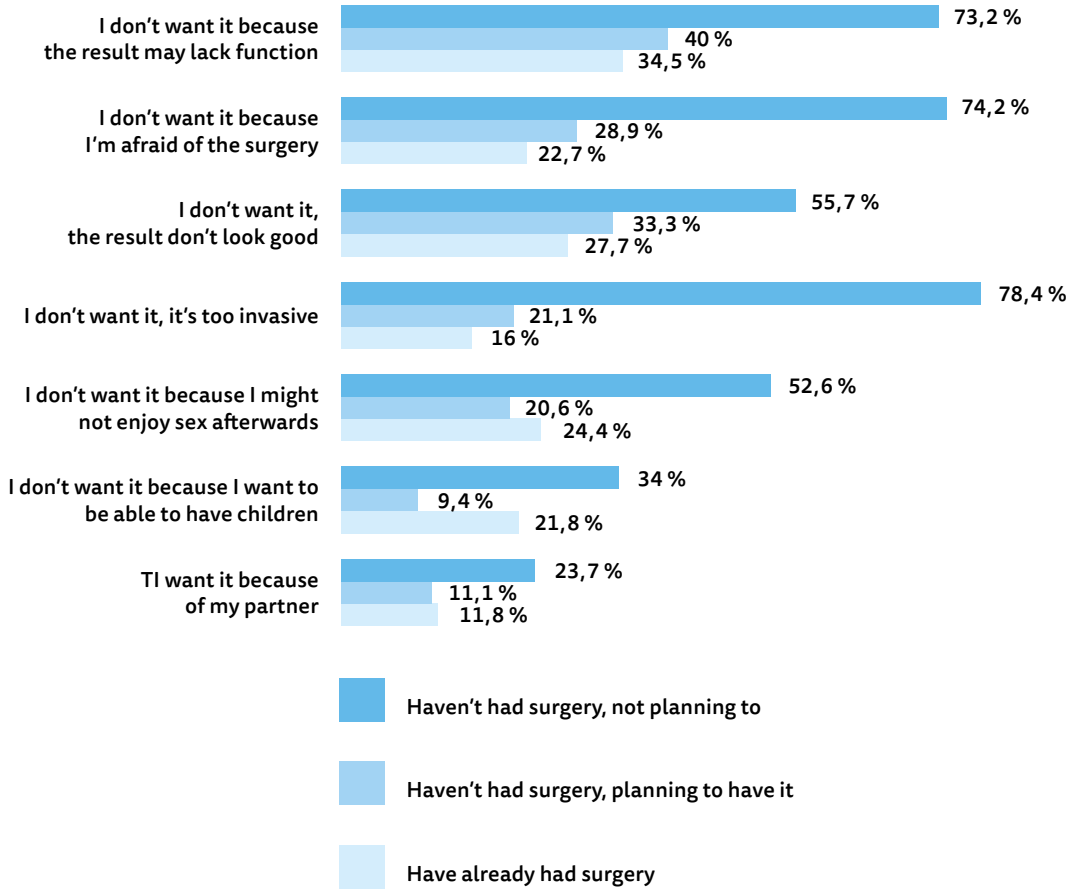
Those who had already had surgery agreed the most that they wanted to physically be women or men (86%). See graphs below for more details.



Graph 35: Rate of agreement with the following statements by gender identity



Graph 36: Reasons to undergo surgery based on whether respondents have had, want to have or don't want to have surgery

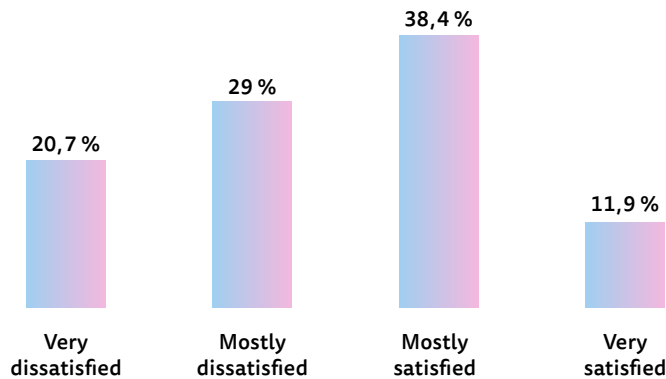


Graph 37: Reasons to not undergo surgery based on whether respondents have had, want to have or don't want to have surgery

Legal Gender Recognition

The focus of the last part of the survey conducted by Trans*parent was on possible changes to the legislation around legal gender recognition and how these changes would be perceived by trans people.

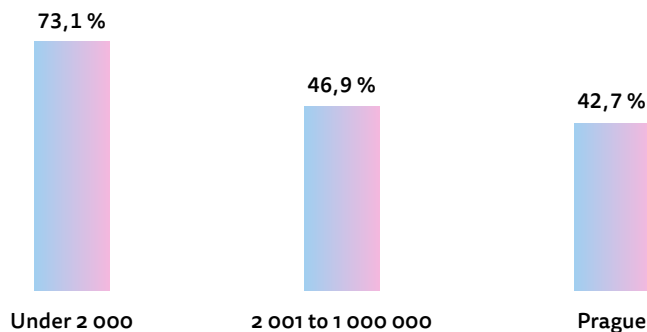
Overall satisfaction of respondents with the current situation around legal gender recognition in the Czech Republic was reported to be approximately 50/50. Half the respondents were dissatisfied with the current system while the other half was satisfied. The percentage of people who said they were 'very dissatisfied' was 21%, nearly twice the number of those who said they were 'very satisfied' (12%).



Graph 38: Satisfaction with the current system of legal gender recognition

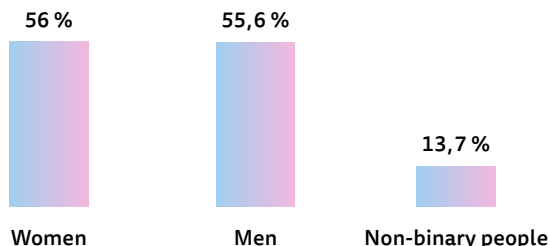
If we look at how various groups of participants answered this question, we can observe some differences based on the population of their home town, but there are also major differences if we look at their gender identity and their views on sterilization.

The highest rate of satisfaction with the current system was among respondents from the smallest towns (73% of those from towns with a population of under 2,000 were satisfied) and the lowest rate was among those living in Prague (43%).



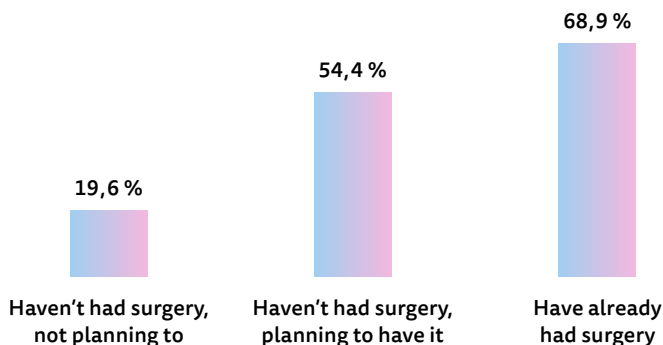
Graph 39: Satisfaction with the current system by population of home town

From the point of view of gender identity, those identifying as men and woman had an almost equal rate of satisfaction with the current system (56%). Non-binary people, however, were in stark contrast to them, with only 14% reporting satisfaction.



Graph 40: Satisfaction with the current system of legal gender recognition by gender identity

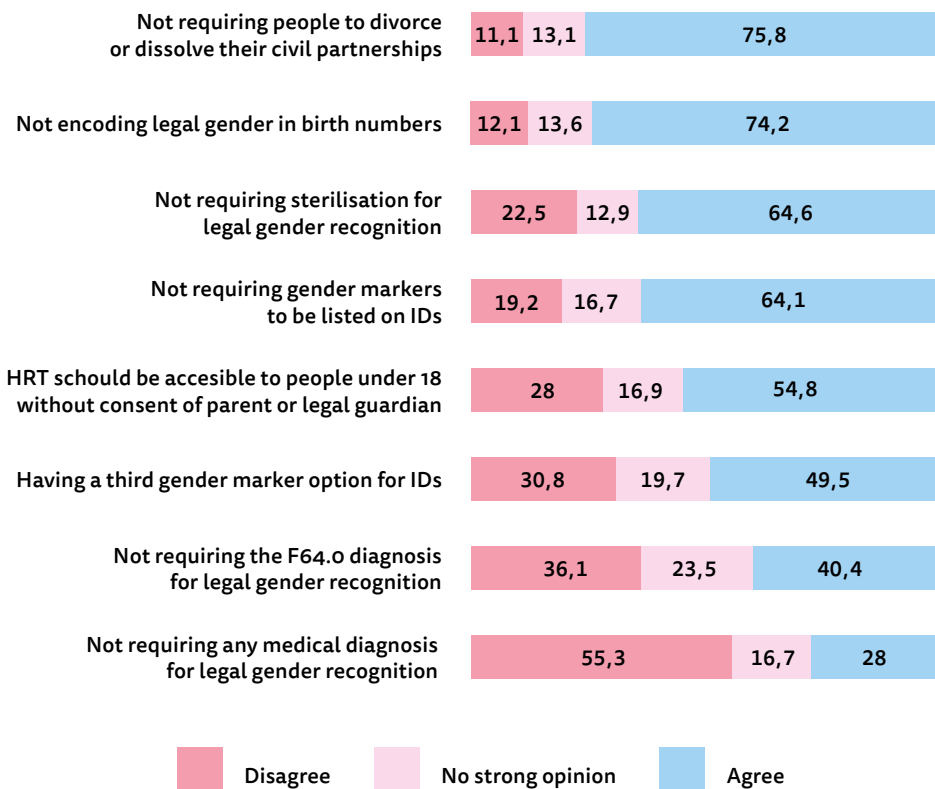
Another factor that had a strong effect on the response was that of personal views on gender confirmation surgeries. Respondents were separated into three groups: ‘Haven’t had surgery, not planning to’, ‘Haven’t had surgery, but planning to’ and ‘Have had surgery’. Those who had already undergone surgery were most content with the current system (69%), while those who haven’t and aren’t planning on doing so were least satisfied (20%). See graph below for details.



Graph 41: Satisfaction with the current system based on personal view of surgeries

People most agreed with removing the requirement of divorce or dissolution of civil partnership in order to be granted legal gender recognition followed by not having legal gender encoded in one’s birth number. More than half of the respondents also agreed that sterilization should not be a requirement for legal gender recognition.

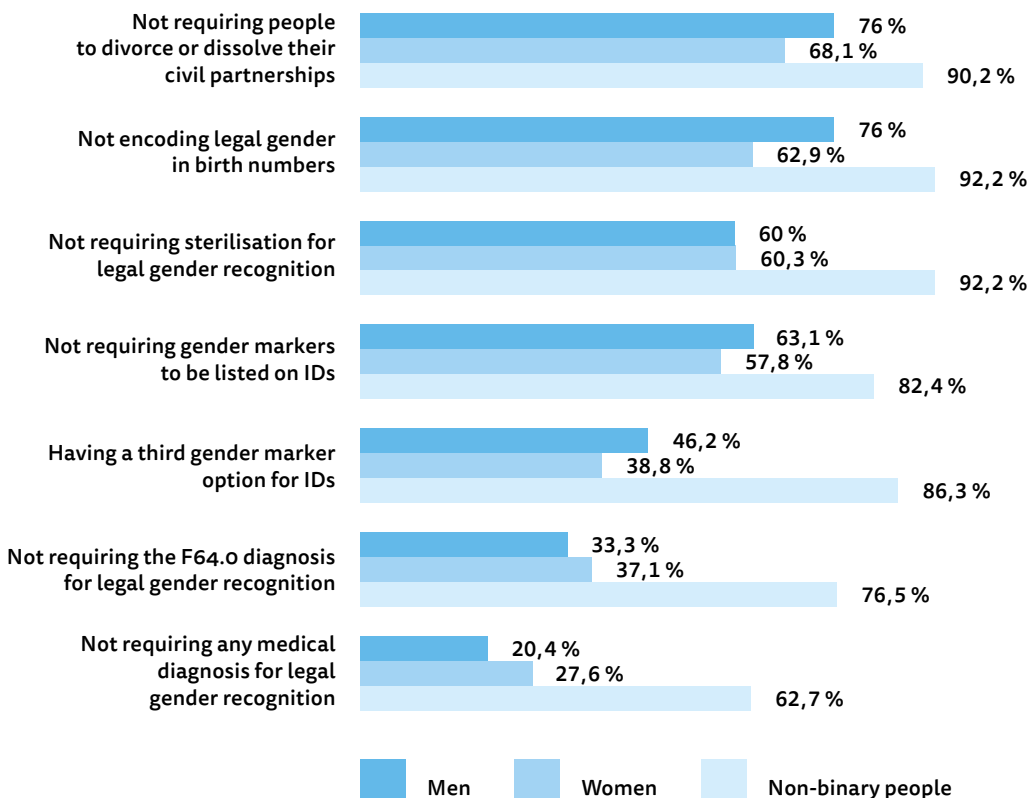
Question number 17 offered eight possible ways in which the current legislation around trans people could be changed. Of these, people most agreed with removing the requirement of divorce or dissolution of civil partnership in order to be granted legal gender recognition (76% agreed), followed by not having legal gender encoded in one’s birth number (74%). More than half of the respondents also agreed that sterilization should not be a requirement for legal gender recognition (65%), that nation-wide ID cards should not have gender markers listed on them (64%) and that HRT should be accessible to people under the age of 18 without the consent of a parent or legal guardian (55%). The option of legal gender recognition without the need of a medical diagnosis received the lowest amount of support (28%). There were some statistically significant differences in seven of the eight changes (see graph



Graph 42: Support for changes to legislation around trans people

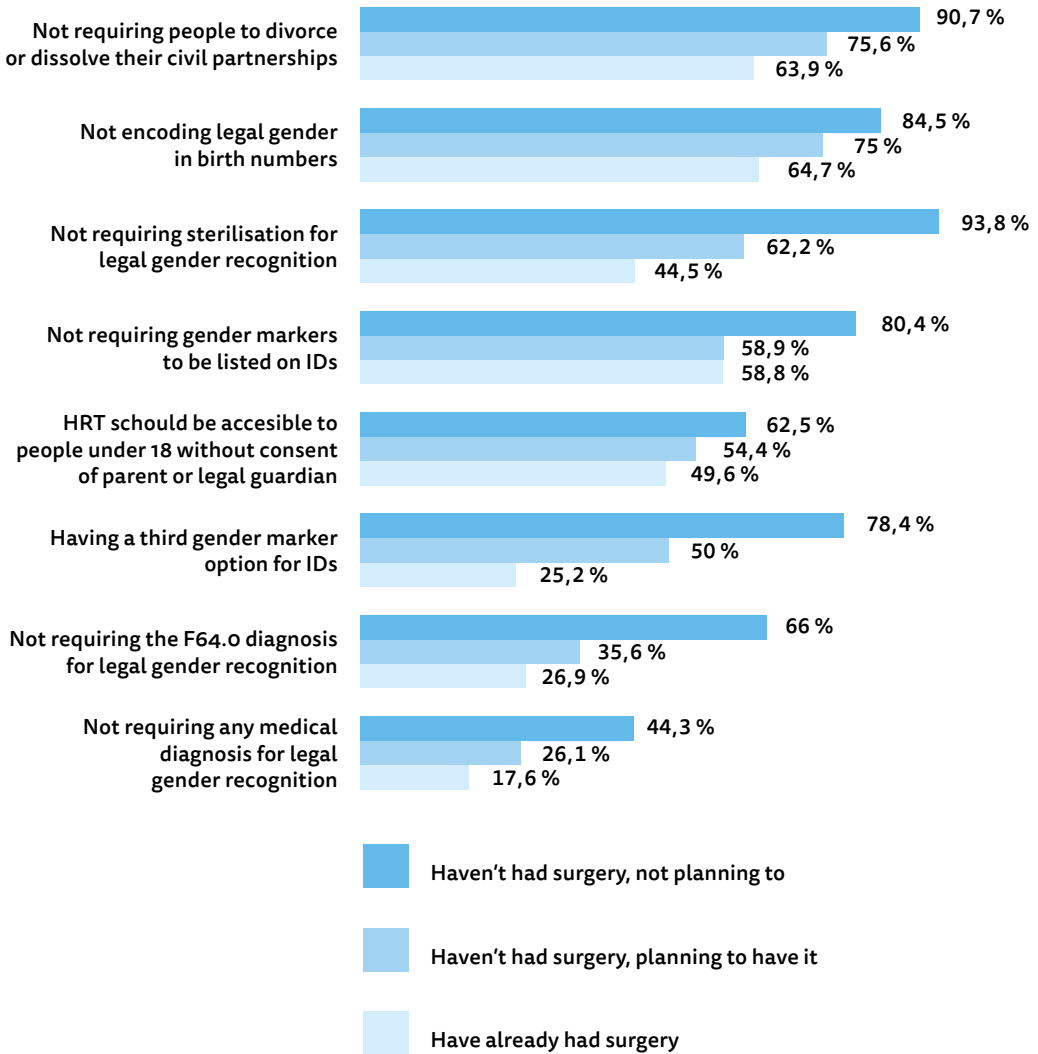
below) correlating to gender identity. In all cases, non-binary people had the highest rate of agreement, while the differences between men and women are negligible in this regard. The largest disparity between the answers of non-binary people and those of others was for: “Having a third gender marker option for IDs” (86% of non-binary people agreed, compared to 46% of men and 39% of women), “Not requiring the F64.0 diagnosis for legal gender recognition” (77% non-binary people, 33% men, 37% women) and “Not requiring any medical diagnosis for legal gender recognition” (63% non-binary people, 20% men, 28% women).

Looking at the data from the perspective of people’s views on gender confirmation surgeries, there were statistically significant differences in how each group answered for all of the listed suggestions. These followed a clear trend: those who had already undergone surgery or surgeries were the least likely to agree with the proposed changes while those who hadn’t had surgeries and were not planning on having them were the most supportive. Additional details in graph below.

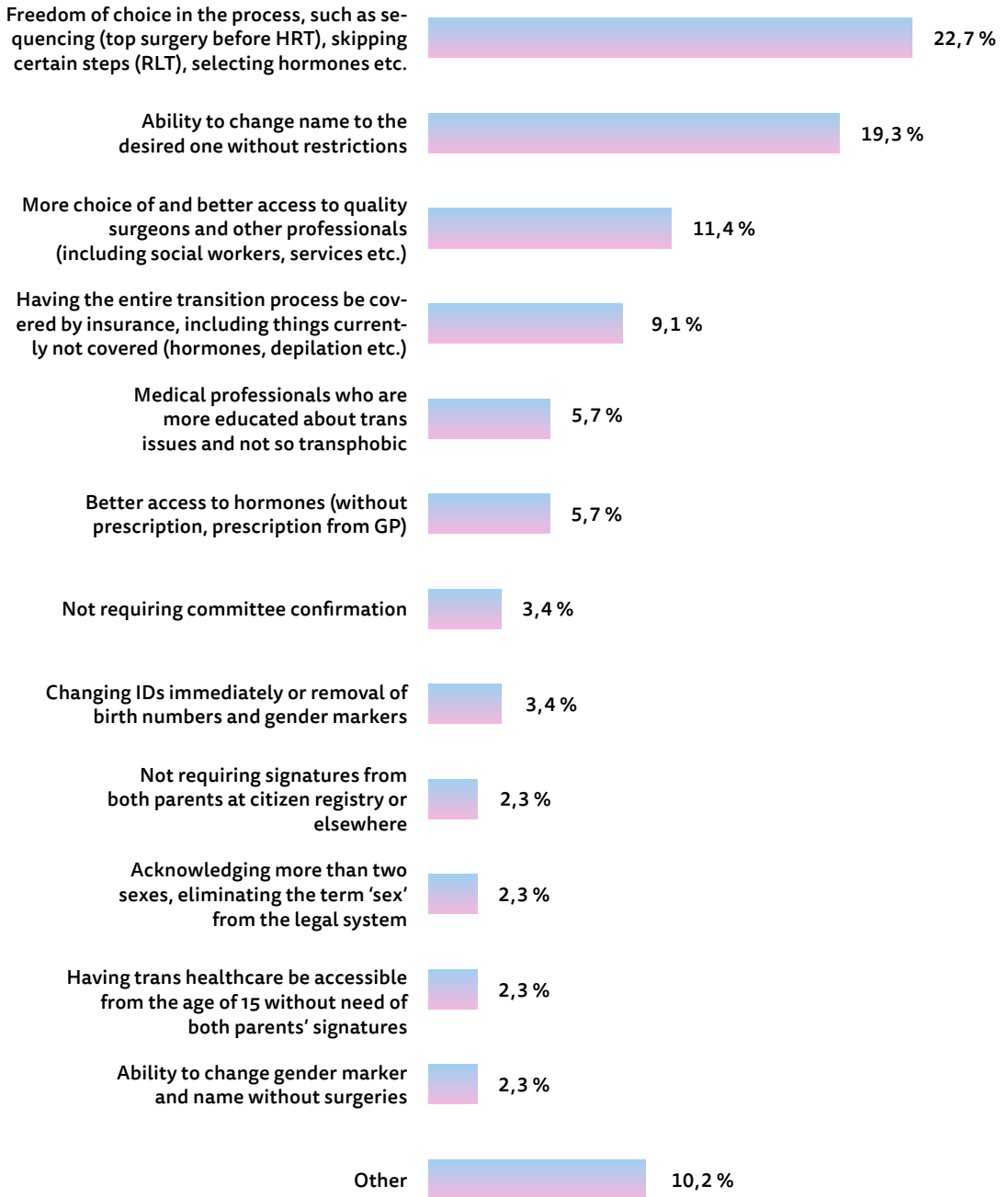


Graph 43: Agreement with changes to legal system by gender identity

Another part of question number 17 was an open space for people to write in other changes they would like to see. The most common demand listed (23%) was to have some freedom of choice in the transition process, rather than it being standardized for everybody, so that people could tailor it to their individual needs (undergoing certain surgeries even before HRT, selecting their own hormones etc.). This was followed by the ability to change one’s name to the desired name, without the requirement to change it first to a gender-neutral name (19%). Respondents also said they would welcome qualified and educated professionals, including social workers and others (11%) and greater involvement by insurance companies in the transition process, so that they would cover things like hormones, depilation etc. (9%). More details in graph below.



Graph 44: Agreement with suggested changes by views on GCS



Graph 45: Other changes suggested by respondents themselves

Selected additions to our suggested changes to the legislation concerning trans people:

- ‘Not having a fixed, almost universal, process of transition. Everybody needs to find themselves in their own way.’
- ‘I’m not entirely sure how transitioning works right now, but from what I understand, the procedure dictating the steps people must do and how they are ordered is set. I think that every trans person should choose on their own which things they want to do and the order in which they want to do them (in cases where that is possible).’
- “I would like transition-related medical care to be more accessible: doctors could prescribe HRT, surgeons, endocrinologists (and in general more doctors, not just in Prague). Stable access to hormones. Better education among doctors about gender. Better aesthetic results of surgeries, or at least consistently acceptable results, instead of surgeons sewing people’s nipples right under their chins or on their belly buttons. Chests that aren’t bumpy, etc.’
- “FtMs should have a way to decide in what order they want to undergo procedures (I can’t speak for MtFs, because I don’t know much about it). For example, people could decide whether they start hormones first or whether they get a reductive mammoplasty first. I personally dislike my feminine chest, but I’m not sure whether I want to do hormones. I would at personally prefer this exact option, where I would get to decide for myself what I do first, so that then I could see if this (having a different chest) is enough, or if it helps me decide that I’d like to start hormone therapy. I think that it would help me understand my own identity better and figure out what I want to do with my body. I feel trapped by the current prescribed procedure. I also dislike that plastic surgeons in the Czech Republic are transphobic in how they treat their patients and refuse to perform this surgery (with the patient paying for it) on FtM people who aren’t on hormones, even sometimes saying that it’s “disfiguring a (woman’s) body”.’
- ‘Having the ability to go straight to the final name (not everybody takes the transition all the way to the end, so should some people have to deal with a neutral pseudonym for the rest of their lives?’
- “My personal long-term ideal would be completely eliminating the category of sex from the legal system, with the exception of lists including things like “race, ethnicity, religion, etc.” Even the requirement to divorce/dissolve civil partnerships, I think the main issue is the fact that it’s a long process nonsensically decided by the courts (let courts spend years and subsequent battles over ownership, but a divorce could be effective the moment the other partner is informed about the desire to divorce. All this talk about having to sort out child custody is nonsense, considering how common children outside of marriage are.). Not that it should necessarily be permissible to go through a transition in the face of strong disagreement by the current partner. The formal side of transition should be just be about the potential change of first and last

“Not having a fixed, almost universal, process of transition. Everybody needs to find themselves in their own way.”

“Involvement of educated social workers in care systems who could help TS people in various life situations and with social integration involved. Psychologists and medical professionals don’t currently perform this important function.”

name (without the current legal barriers to which first name/last name people can have) and the “curing of congenital deformities” with which the person in question is unhappy.’

- “Involvement of educated social workers in care systems who could help TS people in various life situations and with social integration involved. Psychologists and medical professionals don’t currently perform this important function.”
- “There are difficulties with being recognized as a parent, even if you’re a biological parent. I don’t insist on listing two mothers on the birth certificate (which is biologically impossible anyway), but maybe I could be noted somewhere as a second parent and have all the parental rights and responsibilities. Right now, the state sees me as a complete stranger in relation to my own child.”
- “The option of signing an informed consent form, i.e. starting with HRT immediately (after the first visit to a sexologist), in exchange for the doctor being freed from responsibility for any side effects. The option to select what kind of procedure would be used for vaginoplasty. We could borrow techniques from abroad, which have been used for decades and have well-documented results.”
- “During my first appointment with a psychologist, the doctor asked me questions that I felt were irrelevant to my TS identity (especially those that had to do with masturbation and my sex life), and it made me very uncomfortable. I don’t think people need to go through that.”
- “We definitely need more accessible information so that kids could figure out sooner what’s happening with them, so that they don’t have to wait so long and have permanent changes happen to their bodies : (“
- “Changing certain official documents that were produced before legal conversion. This includes, for example, documents concerning disability benefits. If I asked for certain confirmations that have to do with the first decision about entitlement to benefits (before sex change), they only include the old information. The same goes for

“There are difficulties with being recognized as a parent, even if you’re a biological parent. I don’t insist on listing two mothers on the birth certificate, but maybe I could be noted somewhere as a second parent and have all the parental rights and responsibilities. Right now, the state sees me as a complete stranger in relation to my own child.”

confirmations of my student status at my university. I did receive a new diploma with the new information, but the confirmation of student status would only contain the old information. I'm currently abroad, so I don't really care. But otherwise, I would definitely get in touch with the ombudswoman.'

- "Ban the use of plethysmography, update the psychology "tests" – the psychologists could stop ridiculing their clients. Ban the requirement for people to sign an agreement at a psychiatrist's office that the surgeon (not the patient) gets to decide about the removal of a vagina, ban the totalitarian state committee, shorten the time it takes to transition, stop demanding people to change their name to a ridiculous neutral one."

What is important to add

In conclusion, we present answers to the last open-ended question inviting respondents to add anything that had not been mentioned in the survey, or any comment, message or feedback related thereto. The answers are divided into several thematic areas. Only linguistic and grammatical corrections have been made.

Sexology, medical, psychological and other services and support in general

- “I would like to see better support for parents and some possibility for parents to talk to people after transition, because this was what helped my parents most to get at least some grip on the issue. But that was only after six months.”

“It is impossible to talk with experts in this area openly. You always have to watch yourself so you don’t say anything that they would consider coloring outside the lines. They should understand that not all trans boys played only with cars as a child, and that not everyone is attracted to just one gender.”

- “I would like to comment on the support groups organized by the psychologist. They were demotivating because space was often given to issues caused by the participants themselves that should not be discussed publicly. I don’t talk about my personal problems with others. The information collected there was often moderated in a biased way to confirm the Czech medical routine. Other issues were censored. This is detrimental to the whole concept.”
- “Doctors should not be gatekeepers, the principle should not be based on the fact that you need to tell them what they want to hear to allow you to proceed with transition.”
- “The problem is that there are cis experts who “shout over” trans people because they believe that they know better what we want than us.”
- “It is impossible to talk with experts in this area openly. You always have to watch yourself so you don’t say anything that they would consider coloring outside the lines. They should understand that not all trans boys played only with cars as a child, and that not everyone is attracted to just one gender. Or to at least respect that to such an extent that if someone is different in this respect, it should not be an obstacle to transitioning.”
- “[I am bothered by] the badly structured process, when you know what answer is required and you are afraid to provide a correct answer because the experts think that it is in conflict with your trans identity.”
- “I truly see the doctors’ current approach as a problem. There is no individual ap-

proach toward me as a person... To relieve my concerns and build trust between myself (as a client) and my sexologist. It is crucial that the doctor's approach be professional and not based on stereotypes. I believe that Czech doctors don't understand the issue but because they are the only ones here, they feel that they understand better who we are than us. Many trans people then reproduce the doctors' stereotypical views, which creates a constant circulation of stereotypes. This is an effort to deform our uniqueness and individuality and to "cure us" based on the criteria of the "majority" society. For instance, my sexologist did not discuss the "final" surgery with me, but he wanted to see my mother (although I was 25 years old) to explain to her how the penis would be converted to a neo-vagina. My mother did not understand and did not want to know because she considers surgeries to be my own business and discretion. The sexologist automatically assumed something based on his typical "correct" criteria and me and my mother were just "nodding" in agreement, but we were both thinking something different... He did not expect at all that my mother had been informed about the issue and correctly understood that one's "body" is not always the main problem, but that transition for me was more about fulfilling a "female" role in society. We are often required "to comply with the roles of men and women better than CIS people". To be eligible to access hormonal treatment, I had to undergo an "examination of my whole body." Different doctors have different attitudes about this, which in itself is unbelievable, but nobody cares. The sterilization requirement, the inability to change the name to the final form, but a neutral malformation – I see this as an utterly revolting approach by the state, which attests to their absolute ignorance and misunderstanding of the transgender issue."

- "I would certainly appreciate having access to more information about trans issues. Although "I have been trans" for a couple of years now, and take active interest in the topic, I am still not sure how everything works, and therefore I am really afraid of transition and keep postponing it. It would also be great if there were more support groups for trans people. It would be useful to have information about the psychologists and sexologists who have experience with providing services to trans people without having to try and randomly visit those who still consider transsexuality an illness."
- "There is a box and support system and support groups for trans people who want to undergo surgery. I would be happy to have something for those who for some reasons decide to live in their original body without medical intervention. Maybe some sort of support."

Acceptance by others, self-acceptance, bullying, discrimination, etc.

- "It is quite sad that only a few people in Czechia are aware of what transsexuality entails. Or people only know very little from unreliable information sources, thereby creating big misunderstandings... (for example, repeated stereotypes)."
- "Little public awareness, people often see it as some sort of a sexual deviation or think the person is mentally disordered."

“I wish society would stop seeing us as inferior.”

- “Many people who often know nothing about our community and issues, or almost nothing, confuse the terms transsexual, transvestite, etc. I think it would be great to talk more openly about these issues, for example at schools, so that people know what it is about and such confusions don’t occur.”
- “I am happy that we have such an elaborate system that allows us going through a sex change. However, although I have the desired “M” in my documents, I am still afraid and sometimes I feel that I will live forever in fear and concerned that someone will find out and what the reaction will be... It is hard to face stupid reactions of others :- (“
- “I am personally most concerned about the fact that gender non-conforming appearance is related to bullying, physical and verbal attacks, discrimination, loss of employment and trouble finding one and with high levels of stress and fear for your own safety every day. It was scientifically confirmed that they result in shorter lifespan, and cause many diseases.”
- “I wish I could disappear. I wish I had a permanent shelter for those of us who have been rejected by their family. Every day, I am afraid to visit my “home”.”
- “I wish society would stop seeing us as inferior.”
- “I was in some conflict when answering question 3. I personally had a very positive experience during the entire process, and my friend also. But I know that in general, the experiences are not always positive and it also depends on whether you are FtM or MtF. Overall, I guess that as FtMs, we are perceived as much more acceptable than MtFs. In this respect, the general human small-mindedness is manifest more often and sadly not only in the society, but often also in the family, where it is most harmful.”
- “The attitude of the social majority, which often has no clue about what transsexuality (being transgender) entails, really bothers me. I feel bad about it. Particularly medical staff, who do not know how to treat trans people.”
- “As a man I didn’t see it, but I experienced it as a woman. Discrimination of women in the Czech Republic is a reality.”
- “I cannot accept how I was born. I have very low self-esteem. Sometimes I am extremely envious. I find it very unfair, and sometimes I think of committing suicide.”

Psychological and physical transition and related issues

- “Psychologically I was very relieved after transitioning, and my problems disappeared.”
- “There is a lot I have gone through in terms of transitioning, but it was worth it.”
- “I would appreciate the chance to have my own children in my “new” body (i.e. of course not using my original genitalia). This would mean a transplanted womb and perhaps ovaries. There have recently been successful medical experiments in womb

transplants, artificial insemination and the subsequent birth of a healthy child (I think even at the Czech hospital IKEM). So I think this should be available to MtFs. Not sure about FtMs, but I think that this option would also be appreciated.”

- “[What bothers me] is that I don’t have the possibility to have a child. My partner and I tried a couple of times, but it did not work out. We don’t have money to pay for a sperm bank. I think healthcare will be so developed (in 30 years) that reproductive organs will be completely transplanted and accepted by the body, giving one the option of having one’s own child.”
- “Based on my experience, the dosing of HRT in MtFs is not set correctly. Hormonal levels of estrogen are kept too high and testosterone levels are almost zero. This results in certain apathy and loss of life energy.”
- “A different way of creating a genital track, e.g.: penis transplant, implants.”
- “I am sorry that there is no good surgeon in the Czech Republic to specializing in metaoidioplasty.”
- “Transition in MtF, especially older people, considering the current support, is mainly a tragic life experience and more or less depressive mental burden for the future (not functioning sex life) and existentially harming (imperfect transformation, one can easily be read as a trans person).”

“Based on my experience, the dosing of HRT in MtFs is not set correctly. Hormonal levels of estrogen are kept too high and testosterone levels are almost zero. This results in certain apathy and loss of life energy.”

Non-binarity

- “Despite the current body, one feels to be either a man, or a woman... It is completely misguided and exhibitionist to think of oneself as of a man for a week (month, year) and switch to a woman the next. It is very harmful to real trans people and degrading to their lifelong fight, suffering and determination to live their one and true identity.”
- “I am also sorry that the majority society needs clearly defined polarity (woman or man and nothing in between), which puts unnecessary pressure on trans people. Personally, after 8 years of medical transition I can only now say that I have finally started to perceive (and accept) my feminine side, which I need and without which I am incomplete. During the research of transsexuality I would also focus on early childhood sexual trauma, or sexual abuse. Based on my personal experience as well as that of other trans people, this topic can be very beneficial in the process of accepting oneself. In any case, I don’t suggest that by dealing with sexual trauma, one can eliminate transsexuality. But it could at least lead to a better understanding of transsexuality. Anyway, I fear that the majority society could easily generalize and conclude that:

“sexual abuse in childhood causes transsexuality”. That’s why this issue requires a careful approach (with regard to trans persons as well).”

- “I know today that if I had stopped worrying about outside pressures, I would have only opted for top surgery, even though I feel binary and it is clear to me that I am a man. I don’t feel safe taking hormones, and sterilization caused some problems that I will be suffering from until the end of my life, only because of my own thinking that I would not be able to function in society otherwise. There is a lot of pressure from the sexologists and society.”
- “It would be great if sexologists stopped forcing people into binary categories. The gender spectrum is so varied...”
- “I currently present as an FtM man publicly and to most people in my close environment (including the sexologist), because non-binary identities are not well respected in the Czech Republic. I am worried that if I mention my identity to my sexologist, she will prevent me from accessing HRT and surgeries which help me feel comfortable in my body. I hope that it will be possible to go through transition as a non-binary person in the future.”
- “The transition model for FtM and MtF disturbs me. I feel greatly discriminated against and despairing because there is no chance for me to freely change gender to my natural one and officially live with it officially.”
- “I feel as if society is becoming more and more polarized in terms of gender than the other way around.”

Financial issues related to transition

- “For the love of god, try not to undermine the system of functioning insurance coverage. If I were selfish, I could say that twenty years after transition, I don’t care anymore. But I do care because of those who will come after.”
- “[I am bothered] about the price of hormones.”
- “[I am bothered] about the lack of coverage of treatment by the insurance company.”
- “The high cost of hormones bothers me. I didn’t choose this, I was born like this. Of course I would rather be born a man, full package, without having to go regularly for shots of testosterone. Alcoholics don’t have to pay for their stay in rehab and for alcohol abuse, as far as I know. And nobody forced them to drink alcohol. I don’t understand the system. On the other hand there are only a few countries in which surgeries are covered by the insurance company, as is the case in our country, which of course is positive.”
- “I would be happy to have more things covered by the insurance.”
- “As an MtF I would enjoy 50% coverage for breast augmentation :-)”
- “I only appreciate that the surgery here is covered by insurance, unlike in other countries where you pay a fortune...”

Legislative aspects of transition

- “I give 5 stars to the whole transition system and approach of the Czech doctors; I am happy to be living in a country where I can go through a full transition.”
- “I think that if young people go through transition, they rush everything and don’t want to accept what I believe are logical steps. Modern times and ideals make them want everything now and everything perfect, which is not possible.”
- “[I am bothered by] the attitude of some publicly known trans people in media and the efforts of some groups to change the rules without consulting this with the community.”
- “The more activism in media, the more my colleagues are afraid of me: our relationship used to be normal before. However, after the campaigns they are suddenly not sure whether I won’t have them fired by the HR department as part of political hyper-correctness. It does not help much to assure them that things are the same with me, only other people suddenly create a fuss about it.”
- “I highly appreciate the work of Trans*parent. I believe that in relation to some influential politician, the group could make life a lot better to many trans people, which it is actually already doing. It is great what you are doing for us :) Thank you.”
- “Although I have a confirmed diagnosis F64.0, I don’t see a reason why we should prove to some doctor that we are transsexuals. In fact, nobody actually understands how we are feeling, and how we perceive not only those around us or ourselves. But most of all, as far as I know, it never did matter (or at least should not matter) what anyone thinks, the most important thing should be how we are feeling and if we are convinced of our feelings. I find many transition-related laws too strict, and major amendments should definitely be made.”
- “The so-called committee needs to be disbanded and the Czech sexologists need to let go of their 1950s mindset.”
- “I consider The Real Life Test extremely humiliating and I wish we could do without it.”
- “I consider the Real Life Test to be a substantial part of transition which should take at least one year and precede surgical treatment, however, it should not be a condition for diagnosis, HRT or the change of legal name and sex (which is not possible under the currently applicable legislation). The committee is useful because surgical intervention is irreversible. The issue, however, is the functionality, because it may then hinder the access to surgical treatment to persons who really need them and often allow this treatment to those who might not be aware of their impact and are unhappy with the result which is irreversible. According to ICD 11, the diagnosis F64.0 will be replaced by diagnosis HA60, within which, I believe, many non-binary persons will be categorized. Therefore, I consider the fact that legal gender recognition will be based on a diagnosis as a reasonable and justified condition. (Such legislation is currently non-existent and should be enacted as soon as possible.)”
- “Sexual orientation is not an important aspect during transition (or any other time) – it is absolutely pointless, so I don’t find it appropriate to place so much emphasis

on it, as it is the case during the initial psychological exam required to commence treatment. I would also like to mention that Prague is a completely different universe compared to the rest of the Czech Republic, and what you can expect in Prague is often out of the question elsewhere (hormonal treatment up to 18 years of age, attitude of civil servants, doctors, etc.) and it could be easily solved only by unifying the approach across the country – civil servants/doctors from different regions would compare their charts.”

“Although I have a confirmed diagnosis F64.0, I don’t see a reason why we should prove to some doctor that we are transsexuals. In fact, nobody actually understands how we are feeling, and how we perceive not only those around us or ourselves.”

In Conclusion

Any research which aims to provide a report on human feelings and decision-making should take into consideration the social context in which it is conducted. This applies particularly to topics that are stigmatized, pathologized or considered taboo. Among these is certainly the issue of gender identity. This report is the fruit of our efforts to contribute to a shift in perspective regarding trans and non-binary people in the Czech Republic, moving the focus from the sphere of perpetuated myths and outdated information to the lived reality of those concerned.

The prevailing attitude towards trans people as mentally challenged and unable to “objectively” assess their own identities has a real negative impact on their lives. Lack of respect toward trans people leads to their increasing feelings of dysphoria, ignorance and suppression of individual needs. Last but not least, it causes problems when planning an individual's care during transition, particularly by the medical establishment setting unrealistic expectations for trans clients. This attitude contributes to a low quality of expert care. This perspective is then reflected on the legislative level and publicly in how the majority society perceives the transgender minority.

The reflection at the end of the report indicates that we are aware of the fact that trans people in Czechia often see themselves through the same lens as that of the medical experts and the general public. However, it is clear that any shift towards better-informed healthcare and legislation must stem from trans and non-binary people's understanding of their own situations – their experiences, needs, what they appreciate and what they find lacking in social reality and social, legal and medical services.

This report is one of the first steps towards a new and more informed expert and legislative debate regarding trans people, their situation and their position in Czech society.

Mgr. Helena Zikmundová on behalf of Transparent z.s.

APPENDIX 1

Glossary

Cis(gender) identity – when one’s gender identity aligns with the sex they were assigned at birth – e.g. a person who was assigned male at birth, raised as a man and considers himself a man;

Gatekeeping – any requirement which controls access to resources for transgender people. It is often used in regards to transition, where there are strict formal requirements one must fulfil in order for one’s transition to be acknowledged medically or legally;

Misgendering – referring to people using the wrong pronouns or gendered language (may happen out of ignorance, carelessness or challenging/seeking confrontation);

Non-binary gender identity (agender, bigender, genderfluid, etc.) – when one’s internal sense of gender falls outside the categories of ‘man’ and ‘woman’. Non-binary people are extremely diverse in terms of their identities and may be fluid or rigid in terms of their gender;

Passing – when a trans person is accepted without question as their true gender; automatic recognition as the gender with which one identifies;

Sex – an approximate biological definition determined by certain physical features, on the basis of which people are typically separated into the categories of “male” and “female” at birth;

Gender – one’s internal understanding of themselves connected to certain cultural/social roles and wholly independent of one’s sex;

Transgender, trans, trans* – one whose gender identity is incongruous with the sex they were assigned at birth. The terms “trans” and “transgender” are used exclusively as adjectives;

Trans(gender) woman, trans(gender) man – terms that can be used when speaking of someone’s trans experience;

Transition – the process of acquiring the visual characteristics, physical features and social role in accordance with a person’s gender identity (may include name change, pronoun change, change in appearance, etc.). In the Czech Republic, medical transition is governed by Act No. 373/2011 Coll. on Specific Healthcare Services, Sections 21-23; required conditions for surgical interventions stipulated therein: minimum age 18, mental health diagnosis, dissolution of marriage or civil partnership, written application and approval from an expert committee. Although adopting a transitional neutral name is not a legal requirement, it is arbitrarily required by the expert committee.

APPENDIX 2

Socio-demographic profile of the respondents

Age	
Minimum	13
Maximum	60
Average	25,6
Standard deviation	9,5

Identity	Number	%
Agender	1	0,3
Genderfluid	1	0,3
Intersex	3	0,8
Man	21	5,3
Non-binary person	25	6,3
Non-binary, trans man	16	4,0
Non-binary, trans woman	8	2,0
Trans man (FtM)	204	51,5
Trans woman (MtF)	100	25,3
Trans* person	1	0,3
Woman	16	4,0
Total	396	100,0

Population of hometown	Number	%
Up to 2 000 inhabitants	67	16,9
2 001 – 20 000 inhabitants	90	22,7
20 001 – 50 000 inhabitants	45	11,4
50 001 – 100 000 inhabitants	44	11,1
100 001 – 1 000 000 inhabitants	47	11,9
Over 1 000 000 inhabitants	103	26,0
Total	396	100,0

Education	Number	%
Elementary (whether completed or not)	110	27,8
High school without "Maturita" exam	37	9,3
High school with "Maturita" exam	163	41,2
Tertiary professional school or university	86	21,7
Total	396	100,0

APPENDIX 3

The Hopes and Fears of Trans People in the Czech Republic – Research Survey

Thank you for responding to our research survey aimed at mapping the hopes and fears of trans people living in the Czech Republic, completed by individuals whose gender identity differs from their sex assigned at birth. The survey is conducted by Trans*parent, an organization which supports trans people in the Czech Republic and strives for the enhancement of their quality of life.

The goal of the research is to map the hopes and fears of trans and non-binary people and determine their satisfaction with the system of transition in the Czech Republic. The results will be published on Trans*parent’s website in the fall of 2018 or sent to you via e-mail by request – please contact info@transparentprague.cz. The findings will be used as a reference source for further negotiations leading towards the enhancement of the quality of life of trans people in the Czech Republic as well as for an awareness-raising campaign. Therefore it is very important for us to learn more about your opinions and attitudes. We are indeed aware of the fact that opinions and views change over time; we are interested in your views at this moment in time.

Please feel free to distribute this survey among other trans people. Completing the survey takes approximately 20 minutes. All of the provided information will be kept anonymous and used only for data processing purposes.

Trans*parent
www.jsmettransparent.cz

1. How do you feel as a trans person living in the Czech Republic?

- 1) I don’t feel good here at all
- 2) I don’t feel very good here
- 3) I feel somewhat good here
- 4) I feel absolutely great here

2. If there is something that makes your life difficult, please specify:

.....

.....

.....

.....

.....

.....

3. What effect does one's trans identity have on the following aspects of their life?

(Please choose the closest rating using the following scale: 1 = very negative, 2 = generally negative, 3 = neutral, 4 = generally positive, 5 = very positive, 9 = I don't know/I can't say)

a) Family relationships	1	2	3	4	5	9
b) Romantic relationships	1	2	3	4	5	9
c) General relationships with people	1	2	3	4	5	9
d) Financial situation	1	2	3	4	5	9
e) Work and career	1	2	3	4	5	9
f) School	1	2	3	4	5	9
g) Degree of others' personal tolerance and understanding	1	2	3	4	5	9
h) Quality of healthcare	1	2	3	4	5	9
i) Life satisfaction	1	2	3	4	5	9
j) Using public restrooms	1	2	3	4	5	9
k) Visiting public exercise facilities (pools/fitness centers/locker rooms...)	1	2	3	4	5	9

4. Are you generally satisfied with the system of legal gender recognition in the Czech Republic?

- 1) Very dissatisfied
- 2) Generally dissatisfied
- 3) Generally satisfied
- 4) Very satisfied

5. How do you view the following current legislation governing legal gender recognition in the Czech Republic?

(Please rate each statement using the following scale: 1 = very inadequate, 2 = generally inadequate, 3 generally adequate, 4 = very adequate, 9 = I don't know, I can't tell.)

a) Real Life Test requirement	1	2	3	4	9
b) Inability to change name directly to its final form	1	2	3	4	9
c) Requirement to request mental health diagnosis F64.0	1	2	3	4	9
d) Requirement to stand in front of a committee	1	2	3	4	9
e) Requirement to get divorced/dissolve registered partnership for legal gender recognition	1	2	3	4	9
f) Requirement of genital surgical intervention for legal gender recognition	1	2	3	4	9
g) Requirement to undergo sterilization for legal gender recognition	1	2	3	4	9

6. How satisfied are you with the following doctors, services, persons?

(Please rate each statement using the following scale: 1 = very dissatisfied, 2 = generally dissatisfied, 3 = generally satisfied, 4 = very satisfied, 9 = I can't tell, I have no experience.)

a) Treatment by current sexologist	1	2	3	4	9
b) Treatment by other transition-related medical professionals	1	2	3	4	9
c) Treatment by surgeon	1	2	3	4	9
d) Treatment by psychologist during transition-related examinations	1	2	3	4	9
e) Treatment by current general practitioner	1	2	3	4	9
f) Support group at sexologist's office	1	2	3	4	9
g) Support group unaffiliated with sexologist	1	2	3	4	9
h) Support from family (parents, grandparents, siblings)	1	2	3	4	9
i) Support from romantic partner	1	2	3	4	9
j) Support from friends	1	2	3	4	9
k) Psychotherapy unaffiliated with transition examinations	1	2	3	4	9
l) Government officials	1	2	3	4	9
m) Access to hormones	1	2	3	4	9
n) Treatment by teachers	1	2	3	4	9
o) Treatment by employers	1	2	3	4	9
p) Treatment by classmates, co-workers	1	2	3	4	9

7. How would you rate the length of the following individual stages (in your own case)?

(Please rate each statement using the following scale: 1 = too long, 2 = just right, 3 = too short, 9 = I don't know/I can't say.)

a) Time before first sexologist appointment	1	2	3	9
b) Real Life Test	1	2	3	9
c) Diagnostic phase before HRT	1	2	3	9
d) Time before going to committee	1	2	3	9

8. How did people react to your coming out as trans?

(Please rate each statement using the following scale: 1 = very negatively, 2 = generally negatively, 3 = neutrally, 4 = generally positively, 5 = very positively, 9 = I have not told them.)

a) Romantic partner, spouse	1	2	3	4	5	9
b) Mother	1	2	3	4	5	9
c) Father	1	2	3	4	5	9
d) Children	1	2	3	4	5	9
e) Other family members	1	2	3	4	5	9
f) Friends	1	2	3	4	5	9

g) Colleagues, classmates	1	2	3	4	5	9
h) Employers	1	2	3	4	5	9

9. Have you experienced bullying, discrimination or degrading treatment in reaction to your gender identity in the following environments? (You can choose multiple answers.)

- 1) Family
- 2) At school
- 3) At work
- 4) At a doctor or in the hospital
- 5) By the police
- 6) By the sexologist
- 7) By the psychologist
- 8) Somewhere else? Please specify:

.....

10. How open are you about your trans identity?

(Please select the closest statement.)

- 1) I don't tell anyone or only very rarely
- 2) I occasionally tell people
- 3) I've told many people who know me
- 4) I don't hide it from anybody, it's a part of who I am

11. I consider transgender identity to be:

(Please select the closest option, or add your own.)

- 1) A mental illness or disorder
- 2) An in-born disorder or disability
- 3) A part of the gender spectrum
- 4) Other, please specify:

.....

12. At what age did you become aware of your trans or non-binary identity? Please provide your closest estimate:

13. What are your goals during transition?

(Choose as many answers as apply.)

- 1) Nothing yet or nothing anymore
- 2) HRT
- 3) Change name to neutral name
- 4) Mastectomy
- 5) Oophorectomy/Orchiectomy
- 6) Hysterectomy/Penectomy

- 7) Metaoidioplasty
 - 8) Phalloplasty/Vaginoplasty
 - 9) Chondrolaryngoplasty
 - 10) Change of name to final form
 - 11) Change of gender marker in documents
 - 12) Something else, please specify:
-

14. Which stages of transition have you already completed or are you currently undergoing?

(Choose as many answers as apply.)

- 1) Nothing so far
 - 2) Visiting a sexologist
 - 3) Real Life Test
 - 4) Hormone therapy
 - 5) Change of name to neutral form
 - 6) Mastectomy
 - 7) Oophorectomy/Orchiectomy
 - 8) Hysterectomy
 - 9) Metaoidioplasty
 - 10) Phalloplasty/Vaginoplasty
 - 11) Chondrolaryngoplasty
 - 12) Change of name to final form
 - 13) Change of gender marker in documents
 - 14) Other, please specify:
-

15. How satisfied are you with the accessibility of the following:

(Please rate each statement using the following scale: 1 = completely dissatisfied, 2 = generally dissatisfied, 3 = generally satisfied, 4 = completely satisfied, 9 = I can't say/I don't use.)

- | | | | | | |
|---|---|---|---|---|---|
| a) Transition-related medical care | 1 | 2 | 3 | 4 | 9 |
| b) Care provided by sexologist | 1 | 2 | 3 | 4 | 9 |
| c) Psychological services for trans people | 1 | 2 | 3 | 4 | 9 |
| d) Products for modifying one's body
(binders, etc.) | 1 | 2 | 3 | 4 | 9 |

16. Is there something specific you are afraid of during transition?

- 1) No
 - 2) Yes (please specify):
-
-
-

17. Which changes in the current system of legal gender recognition in the Czech Republic would you support?

(Please rate each statement using the following scale: 1 = absolutely disagree, 2 = generally disagree, 3 = no strong opinion, 4 = generally agree, 5 = definitely agree.)

- | | | | | | |
|---|---|---|---|---|---|
| a) Ending the requirement for the F64.0 mental health diagnosis for LGR | 1 | 2 | 3 | 4 | 5 |
| b) Ending the requirement for medical diagnosis for LGR | 1 | 2 | 3 | 4 | 5 |
| c) Ending the requirement for sterilization for LGR | 1 | 2 | 3 | 4 | 5 |
| d) Ending the requirement for divorce or dissolution of civil partnership | 1 | 2 | 3 | 4 | 5 |
| e) Introducing a third gender marker option for IDs | 1 | 2 | 3 | 4 | 5 |
| f) Ending the requirement for gender markers on personal identification documents | 1 | 2 | 3 | 4 | 5 |
| g) Ending the practice of encoding legal gender in birth numbers | 1 | 2 | 3 | 4 | 5 |
| h) Making HRT accessible to people under 18 without the consent of one's legal guardian | 1 | 2 | 3 | 4 | 5 |
| i) Something else, please specify: | | | | | |

18. What is your personal opinion on the Czech Republic's required sterilization and reproductive organ removal for legal gender recognition? Please indicate to what extent the following statements are in line with your view.

(Please rate each statement using the following scale: 1 = absolutely disagree, 2 = generally disagree, 3 = generally agree, 4 = definitely agree.)

- | | | | | |
|---|---|---|---|---|
| a) I want surgery so I physically qualify as a man/woman | 1 | 2 | 3 | 4 |
| b) I want surgery to satisfy my partner | 1 | 2 | 3 | 4 |
| c) I want surgery so I can have sex | 1 | 2 | 3 | 4 |
| d) I want surgery to satisfy legal gender recognition requirements | 1 | 2 | 3 | 4 |
| e) I don't want surgery because I want to be able to have children | 1 | 2 | 3 | 4 |
| f) I don't want surgery because it is too invasive | 1 | 2 | 3 | 4 |
| g) I don't want surgery because the results don't look good | 1 | 2 | 3 | 4 |
| h) I don't want surgery because it may not work | 1 | 2 | 3 | 4 |
| i) I don't want surgery because my partner doesn't want me to have it | 1 | 2 | 3 | 4 |

- | | | | | |
|---|---|---|---|---|
| j) I don't want surgery because I'm afraid of it | 1 | 2 | 3 | 4 |
| k) I don't want surgery because
I might not enjoy sex afterwards | 1 | 2 | 3 | 4 |

If you haven't yet started to visit a sexologist or haven't received diagnosis F64.0, please skip to question 21.

19. Have you changed sexologists, and if so, why?

(Choose as many answers as apply.)

- 1) I haven't had a reason to
- 2) I haven't yet, but I am considering it
- 3) I was dissatisfied with the previous one
- 4) My sexologist stopped serving me
- 5) Other reasons:

.....

.....

20. What questioning or procedures were mandated in your case to enable your access to HRT or establish F64.0 diagnosis?

(Please rate each option on the following scale: 1 = was required to gain access to HRT, 2 = was required to establish F64.0 diagnosis, 3 = was not required, 4 = I don't know, I don't remember; choose as many answers as apply.)

- | | | | | |
|--|---|---|---|---|
| a) Questions about sexual orientation | 1 | 2 | 3 | 4 |
| b) Questions about sexual behaviour | 1 | 2 | 3 | 4 |
| c) Questions about childhood toy preferences | 1 | 2 | 3 | 4 |
| d) Real Life Test | 1 | 2 | 3 | 4 |
| e) Measurement of sexual arousal
(e.g. penile plethysmograph) | 1 | 2 | 3 | 4 |
| f) Interviewing parents or loved ones | 1 | 2 | 3 | 4 |
| g) Gynaecological/urological exam | 1 | 2 | 3 | 4 |
| h) Endocrinology exam | 1 | 2 | 3 | 4 |
| i) Psychological exam | 1 | 2 | 3 | 4 |
| j) Psychiatric exam | 1 | 2 | 3 | 4 |
| k) General practitioner exam | 1 | 2 | 3 | 4 |
| l) Visual full-body inspection by sexologist | 1 | 2 | 3 | 4 |
| m) Full-body palpation by sexologist | 1 | 2 | 3 | 4 |
| n) Something else, please specify: | | | | |

.....

.....

21. To what extent do you agree with the following statement: “If I could go back, I would not undergo one or more surgeries related to my transition”?

- 1) I cannot say as I have not (yet) undergone any surgeries
- 2) Strongly disagree
- 3) Generally disagree
- 4) Generally agree
- 5) Strongly agree

The following question is related to vaginoplasty/phalloplasty. If you haven't undergone either of these surgeries, please skip to question 23.

22.1 How satisfied are you with your neovagina/neophallus?

- 1) Very dissatisfied
- 2) Generally dissatisfied
- 3) Generally satisfied
- 4) Very satisfied

22.2 Please describe your specific areas of satisfaction or dissatisfaction.

.....

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23. What is the population of your current hometown?

- 1) Up to 2,000 inhabitants
- 2) 2 001 – 20,000 inhabitants
- 3) 20 001 – 50,000 inhabitants
- 4) 50 001 – 100,000 inhabitants
- 5) Over 100,000 inhabitants

24. What is your highest attained level of education?

- 1) Elementary (completed or not)
- 2) High school without Maturita (graduation) exam
- 3) High school with Maturita (graduation) exam
- 4) University or tertiary professional school

25. How old are you?

26. You identify as:

(You can choose multiple options.)

- 1) Trans woman (MtF)
- 2) Trans man (FtM)
- 3) Non-binary person

- 4) Intersex person
- 5) Other – please specify:

.....

27. Is there something that has not been covered in this survey that you would like to share? Please tell us here:

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Thank you for your time!

Trans*parent

- We **create a safe space** for transgender and non-cis people to meet and share experiences and mutual support.
- We **organize support** groups for adults and teenagers and offer individual psychological, social and legal counselling free of charge.
 - We **raise awareness** regarding transgender issues via discussions, workshops and an online presentation.
 - We **work with media** and the public to create a positive, realistic and unbiased representation of transgender people and their lives.
 - We **open dialogue** on current topics related to trans issues, organize discussions, events and meetings both within the community and among the general public.
- We **maintain an active and collaborative community** of non-cis people, with a diversity of identities, supporting trans activism.

Trans*parent strives for the empowerment,
social justice, promotion of rights and positive social changes
for the benefit of trans men, trans women and non-binary people.

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Hopes and Fears of Trans People

*Final report from a survey conducted by Trans*parent in 2018*

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