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## **The changing landscape of legal gender recognition in the post-Soviet region**

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### **Abstract**

Procedures of legal gender recognition (LGR) for transgender (trans) and intersex persons vary and change rapidly around the world. This study aims to compare and trace the historical development of LGR procedures in post-Soviet countries. The legislation of the Soviet Union and Russia was found to influence respective regulations in many post-Soviet countries, while some later procedures took aspiration from Western countries and international organizations. The involvement of the trans movement in the drafting was a good predictor of LGR requiring less time and medical interventions (in, for example, Kyrgyzstan and Ukraine). Although the actual requirements for LGR vary throughout the region, the process remains inseparable from psychiatric evaluation, usually requiring the diagnosis of transsexualism. While until recently access to LGR had not depended on wider political dynamics, anti-trans sentiments driven by anti-Western narratives led to a repeal of the LGR procedures in Russia and Georgia.

### **Key words**

Transgender; legal gender recognition; comparative law; legal history; transgender history; policy transfer

### **Resumen**

Los procedimientos de reconocimiento legal de género (LGR) para las personas transgénero (trans) e intersexuales varían y cambian rápidamente en todo el mundo. El objetivo de este estudio es comparar y rastrear la evolución histórica de los procedimientos de LGR en los países postsoviéticos. Se ha constatado que la legislación

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de la Unión Soviética y Rusia ha influido en las respectivas normativas de muchos países postsoviéticos, mientras que algunos procedimientos posteriores se han inspirado en los países occidentales y las organizaciones internacionales. La participación del movimiento trans en la redacción fue un buen indicador de que el LGR requeriría menos tiempo e intervenciones médicas (por ejemplo, en Kirguistán y Ucrania). Aunque los requisitos reales para el cambio de género varían en toda la región, el proceso sigue siendo inseparable de la evaluación psiquiátrica, que suele requerir el diagnóstico de transexualidad. Si bien hasta hace poco el acceso al cambio de género no dependía de dinámicas políticas más amplias, los sentimientos antitrans impulsados por narrativas antioccidentales llevaron a la derogación de los procedimientos de cambio de género en Rusia y Georgia.

### **Palabras clave**

Transgénero; reconocimiento legal de género; derecho comparado; historia jurídica; historia transgénero; transferencia de políticas

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## 1. Introduction

The issue of changing sex/gender (gender transition) has recently come at the frontline of political debates in many countries (Kinney *et al.* 2022, Moazami 2023), generating increased interest on behalf of researchers towards transgender (trans) and intersex issues. Whereas the traditional inquiry into this subject has been dominated by medical professionals concerned with etiology, diagnostics and treatment, trans studies (Schilt and Lagos 2017) and critical intersex studies (Wolff *et al.* 2022) are focusing on the lived realities of trans and intersex people, often with an explicitly articulated goal of improving their material realities (Billard *et al.* 2022). Law naturally constitutes the central (though far from single, see Davis and Wertz 2010) determinant of such realities, both through explicit legal provisions and unintentional exclusions (Ashley 2021). Whereas the intersections between trans/intersex issues and law are diverse, including criminalization and policing (Jenness and Rowland 2024), access to single-sex spaces (Barnett *et al.* 2018), anti-discrimination provisions (Sharpe 1999) and the right to bodily integrity (Garland and Travis 2018), this paper focuses on legal gender recognition (LGR), an area with the longest history of regulation in the post-Soviet region, which is central for this study.

LGR, i.e., changing one's legal gender and name to conform with one's gender identity, is among the important steps of gender transition for many trans and some intersex people. Alignment between one's gender identity, physical appearance and legal gender (and name) leads to better mental health outcomes (Scheim *et al.* 2020, DeChants *et al.* 2022) and less discrimination/harassment in settings where one is required to prove their identity (Loza *et al.* 2021). Therefore, LGR is considered the cornerstone of trans people's recognition as full-fledged citizens with far-reaching cultural and material implications (Couch *et al.* 2008, Hines 2013).

Approaches to LGR are extremely diverse across the world, but can roughly be classified as ascriptive and elective (Osella and Rubio-Marín 2023), rooted in either the medical or human rights discourse, respectively (Lau 2020). In the first case, "transsexualism" ("gender dysphoria", "gender incongruence") and intersex conditions ("disorders of sex development", "hermaphroditism") are framed as medical problems for which LGR is a treatment option alongside hormone-replacement therapy (HRT) and surgeries. Whenever LGR is conceptualized within this medical discourse, it requires a medical assessment, often accompanied by requirements for medical interventions, including HRT, surgeries and/or sterilization. Social requirements, such as being unmarried, having no children under the age of majority or having a job, are sometimes imposed as prerequisites for LGR. On the other hand, conceptualization of LGR as a human right presupposes no additional requirements other than the person's free will. The latter model has been enshrined in the laws of, for example, Argentina, Malta and Ireland. In addition to female or male gender markers, some countries (e.g., Bangladesh, Australia and Germany) permit changing legal gender to a non-binary option such as "third sex" or "other", introducing an additional axis in the classification of LGR models (Ryan 2018, Osella and Rubio-Marín 2023). In some countries, the procedure of LGR is regulated in great detail, whereas in others, the rules are vague and terminology unclear. In some countries, changing legal gender is an administrative procedure, whereas in others, a court decision is required.

As for the social context, the first LGR regulations had been developed by lawyers and doctors, as evident from the policy process around the Swedish LGR law, enacted in 1972 and considered the world's oldest to specifically mention trans people (Wålinder and Thuwe 1976). However, the developers of the 2004 British Gender Recognition Act already had to make concessions to the lobbying efforts of religious and sports authorities (Sharpe 2007). Later, other actors, particularly the trans/LGBT movement, were able to influence the international soft law (such as the Yogyakarta Principles Plus 10 and Resolution 2048 of the Parliamentary Assembly of the Council of Europe) in order to remove obtrusive requirements for LGR and reframe it as a human right (Holzer 2020). These international developments provided an impetus for national reforms (Murray *et al.* 2020). Some activists and scholars go as far as to argue for the abolition of gender markers altogether (Cannoot and Decoster 2020). In response to the simplification of LGR rules and the growth of the number of such cases, the recent years have seen increased attention towards trans issues on behalf of the international anti-gender movement (Kinney *et al.* 2022, Moazami 2023). Therefore, present-day LGR procedures bear the imprint of multi-decade political struggles involving trans people, medical professionals, lawyers, human rights defenders, religious institutions and radical feminists (Knight 2020).

While access to LGR is a topic of ongoing legal research in many countries, there are only a handful of studies on LGR in the post-Soviet region (Kirichenko 2012, Shelyutto 2017, Ryan and Dairova 2021, Kirey-Sitnikova *et al.* 2024). This is unfortunate given the long and rich history of medico-legal care for intersex and trans patients both in the Soviet and post-Soviet times (Kirey-Sitnikova 2025b), which is at the same time rather surprising in the light of the region's general image as a conservative place hostile to trans/LGBT individuals (Wilkinson 2020). This paper presents a legal-historical overview of the dynamics of LGR across time and space, starting with the 1920s until the present in all 15 internationally recognized countries that used to make up the Soviet Union. Since many post-Soviet LGR policies originated from borrowing from abroad, policy transfer is among the main threads running through the text.

## 2. Theoretical framework

As the following text shows, the clauses pertinent to LGR in the legislation of post-Soviet countries often exhibit word-for-word similarity, raising the possibility of a common origin. Among the various terms used to explain policy borrowing between countries, such as policy emulation and lesson drawing, policy transfer is preferred for its ability to cover both voluntary and coercive borrowings (Dolowitz and Marsh 1996). While studies on policy transfer generally focus on individual cases, comprehensive theories are almost non-existent. In a deviation from this trend, Minkman *et al.* (2018) offered a model with four groups of factors determining the success or failure of policy transfer: environment, transferability, adoptability and process design. Environmental factors define the general political, cultural and socio-economic context, within which other factors operate, such as the dominant political forces and the nature of the political system (for example, authoritarian *versus* democratic). Transferability is determined by the source's authority and connection to the recipient, the recipient's openness to foreign influence, as well as the policy's flexibility and (in)dependence of the context. Besides, adoptability is important; this is theorized to consist of the policy's suitability, adopting

capacity and ability to change the existing norms. Finally, the process design describes the relations between the diverse actors involved in policy-making.

Policy transfer might not always be voluntary but may result from pressure on behalf of other, more powerful states or international institutions. In this regard, policy transfer can be studied in relation to globalization (Ladi 2005), Europeanization (Anderlini 2023) or Sovietization (Grzybowski 1955). As further paragraphs demonstrate, post-Soviet clauses on LGR come from a variety of sources, necessitating a more overarching framework. Decolonial theory has been proposed as a useful critique of traditional comparative law (Salaymeh and Michaels 2022). To employ this approach, it becomes important to situate the post-Soviet region within the discourse on post/neo/colonialism. Russia has been described as both a colonizer, exercising direct control (throughout the Russian Empire and Soviet Union) or indirect influence (during the post-Soviet period) over vast lands around its borders, and a colonized, when considering its intellectual and technological dependence on the West, leading to the emergence of terms such as “subaltern empire” (Morozov 2015). The latter, of course, refers not to actual colonization but to many Russians’ admiration for Western progress, which they try to emulate, a trend sometimes called “self-colonization” (Kiossev 2010). In another deviation from Western empires, the colonizers and colonized were not clearly separated by distance and race in the Russian case (Etkind 2011). Moreover, the Soviet state claimed itself to be anti-imperial and promoted policies aimed at empowering national minorities, at least rhetorically (Martin 2018). These peculiarities, together with the designation of the Russian/Soviet-dominated space as the Second World, have led to a remarkable exclusion of this part of the globe from postcolonial studies until recently (Moore 2001). Emergent research demonstrates the uneasy relationship between the “posts” in the post-colonial, on the one hand, and post-socialist/post-communist/post-Soviet, on the other (Hladík 2011, Tlostanova 2012). It is no surprise then that the postcolonial framework has not been applied to the analysis of post-Soviet legislation, even though many authors have noticed similarities between the laws of post-Soviet countries (e.g., Smirnova 2018, Kovalenko *et al.* 2020, Lemon and Antonov 2020) and instances of legal transfer from abroad (e.g., Partlett 2019, Tadjibayeva 2024). This serves as a manifestation of the larger problem of dual exclusion that the Global East experiences in international scholarship, regarded neither as part of the Global North nor the Global South (Müller 2020).

### 3. Methodology

The collection of legal sources began in 2013 following the author’s participation in a convention of Eastern European, Central Asian and South Caucasian trans activists in Karpaty, Ukraine. Over the years, the collection has been supplemented by following the news and talking to trans people as part of various research projects and informally. By the time this legal analysis turned into a project of its own, the author systematized and updated the collection by searching official websites, legal databases, gray and academic literature with search terms such as “transsexual”, “hermaphrodite” and “change of sex” followed by the countries’ names. Additional pieces of legislation were identified via cross-references, for example, when one law amended or repealed another. Some pieces of the Soviet and Russian legislation were found in the State Archive of the Russian Federation, and one Estonian law — in the National Archives of Estonia. The

language barrier generally did not present an obstacle as legislation of most post-Soviet countries was available in Russian (the author's native language; in addition to Russia, enjoys an official status in Belarus, Kazakhstan, Kyrgyzstan and Tajikistan) or English in either official or unofficial translation. Only for Estonian and Georgian had the author to resort to automatic translation tools.

The resultant legal collection was subjected to comparative textual analysis, which included identifying specific clauses on LGR within broader laws/decrees, comparing formulations to identify common patterns, finding evidence on the process of their adoption (in academic or gray literature, as well as archives) and linking those to post/neocolonialist relationships between sources and destinations of borrowing.

#### **4. (Post-)Soviet procedures of LGR**

Delineating the history of LGR procedures is not a simple task as they can be codified at the level of laws (adopted by parliaments) and decrees/orders of ministries (usually the Ministry of Health or Ministry of Justice) or governments. In this section, LGR procedures will be categorized by time and geography, starting with the Soviet Union and proceeding to the four post-Soviet subregions: Eastern Europe, Central Asia, South Caucasus and Baltic states.

##### *4.1. The Soviet Union*

In 1926, the People's Commissariat for Internal Affairs (NKVD) of the Russian Soviet Federative Socialist Republic (RSFSR) issued circulaire no. 146 ("On amendment of the records in birth registry books of sex, name and surname of hermaphrodites" of 22 Apr 1926), which explicitly allowed LGR for intersex people ("hermaphrodites" in the contemporary terminology):

Citizens having signs of hermaphroditism (two-sexed) and wishing to change [their] name and surname in accordance with the identified sex provide to the registry at the place of residency a written statement, a metrical record of birth and a statement by a medical commission that had found hermaphroditism indicating the predominance of a certain sex (male or female).

This piece of legislation made the USSR one of the first states in the world to explicitly allow LGR and reflected the general atmosphere of relative sexual freedom in the 1920s (Roldugina 2019). The circulaire was issued "in view of requests from the field" (i.e., local registry offices) and was probably of autochthonous origin, although no details are available on the process of its drafting and adoption (historian Dan Healey (2009) attributes its adoption to the influence of the Soviet chief forensic medical expert IĀkov Leĭbovich). Nevertheless, its appearance is indicative of at least two facts: first, there were enough individuals in need of changing their names to those associated with another gender who were not afraid to approach the authorities; second, there were Soviet doctors who were aware of and able to diagnose such conditions. Indeed, the early Soviet medical press contained abundant cases of intersex patients (Healey 2009). Trans individuals could probably also benefit from the circulaire, even though direct evidence is difficult to find (Kirey-Sitnikova 2025b). Although the circulaire was mentioned in several sources in the 1920s and 1930s (e.g., Leĭbovich 1928), no references

could be found in later literature, including the writings of Soviet doctors working with intersex and transsexual patients in the 1970s and 1980s.

The next four decades saw no policy-making aimed at confirming or curbing the right to change sex (either medically or legally), with no substantial evidence yet found to attribute this fact to the repressive political climate of Stalinism.<sup>1</sup> The new all-Union legislation on marriage and family adopted in 1968 (Law no. 2834-VII of 27 Jun 1968) spurred a wave of law-making. The next year, the Council of Ministers of the USSR came up with the provisions on changing and recovering the records of acts of civil status<sup>2</sup> (no. 410 of 2 Jun 1969), which tasked the union and autonomous republics to develop more detailed rules suitable for their local contexts. The Council of Ministers of the RSFSR did just that by adopting decree no. 512 (of 27 Aug 1969), which permitted the amendment of acts of civil status “if changing surname or name due to the change of sex (in hermaphrodites) is necessary”. Internal Soviet passports lacked a specific field for legal gender; instead, it was deduced from the gendered name, patronymic and surname, a probable reason why the decree did not explicitly address the procedure of changing legal gender. Unfortunately, no details on the provision’s adoption are available, for example, whether the 1926 circulaire provided inspiration. More archival work is also required to determine whether decrees adopted by other Soviet republics included provisions on the change of sex at this point.

In 1976, the new all-Union rules for amending acts of civil status were adopted (Council of Ministers of the USSR, decree no. 1006 “On adoption of basic rules stipulating the procedure for amendment, restoration and annulment of records of acts of civil status, regime and retention schedule of civil registry books” of 10 Dec 1976). “Hermaphroditism” was among the grounds for changing acts of civil status: “if changing surname, name and patronymic due to the change of sex (in hermaphrodites) is necessary” (§2). Evidently, this all-Union formulation was copied from the 1969 RSFSR decree, except for the mention of patronymics. In addition, the 1976 decree mentioned “hermaphrodites” in §4: “applications can also be made at the location of the medical organization, which issued the conclusion on the change of sex”. Archival data show that the decree was developed primarily by the Ministry of Justice. The Ministry of Health was consulted, but they made only a minor amendment: in §4, they requested “medical organization” to be changed to “healthcare organization” (State Archive of the Russian Federation, fond 5446, inventory 110, case 1438). Exactly the same phrases appeared in the rules adopted by the All-Union Ministry of Justice on 15 Jul 1977. In addition to intersex people, this formulation was used by transsexuals to change their names, as transsexualism was considered a psychic version of “hermaphroditism” (Bukhanovskii 1994, 39).

The 1970s and 1980s saw the emergence of Soviet medical research on transsexualism, especially in the works of psychiatrists Aron Belkin in Moscow (Belkin and Greiner 1972,

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<sup>1</sup> Already after this article had been accepted, the author found an “Instruction on the procedure of recording acts of civil status” (NKVD of the USSR, Decree no. 360 of 29 Aug 1937), which reaffirmed the right of “hermaphrodites” to change legal sex following a forensic medical examination. In addition, the NKVD’s 1926 circulaire №146 was slightly amended in 1927.

<sup>2</sup> The term “acts of civil status” is the direct translation from Russian *akty grazhdanskogo sostoiāniā*. They are also known as civil registration, e.g., registration of birth, death, marriage, divorce, adoption or change of name. On their history see Werth 2006.



Belkin 1975) and Aleksandr Bukhanovskii in Rostov-on-Don (Bukhanovskii 1994). This research laid the ground for the adoption by the USSR Ministry of Health of the first Soviet guideline “Transsexualism (methodological recommendations on the change of sex)” coauthored by Aron Belkin (no. 10–11/72 of 26 Aug 1991). Among other approaches, it recommended LGR as a treatment strategy. LGR was possible following the diagnostics of “transsexualism” at a psychiatric institution and did not require medical interventions, such as HRT or surgeries, which could be initiated later (HRT — in parallel with LGR; surgeries — after a one-year probation period). In addition to their own experience, the authors rooted this guideline in the recommendations of the Harry Benjamin International Gender Dysphoria Association (HBIGDA; later renamed to the World Professional Association for Transgender Health — WPATH), a fact that is clearly stated in the guideline’s introduction. Liberalization and reduced tensions with the West at the end of the Soviet period (*perestroika*) created a political environment that permitted such borrowing.

#### 4.2. Post-Soviet Eastern Europe

It is logical to start with Eastern Europe, a subregion where LGR procedures appeared first and changed at a higher frequency than elsewhere in the post-Soviet space.

In **Ukraine**, the possibility of LGR was mentioned already in 1992 in the law “Fundamentals of legislation of Ukraine on healthcare” (no. 2801-XII of 19 Nov 1992):

On demand of the patient, in compliance with medico-biological and socio-psychological indications defined by the Ministry of Health of Ukraine, he [sic] can be subject to the change (correction) of his sex by means of medical interventions in accredited healthcare facilities. The person whose sex was changed receives a medical certificate, which is later used to decide on the respective changes in his legal status.

Thus, in Ukraine, the new law reversed the 1991 Soviet regulations: medical interventions preceded and became a requirement for LGR. In 1996, the Ukrainian Ministry of Health adopted decree no. 57 (“On provision of medical care to individuals in need of the change (correction) of sex” of 15 Mar 1996), which introduced more details. To begin gender transition, a person had to be evaluated in a psychiatric institution for at least 30 days. A one-year outpatient evaluation by a sexologist and taking HRT for at least one year were required before further steps. Access to surgeries and LGR was granted by a centralized commission in Kyiv if the requirements were satisfied. In addition, a long list of contraindications was introduced: age under 25, being married, having children under 18, being unemployed, alcoholism, drug addiction, antisocial behavior, health conditions not allowing for HRT or surgeries and disagreement of the patient with the volume of medical interventions prescribed by the commission.

Thus, Ukraine became the first post-Soviet country to establish a well-defined procedure of medical and legal transition. The procedure was long and complicated, the number of requirements and contraindications was very high, which later made decree no. 57 a target for criticism by human rights defenders. Attempts to replace decree no. 57 were initiated in 2008 by LGBT organization *Insight*. In 2011, the Ministry of Health introduced a new decree no. 60 (“On improving the provision of medical care to individuals in need of the change (correction) of sex” of 3 Feb 2011), which also caused outcry among trans activists. Hospitalization in a psychiatric institution for 30 to 45 days was required. The

centralized commission in Kyiv, which issued the diagnosis, remained in charge of prescribing the volume of medical interventions required for LGR on an individual basis. Many contraindications were still in place, such as being divorced and having no children under 18.

The Ukrainian trans movement brought cases to court challenging the legality of various elements of this procedure (Husakouskaya 2019). Following this pressure, in 2015, the Ministry of Health established a working group charged with the development of a new procedure. A recently established group *T\*ema* led by two trans women, whose ideological stances aligned with the doctors' views better than those of *Insight*, were allowed to participate. The clinical protocol developed by this working group in 2016 was based on the UK's *Good Practice Guidelines for the Assessment and Treatment of Adults with Gender Dysphoria* (Wylie *et al.* 2014), chosen because it appeared on the list of international medical guidelines for adoption in Ukraine (Husakouskaya 2019). The process of LGR began with a visit to a family doctor at the place of residence. Psychiatric evaluation took two years but in certain cases could be replaced with a two-week hospitalization. When the diagnosis was obtained and HRT started, a commission assembled at a local polyclinic issued a medical certificate for LGR, meaning the decentralization of the procedure, which had previously been available only in Kyiv. In practice, the process was complicated by the incompetence of local doctors and corruption (Kirey-Sitnikova 2023b).

In **Belarus**, the Cabinet of Ministers promulgated the establishment of an inter-ministerial commission on "the medico-psychological and social rehabilitation of individuals suffering from sex denial syndrome" in 1996 (Cabinet of Ministers, decree no. 518 of 8 Aug 1996). The composition of the commission and its operating rules were approved in 1999 by the Ministry of Health (decree no. 94 "On approval of composition of the inter-ministerial commission on medico-psychological and social rehabilitation of individuals with sex denial syndrome and its working arrangements" of 29 Mar 1999). Many clauses, including indications and contraindications, were borrowed from the Ukrainian decree no. 57, with several revisions. For example, the minimum age was set at 21 instead of 25. The general framework was close to the Soviet and not the Ukrainian model: LGR was performed after a psychiatric evaluation, while medical interventions followed if the person wished so. In the later versions (decree no. 163 "On some issues related to the change and correction of sex" of 9 Dec 2010), Ukrainian borrowings were removed, legal and medical transition was based on the diagnosis "transsexualism" (as codified in the 10<sup>th</sup> version of the International Classification of Diseases – ICD-10), a comprehensive procedure of psychiatric and sexological evaluation was defined, including specific questionnaires to be used.

From a legal perspective, all these regulations were based on the Cabinet of Ministers' decree no. 512, while an article devoted to the change of sex was included in the law "On Healthcare" only in its 2008 edition: "The change and correction of sex belonging is conducted at the will of an adult patient in state-run healthcare organizations according to the procedure defined by the Ministry of Health" (law no. 363-3 "On introduction of amendments and additions to the law of the Republic of Belarus 'On healthcare'" of 20 Jun 2008). The 2000 decree no. 821 (Council of Ministers, "On adoption of the rules on the procedure for registration of acts of civil status in the Republic of Belarus" of 7 Jun

2000) also featured a separate clause on the change of name, which echoed the Soviet formulations of 1969–77, adding “transsexualism” as an additional reason: “if changing surname, name and patronymic due to the change of sex (in hermaphrodites, transsexuals) is necessary”. In 2005 (Council of Ministers, resolution no. 1454 “On the procedure of organization of work with citizens in registries on issuance of certificates or other documents containing confirmation of facts of legal value” of 14 Dec 2005), the formulation was changed to “if changing surname, name and patronymic due to the change, correction of sex is necessary”, thus removing the mention of specific medical conditions altogether. No information is available on the forces shaping the aforementioned pieces of Belarusian legislation. In practice, centralization in Minsk and an at least one-year-long sexological evaluation created barriers to LGR (Kirey-Sitnikova and Kumets 2024).

In **Russia**, the State Duma adopted law no. 143 “On acts of civil status” (of 15 Nov 1997). According to its article 70, the submission of “a document of the established form about the change of sex issued by a medical organization” was among the grounds for amending acts of civil status. Archival work revealed that the first version of law no. 143 borrowed directly from the Soviet 1969–77 regulations with “hermaphroditism” being mentioned as a ground for amending names, patronymics and surnames. However, the legal department of the Federal Council urged to change the formulation to allow individuals other than “hermaphrodites” (i.e., transsexuals) access to the procedure (State Archive of the Russian Federation, fond 10100, inventory 2216, case 089).

As part of the ICD-10’s implementation in Russia in 1999, the Russian Ministry of Health issued decree no. 311 “On adoption of the clinical guideline ‘Models of diagnostics and treatment of psychiatric and behavioral disorders’” (of 6 Aug 1999), including transsexualism. Similar to the 1991 Soviet guideline, it recommended LGR as a treatment strategy and used similar terminology (“sexual reorientation”, probably a translation of English “sex reassignment”). However, it did not precisely determine a legal procedure for LGR. Russia, a post-Soviet country with the richest history of research on trans issues, could not adopt a LGR procedure for 20 years because of disagreements among doctors and lawyers on what should go first, LGR or medical interventions (Dmitrieva *et al.* 2002). As a result, law enforcement depended on the part of the country in which the individual resided: some registry offices required the diagnosis “transsexualism” and often medical interventions, such as HRT and/or surgeries, while others refused to process applications without a court decision (Kirichenko 2012).

Finally, in 2017, the Ministry of Health presented a draft version of the form of the medical document and the rules of its issuance (future decree no. 850H “On adoption of the form and procedure of issuance of a document on the change of sex by a medical organization” of 23 Oct 2017). No medical interventions were required, but at least 1.5 years of psychiatric evaluation were a prerequisite. During the two weeks of public discussion, trans activists and their allies (doctors, lawyers) submitted around 70 suggestions demanding the simplification of the procedure. As a result of a non-transparent process, the requirement for a 1.5-year-long evaluation was dropped (Kirey-Sitnikova 2018).

Since the decree’s adoption in 2018 and until 2023, LGR in Russia looked as follows. A person was evaluated by a medical commission consisting of a psychiatrist, a sexologist

and a medical psychologist to receive the diagnosis “transsexualism” and the medical document of the established form (no. 087/y “certificate on the change of sex”). Commissions could be established in any medical clinics, state-run or private, with an appropriate license. Since officially approved clinical practice guidelines were lacking (decree no. 311 had been abolished in 2012 for unknown reasons), there was a great diversity of approaches to diagnosing “transsexualism”, with some commissions doing all evaluations and issuing all necessary documents within a couple of days, while others requiring a two-year-long evaluation (Kirey-Sitnikova 2023b).

In 2023, the growing number of individuals who had received LGR according to this rather simple procedure drew the attention of conservative policy-makers. Riding the wave of anti-Western sentiments, which grew following the onset of full-scale military actions in Ukraine, the Russian State Duma, in spite of protests on behalf of trans activities, doctors and even the Russian Ministry of Health, modified the formulation on LGR in law no. 143 to restrict it to intersex individuals only, while trans individuals were purposefully excluded; gender-affirming healthcare for trans people was banned altogether (law no. 386 “On introduction of amendments to certain legislative acts of the Russian Federation” of 24 Jul 2023). Despite the ostensible intention to save Russia from pernicious Western influences, the members of parliament borrowed extensively from anti-trans narratives of the international anti-gender movement (Kirey-Sitnikova 2024a). Despite their intention to ban medical and legal transition for trans people altogether, the law’s vagueness permitted providing some gender-affirming medical interventions to those who had undergone LGR, while LGR remained possible by court decision on a limited basis (Kirey-Sitnikova 2025a).

**Moldova** remains the only post-Soviet Eastern European country that has not developed its own LGR procedure. In 2001, it borrowed the Russian law on acts of civil status (no. 143), including the slightly reformulated clause “the claimant submitted an official document about the change of their sex” (law no. 100 “On acts of civil status” of 26 Apr 2001).

#### *4.3. Post-Soviet Central Asia*

**Uzbekistan** was the first Central Asian country to mention LGR in its legislation (Family Code no. 607-I of 30 April 1998): “amendment of the records of acts of civil status in cases of the change of sex is admissible only upon the decision of health authorities”. The formulation above was copied together with other clauses from the Russian 1997 law on acts of civil status (no. 143) with slight rewording. Later, an internal instruction specifying the LGR procedure was adopted by the Ministry of Health; however, its contents are not publicly known (Yoursky 2019). Additionally, according to decree no. 387 introduced in 2016 (Council of Ministers, “On adoption of the rules of registration of acts of civil status” of 14 Nov 2016), acts of civil status can be amended “in case of the change of sex”; the same formulation was carried over to the 2023 resolution no. 550 of the Council of Ministers, (“On systematization of regulatory legal acts in the sphere of marriage, family and registration of acts of civil status” of 20 Oct 2023). The process of medical evaluation was long and included consultations with a psychologist, a sexologist and a psychiatrist, as well as a one-month-long in-patient evaluation at a psychiatric hospital (Masyumova *et al.* 2022).

In 1999, **Kazakhstan** adopted the Soviet 1969–77 model, although “hermaphroditism” was not specifically mentioned: “the change of surname, name, patronymic, sex and its registration is performed by registry offices at the place of the claimant’s residence” (law no. 620 “On adoption of the Regulation of the process of amendment, restoration and revocation of records of acts of civil status” of 22 May 1999). More details were introduced in 2003 by decree no. 435 of the Ministry of Health (“On the rules of medical evaluation of individuals with disorders of sex identification” of 3 Jun 2003), which stipulated an evaluation by a medical commission, including hospitalization at the Republican Scientific and Practical Center of Mental Health (Almaty) for 30 days; medical interventions were not required for LGR. In 2009, the code “On people’s health and healthcare system” (no. 193-IV of 18 Sep 2009) mentioned trans people’s right to the change of sex. In compliance with this code, the government introduced the new rules of medical evaluation (decree no. 1484 “On adoption of the rules of medical evaluation and conduction of the change of sex to individuals with disorders of sex identification” of 7 Dec 2011). They required hospitalization at a psychiatric institution for 30 days followed by two stages of medical interventions: HRT and surgeries. The results of each step were evaluated by a medical commission that could issue a permission for LGR or refuse to do so if one of the stages had not been successful. At the second stage, “formation of female/male genitals” was expected, making these surgeries (some of them not performed in Kazakhstan) compulsory for LGR. In 2015, the rules were slightly revised and the eligibility age increased from 18 to 21 (Ministry of Health and Social Development, decree no. 187 “On adoption of the rules of medical evaluation and conduction of the change of sex to individuals with disorders of sex identification” of 31 Mar 2015). In 2020, the rules were amended again but the general framework remained the same (Ministry of Health and Social Development, decree no. КР АСМ-203/2020 “On some issues related to providing medico-social help in the sphere of mental health” of 25 Nov 2020). The same year, the minimal eligibility age limitation of 21 was introduced in the law “On people’s health and the system of healthcare” (no. 360-VI 3PK of 7 July 2020), making it harder for trans activists to challenge it. Moreover, the activists complained that the legislative change was made in secrecy and they were not allowed to participate on the grounds of COVID-19 restrictions (Kirey-Sitnikova 2024b).

In **Kyrgyzstan**, the 1969–77 Soviet formulation appeared in rules no. 91 “On the process of registration of acts of civil status in the Kyrgyz Republic” (of 13 Jun 2001): “if changing surname, name and patronymic due to the change of sex (in hermaphrodites) is necessary”. In 2005, an additional, Russia-inspired formulation was added to law no. 60 “On acts of civil status” (of 12 Apr 2005): “if a document of the established form about the change of sex issued by a medical organization is submitted”. Just as in Russia, no “established form” had been developed for years. In 2007, LGBT organization *Labrys* started approaching the Ministry of Health to advocate for filling this legal hole. The process was interrupted several times due to multiple instances of political instability, including elections and the 2010 Revolution. In 2012, when the decree was ready to be signed by the prime minister, it received unwanted attention from internet users and negative coverage in the media. As a result, the decree was sent back for revisions and never adopted (Kirey 2015). It took trans activists several years to start the advocacy efforts anew.

In 2017, the Ministry of Health finally adopted the *Guideline on provision of medico-social care to transgender, transsexual and gender nonconfirming people*, as well as the form (no. 048/y) of the medical document required for LGR (decree no. 42 “On adoption of clinical guidelines and protocols” of 18 Jan 2017). The guideline was based on the WPATH’s *Standards of Care* version 7 (Coleman *et al.* 2012) and featured recommendations on psychiatric evaluation and HRT. Psychiatric evaluation took place at the Republican Center for Mental Health in Bishkek. After no more than four months of evaluation, the patient was referred to the commission, which issued the form no. 048/y. This form was a sufficient ground for LGR and no further medical interventions were required. However, some registry employees continued putting forward unjustified requirements, such as surgeries (Orsekov *et al.* 2020).

In 2020, a new law “On acts of civil status” (no. 110 of 1 Aug 2020) replaced the 2005 version. For publicly unknown reasons, the clause allowing LGR was removed, making it impossible for trans people to amend their legal gender except via courts (Kirey-Sitnikova 2024b). While gender-affirming healthcare had been legalized already in 2005 (law no. 6 “On protection of health of citizens of the Kyrgyz Republic” of 9 Jan 2005), the 2024 version of the law “On protection of health” (no. 14 of 12 Jan 2024) set the minimum age for gender-affirming medical procedures at 25. The adoption of this law triggered the development of new regulations (ID-4392; as of this writing, not officially adopted) of medical evaluation for trans individuals, which, among other things, recommended applying to courts to change one’s legal gender following a psychiatric evaluation.

In **Turkmenistan**, the 1969–77 Soviet formulation was borrowed in a presidential decree of 2004: “if changing surname or name due to the change of sex (in hermaphrodites) is necessary” (no. 6671 “On adoption of regulation of the process of registration of acts of civil status” of 12 Apr 2004). A similar formulation was carried over to the 2019 law “On acts of civil status” (of 30 Nov 2019).

On the other hand, **Tajikistan** chose the 1997 Russian formulation in 2006: “submitted a document of the established form about the change of sex issued by a medical organization” (law no. 188 “On state registration of acts of civil status” of 29 Apr 2006). The formulation was carried over to the 2025 law “On state registration of acts of civil status” (no. 2217 of 2 Jan 2025). Again, no information on the reasons for these choices is available. The formulations were copied as parts of larger legislative packages on acts of civil status.

#### 4.4. South Caucasus

In **Georgia**, a modified version of the 1969–77 Soviet formulation appeared in 1998: “the change of sex — if the person wants to change name or (and) surname due to the change of sex” (law no. 1644-Ilb “On registration of civil acts” of 15 Oct 1998). Although mentioned in no law, gender-affirming surgery was required for LGR (Coalition for Equality 2021). In 2024, in line with the country’s sharp authoritarian, conservative and anti-European turn, the Georgian parliament adopted anti-LGBT legislation based on Russian models, including the ban on LGR and gender-affirming healthcare (law no. 4437-XVI᎒b-X᎒᎒ “On protection of family values and minors” of 17 Sep 2024).

**Armenia** chose the Russian 1997 formulation in 2005: “a medical organization in the order defined by the legislation of the Republic of Armenia issued a document of the

established form about the change of sex” (law no. 3P-9 “On acts of civil status” of 8 Dec 2004). In 2021, the clause was removed from an updated law without any public discussion for unknown reasons (law no. 3P-66 “On acts of civil status” of 19 Jan 2021).

**Azerbaijan** is the only post-Soviet country that has never mentioned LGR in its legislation.

#### 4.5. *Post-Soviet Baltic states*

In 1997, the Social Ministry of **Estonia** issued decree no. 91 (“Establishment of mandatory gender reassignment procedures” of 24 April 1997) regulating LGR. It required a history of a transgender identity (at least two years), absence of psychiatric disorders and congruence between the chromosomal and gonadal sex (to rule out intersex conditions). The decree explicitly proclaimed that surgeries were not required for LGR, while the formulation about HRT was ambiguous. In 1999, the Social Ministry issued a new decree, but the formulations remained almost unchanged (decree no. 32 “Common requirements for medical operations for gender reassignment” of 7 May 1999).

In **Lithuania**, the following formulation was introduced in the Civil Code (VIII-1864 of 18 Jul 2000): “An unmarried natural person of full age enjoys the right to the change of the designation of sex in cases when it is feasible from the medical point of view”. A more detailed definition of the procedure emerged in 2003; however, the bill encountered opposition from the Catholic Church and was dropped (see European Court of Human Rights, case of *L. v Lithuania*, application no. 27527/03). In 2006, Lithuania adopted the 1969–77 Soviet formulation: “if it is necessary to change the sex of an individual, name and surname due to the change or self-change of sex (in a hermaphrodite)” (Ministry of Justice, decree no. 1R-160 “On adoption of the rules of registration of civil status” of 19 May 2006). In order to implement the decision of the European Court of Human Rights on the aforementioned case, another bill specifying LGR was introduced in 2017, but it also faced opposition and was dropped. During the debates, conservative members of parliament introduced a draft bill prohibiting LGR in the Civil Code; however, it also was not adopted, resulting in a stalemate (Jurgaitė 2022). In 2021, the Ministry of Justice issued decree no. 1R-453 (“On approval of the order regulating amendment of name and surname” of 31 Dec 2021) by which trans people could change their legal name without undergoing medical interventions on the basis of the diagnosis of transsexualism; however, changing legal gender without a court decision still remained impossible.

In **Latvia**, the “Civil status act” (of 17 Mar 2005) adopted in 2005 mentioned the change of gender in birth certificates: “An entry in the birth register shall be supplemented if [...] the child’s gender has changed”. The 2012 version of the law mentioned the medical certificate among other grounds: “The birth register shall be supplemented on the basis of [...] a medical certificate or another document certifying the change of sex” (no. 2012/197.1 “On registration of civil status documents” of 29 Nov 2012), echoing the Russian clause of 1997, although the formulation is not close enough to draw firm conclusions about borrowing. As for the legal name, it could also be changed, according to the law “On the change of name, surname and nationality record” (of 08 Apr 2009).

## 5. Discussion: General trends in LGR policies in the post-Soviet region

The first Soviet pieces of legislation permitting LGR (1926 and 1969) were probably of autochthonous origin and were first applied to Soviet Russia, but were later extended to the entire USSR. The 1991 guideline already exhibited Western influences mixed with Soviet practices. After the USSR's dissolution, several countries, including Ukraine, Belarus, Estonia, Russia and Kazakhstan, established LGR procedures of their own. This probably reflected the demand for LGR on behalf of intersex/trans people, as well as the availability of medical and legal experts. In the states where such forces were weak or non-existent, the clauses mentioning LGR were simply borrowed as part of larger pieces of Soviet or Russian legislation on acts of civil status (with the Russian formulation being partly based on the Soviet precedent).

Documents shedding light on the process of this policy transfer are probably available in archives of post-Soviet states; however, accessing them requires going to these countries in person and probably some level of authorization, which has not been possible for this author except for Russia. Nevertheless, even without having the full picture, it is possible to deduce at least three factors, which probably played a role in the policy's transferability in the post-Soviet times: existing relationships with Russia, its authority as a former metropole and similarity of bureaucracy inherited from the Soviet period. In the beginning of the 2000s, when most procedures were transferred, LGR was considered a medical/technical issue, which did not spark political controversy. Therefore, it was largely divorced from the wider political dynamics (democratization, revival of religion, nationalism). The only case of a non-metropolitan borrowing was the appearance of some Ukrainian formulations (decree no. 57) in the Belarusian regulations. Whether domestically drafted or borrowed, by the mid-2000s, LGR-related provisions appeared in all but one post-Soviet country — Azerbaijan.

From the mid-2000s, trans activism in the post-Soviet region and around the world came to the scene as an important force shaping LGR regulations. Starting with online platforms and informal groups (sometimes as part of LGBT organizations), it grew to become a largely separate movement working to improve the lives of trans individuals in at least three spheres: social (reducing discrimination and violence), medical (access to gender-affirming healthcare) and legal (LGR, right to bodily integrity, anti-discrimination provisions) (Kirey-Sitnikova 2023a). In general, trans activists' aspiration was to make LGR procedures in their countries "quick, transparent, accessible" — to quote from *Transgender Europe*, the largest non-governmental organization (NGO) advocating for trans rights in Europe. Policy transfer from international/Western models was an important element in trans/LGBT NGOs' advocacy efforts. For example, the guidelines in Kyrgyzstan were based on the *Standards of Care* developed by WPATH, while the clinical protocol in Ukraine — on the UK's guidelines. Post-Soviet activists often tried to get feedback from international organizations, such as WPATH and *Transgender Europe*, on legislation introduced in their countries. Besides, activists regularly filed shadow reports to various United Nations committees with a view to obtain recommendations on LGR for their countries. In all these cases, admiration for Western models is clearly seen, as well as attempts at self-colonization, i.e., bringing these foreign models to their soil.



However, the activists' success would probably not be possible without the policies developed or borrowed at the previous stage when trans rights were not considered a political issue and were adopted by respective parliaments without drawing public attention as part of larger legislative packages regulating acts of civil status. Thus, the more "progressive" procedures adopted in the recent years required no change in the existing legislation or discussion within the respective parliaments that could have sparked a public backlash. Conveniently enough, these pieces of legislation were written in vague terms, and the actual requirements were left to the discretion of the respective ministries, which became targets of advocacy efforts by trans activists, who consciously tried to avoid public attention. Given the long Soviet history of gender-affirming healthcare and LGR (Kirey-Sitnikova 2025b), the doctors and lawyers providing their opinions to the Ministries of Health and Justice were more open to the activists' demands than the elected lawmakers would be. This context helps to understand why trans rights for some time used to be a somewhat progressive outlier in the region known for violations of human rights and a conservative backlash against LGBT people.

Unlike the borrowings from the Soviet and Russian templates, which were caused by institutional similarity and common history, openness to Western ideas about trans issues (and by extension, gender and sexuality) depended on the country's political orientations. Ukraine, which changed its political affinity from being a Russian ally to a Western partner after the EuroMaidan in 2014, was prone to Western borrowings. This is partly true also for Kyrgyzstan, which used to be balancing between the Russian and Western spheres of influence (Buranelli 2018). At the level of LGR policies, this balancing may be seen in the retention of Soviet and Russian formulations in laws alongside a West-inspired decree, which imposed only minimal requirements.

However, geopolitical openness to the West was not the sole reason why Western-style LGR policies were adopted. Georgia and Moldova, despite their orientation towards integration with the European Union, have not developed detailed LGR procedures, instead maintaining brief formulations borrowed from Russia. Unlike other pro-LGBT policies, such as anti-discrimination legislation, which were forced upon the countries wishing to build closer ties with the European Union (visa-free regime, membership), LGR was not part of the package. Therefore, internal actors (activists, doctors, lawyers) were necessary to convince the authorities to adopt these policies. These internal actors were more visible in Kyrgyzstan and Ukraine than in Georgia and Moldova, explaining the different landscapes of LGR. Thus, the post/neocolonial dynamics played a major role in promoting access to LGR in several countries, which would unlikely have developed the respective legislation on their own.

The last two decades also saw increased visibility of trans (and more broadly, LGBT) issues in the region, reaching the state of "hypervisibility" in some contexts (Wilkinson 2020). These developments, in turn, started generating anti-trans backlash in the recent years. Lithuania became the first post-Soviet country where a bill proposing a ban on LGR was put forward in 2018 in response to an attempt to introduce a more liberal LGR procedure following the pressure from the European Court for Human Rights. What failed in Lithuania succeeded in Russia five years later. In their push to ban LGR and gender-affirming healthcare, Russian members of parliament exploited the narrative of the West's colonization of Russia in the 1990s, when the country was weak. The return

to the “traditional values” was seen as a way to free Russia from its historical dependence on the West, even though in reality, the law-makers’ argumentation implicitly borrowed from the international anti-gender movement (Kirey-Sitnikova 2024a).

Kyrgyzstan and Armenia removed the possibility of LGR in 2020 and 2021, respectively. No information is available on the reasons, but the amendment is in line with the general trajectory of Kyrgyzstan becoming politically closer to Russia and the deterioration of its human rights situation, including the adoption of a Russia-style ban on the “propaganda of non-traditional relationships” in 2023 and the “foreign representatives” law in 2024. For Armenia, the change is more difficult to explain geopolitically, as during the period under consideration, its relations with Russia were strained. Finally, the 2024 Georgian anti-LGBT (including anti-trans) law borrowed directly from the Russian precedents amidst the country’s geopolitical reorientation towards Russia.

To sum up, the development of LGR policies went through three stages. First, they were considered a minor medical/technical issue, which was regulated to a lesser or greater extent. As part of larger legislative packages, they were borrowed from the Soviet and Russian templates straightforwardly. Second, the growth of the trans/LGBT movement led to the involvement of activists/NGOs in the process. These new actors looked towards the West for models to borrow and described their claims in the language of human rights. Third, the progress and visibility of trans rights triggered a conservative, anti-Western backlash, leading to attempts to curtail trans rights, including LGR. While it is tempting to blame Russia’s neocolonialism for the setback in countries such as Kyrgyzstan and Georgia, one must recall that the Russian anti-trans rhetoric was itself borrowed from Western conservatives, reinforcing its image as both a “subaltern empire” (Morozov 2015).

Another interesting development throughout these years is the shifting eligibility criteria for LGR. In all Soviet regulations (1926, 1937, 1969, 1976 and 1977), intersex people (“hermaphrodites”) were eligible. At that time, intersex conditions were better studied and considered a more legitimate reason for LGR than transsexualism, which was only starting to draw the attention of Soviet medical professionals in the late 1960s (Kirey-Sitnikova 2025b). Trans people were able to get LGR because their condition was considered a “psychic version of hermaphroditism”. The increasing visibility of trans people in the late Soviet media (Roldugina 2025) could encourage the introduction of trans-specific (as compared to earlier intersex-specific) provisions. However, it could also result from the detachment of trans issues from intersex issues within medicine itself (Kirey-Sitnikova 2025b), and more research is required to understand the policy-makers’ motivations.

As a result, LGR procedures started increasingly being designed with non-intersex trans people in mind, while intersex people who wished to undergo transition (sometimes called “intersex transitioners”) were often forgotten about. The criteria for the diagnosis F64.0 “transsexualism” (ICD-10), which gave access to LGR, specifically excluded intersex conditions. Thus, when this diagnosis was required as a prerequisite for LGR, intersex people faced obstacles to changing their legal gender, such as the need to tell lies and remain silent about their intersex diagnosis (Dovnar 2022). In Russia, the situation changed once again in 2023, as LGR remained permitted only in cases of

“disorders of sex development” (Kirey-Sitnikova 2024a). According to the members of the Russian State Duma, these somatic conditions were naturally occurring and could not be induced by the Western propaganda in a way similar to (as they believed) gender dysphoria.

## 6. Conclusion

The findings demonstrate the existence of a rich century-long tradition of LGR regulation in the post-Soviet region. While the term “post-Soviet” has drawn criticism in recent years (Bogdanova *et al.* 2023), it still holds value in the sphere of LGR where many pieces of legislation continue to exhibit Soviet and Russian influences. Moreover, while colonialism is generally discussed with negative overtones, here we can see some positive consequences of Soviet and Russian (until the 2020s) influences, as many post-Soviet countries would hardly have granted trans and intersex people the right to undergo LGR if the Soviet and Russian legislation on acts of civil status had not been borrowed. However, recently, Russian influences have started working in the opposite direction by undermining trans rights in Russia-leaning countries. At the same time, portraying Russia as the greatest culprit of the region’s move in an anti-trans direction would reveal only part of the picture, as Russia itself borrowed anti-trans narratives from Western anti-gender movements, which perfectly fits the narrative of a “subaltern empire”.

As a result of the uneven influx of these new anti-trans narratives, we can see a paradoxical picture: historically more conservative and authoritarian states, such as Tajikistan, Turkmenistan and Uzbekistan, still permit LGR for trans people (even if mostly on paper) as part of the USSR’s legacy, while it is no longer possible in Georgia and Russia. As of now, the future does not look bright for trans rights: anti-trans narratives are likely to penetrate deeper into the post-Soviet region, resulting in the revocation of the formulations permitting LGR. Nevertheless, the existence of a Soviet tradition of LGR regulation presents a vital opportunity for trans activists to fight back against anti-trans narratives promoting “traditional values” by juxtaposing one tradition to another.

When speaking about limitations, this article offered a broad review of LGR procedures across time and space; however, the evidence is distributed very unevenly. Some countries (Kyrgyzstan, Russia and Ukraine) have been thoroughly researched, while we know close to nothing about the actors behind LGR clauses in others. Therefore, this article may serve as a call for more in-depth archival research on this topic.

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