Inter-Regional Social Movement ‘Russian LGBT Network’

AN ALTERNATIVE REPORT

DISCRIMINATION ON GROUNDS OF SEXUAL ORIENTATION AND GENDER IDENTITY IN HEALTH CARE, EDUCATION, EMPLOYMENT AND SOCIAL SECURITY IN THE RUSSIAN FEDERATION

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Executive Summary

Despite participation of the Russian Federation in many international treaties, including the ICESCR, which stipulate the principle of equal rights for all people, and operation of general non-discrimination constitutional norm, lesbians, gays, bisexual and transgender (LGBT) people in Russia are constantly and in different spheres (including, for example, health care, education, employment and social security) faced with discrimination and violence.

This report raises problems related to the lack of any norm explicitly guaranteeing non-discrimination on grounds of sexual orientation and gender identity in the Russian legislation, as well as problems of the uncertainty of the procedure for change of transsexual persons’ civil gender, which leads to further discrimination in employment, education and health care. Discriminative treatment in the field of employment and cases of violation of the employees’ rights to respect for private life by employers are also highlighted by the paper. In social security sphere an emphasis is laid on non-covering of most medical expenses associated with transsexuality by the state funds, and on de facto exclusion of LGBT families members from most programmes of pension and benefits related to family status. The problem of special insecurity of LGBT persons subjected to domestic violence is actualised in the report. An extremely low regional availability of high-quality medical services which are necessary for transsexual people is marked. It is also pointed out that in education and academy sexual orientation and gender identity issues are either absolutely absent or receive inadequate representation. Lastly, the report emphasises unceasing attempts to justify restrictions of LGBT people’s rights to access to cultural values, to freedom of expression, as well as to freedom of assembly and association by an appeal to the Russian cultural and religious peculiarities.

Specific recommendations for the Russian Government aimed at actual de jure and de facto equality of economic, social and cultural rights of all people regardless of their sexual orientation and gender identity are formulated on the basis of the research results. These recommendations could be taken into account when developing the concluding observations of the CESCR after examination of the fifth periodic report of the Russian Federation.
Key Terms

*LGBT* is an abbreviation for lesbian, gay, bisexual and transgender people.

*Gender identity* refers to each person’s deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth, including the personal sense of the body (which may involve, if freely chosen, modification of bodily appearance or function by medical, surgical or other means) and other expressions of gender, including dress, speech and mannerisms (The Yogyakarta Principles).¹

*Sexual orientation* refers to each person’s capacity for profound emotional, affectional and sexual attraction to, and intimate and sexual relations with, individuals of a different gender or the same gender or more than one gender (The Yogyakarta Principles).

*Transsexual person* is a person whose gender identity is opposite to the sex assigned at birth, and who desires to bring his or her body in accordance with the preferred gender - usually by the means of hormonal and surgical correction.²

*Transsexual woman (MtF, male-to-female)* is a person who was born into a male body but identifies as a woman.

*Transsexual man (FtM, female-to-male)* is a person who was born into a female body but has a male identity.

*Transsexualism* is a medical diagnosis in the International Statistical Classification of Diseases and Related Health Problems (ICD-10) coded F64.0 that falls under the category of gender identity disorders in the class of mental and behavioural disorders.

*Transsexuality* is a state of conflict between biological sex and gender identity of a person characterized by the desire to bring one’s body in line with one’s gender identity.

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**General prohibition of discrimination – art. 2, para. 2, of the ICESCR**

The States Parties to the present Covenant undertake to guarantee that the rights enunciated in the present Covenant will be exercised without discrimination of any kind as to race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status (art. 2, para. 2, of the ICESCR).

As was explained by the CESCR, “Other status” as recognized in article 2, paragraph 2, includes sexual orientation. States parties should ensure that a person’s sexual orientation is not a barrier to realizing Covenant rights, for example, in accessing survivor’s pension rights. In addition, gender identity is recognized as among the prohibited grounds of discrimination; for example, persons who are transgender, transsexual or intersex often face serious human rights violations, such as harassment in schools or in the workplace (para. 32 of the General comment No. 20). At the same time, it is highlighted that discrimination could be encountered in different spheres – ‘in families, workplaces, and other sectors of society’ (para. 11 of the General comment No. 20).

Proper observance of LGBT people’s human rights should be ensured by the Russian Federation according to a number of its international obligations under treaties on human rights in which it participates.

Thus, the problems of violation of the rights, discrimination and violence against LGBT people in Russia were pointed out in the alternative reports submitted for the UN Human Rights Committee in 2009,¹ and for the CEDAW Committee in 2010.² The both Committees have expressed their concern about these problems in the concluding observations, and recommended the Russian Federation to take appropriate measures to solve them – in particular, through the enactment of comprehensive anti-discrimination legislation, proper training of law enforcement officials, and launching a sensitization campaign aimed at the general public.³

The European Court of Human Rights (hereinafter – ECHR) also pointed out that transsexuality is included in non-exhaustive list of grounds, on which discrimination should not be allowed according to art. 14 of the CPHRFF⁴ (see P.V. v. Spain, 30 November 2010, No. 35159/09). An analogous conclusion was drawn earlier in relation to sexual orientation ground (see Salgueiro da Silva Mouta, 21 December 1999, No. 33290/96, and further practice).

Nevertheless, no one normative legal act issued in the Russian Federation stipulates explicitly inadmissibility of discrimination on grounds of sexual orientation and gender identity. An extensive interpretation of non-exhaustive lists of grounds which could not lead to discrimination is practically not performed by law enforcement bodies. The norms establishing inadmissibility of discrimination on ground of affiliation to any social group are not applied because LGBT people are not recognised as a social group.

In a special report prepared by the Russian LGBT Network and Moscow Helsinki Group, a separate thirty-seven-page chapter is devoted to the concrete cases of discrimination against homosexual and bisexual people. The chapter describes the situations that had occurred in the
field of health care, education, family relations, interactions with state authorities (including law enforcement), etc.\textsuperscript{5}

We also receive reports about violence and discrimination on ground of gender identity. Thus, in 2003, a transsexual young woman, a university student, addressed to a legal clinic in Novosibirsk. She was periodically insulted and abused by others, and could not find any serious assistance in law enforcement bodies. In 2010, the consultant of the LGBT Hotline service recorded a case narrated by another transsexual woman: ‘She had undergone a sex reassignment surgery recently, but could not change the documents; she was said to be observed by physician during one year before the new documents will be issued. With old documents and a new appearance she has a lot of problems, namely: her mother (and not only she) threatens her with a physical violence; she could not find a job; there is a danger of eviction.’

In the most serious cases, the hopeless situation, lack of any support and permanent bullying or violence surrounding gay, bisexual and especially transsexual persons lead to suicides. Thus, in 2006 in Novosibirsk, a 29-years-old transsexual woman committed suicide. Earlier, when filling in a special form on a transgender electronic resource, she reported that she had faced twice with an imminent danger to life; several times had been subjected to physical abuse resulted in traumas; more than two hundred times had faced with the violation of her right to physical integrity.

Unfortunately, the Russian Government does not realise any programmes or even separate measures directed to overcoming of the existing discrimination on grounds of sexual orientation and gender identity. In general, the problem of discrimination is not recognised by the Russian politicians, and they are not interested in promotion of the rights and recognition of equality of LGBT people. Moreover, infringement of LGBT people’s rights are quite often performed directly by political, public or religious leaders, or they express justification and legitimisation of such deeds.

**Change of civil gender and name**

The Committee is concerned about reports of cases where the lack of registration of place of residence and other identity documents in practice places limitations on the enjoyment of rights, including work, social security, health services and education. The Committee is also concerned about reports that some groups of people, including the homeless and the Roma, face particular difficulties in obtaining personal identification documents, including registration of residence. The Committee urges the State party to ensure that the lack of residence registration and other personal identity documents do not become an obstacle to the enjoyment of economic, social and cultural rights (Concluding Observations of the CESC: Russian Federation (fourth periodical report), paras. 12 and 40).

Most transgender people in Russia are faced, one way or another, with a problem of obtaining documents reflecting gender identity associated with him/her. There are some rules establishing the possibility of amending the birth records and subsequent replacement of a birth certificate\textsuperscript{6} and passport.\textsuperscript{7} Nevertheless, the current procedure for change of civil gender is unsystematic and unclear. Transsexual people, when requiring the implementation of their rights, have to go to the courts and spend significant timing, financial and emotional resources on proving the fact that they have a right just formally guaranteed by the law. Unfortunately, even the courts not
always establish the possibility of obtaining of new documents (see the description of some such cases in Appendix 1). Thus, in 2009–2010 in Volgograd, a transsexual man had had to obtain a total of nine decisions of different court instances and to have recourse to regional ombudsman before the new birth certificate was issued.

Firstly, according to art. 70 of the Federal Law on Acts of Civil Status, a transsexual applicant should submit ‘a document in established form issued by the medical organisation’ in order to obtain his/her birth record to be changed. However, such a form has not been approved by the Ministry of Health for more than thirteen years. Therefore, the registry offices or even the courts either refuse to accept any conclusion issued by the medical commission or impose requirements not prescribed by the law on the applicants (see Appendix 2). Thus, officials of registry offices could require, without any professional knowledge in the field of medicine (and often – in jurisprudence), surgical operation from the applicant, alleging that just after that it could be recognised that ‘the sex has been changed.’ Even one or two surgical operations are not recognised sometimes as sufficient. The same reasoning is used by some courts.

These facts appear to be an outrage violation of the right to respect for private life according to the both Russian and international law, since all the limitations of this right should be prescribed by the law, but no one Russian legislative act stipulates surgical operation as a prerequisite for the change of civil (passport) gender. Moreover, the ECHR has pointed out that determining the necessity of medical interventions in case of transsexuality is not a matter of legal definition, but is a question of medical discretion. The Russian administrative and judicial bodies often neglect medical evidence and testimony, following just their own general ideas on what is sex/gender.

Secondly, the name change is also problematic for transgender people, despite the presence of a quite simple general procedure for changing the name, and the absence of any requirements to chosen names in the Russian legislation. Thus, in 2009, the registry office refused the applicant – a transsexual man, whose civil sex change had been recommended by the medical commission, to change a name by general procedure. The refusal was justified by the fact that a female gender was indicated in a birth record, and therefore a male name could not be chosen. By doing so, the registry office referred not to the provisions of law, and not even to the bylaw, but to the Guide to Personal Names of the Peoples of the RSFSR, published in 1987. Later the applicant applied to the same registry office with the claim to amend his birth record in the part of name and gender (under art. 70 of the Federal Law on Acts of Civil Status). However, the registry office again refused, citing the fact that a name should be changed by general procedure (and not on the basis of a medical conclusion).

Thirdly, the right to respect for transsexual people’s private life is also violated in the process for changing the documents by disclosing information constituting a personal, medical or official secret.

The separate section of the Appendix to the Recommendation CM/Rec(2010)5 of the Committee of Ministers of the Council of Europe to member states on measures to combat discrimination on grounds of sexual orientation or gender identity is devoted to the right to respect for private and family life. Para. 19 of the Appendix stipulates: ‘Member states should
ensure that personal data referring to a person's... gender identity are not collected, stored or otherwise used by public institutions..., except where this is necessary for the performance of specific, lawful and legitimate purposes; existing records which do not comply with these principles should be destroyed.'

However, violations of transsexual people's rights to respect for private life occur in current Russian practice. Thus, according to the one of the respondents, who was the applicant in a case of challenging the refusal to change the birth record, a representative of a registry office brought to the court and submitted for consideration of a judge several medical conclusions previously submitted by transsexual people to the registry office. Such deeds seem to be violation of persons' privacy, medical secret and the secret of civil status recording, which contradicts both the Russian legislation and international law.

4 See, for example: Van Kück v. Germany, 12 June 2003, No. 35968/97. URL: https://wcd.coe.int/ViewDoc.jsp?id=1606669 (date of access: 28.01.2011).
Right to work – art. 6 of the ICESCR

1. The States Parties to the present Covenant recognize the right to work, which includes the right of everyone to the opportunity to gain his living by work which he freely chooses or accepts, and will take appropriate steps to safeguard this right.
2. The steps to be taken by a State Party to the present Covenant to achieve the full realization of this right shall include technical and vocational guidance and training programmes, policies and techniques to achieve steady economic, social and cultural development and full and productive employment under conditions safeguarding fundamental political and economic freedoms to the individual (art. 6 of the ICESCR).

As explained by the CESCR, ‘Under its article 2, paragraph 2, and article 3, the Covenant prohibits any discrimination in access to and maintenance of employment on the grounds of race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth, physical or mental disability, health status (including HIV/AIDS), sexual orientation [bold added], or civil, political, social or other status, which has the intention or effect of impairing or nullifying exercise of the right to work on a basis of equality’ (para. 12 of the General comment No. 18).

The Russian Labour Code contains a broad list of circumstances that shall not be grounds for limiting the rights. This list is open since it includes ‘other factors not relevant to professional qualities of the employee’ (art. 3). However, sexual orientation and gender identity are not mentioned in it explicitly, which creates a basis for abuse on the part of employers.

As was noted in a special report on the situation of LGBT people in Russia, ‘Direct discrimination based on sexual orientation – the dismissal or refusal of employment – is apparently quite rare, but it is not the result of employers’ tolerance.’ Thus, among the interviewed users of the Qguys.ru portal, 78.6 % declared that they hide their homosexuality from their employers and colleagues. The survey carried out within the joint discrimination monitoring programme of Moscow Helsinki Group and the Russian LGBT Network also demonstrated that among gays and lesbians the percentage of persons providing incomplete information to get the job is much higher then among heterosexual people (see Appendix 3).

During the monitoring programme we also have received reports on cases when people who took state employment underwent vetting about whether they were ‘normal’ in their private life. If HR management learns that an employee is gay, they often take measures to get rid of such an employee.

The cases of discrimination in employment on ground of gender identity are also reported.

In 2010, the Russian LGBT Network received a message from a transsexual woman. A year previously she had been dismissed after sex reassignment surgery by the firm director because, according to him, ‘such workers are a dishonour to the firm.’

In 2011, we received one more report. An employer hired a transsexual man who had changed all his documents. Without any legal grounds or employee’s consent the employer found out the
details of a personal history of the transsexual men. After this he started to call an employee by his previous (female) name, and spread this information among staff members.

The practical difficulties with a change of birth certificate and passport before performing of surgical operation pointed out above just worsen the situation. Without new documents a transsexual person is not able to find a well-paid job. This means that he or she can not pay for surgical interventions (and they are not funded by the state), which, in turn, are required for the issue of new documents reflecting new name and appropriate gender.

Finally, transsexual people are faced with specific difficulties in the employment sphere when they trying to change work record books. The rules of execution of work record books are established by the Instruction on completion of work record books approved by the Order of the Ministry of Labour of the Russian Federation of 10 October 2003. However, this instruction does not take into account the specificity of the situation of changing of transsexual persons’ civil gender.

Thus, in 2007 in Ryazan, a court rejected the claims of a transsexual woman who had obtained earlier a new passport with a new female name. She claimed against the employer for the issue of a duplicate of her work record book with restored records and for the compensation for moral injury. The representatives of the respondent did not acknowledge the claims and said that all amendments, according to the Instruction on completion of work record books, could be made in the work record book only by striking through the previous personal data, and making nearby the new entries. The duplicate of work record book is issued on the base of the data indicated in the previous lost work record book. The plaintiff declined issue of the original work record book according to the Instruction, and this fact was recorded. The court dismissed the claims of the woman noted that they ‘are not in conformity with the established rules of execution of work record book.’

Therefore, the current normative legal acts give transsexual persons only two alternatives: either they could obtain a duplicate of the previous work record book with the previous name (which apparent to be the violation of a right to respect for private life and forced a transsexual person to explain the personal details in every employment process), or they could obtain a new work record book, but without records concerning their previous work experience.

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3 Ibid. P. 46.
5 Ibid. C. 48.
Right to social security – art. 9 of the ICESCR

The States Parties to the present Covenant recognize the right of everyone to social security, including social insurance (art. 9 of the ICESCR).

When explaining the content of this right, the CESCR noted that ‘the obligation of States parties to guarantee that the right to social security is enjoyed without discrimination (article 2, paragraph 2, of the Covenant), and equally between men and women (article 3), pervades all of the obligations under Part III of the Covenant. The Covenant thus prohibits any discrimination, whether in law or in fact, whether direct or indirect, on the grounds of race, colour, sex, age, language, religion, political or other opinion, national or social origin, property, birth, physical or mental disability, health status (including HIV/AIDS), sexual orientation [bold added], and civil, political, social or other status, which has the intention or effect of nullifying or impairing the equal enjoyment or exercise of the right to social security’ (para. 29 of the General comment No. 19). At the same time, ‘the right to social security encompasses the right to access and maintain benefits, whether in cash or in kind, without discrimination in order to secure protection, inter alia, from… unaffordable access to health care’ (para. 2 of the General comment No. 19).

In connection with these explanations, the possibility of funding the medical expenses related to transsexuality by public funds takes a special meaning.

In this sense the right of transsexual persons to social security is not secured in Russia. Thus, the whole costs of hormonal treatment are paid by transsexual persons themselves. As was noted in the alternative report for the CEDAW Committee, ‘monthly costs of life-long adverse hormone treatment of a person might amount to 2,000–3,000 RUR’[^1] (€ 50–75). Such situation could not be recognised as satisfactory in any way, and especially in the light of the fact that the most of the European countries, in which medical expenses related to transsexuality are covered, include in public insurance catalogues costs of HRT (hormone replacement therapy).[^2]

The financial aspect of sex reassignment surgery is even more problematic. Most of such operations are not covered by the public funds, and at the same time the price of the relevant services is in large excess over the average monthly income in Russia (and this problem escalates in the situation of de facto discrimination of transsexual people in employment).

Thus, at least three sex reassignment surgical operations could be performed for transsexual men, namely: mastectomy, hysterectomy and phallo/urethroplasty (or) metoidioplasty. The cost of the first and second operations amounts from 50,000 RUR to 90,000 RUR (€ 1,250–2,250) for an operation. The costs of phallourethroplasty vary from 60,000 RUR to 200,000 RUR (€ 1,500–5,000). The operation of metoidioplasty costs in average about 130,000 RUR (€ 3,250). Similar numbers are identified also as a cost of sex reassignment surgery for transsexual women: orchiectomy – from 10,000 to 20,000 RUR (€ 250–500); genital nullification – from 10,000 to 20,000 RUR (€ 250–500); penile inversion vaginoplasty – from 75,000 to 200,000 RUR (€ 1,875–5,000); sigmoid vaginoplasty (sigmoid colpopoiesis) – from 50,000 to 200,000 RUR (€ 1,250–5,000). Initially performed operations often require the following correction, which is paid additionally.
At present, only some costs related to phallo/urethroplasty could be covered by the funds of federal budget under quotas for microsurgery. However, most of medical centres performing sex reassignment surgery for transsexual people are not working with quotas. The very few medical organisations which stuff includes professionals in this field of surgery and which are in the special list of organisations working under quota programmes, are not able to meet the needs of all transsexual persons because of both the limitation of quotes and lack of budget coverage of travel costs. Moreover, as proved by transsexual people addressing to us, pay for standing at hospital during performance of surgery and primary restoration after it is not included in the costs covered by the budget. Thus, for example, in one of the Moscow hospital when such surgery is performed, the costs of staying amount 3,000 RUR (€ 75) per day, and a patient should be at a hospital during two weeks. Lastly, there are not covered by the quotas either previous stages of surgery intervention (mastectomy, hysterectomy) or metoidioplasty (an alternative to phallo/urethroplasty) which is less painful because it does not presupposed withdrawal of large skin-muscular flaps from another parts of a patient’s body, and is considered by many transsexual men as an optimum alternative.

The existing situation also raises a question about de facto discrimination against transsexual persons in the field of health care and social security as far as surgical operations and other types of medical interventions which are performed when a diagnosis ‘Transsexualism’ is established, in the absolute majority of cases are paid by patients themselves. At the same time, it is possible nearly always to deliver free health care when other diagnoses are in place (see Appendix 4).

1 Discrimination and violence... P. 11.
2 In 2008, among these countries was: Austria, Belgium, Bulgaria, Czech Republic, Denmark, Finland, France, Germany, Ireland, Latvia, Malta, the Netherlands, Poland, Portugal, Spain, Sweden, and the United Kingdom. See: Transgender EuroStudy: Legal Survey and Focus on the Transgender Experience of Health Care / Prof. Stephen Whittle O.B.E., Dr. Levis Turner, Ryan Combs and Stephenne Rhodes. Brussels, 2008. P. 25–26.
Protection of the family, motherhood and childhood – art. 10 of the ICESCR

The States Parties to the present Covenant recognize that:
1. The widest possible protection and assistance should be accorded to the family, which is the natural and fundamental group unit of society, particularly for its establishment and while it is responsible for the care and education of dependent children. Marriage must be entered into with the free consent of the intending spouses.
2. Special protection should be accorded to mothers during a reasonable period before and after childbirth. During such period working mothers should be accorded paid leave or leave with adequate social security benefits.
3. Special measures of protection and assistance should be taken on behalf of all children and young persons without any discrimination for reasons of parentage or other conditions (art. 10 of the ICESCR).

Under the Russian legislation, a same-sex family is not recognised as a family in most types of relationships. Thus, relations between two same-sex partners receive no recognition under both the Russian Family Code¹ (as was particularly pointed out by the Constitutional Court of the Russian Federation, a marriage is a union between a man and a woman,² and no one quasi-marriage institute is established by the Russian law) and pension and allowance legislation (see Appendix 5).

In the same way, relations between a child born and/or raised in a family founded by two persons of same sex are not also recognised. An individual person may become an adopter, but his/her same-sex partner can not adopt the same child.

In this regard the norm of art. 137 of the Family Code is apparent to be discriminatory. It offers the opportunity of step-parent adoption to opposite-sex de facto couples, but at the same time refuses analogous opportunity to same-sex couples. According to this norm, if the child is adopted by one person, legal relations between this child and one of his/her parent retain if the parent is a woman and adopter is a man, and vice versa, but there is no word about marriage. Taking into account the ECHR interpretation (see, particularly, Kamer v. Austria, 24 July 2003, No. 40016/98), the UN Human Rights Committee practice (X. v. Colombia, communication No. 1361/2005, views adopted on 14 May 2007, and Mr. Edward Young v. Australia, communication No. 941/2000, views adopted on 18 September 2003), as well as modern psychological and sociological research results,³ a discriminatory character of this norm could become even more evident.

The lack of legal recognition of relations between a child raised in a same-sex family and his/her non-biological parent leads to a broad range of negative consequences for this child. As opposed to his/her peers from heterosexual families, this child does not acquire a right to alimony payments from second parent if the relations between parents are broken; s/he is not provided with a legal representative in non-biological parent’s face; he/she does not benefit from the possibility to draw the medical sick-leave certificate for non-biological parent in case of child’s sickness; this child does not acquire a right to pension for loss of his/her step-parent breadwinner, etc.

Moreover, a maternal capital, which is shaped, inter alia, in order to improve children’ situation (by paying for their education or improving of housing conditions) and is offered if a second or subsequent child is born or adopted in a family,⁴ is not accessible for same-sex families in which each of the partners has a child – irrespective of whether these children have been raised in a
family from the very moment of birth, whether they were planned by the both parents, and how long time they all have been living together.

Lastly, in spite of the development of the programmes of budget funding of assisted reproductive technologies, same-sex couples are excluded from these programmes in whole or in part because of the requirements to persons entitled to receive budgetary subsidies. Thus, a registered marriage, medical infertility or the absence of necessity of surrogacy or donorship are considered as a prerequisites for the participation in such programmes.

**Domestic violence**

The Committee remains concerned about the high incidence of domestic violence and the fact that victims of domestic violence are not adequately protected under existing legislation. The Committee calls upon the State party to intensify its efforts to combat domestic violence by enacting specific legislation criminalizing domestic violence and providing training for law enforcement personnel and judges regarding the serious and criminal nature of domestic violence. Moreover, the Committee urges the State party to ensure the availability and accessibility of crisis centres where victims of domestic violence can find safe lodging and counselling. (Concluding Observations of the CESCR: Russian Federation (fourth periodical report), paras. 24 and 52).

Domestic violence is one more problem which LGBT people are faced with.

Firstly, violence from the part of LGBT person’s relatives not accepting his/her sexual orientation or gender identity is at stake. It is especially topical for young LGBT people who have not their own house, often have no personal income, and therefore absolutely depend on relatives. One of the many such examples is a case described in the joint report of the Russian LGBT Network and Moscow Helsinki Group and included in the alternative report for the CEDAW Committee. A lesbian girl had been subjected to violence by her brother and his friends, but did not report the incidence to her parents or to the police, because her brother frightened her.5

Another topical example is violence from the part of spouse from a previous heterosexual marriage, when a common child is used by one parent as an instrument for seizing control under other (LGBT) parent. The first parent could use threats to deny LGBT parent his/her parental rights, to address to guardianship authority, to disclose sexual orientation or transsexuality of LGBT parent to his/her relatives or colleagues without his/her will, etc. We receive many such reports under our monitoring programme, LGBT Hotline service and Legal Assistance Programme.

Secondly, LGBT people are especially vulnerable in circumstances where the partner violence occurs. In the absence of any specialised services and in the context of general negative attitude towards homosexuality as such6 and towards homosexual unions in particular, LGBT domestic violence victims find themselves face to face with a problem. LGBT people’s fear to be subjected to additional discrimination from the part of law enforcement officials predetermines insecurity of people faced with such type of violence and causes a high latency of committed crimes.8

There is no domestic violence legislation in Russia now. Therefore even theoretically LGBT person could not obtain, for example, a protection order. However, in the concluding observations of the CEDAW Committee the necessity of expeditious drafting and adoption of such law was pointed
out.⁹ At the same time, its actual effectiveness could be ensured only under broad family definition in the description of elements of domestic violence.


6 Thus, according to the public opinion survey conducted by the Public Opinion Foundation in 2006, 47 % of the respondents condemned ‘the representatives of sexual minorities.’ URL: http://bd.fom.ru/report/map/dd062227 (date of access: 31.01.2011) [In Russian]. In 2010, the analogous indicator amounted to 43 %. URL: http://lgbtnet.ru/news/detail.php?ID=4493 (date of access: 31.01.2011) [In Russian]. These indicators were even higher in towns and villages.

7 As is indicated by the results of public opinion surveys, attitudes towards possible legitimate socialisation of same-sex couples remain very negative. Thus, according to the survey conducted by the Russian Public Opinion Research Centre in 2005, 59 % of the respondents disagreed with the idea that gays and lesbians should have a right to conclude a marriage. Even more respondents (69 %) expressed negative attitudes towards possibility of same-sex couples to raise children. See in Russian: URL: http://wciom.ru/index.php?id=459&uid=1084 (date of access: 31.01.2011).

8 This problem was also highlighted in the alternative report submitted for the CEDAW Committee. Some concrete cases of domestic violence in LGBT families were described in the report. See: Discrimination and violence… P. 6.

Right to the highest attainable standard of health – art. 12 of the ICESCR

The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health (art. 12, para. 1, of the ICESCR).

As was explained by the CESCR, ‘By virtue of article 2.2 and article 3, the Covenant proscribes any discrimination in access to health care and underlying determinants of health, as well as to means and entitlements for their procurement, on the grounds of race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth, physical or mental disability, health status (including HIV/AIDS), sexual orientation [bold added] and civil, political, social or other status, which has the intention or effect of nullifying or impairing the equal enjoyment or exercise of the right to health. The Committee stresses that many measures, such as most strategies and programmes designed to eliminate health-related discrimination, can be pursued with minimum resource implications through the adoption, modification or abrogation of legislation or the dissemination of information. The Committee recalls General Comment No. 3, paragraph 12, which states that even in times of severe resource constraints, the vulnerable members of society must be protected by the adoption of relatively low-cost targeted programmes’ (para. 18 of the General comment No. 14).

Art. 17 of the Fundamentals of Legislation of the Russian Federation on Health Care contains a special anti-discrimination norm. However, the corresponding list does not explicitly include sexual orientation or gender identity. The Draft Federal Law on the Fundamentals of the Care for Health of the Citizens in the Russian Federation published in summer 2010 on the web-site of the Ministry of Health Care and Social Development in a similar manner contains general anti-discrimination norm with non-exhaustive list (art. 5, para. 4), but neither sexual orientation nor gender identity is included in it explicitly. The text of Doctor’s Oath established by the draft does not mention inadmissibility of infringement of rights and interests on ground of sexual orientation or gender identity, although the World Medical Association has included the respective mention in its text of the Oath.

Homosexuality had been excluded from the International Classification of Diseases 10th Revision, and the medical standard in Russia was changed respectively in 1999. Nevertheless, perception of homosexuality as a pathology remains in practice. Researches conducted by us reveal cases of violations of gay and bisexual people’s rights in health care. There are also many problems related to the access of transsexual people to medical services.

Thus, an informant from Leningrad Region reported the following: ‘Last year [in 2009] I was visiting my good friend, a HIV-infected gay, in a hospital in St. Petersburg. The nurse tried to prevent me from going into the ward, claiming that “this is not place for the meeting of faggots” and “there is nothing for you here to arrange your hangouts.” And this case is not single.’ He also reported the case when he with his same-sex partner (they had been together for ten years, and one of the men was HIV-positive) was refused a medical consultation of the AIDS-Centre psychologist: ‘Such consultations are offered at the AIDS-Center for other families – for wives as well as for husbands who are treated as contacted partners. But we have no opportunity to obtain such consultation because we can not prove that we are a family.’
The Government does not fund the programmes aimed at the prevention of sexually transmitted diseases and HIV/AIDS among male persons who engage in sexual activity with persons of the same sex. Such programmes supported and realised only by several NGOs funded by foreign grants. And even these organisations are not working for the prevention of relevant diseases among lesbian and bisexual women. Since medical professionals, and in particular gynecologists, do not receive special training on specific needs of lesbian and bisexual women, these women have little access to specialized information and tools to protect their health.

One more problem is that most of medical professionals, especially in rural areas, have virtually no or very little essential up-to-date knowledge and qualification in the field of transsexuality. Thus, one of our informants, a transsexual woman, reported that endocrinologists just frequently prescribe adequate medications ‘because no one knows exactly what endocrine profile should be maintained for MtF… Considering the fact that most of the local physicians have had no experience in FtM-endocrinotherapy, the results of such treatment could be quite deplorable.’ This situation, according to the reports receiving by us, leads often to the ‘self-medication’ when hormones are purchased using loopholes, and without prior consulting and prescribing of the medications by the medical professionals. As pointed by one of the informants, ‘the most of [transsexual people] prefer just not to get involved with unnecessary physicians (it should be said that not all of them are tolerant and understanding), and buy what they need just like that.’

There is also a problem of regional accessibility of quality medical services related to sex reassignment surgery. For example, the operations for transsexual men are performed only in a few Russian cities (Moscow, St. Petersburg, Yekaterinburg, Novosibirsk, Tomsk, Ufa, Khabarovsk and Chelyabinsk). And even in these regions not in all cities it is possible to perform the most sophisticated surgical measures (laparoscopic instead of abdominal hysterectomy; metoideoplasty).

In other cities and regions there are simply no surgeons working with transsexual patients. Although in principle such surgical operations as mastectomy or hysterectomy are performed in case of other diagnosis, transsexual people in many regions have no access to the respective services. Thus, one of the informants, a transsexual man, said: ‘mastectomy and hysterectomy – they could be made in every hospital with surgical department. I have addressed one. I was told that “the operation is not difficult, but we have no license.” In another I run up on a physician who was a believer. He blocked me as early as at preassessment stage. He said something like “I will not go against God’s will.” But the chief physician of the surgical department in principle was not against. He was not satisfied with the wording of my medical conclusion.’ We are also receiving the same reports from other cities.

Right to education – art. 13 of the ICESCR

The States Parties to the present Covenant recognize the right of everyone to education. They agree that education shall be directed to the full development of the human personality and the sense of its dignity, and shall strengthen the respect for human rights and fundamental freedoms. They further agree that education shall enable all persons to participate effectively in a free society, promote understanding, tolerance and friendship among all nations and all racial, ethnic or religious groups, and further the activities of the United Nations for the maintenance of peace (art. 13, para. 1, of the ICESCR).

The general norm established inadmissibility of discrimination in education is contained in art. 5 of the Law of the Russian Federation on Education. However, this norm includes an exhaustive list of grounds, discrimination on which should not be allowed, and sexual orientation as well as gender identity is not enumerated.

As was pointed out above, a disclosure of sexual orientation of a teacher or another education worker could put an end to him/her career, and there are known the cases of dismissals and discrimination of the teachers on this ground.

Bullying and violence against LGBT pupils or students in schools and other educational institutions is also quite common phenomenon in Russia. Moreover, not only pupils or students but also teachers and school or university administration express negative and hostile attitudes towards LGBT people.

Thus, during monitoring of discrimination against LGBT people conducted in St. Petersburg in 2008, a twenty-year-old lesbian girl reported she had been discriminated in the teaching college where she had studied. Once the director of the college learned about her sexual orientation, she and her girlfriend were constantly called to the dean’s office, and had to attend compulsory discussions with the psychologist who was trying to ‘correct’ the girls. After that incident, most of the students stopped talking to them, and teachers began to present unreasonable demands, threatening not to provide grades until the girls ‘corrected’ themselves. The girl was reproached about her appearance (e.g., short hair); she was told that she did not correspond to ‘the Russian teacher image.’ Finally, the girl was asked to choose between: loving men, leaving the college of her own free will, or being expelled.

Transsexual people are faced with the problems in educational sphere also when changing documents. Issues related to the execution of the documents confirming education are regulated by the instructions approved by the Ministry of Education. According to these instructions, if a person’s name has been changed, he/she puts in an application and documents confirming name change to the head of the education institution. Change of educational documents is performed on the resolution of the head of the institution.

Nevertheless, there are cases in practice when the officers of educational institutions refuse to change the documents. Thus, one of the informants reported that he was refused to change the diploma by the university staff members (‘you’ve obtained it, and should be with it all your life’).

In such situations the possibility to obtain a new diploma could be realised only through court action. Thus, in 2007 in Ryazan a transsexual woman who had received a new passport with a
female name, was refused a new diploma with reference to the fact that ‘there is no legal grounds to issue a [new] diploma.’ She filed the petition in the court and won the case. The court pointed out that ‘the petitioner’s name have been changed in accordance with the procedure established by law in connection with gender reassignment,’ and issue of new diploma will be pursuant to the rules established by the relevant instruction.

Another problem is virtually total lack of adequate coverage of homosexuality and transsexuality issues by the syllabi and teaching courses. It is especially topical for such spheres as psychology, psychiatry, sociology, social work or law.

In published papers – educational materials and specialised journals there could be found often inaccurate or outdated data, and the authors themselves frequently rest not upon reliable information but upon their own general perception of homosexuality and transsexuality as negative phenomena.

This statement could be illustrated with the article by K.A. Chernega, Candidate of Legal Science and the Senior Teacher of the Department of Civil and Family Law, devoted to the same-sex marriages issues. In this paper the researcher called relations between persons of same sex ‘sin of Sodom’ and ‘loathsome things of Sodom,’ and also added: ‘there are no sufficient legislative obstacles to the propaganda and dissemination of various forms of sexual perversion in contemporary Russia.’ Without any mention of the ICD 10th Revision (by which homosexuality was removed from the list of diseases), the author notes: ‘However, it is necessary to thank the drafters of the penultimate 9th revision of the International Classification of Diseases of the World Health Organization (WHO), which have attributed homosexualism to the category of sexual perversions and malfunctions.’

An analogous situation could be observed in psychological sciences: ‘for example, the papers of a “living classic” of psychology, Prof. Il'in. In his book “Differential Psychophysiology of Men and Women” which is used by all our students, “homosexualism” is considered in the chapter “Disturbance in Sexual Development of Men and Women,” and it is alleged, for example, that “homosexualism is divided into active and passive. The most pathological form for a man is a passive one, and for a woman – an active” (p. 250).’

When preparing the Russian report under the project ‘Comparative study on the situation concerning homophobia, transphobia and discrimination on grounds of sexual orientation and gender identity in the Council of Europe member states’ initiated by the Office of the Commissioner for Human Rights of the Council of Europe, we have received from the psychological researchers and the practicing university teachers the following information.

Dmitry A. Andronov, the Senior Teacher of the Department of Psychology of the Omsk Humanitarian University, testified: ‘The vast majority of teachers of psychology at the universities are not competent in the field of sexual orientation, sexual identity, as well as displaying of it and forms of its development; gender stereotypes continue to be traced. Many teachers continue to think of diagnoses, without resorting to ICD-10 and DSM, and to some extent perceive homosexuality as an undesirable form of sexuality… The policy of silence prevails, and it is not accepted to talk a lot, long and seriously about homosexuality. As a rule,
jokes about homosexuality are sounded. If there is a teacher in high school, whose homosexuality is well known, s/he becomes the subject of discussing and often people laugh behind his/her back; in case of dismissal from work the [real] reason is not always disclosed, and the other causes often are found and sounded; ‘In high schools (and even at the departments of psychology) there are no special courses, which addresses the LGBT issues.’

Mariya L. Sabunaeva, Candidate of Psychological Science, the Docent of the Herzen State Pedagogical University of Russia, reported the following cases: ‘When my undergraduate student was giving a mandatory lecture to a student group of a teacher of my department, the Docent and Candidate of Sciences, the latter broken off the lecturer and started to set out her own stereotypes that “they [homosexuals] should be treated for an illness”, and in fact did not give the student a chance to continue her research. The Chairman of the Department of the Clinical Psychology, writing the review on the Master’s thesis devoted to the problematics of young men’s homosexual identity, permitted himself to compare topicality of the research to the topicality of the investigation of “freckles on a back”; ‘Such papers [on psychological aspects of homosexuality] are preparing here and there, but they are unsystematic, single, and often of a law level of quality because there is no specialists which could be advisers of such researches; ‘The specialised institutions teaching to psychological consulting offer no training on problematics of psychological aid for homosexual people.’

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4 Chernega K.A. Legal Aspects of Legalization of ‘Non-Traditional’ Family in Russia. Citizen and Law. 2003. No. 4. [In Russian].
5 E-mail correspondence with Mariya L. Sabunaeva (25.01.2010).
6 E-mail correspondence with Dmitry A. Andronov (18.01.2010).
7 E-mail correspondence with Mariya L. Sabunaeva (25.01.2010).
Right to take part in cultural life and to enjoy the benefits of progress
– art. 15 of the ICESCR

1. The States Parties to the present Covenant recognize the right of everyone:
(a) To take part in cultural life;
(b) To enjoy the benefits of scientific progress and its applications;
(c) To benefit from the protection of the moral and material interests resulting from any scientific, literary or artistic production of which he is the author.
2. The steps to be taken by the States Parties to the present Covenant to achieve the full realization of this right shall include those necessary for the conservation, the development and the diffusion of science and culture.
3. The States Parties to the present Covenant undertake to respect the freedom indispensable for scientific research and creative activity.
4. The States Parties to the present Covenant recognize the benefits to be derived from the encouragement and development of international contacts and co-operation in the scientific and cultural fields (art. 15 of the ICESCR).

The CESCR uses a broad approach to interpreting the content of a culture (paras. 10—13 of the General comment No. 21). It is also highlighted that ‘in the Committee’s view, article 15, paragraph 1 (a) of the Covenant also includes the right of minorities and of persons belonging to minorities to take part in the cultural life of society, and also to conserve, promote and develop their own culture’ (para. 32 of the General comment No. 21).

Describing acceptable limitations of the right to take part in cultural life, the CESCR also notes that ‘no one may invoke cultural diversity to infringe upon human rights guaranteed by international law, nor to limit their scope’ (para. 18 of the General comment No. 21). At the same time, ‘[the] limitations must pursue a legitimate aim, be compatible with the nature of this right and be strictly necessary for the promotion of general welfare in a democratic society, in accordance with article 4 of the Covenant. Any limitations must therefore be proportionate, meaning that the least restrictive measures must be taken when several types of limitations may be imposed’ (para. 19 of the General comment No. 21).

The current Russian practice places the degree of actual fulfillment, respect and protection of the right to take part in cultural life, which belongs to LGBT people (as is to other members of society), in question.

Thus, the difficulties related to the coverage of homosexuality and transsexuality issues in academy should be mentioned in addition to the addressing analogous problems in education.

In 2010, the following case was reported to the Russian LGBT Network by a researcher. After disclosure of his homosexuality, he had to convince his colleagues that he is heterosexual (while it was not true) in order to be admitted to the postgraduate programme and to achieve the scientific adviser to be appointed to him. But even after that the topic of the research proposed by him was rejected, and another topic was imposed. One of the papers prepared by the researcher was not accepted by the editor of the collected articles alleging that it is ‘a propaganda of homosexuality, and she will never publish an article with such subject matter.’ After some time, when the dissertation had been prepared for the defense, the Head of the Dissertation Committee let him and his new scientific advisor known that ‘the [Dissertation] Committee is not ready for such topic, the candidate for a degree will never defend him
dissertation in this Committee and he should try to find another organisation, and it is foregone conclusion that he will fail with such a topic.’

As evidenced by Mariya L. Sabunaeva, Candidate of Psychological Science, the Docent of the Herzen State Pedagogical University of Russia, ‘there is a lack of Russian-language scientific literature on psychology of homosexuality. The American journal “Gay-Lesbian Psychotherapy” is absent in all Russian libraries and is absolutely unachievable for the Russian researchers.’

She also makes the following example which had occurred in the publishing house ‘Piter’. The publisher removed the paper on the perception of homosexuality prepared by one of the authors, and rejected also the paper on overcoming homophobia (just three of thirty five or forty papers were rejected altogether, the third one was related to the sex work issues; all three papers were of academic character and high quality).1

The candidates for a degree in legal sciences (including doctor’s degree) allow themselves to make discriminatory wording which do not correspond to the human rights concept. Thus, in 2009, a candidate for a degree suggested to put a mark ‘gender changed’ in all new documents of transsexual people (‘because such measure could prevent abuse of confidence of citizens expecting to bear children in a family with a person changed him/her sex; could rule out the possibility of being awarded prize-winning places in sporting events by participating in the group of people who have not changed their sex; and also could prevent preservation of a marriage with a person who have not changed his/her sex’).2 In 2002, it was defended the dissertation which author stated that ‘homosexual relations (contacts) on a voluntary basis disrupt the existing pattern of sexual relations,’ said about ‘propagation of homosexuality by mass media’ and suggested to establish different ages of consent to heterosexual and homosexual relations in order to aggravate criminal liability for the commission of a crimes against sexual inviolability and sexual freedom.3

The problems related to the perception of homosexuality, bisexuality and transsexuality exist not only in scientific or academic sphere, but also in culture as such.

For example, in 2010 in St. Petersburg, an attempt to wreck the International Queer Culture Festival was made. The festival was supported by many Russian and foreign musicians, poets, journalists and human rights activists. The day before the opening of the photo exhibition the venue terminated the leasing contract. As stated by the organisers of the festival, it happened on the local Cultural Committee’s initiative because the Committee had received complaints from some individuals and organisations which alleged that it was inadmissible to ‘propagate homosexualism’.4

In 2008, the organisers of the LGBT Film Festival ‘Side by Side’ encountered the factual ban on open holding of events in St. Petersburg. The venues which had agreed previously to the lease were being closed on pretext of repairs (which were not being undertaken in fact) or of the violation of fire protection norms.5 In 2010 in Kemerovo, the local government initially did not opposed holding the festival, but before the beginning of the events its position had been changed sharply. Holding the festival events at the municipal venue was banned with reference to the complaints of the displeased inhabitants. As reported by the regional coordinator of the
festival, when he asked the city administration official about why the opinion of the inhabitants of Kemerovo who supported the festival and wanted to watch good cinema was not taken into account, the official suggested to them to 'meet at home and watch films there.' The analogous situation had occurred in the same year in Arkhangelsk because of the resistance of the religious and nationalistic groups exerted pressure upon local administration.

The argument of contradiction with culture, spiritual or religious values is often used by the Russian authorities in order to justify refusals to register NGOs and prohibitions of public events. Thus, in 2007 in Tyumen, it was refused to register LGBT organisation ‘Rainbow House’ with reference to the statement that ‘protection of the rights and freedoms of citizens regardless of their sexual orientation,’ as well as ‘promotion of education of self-consciousness of these individuals as citizens of society which are equal in rights and value’ lead to ‘propaganda of non-traditional sexual orientation,’ which, in turn, could ‘lead to undermining the security of the Russian society and state,’ since it would ‘undermine the spiritual values of society.’ Appealing the refusal in several courts was unsuccessful. At present this case is pending in the ECHR.

References to the received petitions of the religious figures were used also in banning the Moscow gay prides by both administrative and court instances. In 2010, the ECHR has recognised that such interference of the authorities with the exercise of the freedom of assembly was not justified and was not necessary in a democratic society.

In 2010, the representative of the Ministry of Justice, appearing in the court proceeding concerning the refusal to re-register Arkhangelsk LGBT NGO ‘Rakurs,’ submitted that ‘promotion of legal and gender culture’ is related to the ‘propaganda of homosexualism.’ At the insistence of the officials, the petitions of the religious figures and the Russian Writers Guild in support of the refusal were attached to the case. The refusal was ruled illegal just by the court of cassation.

Also in 2010, in an interview about the refusal to register the LGBT organization ‘For Marriage Equality,’ politician Vasily Likhachev said that ‘the steps taken by the representatives of the non-traditional orientation are contrary to the nation-wide morality of the Russian society;’ ‘it is not our culture and not our form of relationship.’

Finally, the reference to the religious values is used also in order to justify violence against LGBT people. Thus, in 2006, a big group of neo-Nazis and people equipped with orthodox symbols attacked the gay club in Moscow. The visitors of the club find themselves in the factual siege by aggressive crowd. Bottles, soil from the flowerbed and stones were thrown at the visitors. However, the reaction of the police was inadequate. In fact, the security was not provided to the people.

In 2007, the prosecutor’s office refused to institute a criminal case by the fact of the public statement of Mufti Talgat Tadjuddin concerning holding public action in defense of the LGBT people’s rights: ‘This [public events] must not be allowed by any means, but if they [LGBT people] go to the street, they must be just beaten.’ This statement was justified by the allegation that it ‘implied suppression of criminal violent actions, including public propaganda of the homosexual ideology and way of life among the under-aged.’
1 E-mail correspondence with Maria L. Sabunaeva (25.01.2010).
8 Decision of the Department of the Federal Registration Service for Tyumen Oblast, the Khanty-Mansijsk Autonomous District, and the the Yamalo-Nenets Autonomous District of 1 June 2007 r. No. 01-20-008672/07.
9 See: Decision of the Tagansky District Court of the Moscow city of 26 October 2007: Case No. 2-2095/07/10c; Decision of Centralny District Court of the Tyumen city of 7 November 2007: Case No. 2-2295-07; Decision of the Judicial Division for Civil Cases of the Tyumen Regional Court of 17 December 2007: Case No. 33-2383.
10 See: Alexeyev v. Russia, 21 October 2010, Nos. 4916/07, 25924/08 and 14599/09.
11 The Russian LGBT Network Advocacy Newsletter. 2010. No. 3. [In Russian].
15 See: Ibid. C. 35–36.
Recommendations to the Government

- Ensure the development and enactment of comprehensive anti-discrimination legislation covering the wide range of social spheres (employment, health care, education, social security, family relations, etc.) and explicitly including sexual orientation and gender identity in the list of grounds discrimination on which should not be allowed.

- Develop with the assistance of relevant NGOs and experts and approve clear, transparent and accessible rules of changing civil (passport) gender of transsexual persons, as well as of replacement all their documents without indication in them previous names and gender.

- Provide training and upgrade qualification of medical professionals (especially gynecologists, urologists, surgeons, psychiatrists and endocrinologists) on issues related to transsexuality and homosexuality.

- Ensure accessibility of specialised high-quality medical services related to transsexuality in rural areas – particularly by improving of knowledge and skills of regional physicians, as well as by developing and carrying out trainings and internships for them.

- Include medical services related to transsexuality (in particular psychotherapy, HRT and SRS) in the programmes of obligatory medical insurance and programmes of delivering high-technology medical care for quotes covered by the state budget.

- Develop and launch awareness raising campaigns aiming at inadmissibility of discrimination and violence against LGBT people – including among law enforcement officials, medical and educational professionals, media and general public.

- Ensure proper investigation and prosecution of crimes motivated by hatred against homosexual, bisexual and transgender people, with paying attention to special public danger of such deeds.

- Ensure actual execution of the norms securing the rights to freedom of peaceful assembly, to freedom of association and to freedom of expression which belong to individual activists, groups and organisations working for non-discrimination and non-violence for LGBT people.

- Ensure the inclusion of families of various forms – including families founded by LGBT persons – in programmes, measures and legislation aimed at supporting of family, motherhood, fatherhood and childhood, as well as at prevention of domestic violence.

- Develop and realise measures directed at inadmissibility of violations of LGBT people’s rights to respect for private and family life, as well as personal and family secret, in all spheres of life – including but not limited to health care, employment, education and civil registration.
Russian cases on change of names and civil gender of transsexual persons

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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Ds</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>HRT</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>(civil gender change recommended)</td>
<td>(passport gender change justified, HRT and SRS issues – 2 years after)</td>
<td></td>
<td>(passport gender change recommended)</td>
<td>(civil gender change recommended)</td>
<td>(civil gender change recommended)</td>
<td>Later – civil gender sex change required</td>
</tr>
<tr>
<td>MC</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(passport gender change recommended)</td>
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</tr>
<tr>
<td>SRS</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>(mastectomy)</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Name Gender</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Name</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Gender</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>RO</td>
<td>Refuse (just recommendation; non-conformity of MC).</td>
<td>Refuse.</td>
<td>Refuse (no documents on ‘sex change’).</td>
<td>Refuse (mastectomy is not change of sexual identity, it is just first stage).</td>
<td>Refuse (reference to 1987 Guide to Personal Names; name is not in conformity with civil gender).</td>
<td>Refuse (just recommendation; name should be changed by general procedure).</td>
</tr>
<tr>
<td>Court of first instance:</td>
<td></td>
<td>Court of first instance: refuse confirmed (desired last name is not that of applicant’s parents; applicant’s evasion from re-examination). Court of cassation: uphold on gender, first name and patronymic; confirmed refuse on last name (the same reasoning).</td>
<td>Court of first instance: refuse confirmed (no prohibition in law; operations on ‘genitals change’ are expensive and unpredictable; applicant is perceived by others as a woman).</td>
<td>Court of first instance: refuse confirmed (the same reasoning).</td>
<td></td>
<td></td>
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<tr>
<td>Court of cassation:</td>
<td></td>
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<td>Court of first instance:</td>
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</tr>
<tr>
<td>Application on reopening a case upon discovery of new facts (with new MC) - refused (no SRS). Court of cassation: refuse confirmed (no SRS; new MC does not matter). Supervisory instance court: previous decisions revoked, case reopened (MC does matter). Court of first instance (review of a case): uphold (SRS does not required by law).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Result</td>
<td>Name changed. (13 months)</td>
<td>Gender marker, first name and patronymic changed. Last name change refused. (9 months)</td>
<td>Name changed</td>
<td>Name and gender marker change refused</td>
<td>Name change refused</td>
<td>Name and gender marker changed (12 months)</td>
</tr>
</tbody>
</table>

Legend keys:
Ds – diagnosis  
MC – medical conclusion  
SRS – sex reassignment surgery  
RO – Registry Office
### Appendix 2

**Introduction of alterations in transsexual people’s documents by the registry offices**

<table>
<thead>
<tr>
<th>Region</th>
<th>Grounds for introduction of alterations</th>
<th>Statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Karachayevo-Circassian Republic</td>
<td>No reply.</td>
<td>NA</td>
</tr>
<tr>
<td>Republic of Karelia</td>
<td>A document in established form issued by the medical organisation, confirming that SRS has been performed and has ‘a positive result.’</td>
<td>Before 1991 – 1 appeal. 1991–1998 – no appeal. After 1998 – 2 appeals.</td>
</tr>
<tr>
<td>Republic of Sakha (Yakutia)</td>
<td>No concrete reply.</td>
<td>NA</td>
</tr>
<tr>
<td>Chuvash Republic</td>
<td>A conclusion of the medical examining board which has made a decision that it is required to change a patient’s civil (passport) gender.</td>
<td>Before 1991 – no appeal. After 1991 г – 1 appeal (after SRS had been performed).</td>
</tr>
<tr>
<td>Altai Territory</td>
<td>As far as the form of medical document has not been established, the applicants could be directed to the regional medical institution for examination.</td>
<td>Single facts</td>
</tr>
<tr>
<td>Krasnodar Territory</td>
<td>Medical conclusion confirming that it is required to change a gender; documents confirming that HRT and SRS have been performed (in one or more documents); identity document. These requirements could be amended.</td>
<td>NA</td>
</tr>
<tr>
<td>Krasnoyarsk Territory</td>
<td>Medical document confirming ‘change of sex.’ ’Dimension of the amendments is determined in every concrete case based on the documents submitted by the applicant.’</td>
<td>NA</td>
</tr>
<tr>
<td>Khabarovsk Territory</td>
<td>Court decision.</td>
<td>NA</td>
</tr>
<tr>
<td>Voronezh Region</td>
<td>Court decision.</td>
<td>Just 1 appeal (in 2010).</td>
</tr>
<tr>
<td>Kemerovo Region</td>
<td>A document in established form issued by the medical organisation confirming that a person has successfully undergone HRT and SRS.</td>
<td>NA</td>
</tr>
<tr>
<td>Leningrad Region</td>
<td>A document in established form issued by the medical organisation, confirming ‘change of sex.’ Before October 2010 – conclusion of the registry office based on the submitted medical document. Since October 2010 – court decision (’because of the lack of any normative criterion of sex change, and as far as the registry offices are not competent in medical issues and are not able to determine independently whether the diagnosis indicated in the document is a result of definitive and irreversible gender reassignment process.’)</td>
<td>NA</td>
</tr>
<tr>
<td>Moscow Region</td>
<td>Court decision (because a lack of the established form of the medical document ‘is a ground for the refusal to make amendments.’)</td>
<td>NA</td>
</tr>
</tbody>
</table>

1 The table is based on the data received by us from the regional civil registry directorates under the advocacy letter project following the issue of the concluding observations by the CEDAW Committee for the Russian Federation. In our inquiries we put questions on grounds which cause the amendments of birth records of transsexual persons, as well as statistics of such appeals. The letters were sent in all 83 Russian regions. The table contains data on 19 regions from which we have received the answers as of 28 February 2011.
**Region** | **Grounds for introduction of alterations**                                                                 | **Statistics** |
---|---|---|
Novosibirsk Region | Medical document confirming ‘change of sex’ (should be issued by the medical institution and should confirm the fact that a citizen’s sexual identity has been changed, i.e. surgical operations have been performed). In case of lack of such document – court decision. | NA |
Sakhalin Region | Art. 69–73 of the Federal Law on Acts of Civil Status | NA |
Sverdlovsk Region | A document in established form issued by the medical organisation, confirming ‘change of sex.’ | NA |
Tomsk Region | Any document issued by medical organisation with required details (the name of organisation, signature of authorised person, stamp and date). Other demands are not met as there are no legal grounds for this. | Before 1991 – 1 appeal. 1991–1998 – 1 appeal. After 1998 – 7 appeals. |
Tyumen Region | A document confirming ‘change of sex’ issued by the medical organisation. The medical conclusion should include ‘data that the citizen has undergone SRS, as well as findings that a sex has been changed.’ If there is any doubt in relation to the documents, amendments should be made on the basis of court decision. | 1-2 appeals per year. |

* In some replies, the civil registry directorates did not give any concrete information on the requirements, but did indicate just legislative norms which were applied in the case.
Appendix 3

Have you personally had difficulties (barriers) in your relationships with employers, which are not related to your business (professional) skills?1

<table>
<thead>
<tr>
<th>Place/City</th>
<th>Voronezh</th>
<th>Omsk</th>
<th>Rostov-on-Don</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual Orientation</td>
<td>G</td>
<td>L</td>
<td>H</td>
</tr>
<tr>
<td>I was fired or had to leave the job</td>
<td>0,00%</td>
<td>0,00%</td>
<td>9,43%</td>
</tr>
<tr>
<td>I was refused employment</td>
<td>8,70%</td>
<td>10,53%</td>
<td>13,21%</td>
</tr>
<tr>
<td>There were difficulties with promotion</td>
<td>8,70%</td>
<td>15,79%</td>
<td>5,66%</td>
</tr>
<tr>
<td>I had to provide incomplete information to get the job</td>
<td>17,39%</td>
<td>13,16%</td>
<td>7,55%</td>
</tr>
<tr>
<td>Nothing of this kind</td>
<td>65,22%</td>
<td>60,53%</td>
<td>64,15%</td>
</tr>
</tbody>
</table>

Legend keys:
G – gay men
L – lesbian women
H – heterosexual persons

### Appendix 4

**Issues of payment for medical services: Patients with a diagnosis ‘Transsexualism’ as compared to the patients with other diagnoses**

<table>
<thead>
<tr>
<th>Type of medical intervention</th>
<th>Diagnoses with which intervention is performed free of charge</th>
<th>Payment in the case of diagnosis ‘Transsexualism’</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examination in psychoneurologic dispensary and in-patient clinic</td>
<td>All (under referral)</td>
<td>Charged services are offered in most cases. There is a possibility of free services under referral, but in such case the quality of the services will be law in most cases; appropriate diagnostics and treatment are not provided in public institutions, there is a major risk of establishing incorrect diagnosis.</td>
</tr>
<tr>
<td>HRT</td>
<td>Oncological diseases and endocrine disorders: after the removal of gonads, when there is abnormal development of genital organs, hermaphroditism, etc. HRT is prescribed according to the standard procedure. Preparations are purchased at the patient's expense. The only exception – disabled persons of groups I or II when prescription of HRT is conditioned by disability.</td>
<td>In most cases, physicians in ordinary regional out-patient clinic direct patients to Moscow for both prescriptions and HRT as such. There are some doctors in private practice who undertake prescription of HRT. But they receive patients only on a paid basis. Hormones are purchased at the patient's expense.</td>
</tr>
<tr>
<td>Mastectomy, hysterectomy, orhyectomy</td>
<td>Oncological diseases. Mastectomy is commonly performed due to breast cancer. Hysterectomy is performed to treat endometrial or cervical cancer, ovarian cancer, hysteromyoma and endometriosis; in tocology – due to atonic hemorrhage. Orhyectomy is performed due to the complications of inflammatory or infectious diseases, heavy injuries, post-surgery complications, excessive sexual hormones production, malignant neoplasms and testicular atrophy. Treatment of oncological diseases is paid from the federal budget (under quotas) or regional budget (specialised medical care).</td>
<td>At the patient’s expense.</td>
</tr>
<tr>
<td>Phallourethroplasty, metoidioplasty, vaginoplasty</td>
<td>Abnormal development of genital organs or hermaphroditism – for the account of federal budget (under quotas).</td>
<td>At the patient’s expense.</td>
</tr>
</tbody>
</table>
## Appendix 5

**A circle of family members entitled to social payments under the Russian legislation**

<table>
<thead>
<tr>
<th>Name of Law</th>
<th>Type of allowances</th>
<th>Entitled persons</th>
<th>Possibility of inclusion of same-sex partner or non-biological child raised in a same-sex family</th>
</tr>
</thead>
<tbody>
<tr>
<td>On the State Provision of Pensions in the Russian Federation</td>
<td>Pension for loss of breadwinner</td>
<td>Children, siblings, grandchildren, parents, spouse, grandparents</td>
<td>No</td>
</tr>
<tr>
<td>On Pension Provision for Persons Who Have Done Military Service in Internal Affairs Bodies, the State Fire-Fighting Service, Bodies for Control Over the Circulation of Narcotics and Psychotropic Substances and Institutions and Bodies of the Penal System, and for the Families of Such Persons</td>
<td>Pension for loss of breadwinner</td>
<td>Children, siblings, grandchildren, parents, spouse, grandparents; adoptees and adopters, stepchildren and stepparents</td>
<td>No</td>
</tr>
<tr>
<td>On the Retirement Pensions in the Russian Federation</td>
<td>Pension for loss of breadwinner</td>
<td>Children, siblings, grandchildren, parents, spouse, grandparents; adoptees and adopters, stepchildren and stepparents</td>
<td>No</td>
</tr>
<tr>
<td>On Ensuring Allowances for Temporary Work Disability and Maternity Allowances for Citizens Subject to Compulsory Social Insurance</td>
<td>Temporary work disability allowance (including those in relation with taking care of a sick family member)</td>
<td>Family members</td>
<td>Doubt</td>
</tr>
<tr>
<td>On State Allowances for Citizens with Children</td>
<td>One-time allowance at the birth of the child</td>
<td>One of the parents or surrogate parent</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>One-time allowance at the transfer of a child for upbringing to a family</td>
<td>One of the adopters or guardian</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Monthly allowance for child care</td>
<td>Mother, father, other relatives, guardian</td>
<td>No</td>
</tr>
<tr>
<td>On Additional Measures of State Support for Families with Children</td>
<td>Maternity capital</td>
<td>Mother, female adopter, single father or single male adopter</td>
<td>No</td>
</tr>
</tbody>
</table>
Appendix 6

Information on the authors of the report

The Russian LGBT Network is an inter-regional social movement, founded in 2006. It is working for the protection of rights of homosexual, bisexual and transgender people, and their social integration. The movement was created to unite public support for stopping all the forms of discrimination based on sexual orientation and gender identity, for conveying the idea of tolerance to the Russian society, and also for supporting the active participation of gays, lesbians, bisexual and transgender people in public life. Since 2007, the organisation has been monitoring discrimination on grounds of sexual orientation and gender identity. Several reports on the situation of LGBT people in Russia have been published, and professional legal and psychological assistance is being provided on an on-going basis.

There are 14 Regional branches in the Movement (in St. Petersburg, Republic of Karelia, Republic of Tatarstan, Krasnoyarsk Territory, Perm Territory, Arkhangelsk Region, Volgograd Region, Kemerovo Region, Novosibirsk Region, Omsk Region, Pskov Region, Sverdlovsk Region, Tomsk Region, and Tyumen Region), as well as individual activists from other 7 regions. Apart from the individual participants, the collective participants are taking part in the activity of the Russian LGBT Network: NGO ‘Rakurs’ (Arkhangelsk), NGO ‘Gender-L’ (St. Petersburg), LGBT Ministry ‘Nuntiare et Recreare’ (St. Petersburg), NGO ‘Coming Out’ (St. Petersburg), NGO ‘IntRa’ (St. Petersburg), NGO ‘Krug-Karelia’ (Petrozavodsk), NGO ‘Gender and Law’ (Novosibirsk), NGO ‘Rainbow House’ (Tyumen). The alternative report has been prepared on behalf of all participants of the Russian LGBT Network.