



Save the Children

**LESBIAN, GAY, BISEXUAL,
TRANSGENDER, INTERSEX AND QUEER**

(LGBTIQ+)

YOUTH IN THAILAND

EXPLORATORY RESEARCH REPORT

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Abbreviations

CSE	Comprehensive Sexual Education
fg	Feminine gay
FtM	Female to Male (Transgender)
KI	Key Informants
KII	Key informants interview
HIV	Human Immunodeficiency Virus
ILO	International Labour Organisation
LGBTIQ+	Lesbian, Gay, Bisexual, Transgender, Intersex and Queer +
MtF	Male to Female (Transgender)
MSM	Men who have sex with men
tm	Transgender man
tw/twg	Transgender women
SOGI	Sexual orientation, Gender identity
SOGIE	Sexual orientation, Gender identity and Expression
SRGBV	School-related gender-based violence
SRH	Sexual and reproductive health
SRS	sexual reassignment surgery
TMM	Trans Murder Monitoring Project
TTGA	Thai Transgender Alliance
UNDP	United Nations Development Programme
UNESCO	United Nations Education, Scientific and Cultural Organisation
UNICEF	United Nations Children's Fund
WHO	World Health Organisation

Executive summary

Thailand is often perceived to be a tolerant society with regards to **Sexual Orientation, Gender Identity and Expression (SOGIE)**, yet the apparent visibility of **Lesbian, Gay, Transsexual, Intersex and Queer (LGBTIQ+)** people conceals another reality of stigma, discrimination and harassment. While progress has been made on legal and socio-cultural levels in recent years, Thai society has not yet progressed from 'tolerance' to full acceptance of diverse sexualities and gender identities. The Gender Equality Act, passed in 2015, represents a step forward in that it includes, for the first time, the prohibition of discrimination on the basis of SOGIE. The impact of the Act remains to be seen however. The rights and freedoms of LGBTIQ+ people remain limited by the lack of legal gender recognition for transgender persons, and by the lack of marriage equality laws.

There is a significant gap in research and data on the experiences of LGBTIQ+ youth in Thailand. It is clear that this is an area where further interventions are needed. Very few organisations work specifically with youth and those that do tend to do so through small-scale interventions, for example in comprehensive sexual education (CSE) and anti-bullying programmes. Together with partners, UNESCO has developed a range of resources to improve education on SOGIE and to combat SOGIE-based bullying in schools. However, roll-out of these has been limited in Thailand. Being donor-led, most SOGIE-focused organisations in Thailand work on HIV issues. Organisations working from a human rights perspective tend to be smaller and less well funded. At the regional level, Youth Lead and Youth Voices Count are two youth-led LGBTIQ+ networks that have developed useful resources and that provide a youth perspective on key issues.

The following issues were identified as being of particular relevance for young people:

1. (Self)Acceptance, (Self)Stigma

Acceptance is fundamental to the mental and physical wellbeing of all young LGBTIQ+ people. Acceptance is many

faceted and includes family acceptance, societal acceptance, acceptance at school or work, among friends, by strangers, in the media, legal/institutional acceptance and, perhaps most importantly, self-acceptance. Many young LGBTIQ+ people feel anxious about 'coming out' or disclosing their true selves to family, friends, people of authority for fear that they will not be accepted. Family acceptance, or rejection, of a young person's SOGIE can dramatically affect their lives and, in cases where rejection leads to abuse or estrangement, lead to serious protection risks.

In Thailand there is still a stigma attached to LGBTIQ+ identities, which can be linked to a lack of understanding about human sexuality, as well as to cultural or religious attitudes which privilege traditional binary notions of gender, and which place a strong emphasis on filial responsibility. Negative, stereotyped or comic representations of LGBTIQ+ people in the media reinforce stigma and contribute to a lack of understanding about the real lives of LGBTIQ+ people. All if this can also contribute to self-stigma, whereby an individual believes themselves to be deviant, shameful, or deserving of mistreatment because of their SOGIE. The lack of a variety of positive LGBTIQ+ role models in the media adds to this and affects young people's self-belief and aspiration.

Discrimination

Discrimination affects the daily life of LGBTIQ+ youth in various ways, including at school, and when seeking accessing to health and other public services. Employment discrimination continues to be a problem, in particular for more visibly gender-diverse individuals. While progress was made in legal terms with the passing of the Gender Equality Act in 2015, there still remain significant gaps in legal protections for LGBTIQ+ people. Key areas of concern for SOGIE activists include the right to legal gender recognition and the right to equal marriage. In general, transgender or visibly gender diverse people face the most discrimination. For young transgender women in particular, the military conscription process is a source of anxiety and can give rise to experience of harassment and discrimination.

2. Harassment and exploitation

Despite its reputation as being 'LGBT-friendly', harassment and violence against people of diverse gender and sexuality is common in Thailand, ranging from lower-level verbal abuse to violence, rape and murder of LGBTIQ+ people, including children as young as 14. Gender diverse children and youth are vulnerable to harassment or abuse because of their SOGIE, including from their peers, from persons of authority, from strangers on the street and from relatives who struggle to accept them as they are. In cases where young people become estranged from their families and find themselves out of the home and out of school, they may be exposed to added protection risks related to drug taking and sex work, or because they fall into abusive relationships.

3. Education

The most important issues identified in relation to education, school and SOGIE were the perpetuation of negative stereotypes and stigma in textbooks, the lack and/or low quality of comprehensive sexual education in schools, discrimination and lack of LGBTIQ+ friendly policies and spaces, and SOGIE-based bullying. These can contribute to creating a negative school environment for LGBTIQ+ children and youth, leading to lower levels of attainment and higher rates of drop out. Responses to bullying should seek to engage a range of actors, including school administrators, teachers, students and parents. They should also seek to create more positive school environments for gender diverse youth by creating safe spaces for LGBTIQ+ students, and developing support systems that empower young people.

4. Health

Like all people, LGBTIQ+ persons can have a wide range of health needs and may, over the course of their lives, engage with various different health services. They may also have some specific health needs and vulnerabilities, which relate to their SOGIE or to the way in which health professionals perceive or respond to their SOGIE. For LGBTIQ+ youth, access to up-to-date and accurate information and care in areas such as sexual and reproductive health, HIV, and gender-affirming treatments are essential to ensuring positive health outcomes. Barriers to access to information and services for young LGBTIQ+ people include a fear of discrimination and harassment and a lack of youth and LGBTIQ+ friendly services, in particular in relation to mental health, transgender health and HIV. In general, there is a need for SOGIE sensitivity training for health professionals.

Recommendations

The following general recommendations for Save the Children emerged from the research:

1. As a first step, Save the Children Thailand should examine existing programmes to see where greater sensitivity to sexual/gender diversity can be incorporated, for example through sensitivity training to staff and partners and updating curricula to include CSE and SOGIE.
2. Explore whether and how approaches that aim to transform discriminatory gender norms and power dynamics which underpin violence against children and youth in schools such as Violence Free Schools or Child Rights and Health initiatives can include an anti-bullying component that also specifically addresses SOGIE-based bullying.
3. For possible new programming on SOGIE and youth the following issues represent gaps that should be explored further:
 - Bullying and SRGBV
 - Addressing stigma and improving general understanding of SOGIE
 - Support for families of gender diverse children
 - Self-stigma and mental health
 - CSE/SRH education to ensure youth have access to accurate and relevant information
 - How to include underrepresented groups, e.g. lesbians, tm
4. Media/awareness raising/opinion changing campaigns could help to address stigma and to combat SOGIE-based bullying and harassment in schools and elsewhere. These should focus on youth perspective and seek to demonstrate the basic message that being LGBTIQ+ is as normal as being straight or cisgender.
5. Support for families is an important issue that would require more research. Interventions could take the form of direct mediation with families, such as counselling, information campaigns for families, or school-based outreach. It could also take the form of providing sensitivity training for existing service providers such as healthcare professionals, school staff, or non-profit and government social workers working with at risk youth (such as at the Hub)

Note on terminology and methodology

The well-known and very widely used term 'Lesbian, Gay, Bisexual and Transgender' (LGBT) is not an inclusive term; it does not for example, include gender fluidity or other forms of gender non-conforming identities and sexualities. If used in the wrong context and manner, it can also reinforce the notion of *difference* between gender diverse people and cis-gender/heterosexual people. A more inclusive way to think about the broad spectrum of diversity of gender and sexuality is to use the term SOGIE (*Sexual Orientation, Gender Identity and gender Expression*). SOGIE refers to characteristics common to all human beings: everybody has SOGIE, because everyone has a sexual orientation and a gender identity. For the purposes of this report, the more inclusive acronym LGBTIQ+ is preferred, and is used in conjunction with the term SOGIE.

This report was compiled after a combination of desk research and key informant interviews with academics and the staff of organisations working on SOGIE issues in Thailand. A full bibliography and interview list is provided in Annex. Group interviews were carried out with LGBTIQ+ and non-LGBTIQ+ youth (ages 12-18) at Child Line's the Hub. These were conducted in line with Save the Children's Child Safeguarding Policy and in the presence of social

workers from the Hub. Consent and confidentiality were assured.

Due to shortage of time, it was not possible to conduct interviews with all organisations and individuals initially identified as being of interest. While it was still possible to obtain a broad spectrum of input and information from the interviews conducted, it is recommended that certain organisations be approached for further interviews in the future, once the focus on Save the Children Thailand's interest is confirmed.

Introduction

Thailand has a reputation for being a haven for gay and transgender people, but the situation is not as positive as it may outwardly seem. Human rights violations, stigma and discrimination, harassment and sexual exploitation of members of the Lesbian, Gay, Bisexual, Transsexual, Intersex and Queer (LGBTIQ+) community still occur. In the words of one respondent, Thai society has not yet moved from 'tolerance' to 'acceptance' of sexuality and gender diversity. The apparent visibility of LGBTIQ+ people and especially trans women, mainly limited to the entertainment and hospitality industries, is often misconstrued as equality. It can serve to conceal the fact that LGBTIQ+ people are frequently the victims of verbal and physical abuse, bullying and institutionalised discrimination. For young people, this is especially felt in relation to the fear and anxiety experienced over 'coming out' and achieving family acceptance, as well as through negative experiences in education and health care settings. Studies done on SOGIE-based bullying in schools showed that teasing and bullying of those perceived not to conform to the socially prescribed binary (i.e. biological males or females who are attracted to the opposite sex gender roles) is common. They also showed that most young people do not seek help or support when it occurs. This indicates that many young LGBTIQ+ people lack the support systems and/or do not feel empowered to speak out for their rights.

Besides these studies, relatively little is documented on the situation of LGBTIQ+ children and youth in Thailand. A lack of research and data on the specific experiences of young LGBTIQ+ people means that much of the information available pertains to more general LGBTIQ+ issues. This report seeks to explore how these general issues impact youth in particular.

The specific objectives of this research were

1. To gain understanding on the situation of LGBTIQ+ youth in Thailand today, in particular of their needs and specific vulnerabilities.
2. To create a mapping of the support and services available to LGBTIQ+ youth in Thailand and identify key gaps in these services.
3. To assist and provide recommendations to Save the Children Thailand in terms of future directions for programming in the areas of SOGIE and youth.

The terms 'youth' and 'young people' are used interchangeably to refer to children and young people between the ages of approximately 12 to 25, although some of the issues discussed will also be relevant for younger children. Based on information gathered through a combination of desk research and key informant interviews, five key themes were identified as being especially relevant for protecting and promoting the rights and wellbeing of Lesbian, Gay, Bisexual, Transgender, Intersex and Queer (LGBTIQ) youth in Thailand: 1) Stigma and acceptance 2) Discrimination; 3) Harassment and exploitation; 4) Education; and 5) Health. Following a narrative description and analysis of the experiences of LGBTIQ+ youth in these five key areas, the report provides an overview of relevant organisations working in Thailand, and series of conclusions and recommendations.

A Note on terminology, intersectionality and inclusiveness

The well-known and very widely used term 'Lesbian, Gay, Bisexual and Transgender' (LGBT) is not an inclusive term; it does not for example, include gender fluidity or other forms of gender non-conforming identities and sexualities. If used in the wrong context and manner, it can also reinforce the notion of *difference* between gender diverse people and cis-gender/heterosexual people. A more inclusive way to think about the broad spectrum of diversity of gender and sexuality is to use the term SOGIE (*Sexual Orientation, Gender Identity and gender Expression*). SOGIE refers to characteristics common to all human beings: everybody has SOGIE, because everyone has a sexual orientation and a gender identity. For the purposes of this report, the more inclusive acronym LGBTIQ+ is preferred, and is used in conjunction with the term SOGIE.

The LGBTIQ+ population in Thailand, as elsewhere, consists of a wide spectrum of individuals who do not identify as strictly 'straight' or heterosexual, as well as those who identify with a gender other than the one they were assigned at birth. They may identify as male, female, third gender, gay, lesbian, bisexual, intersex, transgender, or as a combination of these identity categories – or as something else. It is important to note the range of identities and experiences within this spectrum, the specificities of which this report cannot fully explore. For example, the experiences of an affluent young gay man studying at a university in Bangkok will differ greatly from those of a teenage transgender woman

attending a rural school in the South of Thailand. As this example suggests, sexuality and gender identity also *intersect* with other identity markers and experiences, and issues related to SOGIE crosscut into other issues that individuals might face. This intersectionality is crucial for understanding the vulnerabilities and needs of young people. To name just a few possibilities, young LGBTIQ+ individuals may at the same time be part of indigenous ethnic groups, live in the conflict areas of the three Southern provinces, live with HIV, use recreational drugs, be stateless, be out of school, or homeless, all in addition to being LGBTIQ+. In many cases they may be further marginalized by such additional attributes, made more vulnerable, and further prevented from accessing their rights and other opportunities in life.¹ On the other hand, an LGBTIQ+ youth from an affluent background with progressive and supportive parents could be less affected by many of the challenges described in this report, and may feel free to express their gender or sexuality and be themselves without constraint.

Methodology

This report was compiled after a combination of desk research and key informant interviews with academics and the staff of organisations working on SOGIE issues in Thailand. A full bibliography and interview list is provided in Annex. Group interviews were carried out with LGBTIQ+ and non-LGBTIQ+ youth (ages 12-18) at Child Line's the Hub. These were conducted in line with Save the Children's Child Safeguarding Policy and in the presence of social workers from the Hub. Consent and confidentiality were assured.

Due to shortage of time, it was not possible to conduct interviews with all organisations and individuals initially identified as being of interest. While it was still possible to obtain a broad spectrum of input and information from the interviews conducted, it is recommended that certain organisations be approached for further interviews in the future, once the focus on Save the Children Thailand's interest is confirmed.

¹ Stakeholder Submission to UPR regarding the protection of the rights of LGBT persons in Thailand, 2015.

I Key Issues for LGBTIQ+ Youth in Thailand

I.1 Stigma versus Acceptance

Acceptance is fundamental to the mental and physical wellbeing of young LGBTIQ+ people and can strongly impact their resilience and how they cope in the face of discrimination, harassment and other challenges related to their SOGIE. Acceptance is more than tolerance; it is about being able to be fully oneself, being *respected* and *included* as you are. Acceptance is many faceted and includes family acceptance, societal acceptance, acceptance at school or work, among friends, by strangers, in the media, legal/institutional acceptance and, perhaps most importantly, self-acceptance. Just as acceptance can empower, the impact of family rejection, social exclusion and stigma can be devastating for young people who do not conform, or are not perceived to conform to gender and sexuality norms. Like acceptance, stigma can exist on various levels, including interpersonal stigma, experienced between people, internalized stigma, whereby the individual themselves adopt negative beliefs and attitudes towards non-conforming gender and sexuality (see also self-stigma below) and structural stigma, which is reflected in societal level norms, policies and laws. All three categories impact upon the health and stress levels of young LGBTIQ+ people, who have been found to be at elevated risk for poor mental and physical health, including higher levels of depression, suicidal thinking, drug use and sexual risk behaviors.²

SOGIE-based Stigma in Thailand

Although outwardly tolerant of LGBTIQ+ people, Thai

² See Katz-Wise et al, 2016. LGBT Youth and Family Acceptance, in *Pediatric Clinics of North America*, 63(6), 1011-1025 and, in Thailand specifically, Yadegarfar M, Meinhold-Bergmann ME, Ho R. Family Rejection, Social Isolation, and Loneliness as Predictors of Negative Health Outcomes (Depression, Suicidal Ideation, and Sexual Risk Behavior) Among Thai Male-to-Female Transgender Adolescents. *J LGBT Youth*. 2014;11(4):347-363.

society does not wholly accept sexual and gender minorities and there is still there is still significant stigma around SOGIE.³ There may be various explanations for this. The first seems to be a general lack of understanding and information about human sexuality and gender, and about what it means to have non-conforming SOGIE. Misconceptions and misinformation are perpetuated by negative media representations of LGBTIQ+ people and issues, or by their lack of representation, as well as by the persistence of conservative cultural or religious norms.

Social, Cultural and Religious attitudes

Traditionally, Thai culture places a strong emphasis on filial responsibility through the idea of “katanyu” or gratefulness towards one’s parents for giving one’s life.. This is often compounded with the belief that one’s sexuality or gender must not transgress accepted norms and bring shame to one’s self and family. Religion also contributes to Thai society’s understanding and perception of SOGIE. In Thailand, 94.6 per cent of the population ascribes to Theravada Buddhism. Second to Buddhism, 4.6 per cent of Thailand’s population, mainly aggregated in the South, is Muslim, and the rest are Christian, Hindu and other religions. Conservative Theravada Buddhism has negative views of non-conforming gender identity or sexuality, viewing it either as punishment for sins in past lives or as a lack of ability to control sexual impulses and tendencies. This can create a sense of self-oppression for religious LGBTIQ+ persons, who may come to believe that they are deserving of bad treatment from society, and continue therefore to dwell in their ‘bad karma’.⁴ This belief can be particularly disempowering, the idea that one cannot fight Karma leading people to accept mistreatment and victimisation as their fate. The most conservative views on SOGIE can be found in the Southern provinces of Thailand, among Muslim populations, where there is also less visibility of the LGBTIQ+ community and where less activism takes place. LGBTIQ+ people from these communities often migrate to bigger cities where non-conforming SOGIE are more visible.⁵

Representation of LGBTIQ+ people in the media

In general, Thai media has tended to portray LGBTIQ+ people in a negative way, or as stock characters or comic

³ UNDP, USAID (2014). *Being LGBT in Asia: Thailand Country Report*. Bangkok, 7.

⁴ *Being LGBT in Asia Thailand Report*, p.7

⁵ *Ibid*, p.8

relief on television shows.⁶ There is also lack of official media reporting on the incidence of harassment, discrimination and violence towards LGBTIQ+ people. As stated in the International Gay and Lesbian Human Rights Commission 2009 report, “Even long-term foreign residents aren’t likely to have heard about, for example, a bisexual woman who was burned alive in 2006, and the rape, murder and burning of a lesbian last year. Both cases were reported only in the Thai dailies. Rarely will they pick up stories on constant harassment and discrimination against kathoey (transgender women), whose life options are severely limited. These “non-issues” are often brushed aside by Thais.”⁷ According to the Being LGBT in Asia Country Report for Thailand, ‘the low prioritization of LGBT issues by both traditional and new media contributes to a lack of understanding on the real lives of LGBT people and undermines the struggles they face.’⁸

A 2017 UNDP-commissioned study by Burapha University analysed news media coverage of SOGIE identities across media platforms in Thailand and found that the majority of outlets who reported on SOGIE issues focused on ‘soft news’ - entertainment and sensationalized content, rather than on educational information. The report notes the use of words, designations and descriptions that ‘stereotyped, threatened or degraded the human dignity’ of, in particular, lesbians, gay men and other men who have sex with men (MSM), bisexual persons and transgender people. Intersex people were not reported on at all. According to the study, “several news reports utilized judgmental narratives that intentionally linked transgender identities and gender non-conforming expressions as well as non-heterosexual sexual orientations to negative personal characteristics or social phenomena in order to create the impression that LGBTIQ people are unstable, mentally disturbed or outright dangerous.”⁹

⁶ Ibid, p8.

⁷ Likhitpreechakul, 2009, cited in Being LGBT in Asia Thailand Report, 43.

⁸ Being LGBT in Asia Thailand Report, p. 43.

⁹ Burapha University, 2017. *A Tool for Change: Working with the Media on Issues Relating to Sexual Orientation, Gender Identity, Expression and Sex Characteristics in Thailand*, p.7. According to the study: “Words and designations that stereotyped, threatened or degraded the human dignity of lesbians were common. Examples include ‘dontre Thai’ (playing Thai music: referring to small cup-shaped cymbals, Thai musical instruments, that are commonly compared to the vagina), ‘long dat cha nee’ (crazy about fingers) or ‘klin lesbian chouy’ (lesbian smell). Some of the illustrations that accompanied these news items were overtly sexual. Gay men and other men who have sex with men were represented in one dimension as obsessed with sex and beauty. They were also frequently linked with HIV transmission and with crime. In certain cases, calling someone ‘gay’ or ‘homosexual’

Visibility and invisibility

For young people, another important issue here is the lack of a variety of role models with non-conforming SOGIE. The invisibility in the media of LGBTIQ+ people living ‘normal’ (rather than scandalous or sensational) lives or achieving things outside of the entertainment or beauty industry leaves young LGBTIQ+ people, as well as non-LGBTIQ+ people, with the impression that these are the only options available to them. An anecdote from the coordinator of the Thai Transgender Alliance, Jetsada “Note” Taesombat, herself a transgender woman, sums this up perfectly: on the day she graduated from university her mother, who was accepting of her SOGIE, offered to pay for her to open a spa, believing that this was what transgender women did. Ms Taesombat refused, explaining that she wanted to be a political activist. In Thailand, the visibility of trans-women in the entertainment and hospitality industry is often misconstrued as equality. Instead, it can represent a limitation for transpersons who might wish to walk a different path. In some cases, visibility can also bring heightened vulnerability. Individuals who are unable to conceal their non-conforming SOGIE often face greater levels of abuse, harassment and discrimination.

On the other hand, the invisibility of certain unrepresented groups and individuals within the LGBTIQ+ spectrum can also

was used in an attempt to discredit the person who was the focus of the news item. Many stigmatizing words and terms were found that were degrading to the human dignity of gay men and other men who have sex with men, for example ‘om nok kaw’ (suck a dove: dove is a slang word for penis in Thai), ‘gay gang’ ‘mai pa diew kun’ (a grouping of trees in the same forest: implying homosexual behavior), ‘suam tem’ (full toilet), ‘ra bert suam’ (explode a toilet), ‘seur leung or sai leung’ (feces lovers). The last three terms were used to imply anal sex by presenting it as something dirty and disgusting. Bisexual persons were portrayed as being sex-obsessed, with the assumption that as they are attracted to more than one gender they are thus sexually promiscuous. Transgender people were reported about in three main ways: as a reflection of social problems or the decay of the norms and values of ‘good’ society; as jokers, clowns or comic relief; and/or as persons who are obsessed with sex. Prejudiced ways of reporting and the use of suggestive and negative illustrations were also often found. There were also many words and designations used to label transgender women that disrespected their human dignity such as ‘faggy moan’ (a stereotypical reaction of transgender women towards good-looking men), ‘dupe giant fag’ (buffalo-sized faggots who scam the world), ‘fake shell’ (fake pussy), ‘born to kill gibbons’ (gibbon is a slang term for woman in Thai) ‘feminine explosion’ or ‘ass wriggle’ (acting or walking in a feminine way). It was also noticed that news reporters still lack knowledge and sensitivity about male transgender identities. This was reflected in the use of terms such as ‘tom’ (tomboy) and ‘saw lor’ (handsome lady) and the presentation of male transgender identities as something that transgender men had appropriated.”

increase vulnerability. In particular, lesbian women and transgender men (FtM) may find it difficult to have their experiences and concerns heard. According to a 2015 report on comprehensive health care for transgender people, the 'absence of local terminology or concepts defining or identifying trans masculine identities means that most trans men have grown up very isolated, not possessing the ability to express why they feel differently from their peers. Such invisibility, coupled with having no one to connect with who shares similar feelings and experiences, can have very significant impacts on a person's ability to develop a coherent sense of their identity'.¹⁰

Family acceptance

*"Arguably, the greatest and often most important struggle that a Thai LGBT individual faces is that of family acceptance. Being respectful to the wishes of one's parents and upholding a family reputation is fundamental to how a Thai individual conducts their life, which can run counter to those with sexual orientation or gender identity that do not conform to social norms."*¹¹

'Coming out' or disclosing their SOGIE to family can be an important and highly stressful moment for young LGBTIQ+ people. This is understandable, because the stakes can be very high for children and adolescents who depend upon family for their basic needs. Negative responses from parents to LGBTIQ+ youth may range from anxious concerns about the child's well-being and future, to abuse and even banishment of the child from the home, and can impact youth's identity development, as well as their physical and mental health. A study on parental acceptance or rejection of transgender youth in Thailand found that family rejection was a predictor of adolescents' level of depression, suicidal thinking, and sexual risk behaviours among both transgender and cisgender youth.¹² Conversely, family acceptance can be protective for LGBTIQ+ youth's health. Family support and acceptance is associated with greater self-esteem, social support, general health status, less depression, less substance abuse, and less suicidal ideation and behaviours among

¹⁰ Health Policy Project, Asia Pacific Transgender Network, United Nations Development Programme. 2015. *Blueprint for the Provision of Comprehensive Care for Trans People and Trans Communities*. Washington, DC: Futures Group, Health Policy Project., 19-20. See also Devor, 2004.

¹¹ *Being LGBT in Asia*, 7.

¹² Yadegarfar M, Meinhold-Bergmann ME, Ho R. Family Rejection, Social Isolation, and Loneliness as Predictors of Negative Health Outcomes (Depression, Suicidal Ideation, and Sexual Risk Behavior) Among Thai Male-to-Female Transgender Adolescents. *J LGBT Youth*. 2014;11(4):347-363

LGBTIQ+ youth.¹³ Whether or not an LGBT individual is accepted by their family can depend upon a number of factors, including the socioeconomic standing of a family; whether or not there is a need for a child to marry; and the culture of "saving face" or upholding a family's reputation in the eyes of society.¹⁴ Just as often, however, it might be about a lack of knowledge and understanding, the parents' fear for their child's future, and a lack of safe spaces for parents and children to talk openly about SOGIE.

Anecdotally, both family and societal acceptance often seems to be linked to the perceived success of the LGBTIQ+ individual 'in spite' of their gender non-conforming identity or sexuality, or in their continued performance of filial duties. Thus an advertisement for Sunsilk Shampoo¹⁵, which appears to be progressive in dealing with the questions of transgender identities and family acceptance, tells the story of a transgender woman who wins the acceptance of her father by becoming a beauty pageant queen. On the one hand, this narrative puts extra pressure on young LGBTIQ+ people to achieve certain prescribed ideals of 'success'. The message is that if they are not overachievers, or they cannot prove themselves in some other way, they will not be accepted. At the same time, such stereotypes can also limit the aspirations and therefore life chances of young transgender and other LGBTIQ+ people. As already discussed, there is a lack of visible positive role models for LGBTIQ+ youth outside of the entertainment industry; the media rarely celebrates the achievements of, for example, LGBTIQ+ activists, business leaders, doctors or academics.

The question of acceptance within the family does not only arise at the point of self-disclosure. Childhood gender non-conformity, defined as having a gender expression that is perceived to be inconsistent with gender norms expected for an individual's sex, or gender atypical behaviour (such as boys wanting to wear pink princess dresses, for example) is common with younger children who may not yet themselves be aware of their gender identity or sexuality. The way in which parents and other caregivers respond to these early expressions can strongly impact a person's sense of identity and self-esteem, while also affecting trust and attachment between child and parent. Constant teasing or admonishment

¹³ Katz-Wise et Al, 2016. LGBT Youth and Family Acceptance, in *Pediatric Clinics of North America*, 63(6), 1011-1025.

¹⁴ *Blueprint*, 40.

¹⁵ Sunsilk Thailand advert, consulted on YouTube on May 24th 2018, <https://www.youtube.com/watch?v=hVpe3XCaIA0>

of a child for what is perceived to be gender non-conforming behaviour can also lead to internalisation of criticisms, leading to negative self-perception and self-stigma.

Self-stigma

Enacted stigma (external stigma or discrimination) refers to the experience of unfair treatment by others. Felt stigma (internal stigma or self-stigmatization) refers to the shame and expectation of discrimination that prevents people from talking about their experiences and stops them seeking help. Both types of stigma have been shown to impact negatively on mental health and wellbeing.

“Coming out was one of the hardest decisions for me. I was very concerned that a group of my friends, who are mainly straight boys and girls, would exclude me out of their social circle. It took me quite a while until I came out to my friends. Initially, my friends were a bit confused whether they should accept it or be angry with me because it may have been considered that I was lying and took advantage of my previous girlfriend. Finally, I proved himself that I am a person good at heart and I got along very well with my schoolmates.

Coming out to my parents was the hardest decision ever. My grandparents who migrated from China mainland, where there is an existing strong culture and expectations from a single son. I was in much distress and almost once hurt myself because of guilt and self-pity. I consulted with my teacher at school who had gained my trust of coming out of my sexual orientation. My teacher advised me to pop the news to my parents slowly and one-step at a time. At a time when I was suffering from my first heartbreak, I cried to my parents and took that opportunity to tell them that I was gay. My mom was more accepting, telling that I was being anything but a good person. Meanwhile, for my dad, it was taking longer to explain about being gay until I finally accepted the fact that I am his great son.”

Pete, 17, cited in Youth Lead, Stories of Adolescents from key populations in China, Thailand and the Phillipines

Felt-stigma or self-stigma is an important concept when thinking about the experiences of LGBTIQ+ youth, many of whom are in the process of building their identity and sense of self, and who may not yet fully realise their SOGIE. All children and youth are influenced to some extent by societal expectations based on their sex assigned at birth. Simply by

living and interacting in a society where strict distinctions are maintained between accepted behaviour and appearance for girls and boys, children are ‘trained’ to believe that traditional gender binaries and norms are right, and gender non-conforming behaviour is wrong. In the period of rapid change and self-discovery that is adolescence, it can be difficult for young people to fully understand and reconcile their feelings with their own and others’ learned expectations of gender and sexuality. This can be a very difficult process, especially if the child or young person does not have access to information on SOGIE and has no LGBTIQ+ peers or role models with whom to identify.

Young people at this moment in life are especially vulnerable to self-stigma, which in turn can have negative effects on mental health and wellbeing, and on the ability or willingness of young people to speak out against mistreatment. While social and family acceptance, and inclusion in education, employment and healthcare settings are crucial, self-acceptance is equally important to empower young people to combat harassment. As one respondent noted, the first step is for young people to realise that discrimination and harassment are wrong, that they do not ‘deserve’ such treatment. Then they can begin to oppose mistreatment and fight for their own rights.

Self-stigma can also increase vulnerability by leading young people to take more risks. For example, a lack of self worth can lead young people to enter into coercive or damaging relationships as a way of seeking acceptance and love. In some cases, this may lead to risky sexual behaviour. For this reason, self-stigma has been linked to higher HIV vulnerability.¹⁶ It can also lead to self-harm, suicidal ideation and other negative coping mechanisms such as drug and alcohol abuse.

1.2 Discrimination and the Right to Equal Treatment

The legal obligations of States to respect, protect and fulfil the human rights of LGBTIQ+ people are well established in international human rights law, which makes it clear that all people, including LGBTIQ+ people, must be protected against

¹⁶ Interview with Nikula Perera, Youth Voices Count, 1st February 2018.

discrimination. The Yogyakarta Principles, also known as principles on 'The Application of International Human Rights Law in Relation to Sexual Orientation and Gender Identity' are a set of non-binding principles that apply international human rights law standards to issues that affect LGBTIQ+ people. The Principles identify specific rights of special relevance to SOGIE, along with corresponding duties and obligations required of States in order to ensure that LGBTIQ+ people are able to exercise and enjoy their rights.¹⁷ Thailand has ratified all major international human rights conventions, including the Convention on the Elimination of all forms of Discrimination against Women and the Convention on the Rights of The Child. It also brought in a Gender Equality Act, which allows for protection from discrimination based on SOGIE. In practice, however, discrimination against LGBTIQ+ people persists in both public and private sectors. For LGBTIQ+ youth, discrimination can be experienced in various ways, including at school, accessing health, justice and other public services, and at work. Employment discrimination continues to be a problem, in particular for more visibly gender-diverse individuals.

In general, transgender or gender non-conforming individuals who are less able to conceal their gender identity suffer more from discrimination. In many cases this stems from the lack of legal gender recognition. For young transgender students at school and university, strictly gendered policies regarding school uniform, as well as the lack of transgender friendly spaces (for example toilets) can create barriers to education. In health, there are reports of transgender individuals being denied care or being provided substandard care because of misconceptions regarding their SOGIE.¹⁸ For transgender women, the requirement to respond to military conscription, along with the process itself, can be another stressful and traumatising experience of discrimination and non-recognition.

¹⁷ For a summary of the Yogyakarta principles, see Annex 3. The Sustainable Development Goals ('Leave no-one behind') are another useful framework tool for promoting the rights and well-being of LGBTIQ+ people. A proposal by UNDP for an LGBTI Inclusion Index to inform evidence-based development strategies that advance the inclusion of LGBTI people identifies five priority dimensions for measurement: political and civic participation, economic well-being, personal security and violence, health and education.

¹⁸ Interviews. See section on Health below for more information.

Legal Frameworks for the protection of SOGIE Rights in Thailand

In March 2015, the Thai military government passed the 2015 Gender Equality Act,¹⁹ which includes discrimination on the basis of SOGIE. Article 3 of the law stipulates: "*Unfair discrimination on the basis of sex' means any act or failure to act which unfairly segregates, obstructs or limits any rights or benefits, whether directly or indirectly, and without legitimacy, because that person is male, female or has expressions that differ from their birth sex.*" Individuals who have suffered discrimination can bring their case to the Gender Equality Committee. One important case relates to the right of a transgender student to wear a female uniform to her university graduation ceremony. The committee upheld her right and the university agreed to change its policy to allow exceptions from the uniform policy on a case-by-case basis. A few other universities followed suit. However, it is usually still the case that transgender students need to make a request and bear the burden of proving their gender identity, for example through medical and psychological tests. This in itself can be a costly and stressful process for young people.

Besides this high profile example, relatively few cases of discrimination on the basis of SOGIE have been brought forward under the Act. Its potential impact, especially for young people, remains to be seen. While in theory any individual can make a complaint to the committee, or through other legal channels, in practice the most vulnerable young people may not have access to the knowledge or the means to pursue such avenues. What is more, as the case above illustrates, a decision of the Gender Equality committee does not necessarily imply rapid or widespread change: many universities and the majority of schools still impose a strict uniform policy that prevents transgender students from dressing in accordance with their gender identity. For the Act to have any real impact, general awareness about discrimination and SOGIE rights needs to be improved, both within and outside of LGBTIQ+ communities. The Thai Transgender Alliance has sought to contribute to this with an educational video explaining the Gender Equality Act and what discrimination based on SOGIE means.²⁰

¹⁹ Gender Equality Act, 2015 [in Thai], Royal Gazette (2015, March 13), p. 132, 18 Ko. Available at <http://www.ratchakitcha.soc.go.th/DATA/PDF/2558/A/018/17.PDF>

²⁰ The video is available to watch here: <https://www.youtube.com/watch?v=ra3r5ktBGUA>.

Gender Recognition

Legal gender recognition is about a person's recognition and protection before the law and ability to navigate through areas of daily life. Transgender people's dignity, equality, privacy and security are severely compromised if their gender identity and expression is not recognized through legal and administrative processes. These processes include the possibility of changing name details and gender markers on identification documents and administrative records, such as birth certificates, identity cards, passports, ration cards, and educational and employment records.²¹ Thai law does not currently allow for the legal gender recognition of transgender people and transgender persons' legal sex continues to be determined by their birth sex. Intersex persons can petition the authorities to have their legal sex changed.

Equal Marriage Rights

Thai law in Thailand currently does not recognize same-sex marriages, civil unions or domestic partnerships. According to Article 1448 of the Thai Civil and Commercial Code, a marriage may take place only between a man and a woman who have completed their seventeenth year of age. By implication, this outlaws marriage recognition for same-sex couples or couples in which one party is a transgender person.

Discrimination in Employment

Employment discrimination based on SOGIE continues to be a problem in Thailand, in particular for more visibly gender-diverse individuals. For transgender persons, the discrepancy between their outward appearance and the gender on their identity documents can be a barrier to employment. Transgender people are often limited to working in roles in hospitality, entertainment or the sex work industry. There have been multiple reports of LGBTIQ+ individuals being denied promotions, being fired from their jobs after disclosing their sexual orientation, as well as being asked inappropriate questions during interviews and job screenings due to their SOGI. A 2014 International Labour Organisation (ILO) report on employment discrimination in Thailand found that "in the private sector, transgender job applicants are often given psychological tests not given to other applicants" and

²¹ UNDP & APTN (2017). *Legal Gender Recognition: A Multi-Country Legal and Policy Review in Asia*, p. 8.

subsequently denied the job.²² This finding was recently amplified by a recent study on economic inclusion of LGBTIQ groups in Thailand released by the World Bank Group in 2018 included survey findings reporting that 77% transgender, 49% gay and 62.5% lesbian respondents said their job application were refused because they were LGBTIQ.²³ Discrimination does not necessarily stop once people are in employment. The ILO report found that 'discrimination continues for those in employment or training...with less access to employment opportunities, segregation in stereotypical jobs, and lower job security. In the absence of any dedicated agency to tackle employment discrimination,' the report notes, 'trans people frequently opt out of mainstream jobs'.²⁴ There are reports of LGBTIQ+ people being sexually abused, humiliated, and ignored by their colleagues.²⁵ Another area of employment concerns the failure to recognise same-sex relationships, which means that homosexual couples have unequal status to heterosexual couples in areas such as the ability to access social services, spousal insurance and benefits, and joint bank loans.²⁶

Conscription

All males in Thailand are required to serve in the military. However, transgender women who have undergone sexual reassignment surgery (SRS) are exempt. Until 2011, they were provided with a dismissal document citing a 'permanent mental disorder' as the cause for their exemption - a letter that had to be shown to prospective employers. After much lobbying by Thailand's National Human Rights Commission

²² ILO, 2014, Gender identity and sexual orientation: Promoting rights, diversity and equality in the World of Work (PRIDE) Project. Thailand, cited in Health Policy Project, Asia Pacific Transgender Network, United Nations Development Programme. 2015. Blueprint for the Provision of Comprehensive Care for Trans People and Trans Communities. Washington, DC: Futures Group, Health Policy Project.

²³ World Bank Group, Faculty of Learning Science and Education of Thammasat University and Love Frankie, Economic Inclusion of LGBTIQ Groups in Thailand, 2018. A total of 3,502 respondents were surveyed including 2,302 LGBTIQ and 1,200 non-LGBTIQ.

²⁴ ILO, 2014, Gender identity and sexual orientation: Promoting rights, diversity and equality in the World of Work (PRIDE) Project. Thailand. Bangkok, cited in Health Policy Project, Asia Pacific Transgender Network, United Nations Development Programme. 2015. Blueprint for the Provision of Comprehensive Care for Trans People and Trans Communities. Washington, DC: Futures Group, Health Policy Project.

²⁵ Stakeholder Submission to UPR regarding the protection of the rights of LGBT persons in Thailand, 2015, 8.

²⁶ Being LGBT in Asia Thailand Report, p. 8.

and community organisations, and following a court decision in 2011, the Ministry of Defence replaced this stigmatising label with the wording “Gender Identity Disorder.” Even with this change, however, the process of responding to the call to military draft (at the age of 21) can be a stressful and frightening for young transgender women. Many young transgender women who receive the call, and who have not undergone SRS (usually the case given their young age) would not be prepared with the necessary medical certificates to ‘prove’ their gender identity. The process includes a medical check, which is performed in a public room in front of other (mainly male) conscripts. Transgender women have reported being told to take off their tops in this public setting, and being subject to abuse and harassment by officials.²⁷

With support from Asia Pacific Transgender Network (APTAN), the Thai Transgender Alliance (TTGA) has advocated on this issue and developed a manual and video guidelines for transgender teens on how to prepare for

conscription day. TTGA are in continuing discussions with the Ministry of Defence regarding the issue, having already issued guidelines to the military on how to treat transgender women who respond to the draft.

1.3 Harassment, violence and exploitation: The Right to Protection

Thailand has the fourth highest number of reported murders of trans and gender-diverse people in Asia (20 between 2008 and 2017). Real numbers are likely to be higher due to lack of reporting.²⁸ Between 2006 and 2016, for example, at least 15 killings of lesbians and ‘Toms’ (masculine lesbians) were reported to Thai Police, with some victims as young as 14. In all cases, these murders were dismissed by police as stories of ‘love gone sour’ and there was no investigation or recognition of hate crime motives or human rights violations.²⁹ In a study conducted in 2008 in Pattaya, 89% of



Figure 1: TTGA Guidance issued to military on treatment of tw

²⁷ Interview with Jetsada "Note" Taesombat, coordinator at Thai TGA. See also Prae Sakaowan, Feb 2016, *How to treat 'katoey': Thai Transgender Alliance hands out guidelines to military*, available at <https://coconuts.co/bangkok/news/how-treat-katoey-thai-transgender-alliance-hands-out-guidelines-military/> (accessed 15 March 2018).

²⁸ Trans Murder Monitoring Project (TMM) update 2017. http://transrespect.org/wp-content/uploads/2017/11/TvT_TMM_TDoR2017_Tables_EN.pdf (accessed 15 Feb 2018)

²⁹ Grace Poore, Huffington Post, 'Thai Police dismiss murders of 15 lesbians and 'Toms' as 'love gone sour', https://www.huffingtonpost.com/grace-poore/thailand-lesbian-murders_b_1401170.html, accessed 28.02.18.

trans women reported experiencing violence as a result of their gender identity and/or behaviour.³⁰ Children and youth are also vulnerable to harassment and abuse because of their SOGIE or their perceived SOGIE. In some cases, a lack of acceptance by family members can result in harassment and abuse from relatives, including physical and sexual abuse. One

of the most disturbing examples of this was the case of a 14 year girl in Loei province, who in 2012 reported to police that her 38-year-old father, who had sole custody of her since 2008, had been raping her continuously for four years because she “liked to hang out with *toms*” and wouldn’t listen to his instructions to stay away from them.³¹ While this type of so-called ‘correctional rape’ is at the extreme end of the scale, it is symptomatic of a more pervasive narrative that LGBTIQ+ children should be forced to conform to norms. Transgender children and youth may for instance be forced to dress and look according to their assigned gender, or be punished for deviating from norms. A young transgender woman interviewed for this research described the more low-level, but nonetheless damaging, verbal abuse and name-calling she had suffered from family members, colleagues, teachers, fellow students, and strangers on the street.

In some cases, young people will be forced to leave home for fear of shaming the family name, or will choose to leave rather than continue to face physical and emotional abuse. This in turn leads other protection risks. Children and youth who are estranged from their families not only lack the protection of social security, food and shelter, they are especially vulnerable to trafficking and exploitation, with many becoming involved in drug use or sex work. Among the group of four LGBTIQ+ youth aged between 14 and 18 interviewed for this research, two reported having engaged in drug taking and one admitted to being in an abusive relationship.

1.4 Education

The most important issues identified in relation to education, school and SOGIE were the perpetuation of negative stereotypes and stigma in textbooks, the lack and low quality of comprehensive sexual education in schools, discrimination

³⁰ Policy Research and Development Institute Foundation, 2008.

³¹ Grace Poore, Huffington Post, ‘Thai Police dismiss murders of 15 lesbians and ‘Toms’ as ‘love gone sour’, https://www.huffingtonpost.com/grace-poore/thailand-lesbian-murders_b_1401170.html, accessed 28.02.18.

and lack of LGBTIQ+ friendly policies and spaces, and SOGIE-based bullying.

The perpetuation of negative stereotypes and stigma in textbooks

In Thailand, gender and adolescent health is covered under the core curriculum subject ‘Health and Physical Education’. Private publishers have some autonomy over textbooks, as long as they include the prescribed core curriculum messages. A recent curriculum review conducted by Thai civil society organization For-SOGI, which focused on lower secondary school textbooks in this core subject found that gender and sexual/gender diversity was still presented in a biased way, and perpetuated negative stereotypes of LGBTIQ+ people. Specifically, the review found that textbooks presented only binary sex and gender models as natural and normal and that they included normative sexist prescriptions for how men and women should behave (e.g. girls should not use vulgar or sarcastic speech, men should express ‘valiant pride’). Heterosexuality was presented as the only ‘normal’ sexuality and same sex attractions and gender expressions not aligned with the norm were listed as ‘sexual deviations’ or ‘mental illnesses’.³² Illustrations for “sexual deviations” almost always featured transgender individuals. Textbooks used outdated, stigmatizing terms, and attempted to explain the “causes of sexual deviation” and “how to prevent sexual deviation” by drawing on outdated psychological theories, such as blaming the parents for incorrect upbringing, or claiming that transgenderism results from imitation of friends or the media. As the report notes, this kind of bias in textbooks can have a profound effect on LGBTIQ+ youth, as well as perpetuating the stigma that leads to their discrimination, harassment and abuse: *‘Biased coverage of gender and sexual/gender diversity stigmatizes and pathologizes those who do not fit narrowly-defined normative gender roles and those attracted to the same sex. As a result, transgender and same-sex attracted youth will not develop positive self-appreciation or learn how to take care of their sexual health, thus failing to fulfill two stated aims of the core curriculum.’*

³² Covering “sexual deviations” is mandated by the core curriculum, but the number (sometimes up to 10) and exact types of sexual deviations presented in each textbook varies from publisher to publisher, indicating that there is no clear basis for what exactly gets listed as “sexual deviations.” These lists are not aligned with current diagnostic manuals, such as those issued by the World Health Organization or the American Psychiatric Association.

Comprehensive sexual health education (CSE)

“Sex education in my school was very poor. Teachers were not doing a good job in explaining it in depth and some topics were even skipped. Besides, students were not allowed to ask any questions that would embarrass their teachers. A typical answer from a teacher would be “It is not the right time for you to know about this topic, or you are too young to learn about this, when the right time comes you will learn it naturally.” Luckily, there was one teacher who dedicated himself to teaching reproductive health to students properly. He used the model of male sexual organs to demonstrate how to use a condom correctly and use sex tape to teach about male/female body and sexual intercourse as well as teenage pregnancy and HIV prevention. Due to existing strong conservative culture in Thai society, that teacher was sued by the school board and forced to resign from his school.”

(Pete, 17, cited in Youth Lead, Stories of Adolescents from key populations in China, Thailand and the Philippines)

As the For-SOGI review suggests, the quality of sexual health education in Thai schools is very low. A 2016 UNICEF review of CSE in Thai schools found that only half of general secondary teachers and less than half of vocational teachers had received training for providing CSE, meaning that many teachers lacked knowledge and skills in this area, and most relied on lectures as their CSE teaching method. This did not create a safe space for young people to discuss sexuality openly, to ask questions or develop their analytic thinking skills.³³ Many institutions’ approach to CSE emphasized the negative consequences of sex, focusing on topics related to the prevention of teenage pregnancy, sexually transmitted infections and HIV, while topics related to gender, sexual rights and citizenship; sexual and gender diversity; gender inequality; safe abortion; safe sex for same-sex couples; and bullying were less often taught.³⁴ In terms of teaching about SOGIE, the report found that teachers frequently seemed to lack knowledge and skills about how to cover LGBTIQ+ topics, often teaching them only through a negative lens in keeping with mainstream societal attitudes, which perpetuate myths and ultimately stigma, inequality and violence. This was in part attributed to the fact that in the manual that specifies

indicators for the coverage of Health and Physical Education topics according to the 2008 Basic Education Core Curriculum, sexual and gender diversity topics are covered under the rubric of “sexual deviation” (see above). The study also shades a light on some exceptions such as a general secondary school that covered gender and sexual diversity as well as sexual rights both within and beyond the classroom. According to the report, ‘the students who provided data in this school had accepting attitudes towards gender and sexual diversity and dared to express their opinions about related matters, thanks to the comprehensive coverage of the topic in their CSE classes.’³⁵

Bullying and harassment³⁶

Outside of the home and family, school is the place where young people spend most of their time. School should be a place in which young people feel safe. For many LGBTIQ+ students, however, school can be a place of discrimination, harassment and abuse. The effect of a negative school environment can lead to lower levels of educational achievement, absenteeism, and early drop out for LGBTIQ+ youth. This has negative impacts on access to further training and educational and employment opportunities.

“As soon as I walk out of class, I get harassed by the boys. They’ve never hurt me physically, but I’ve been traumatised by the verbal and sexual abuse...They grabbed my chest, my bottom and my penis. Then they stripped me to see if I had boobs like a girl. I was very close to leaving school but my mum told me to put up with the bullying and wait. She told me it would get better when I get older.”

Bung, Mathayon 3 student in South Thailand who identifies as a Kathoey (transgender woman)

“I get punched all the time. I know I am not a beautiful Kathoey like others at school. I am fat and have dark skin, at least that’s what they say. They call me a big, black, ugly Kathoey.”

Anonymous Mathayom 3 student who identifies as a Kathoey (transgender woman)

³³ Trained teachers were found to cover more topics and use more activity-based methods of instruction than teachers with no sexuality education training. Executive Summary.

³⁴ Ibid. Executive summary

³⁵ p 32.

³⁶ Both citations bellow are from 10 Jan 2016 Bangkok Post article ‘When school isn’t safe’ online at <https://www.pressreader.com/thailand/bangkok-post/20160110/282724815919886>.

In 2014, UNESCO and Plan International commissioned a study by Mahidol University to better understand the problem of SOGIE-based bullying in schools.³⁷ The study collected data from fifteen schools across five provinces, including in Bangkok. The resulting report examined types, prevalence, impact, motivation and preventive measures for bullying of students who are or are perceived to be transgender or same-sex attracted. Of the 246 (out of 2070 randomly selected participants) who identified as LGBT, 55.6% said they had bullied in the last month. 24.5% of those who did not self-identify as LGBT had been bullied because they were *perceived* to be transgender or same-sex attracted. A range of bullying behaviours of varying levels of harm were identified, including verbal abuse (face-to-face and online), physical abuse, social abuse (face-to-face and online social exclusion) and sexual abuse (unwanted touching, mimicking rape). The existence anti-Tom hate groups in some schools was also noted. One interesting finding of the study was that of those students who reported being victims of bullying, only 1/3 of those bullied because of SOGIE did something or told someone about the incident. This echoes what a number of interviewees for the current report have said about self-stigma and the need to empower young people to realise that that they do not deserve mistreatment.

Strategies to combat SOGIE-based bullying in schools

- Develop and enforce clear anti-bullying policies covering students of all genders
- Develop support systems and channels of assistance for bullied students e.g. hotlines
- Build safe spaces for LGBTIQ+ students
- Build acceptance of sexual/gender diversity through activities that encourage LGBTIQ+ students to fully express their identities and abilities
- Improve participatory CSE
- Challenge myths about LGBTIQ+ students among students, teachers, parents, school administrators through training and awareness raising
- Develop empowerment/leadership programmes for LGBTIQ+ youth

Since publishing the report, UNESCO and Plan International have conducted pilot anti-bullying programmes in 9 schools. In line with global and regional guidance on school related gender-based violence (SRGBV),³⁸ the project adopted a holistic approach to look at the whole school response, including work with administrators, teachers, parents and students. Based on this experience, it is recommended to adopt a more general approach to promoting safe learning spaces for all students, under which SOGIE-based bullying is included.

LGBTIQ+ friendly policies and spaces

One way to combat anti-SOGIE bullying is for schools to develop more LGBTIQ+-friendly policies, and to address institutional discrimination as well as prejudices that might be held by school directors, staff and teachers. School boards, principals, and teachers can reinforce hostile school environments when they support norms that exclude or punish gender diverse students, which they do by enforcing discriminatory practices and failing to provide safe spaces for LGBTIQ+ children. An example of discriminatory or unfriendly policy is uniform. In Thailand, as elsewhere in Asia, school uniform and hairstyle regulations are very different for boys and girls. This strict sex segregation is very hard for trans children and youth, and also for others who are gender-nonconforming. Students who dress or behave differently from these gender norms are routinely punished and denied the right to sit for exams. This reinforces negative and exclusionary attitudes towards transgender students and can contribute to the reasons why young LGBTIQ+ students choose to drop out of school.

Schools should also seek to address the need for safe spaces for LGBTIQ+ students, such as specific toilets, activity rooms and sleeping arrangements (e.g. on school camps). Trans students are often not safe, or do not feel safe, in sex-segregated spaces such as toilets, which can become sites of bullying, harassment and sexual abuse. In 2008, there was significant international publicity when a secondary school in Thailand introduced a unisex toilet after a survey showed 200 of the school's 2,600 students were katoey or transgender. Activities to recognise and support LGBTIQ+ students can also contribute to creating a more positive school environment. This might include establishing specific clubs and support groups, or simply allowing all students regardless of gender or sexuality to participate in activities that allow them to express their identity. There is anecdotal evidence that some schools have sought to be more inclusive of

³⁷ Mahidol University, 2014. Bullying targeting secondary school students who are or are perceived to be transgender or same sex attracted: Types, prevalence, impact, motivation and preventive measures in 5 provinces in Thailand.

³⁸ See for example, UNESCO and UN Women, 2016, *Global Guidance School-Related Gender-Based Violence* and UNESCO 2016, *Connect with Respect: Preventing Gender-Based Violence in Schools*.

transgender students. For example, respondents gave examples of schools offering special activities such as flower arranging, beauty contests and cheerleading for trans students. As these examples suggest, however, activities remained tied to traditional gender norms and how young transgender women were expected to want to express their gender. No such opportunities were provided for transgender men, who were told that their female physiology precluded them from participating in activities such as football. At the root of this are basic gender stereotypes that are damaging to everyone; to assume that transgender women can only express their gender identity through flower arranging and beauty pageants is as limiting as telling transgender men they can't practice a sport because their vagina makes them too weak. A first step in the process is therefore to address more general stereotypes and misconceptions about gender and sexuality.

1.5 Health: information and equal access

LGBTIQ+ persons are not different from other people in that they can have a wide range of health needs and may, over the course of their lives, engage with various different health services. They may also have some specific health needs and vulnerabilities, which relate to their SOGIE or to the way in which their SOGIE is perceived by health professionals. For LGBTIQ+ youth, access to up-to-date and accurate information on issues such as sexual and reproductive health, HIV, and gender-affirming treatments are essential to ensuring positive health outcomes. At the same time, there is a clear need for more youth and LGBTIQ+ friendly services, in particular in relation to mental health, transgender health and HIV.

HIV prevention

Evidence shows that MSM and TGW bear a disproportionate burden of HIV in Thailand. The extent to which other sexual and gender minority groups are affected by HIV is less well-documented. It is often assumed that lesbians or transgender men are at low risk; however, these groups may also be vulnerable. For young people, the key issues here are around information and sexual education, including on HIV, and access to youth-friendly services to encourage testing. While many HIV clinics exist in Thailand, these are not necessarily youth friendly. Indeed many of the organisations interviewed for this research focus on older clients over the age of 18. The challenge is to provide young LGBTIQ+ people with accurate and appropriate information on HIV and other STIs

and to create safe spaces for them to ask questions, seek advice and receive preventative care and testing.

Mental health

At a crucial but turbulent time in their identity development, LGBTIQ+ children and adolescents, (and their families), may require specialised psychological support as they explore and negotiate their SOGIE, and to deal with harassment, discrimination, stigma and self-stigma. At the same time, they are no different to other people in that they may seek mental health services for reasons unrelated to their gender identity or sexuality. Although the WHO recommends that national mental health plans should specify measures for specific vulnerable groups including LGBTIQ+ persons, there is a lack in Thailand of relevant policies, such as sensitivity training for mental health practitioners and LGBTIQ+-specific anti-suicide campaigns.

Drug and alcohol abuse

As with all marginalised minority groups, LGBTIQ+ individuals may turn to alcohol and other substances as a coping mechanism for dealing with negative experiences of social exclusion, stigma and discrimination, and, for transgender persons, with body dysphoria. There is insufficient research on this issue, but anecdotally it is clear that young people cut off from their families because of a failure of relatives to accept their sexuality or gender identity are at high risk of engaging in harmful substance abuse and dependence. In many cases, this can lead to the individuals being coerced into other risky behaviours, such as sex work.³⁹ In 2013, Pawa et al. found that more than 50% of trans women in Thailand who were sex workers used alcohol or drugs before sex,⁴⁰ while a 2011 Thai study reported 42.6% of trans women in Thailand had used drugs in the past three months.

³⁹ This situation was described by respondents at the Hub, Bangkok (child line). Two of the four young LGBTIQ+ people interviewed reported having engaged in substance abuse.

⁴⁰ Pawa et al., 2013, Reducing HIV Risk among Transgender Women in Thailand: A Quasi-Experimental Evaluation of the Sisters Program, cited in Health Policy Project, Asia Pacific Transgender Network, United Nations Development Programme. 2015. *Blueprint for the Provision of Comprehensive Care for Trans People and Trans Communities*. Washington, DC: Futures Group, Health Policy Project.

Accessing accurate information on Sexual Reproductive Health, HIV, and gender transition treatments

For young people in the process of developing their gender identity or sexuality, access to accurate and relevant information regarding sexual and reproductive health, including on gender transitions, is essential. As already noted, there is very little or inadequate sexual and reproductive health (SRH) education provided in most schools in Thailand. In particular, respondents noted the low quality of information available to students on the prevention of HIV and other sexually transmitted diseases. There was also little to no information or support provided in schools to transgender youth considering options for transitions, whether through hormone use or surgical means.

When I was certain about my sexual orientation, I started to browse the Internet on gay sexual relationships. I admit that there are good and bad information on this. Currently, it is very easy for young people to look for information from the Internet by themselves and without their parents' consent. HIV and AIDS never attracted my attention until I was 15 years old. I heard about a gay guy around my village that acquired HIV from a sex worker, which became a huge scandal in my village. The perception and things, which have been told by respective "adults", was that I should keep distance from that guy, don't talk, don't socialize, have no physical interaction at all. I was very scared about HIV Infection too, so I decided not to have any encounter with that HIV infected person until he passed away. It aggravated to the negative media coverage at that time, which promoted HIV and AIDS in a very negative manner. Even now, although I have more knowledge on HIV and AIDS, at some point I still contradict with myself that people living with HIV will not be harmful to people with negative blood test. I know HIV can be prevented effectively by using a condom at all times. I learned about HIV and AIDS and other sexually transmitted infections from the Internet. There is a Thai series, adolescents, called "Hormones: the Series". Prevention programs that target adolescents can be adapted to young people interests e.g. TV series, games, cartoons, or short clips on social media.

(Pete, 17, Thailand cited in Youth Lead, Stories of Adolescents from key populations in China, Thailand and the Philippines)

At the same time, young people may be unlikely to discuss these issues with their family, or to seek out medical advice or support if they have questions - in part due to a fear of rejection or stigmatisation. Instead, the majority of young LGBTIQ+ people sought information online or through their peers. This presents significant risks of misinformation and can increase the likelihood that young people will engage in risky behaviours. As one transgender woman commented, the information accessed online is not only often inaccurate but can also be technical and difficult for young people to understand:

"... I found some article[s] in English. But it's lucky for me that I can read, I can write English. But for the [other] people, especially for the transgender in Thailand, it's just very difficult for them ... to understand the scientific term[s], the vocabulary and the term[s] they use."⁴¹

Without access to accurate information on appropriate available treatments, young transgender people in Thailand are prone to buying and taking cheap hormones online, including contraceptive pills. One transgender interviewee noted that she had friends who were taking up to ten different pills at any one time. As the UNDP Blueprint on Comprehensive Health for Transgender persons in Asia notes, this is often done without any understanding of possible side effects and impacts:

'Decisions about the type and amount of hormones to use are typically based on advice from trans peers. This can be inaccurate or outdated. Such decisions are made without knowledge about safety, short- and long-term impacts, contraindications, and side effects. There are no initial blood tests or medical checks beforehand to measure baseline hormone levels, nor is there medical guidance or oversight to monitor side effects and adjust dosage levels. If hormones are injected, unskilled or unhygienic practices may lead to scarring and inflammation, and possibly the transmission of infectious diseases, including HIV.'⁴²

Fear of stigma and discrimination

LGBTIQ+ youth's lack of access to information on health is often linked more generally to barriers in accessing appropriate healthcare. One important barrier to mention is

⁴¹ Transgender woman, 29, Thailand cited in World Health Organisation "'Appendix A" 3.3. Values and preferences of transgender people: a qualitative study.' Undertaken to inform the: Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations.

⁴² Blueprint, p. 49.

the not-unfounded fear of discrimination and stigma in healthcare services, which is in turn linked to a lack of sensitivity of many health professionals regarding SOGIE. LGBTIQ+ individuals face discrimination in the form of unequal standards of health care, including the provision of inappropriate advice; the disclosure of sensitive and private health information; and refusal to provide treatment. For example, transgender men and lesbian women perceived to be 'masculine' may be told by gynaecologists that they do not require the same checks and treatment as other women because they are thought not to have penetrative sex (and therefore are perceived to be at lower risk).⁴³ It is also common for transgender persons to be placed in hospital wards corresponding to the sex they were assigned at birth, even after gender reassignment surgery. In the case study below, a young transgender woman decided not to return to hospital for treatment because of the attitudes of hospital staff.

"I was sick with an incredibly high fever of 40 degrees Celsius, to the point where I needed to be admitted to the [government] hospital. I told [the doctor] I had already undergone sexual reassignment surgery, to please let me stay in the women's ward. He said that he was just the on-call doctor and did not have the authority to make that decision. The nurse also said it was not possible—because I had a man's name. I tried to hold on to the doorframe so that they couldn't push me through... After that sickness, I fell ill very frequently, but I never wanted to go to the hospital. Unless I was so sick that I couldn't withstand it, I would not go ... There was always an issue about using the restrooms [and] the kind of bedpan they would provide for me ... The lack of protocol on how to deal with a transgender woman like me was so taxing and deflating.

There was one time, a nurse asked me 'Why do you wait until your sickness and symptoms get so bad before coming to the hospital?' I told the nurse it was because every time I had come I was harassed. I also felt like I was causing hardship for the healthcare professionals that were taking care of me, to have to deal with someone like me."

Source: Boonprasert, 2011, cited in UNDP, 2014

The lack of knowledge, skills and prejudiced attitudes of some health care providers toward LGBTIQ+ persons represents a barrier to health and well-being. In some cases, this may go so far as a pathologisation of their SOGIE and the perception by health care professionals that LGBTIQ+ persons are mentally unstable.⁴⁴ There is a need for sensitivity training of health professionals on SOGIE, as well as on the specific health needs of LGBTIQ+ people, and in particular of youth.

Transgender health services

Compared to many other countries, sexual-reassignment surgery (SRS) - or gender reaffirming surgery - is easily accessible in Thailand, though this is less the case for female-to-male transitions. For most young people, however, sexual reassignment surgery is not an immediate option due to financial and other constraints. The key issues for non-gender-conforming children and young transgender persons relate to earlier health interventions, such as counselling and psycho-social support (for the child and their family) and hormone treatments including fully reversible treatments (e.g. puberty suppressing hormones) and partially reversible treatments (e.g. feminising or masculinising hormone treatments, normally administered after the age of 16 years). For the majority of young transpeople, however, access to hormones takes place outside formal medical sector. A recent study in Thailand showed that over 50% of transgender people have never seen a doctor about their transition. This lack of regulation and monitoring can entail serious risks.

Part of the problem is a lack of available services that are both specialised in transgender health and 'friendly' or welcoming for youth. While some specialised clinics for transgender health exist in Thailand, including the Tangerine Clinic in Bangkok (for over 18s) and, specifically for children, the Gender Variation Clinic at Ramathibodi hospital (see box below), in general health professionals lack appropriate training and sensitivity to transgender issues. The majority of gynaecologists, for example, would not be aware of how to provide proper care to transgender women post-surgery, and most mental health professionals lack the knowledge and understanding to work in a positive way with children and youth who are exploring their gender or sexuality.

⁴³ Interview with Dr Kanokwan, Mahidol University. Dr Kanokwan in chair of the Women's Health Advocacy Foundation, which provides information to young lesbians/TGM on this issue, emphasizing that they have female organs and should receive equal access to health care.

⁴⁴ Stakeholder Submission to UPR regarding the protection of the rights of LGBT persons in Thailand, 2015, 31.

Gender variation clinic at Ramathibodi Hospital, Bangkok, Thailand

The Gender Variation (Gen-V) Clinic at Ramathibodi Hospital in Bangkok is the first clinic in Thailand for gender-diverse children and adolescents. It was officially established in September 2014 by Dr Jiraporn Arunakul, an adolescent medicine specialist. Despite the clinic's title, its focus is not solely on trans young people. The clinic provides medical care and counselling for any LGBT adolescents, ages 10–24 years, and also offers counselling to the parents of LGBT and gender nonconforming children. The clinic provides specific hormonal therapy to trans adolescents, prescribing masculinising and feminising hormones as well as hormones that suppress puberty.

Those with higher risks are transgenders, both kathoey and trans men, who take hormone pills to try to alter and develop their physical gender into another. Some of them take a larger dose than the prescribed amount and there is no one to help them regulate their intake or tell them how to use the pills safely. At our clinic, we have a specialist on the endocrine system to advice as to the safe intake of hormone pills.

Dr Jiraporn Arunakul (cited in Mahavongtrakul, 2014) In addition to Dr Jiraporn Arunakul, the Gen-V Clinic's staff members include a child and adolescent psychiatrist, psychologists, and a nurse practitioner. The clinic also works with an endocrinologist from Ramathibodi Hospital who monitors and follows up with trans adolescents receiving hormonal therapy. The Gen-V Clinic runs annual diversity training for its staff and colleagues from other wards and clinics at Ramathibodi Hospital.

It should be one of the roles of a medical practitioner to stand up and tell society what is or isn't wrong, what is not abnormal, or which group of people need specific care or help ... Looking at the reality, we already have these children in our society. They are not a mystery or an invisible crowd that we can't find. It would be better if they have a place that they can rely on to find answers about how to take care of themselves and understand who they are. —Dr Jiraporn Arunakul (cited in Mahavongtrakul, 2014)

LGBTIQ+ organisations in Thailand

The majority of organisations working on LGBTIQ+ issues in Thailand focus on HIV, and target MSM and transgender women. This is largely due to availability of funding for HIV related programmes, which far outweighs that available for rights-based work. Organizations working on SOGIE human rights are vastly underfunded and understaffed as compared to the more established organizations working on HIV.⁴⁵ More support is therefore needed for smaller groups, those that focus on non- HIV issues and those working with marginalized LGBTIQ+ sub-groups.

It has also been noted that stronger networking and collaboration is needed between the different groups. SOGIE organisations in Thailand are somewhat fractious, each prioritizing their own agendas with specific sub-groups. In particular, there is a gap between groups working on HIV or with MSM and TGM, and lesbian organisations such as Anjaree and Sapaan.

There are few national organisations that work specifically with LGBTIQ+ youth, though some organisations include youth-focused programmes in their work. Conversely, organisations working with vulnerable young people more generally (such as Child Line) may have a number of LGBTIQ+ beneficiaries and/or seek to address SOGIE issues in their work.

Regionally, Youth Voices Count and Youth Lead offer useful resources for understanding how SOGIE-based discrimination and rights violations affect youth. Both are networks of young LGBTIQ+ people and advocates and would be useful partners in developing advocacy tools and youth-led programming.

The Thai Transgender Alliance, while not specifically focused on young LGBTIQ+ - and while limited in scope to

transgender issues - has experience in producing youth-friendly videos and guidelines and in effective advocacy with government agencies on specific issues.

On bullying and CSE, the organisations with the most expertise and experience are UNECOSO, UNICEF, Plan International, Path2Health, MPlus+ and Buku Classroom.

On health, many organisations work on HIV and AIDs, specifically with transgender and MSM. All of those that we met were keen to expand programming target younger people.

A comprehensive list of relevant organisations is provided in Annex 3.

⁴⁵ Being LGBT in Asia Thailand Report, p. 44.

- Support for families of gender diverse children
- Self-stigma and mental health
- CSE/SRH education to ensure youth have access to accurate and relevant information
- How to include underrepresented groups, e.g. lesbians, TGM

Recommendations

1. As a first step, Save the Children Thailand should examine existing programmes to see where greater sensitivity to sexual/gender diversity can be incorporated. This will provide an opportunity to build expertise and to develop partnerships. Materials and resources e.g. on CSE and anti-SOGIE bullying are available. Possible activities include:
 - Provide sensitivity training to staff and partners
 - Include SOGIE sensitivity training in teacher training programmes
 - Update/develop curricula on SRH to include SOGIE issues (e.g. Proceed)
 - Incorporate guidance on practices on preventing SRGBV that includes SOGIE-based in education programming
 - Possible partners: UNESCO and Plan2Health
2. Explore whether and how approaches that aim to transform discriminatory gender norms and power dynamics which underpin violence against children and youth in schools such as Violence Free Schools or Child Rights and Health initiatives can include an anti-bullying component that also specifically addresses SOGIE-based bullying through:
 - Adapted resources and tools
 - Advocacy for anti-bullying to be included as part of school safety
 - Interventions that include work with school administrators, teachers, parents and students (LGBTIQ and non LGBTIQ)
 - Comprehensive programmes working with administrators, teachers, parents, students on developing safe learning spaces and addressing SRGBV and bullying. Advantage of keeping it general – not singling out LGBT as a group to be protected but one aspect of safe learning spaces
3. For possible new programming on SOGIE and youth the following issues represent gaps that should be explored further:
 - Bullying and SRGBV
 - Addressing stigma and improving general understanding of SOGIE
4. Media/awareness raising/opinion changing campaigns could help to address stigma and to combat SOGIE-based bullying and harassment in schools and elsewhere. These should focus on youth perspective and seek to demonstrate the basic message that being LGBTIQ+ is as normal as being straight or cisgender. Possible campaigns could include:
 - Focus on positive LGBTIQ+ role models (politicians, business leaders, activists, doctors, lawyers etc.) to demonstrate possibilities for LGBTIQ+ youth, help them aspire to things other than entertainment and beauty industries.
 - Present voices of LGBTIQ+ youth themselves on what they want from schools, or simply showing how LGBTIQ+ youth are like any other youth (sport, music, family life).
5. Support for families is an important issue that would require more research. This could take the form of direct mediation with families, such as counselling, information campaigns for families, school-based outreach. It could also take the form of providing sensitivity training for existing service providers such as healthcare professionals, school staff, or social workers working with at risk youth (such as at the Hub)

Annexes

Annex I: Terminology

Terms used in Thailand

In Thailand, commonly used terms identified by key informants and in the literature include:

Tom	both women who are attracted to other women (a sexual orientation issue) and women who appear relatively masculine (a gender expression issue).
Dee	Feminine lesbian
Kathoeay	Transgender woman

General terminology on gender/sex

Sexual orientation and gender identity terminology can vary widely depending on cultural, political or personal preference. Though there are many different terms and definitions within the literature, for the purposes of this review, language pertaining to sexual orientation and gender identity will be understood in the following way:

Assigned Sex: The sex recorded when a child's birth is registered. Usually the sex assigned at birth is also used in social interactions.

Biological Sex: One use of the term 'sex' when referring to a person's biological characteristics. These may be genetic, hormonal or anatomical and typically are used to categorise people into two distinct categories, as either male or female. The term 'sex characteristics' is a more precise framing of biological sex.

Biphobia The fear, unreasonable anger, intolerance or/and hatred toward bisexuality and bisexual people (see "bisexual"). The phobia may exist among heterosexuals, gay men, lesbians or bisexuals themselves and is often related to multiple negative stereotypes of bisexuals centred on a belief that bisexuality does not exist and on the generalization that bisexuals are promiscuous. (ILGA)

Bisexual: Refers to a person who is emotionally and/or sexually attracted to persons of more than one sex.

Cisgender: A term referring to persons whose gender identity and gender expression match the sex they were assigned at birth and the social expectations related to their gender. (ILGA)

Gay man: A person who identifies as a man and has a romantic and/or sexual attraction to other men. (RFSL)

Gender: refers to the "socially constructed roles, behaviors, activities, and attributes that a given society considers appropriate for men and women."

Gender binary: A classification system consisting of two genders, male and female.

Gender Disphoria: Gender dysphoria refers to the distress caused by the incongruity between a person's gender identity and their physical characteristics. Gender dysphoria can have a strong negative impact on the health and well-being of trans people, including children and youth. It includes the distress felt if a young person is not able to express their gender identity.. (BLUEPRINT)

Gender expression: The way a person communicates masculinity and/or femininity externally through their physical appearance (for example, through their clothing, hair style, use of cosmetics, mannerisms, way of speaking and behavioural patterns). (TRANSIT)

Gender Identity: Gender identity is understood to refer 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. Transgendered people may be heterosexual, homosexual, or bisexual.

Gender non-conforming: A person whose gender identity is not limited to binary concepts of being either a man or a woman and/or whose gender expression is not limited to being either masculine or feminine.

Gender-based violence: An umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially-ascribed (gender) differences between males and females. (MSMIT)

Heterosexism: Refers to the imposition of heterosexuality as the only normal and acceptable expression of sexuality, resulting in prejudice or discrimination against people who are not heterosexual or who are perceived to not be heterosexual. (MSMIT)

Homophobia: An irrational fear of, aversion to, or discrimination against persons known or assumed to be homosexual, or against homosexual behaviour or cultures. (MSMIT)

Homosexual: A person physically, and/or sexually attracted to members of the same sex. (University of Connecticut)

Intersectionality: The exacerbated experience of human rights violations when based on more than one ground; for example, violations perpetrated against lesbian, gay, bisexual, transgender and intersex people can be exacerbated by other factors, such as gender, race, ethnicity, class, economic status and religion.

Key Populations: Key populations, or key populations at higher risk, are groups of people who are more likely to be exposed to HIV or to transmit it and whose engagement is critical to a successful HIV response. In all countries, key populations include people living with HIV. In most settings, men who have sex with men, transgender people, people who inject drugs and sex workers and their clients are at higher risk of exposure to HIV than other groups. However, as discussed in the Gap report from UNAIDS, each country should define the specific populations that are key to their epidemic and response based on the epidemiological and social context. (UNAIDS)

LGBTI: Lesbian, Gay, Bisexual, Transgender, and Intersex (LGBTI) is a term for the collective identity of those people who are not both heterosexual and gender normative. Many LGBTI people identify as belonging to this collective sexual minority status.

MSM/WSW: Men who have sex with men (and more recently women who have sex with women) is a term that developed from public health discourse. It is commonly used to describe *behaviours* rather than identities. It is an inclusive term that can be used regardless of how an individual self-identifies; for example, MSM may identify as homosexual or bisexual or might, self-identify as heterosexual but engage in sexual activity with other men.

Queer: This has become an academic term that is inclusive of people who are not heterosexual – includes lesbians, gay men, bisexuals and transgender people. Queer theory is challenging heteronormative social norms concerning gender and sexuality and claims that gender roles are social constructions. For many LGBTI persons, the term 'queer' has negative connotations as it was traditionally an abusive term. However many LGBTI persons are now comfortable with the term and have reclaimed it as a symbol of pride. (ILGA)

Sex: According to the World Health Organization (WHO), 'Sex' refers to the "biological and physiological characteristics that define men and women." However, a person can be born with two sexes, which is referred to as being inter-sex. This person will have both the physical features of a male and female (including genitalia) and may have different chromosome combinations.

Sex characteristics: Intersex people are born with sex characteristics (including genitals, gonads and chromosome patterns) that do not fit typical binary notions of male or female bodies. Because their bodies are seen as different, intersex children and adults are often stigmatized and subjected to multiple human rights violations, including violations of their rights to health and physical integrity, to be free from torture and ill-treatment and to equality and non-discrimination. (OHCHR)

Sexual Orientation: Sexual orientation is understood to refer to each person's capacity for profound emotional and sexual attraction to, and intimate and sexual relations with, individuals of a different gender or the same gender or more than one gender. (Yogyakarta principles)

SOGIE Sexual orientation, gender identity and gender expression.

SOGIESC Sexual orientation, gender identity, gender expression and sex characteristics.

Transgender: Transgender describes persons whose gender identity (their internal sense of their gender) is different from the sex they were assigned at birth. Transgender is an umbrella term that describes a wide variety of cross-gender behaviours and identities. It is not a diagnostic term and does not imply a medical or psychological condition. This term should be avoided as a noun: a person is not 'a transgender;' they may be a transgender person. It is important to understand that not all people who are considered transgender from an outsider's perspective in fact identify as transgender, nor will they necessarily use this term to describe themselves. In many countries there are indigenous terms that describe similar cross-gender identities. (TRANSIT)

Transphobia: Prejudice directed at transgender people because of their actual or perceived gender identity or expression. Transphobia can be structural, i.e. manifested in policies, laws and socioeconomic arrangements that discriminate against transgender people. It can also be societal, when transgender people are rejected or mistreated by others. Additionally, transphobia can be internalized when transgender people accept and reflect such prejudicial attitudes about themselves or other transgender people. (TRANSIT)

Transvestite/crossdresser: Refers to people who enjoy wearing the clothing of another gender for certain periods of time. Their sense of identification with another gender can range from being very strong and indeed their primary gender, to being a less critical part of their identity. Some transvestite or cross-dressing people may seek medical assistance to transition and live permanently in their preferred gender at some point in their life. Others are happy to continue cross-dressing part-time for the rest of their lives. (ILGA)

Annex 2: Bibliography and Interview list

Burapha University (July 2017). Tool for Change: Working with the Media on Issues Relating to Sexual Orientation, Gender Identity, Expression and Sex Characteristics in Thailand.

Mahidol University, Plan International Thailand, UNESCO. 2014. LGBT-friendly Thailand? A brief on school bullying on the basis of sexual orientation or gender identity. Bangkok: UNESCO.
<http://unesdoc.unesco.org/images/0022/002277/227706E.pdf>

Grace Poore, Huffington Post, 'Thai Police dismiss murders of 15 lesbians and 'Toms' as 'love gone sour', https://www.huffingtonpost.com/grace-poore/thailand-lesbian-murders_b_1401170.html, accessed 28.02.18

Health Policy Project, Asia Pacific Transgender Network, United Nations Development Programme. 2015. Blueprint for the Provision of Comprehensive Care for Trans People and Trans Communities. Washington, DC: Futures Group, Health Policy Project. P.19-20

Human Rights Council (2014). Human Rights Council resolution - Human rights, sexual orientation and gender identity (A/HRC/RES/27/32).

Hunter Gray, 2014. Negotiating Invisibility: Addressing LGBT Prejudice in China, Hong Kong, and Thailand

ILO Country Office for Thailand, Cambodia and Lao People's Democratic Republic, 2014. Promoting Rights, Diversity and Equality in the World of Work (PRIDE) Project

ILO, 2014, Gender identity and sexual orientation: Promoting rights, diversity and equality in the World of Work (PRIDE) Project.

NATNICHIA CHUWIRUCH, LGBTQ Nation, June 2016. What it's really like to be transgender in Thailand.
<https://www.lgbtqnation.com/2016/06/really-like-transgender-thailand/2/>

Prae Sakaowan, Feb 2016, *How to treat 'katoey': Thai Transgender Alliance hands out guidelines to military*, available at <https://coconuts.co/bangkok/news/how-treat-katoey-thai-transgender-alliance-hands-out-guidelines-military/> (accessed 15 March 2018).

Stakeholder Submission to UPR regarding the protection of the rights of LGBT persons in Thailand, 2015

UNDP, PGA (2017). Advancing the Human Rights and Inclusion of LGBTI People: A Handbook for Parliamentarians.

UNDP & APTN (2017). *Legal Gender Recognition: A Multi-Country Legal and Policy Review in Asia*,

UNDP, USAID, 2014. Being LGBT in Asia: Thailand Country Report. Bangkok.

UNDP, APF (2016). Promoting and Protecting Human Rights in relation to Sexual Orientation, Gender Identity and Sex Characteristics: A Manual for National Human Rights Institutions.

UNDP (2015). Report of the Regional Dialogue on LGBTI Human Rights and Health in Asia-Pacific.

UNDP, APF, APCOM (2015). Report of the Workshop on the Role of NHRIs in Promoting and Protecting the Rights, including Health, of LGBTI People in Asia and the Pacific

UNDP (2015). Leave no one behind: Advancing social, economic, cultural and political inclusion of LGBTI people in Asia and the Pacific - Summary

UNESCO, UNDP (2015). Meeting Report: Asia-Pacific Consultation on School Bullying Based on Sexual Orientation and Gender Identity/Expression.

UNESCO, 2015. From insult to exclusion, Asia Pacific report on school bullying, violence and discrimination on the basis of sexual orientation and gender identity

UNESCO, 2012. Education sector responses to Homophobic Bullying. Good Policy and Practice in HIV and Health Education Booklet 8.

UNICEF et al., 2016. Connect with respect: preventing gender-based violence in schools. Classroom Programme for Students in Early Secondary School (ages 11-14).

UNOHCHR (2015). Report to the Human Rights Council on discrimination and violence against individuals based on their sexual orientation and gender identity(A/HRC/29/23).

UNOHCHR (2016). Living free and equal: What states are doing to tackle violence and discrimination against lesbian, gay, bisexual, transgender and intersex people.

United Nations (2015). Joint UN statement on Ending violence and discrimination against lesbian, gay, bisexual, transgender and intersex people.

World Bank Group, Thammasat University and Love Frankie (2018). Economic Inclusion of LGBTI Groups in Thailand

World Health Organisation “‘Appendix A” 3.3. Values and preferences of transgender people: a qualitative study.’ *Undertaken to inform the: Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations.*

Interviews

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Khun Note, Thai Transgender Alliance.

Khun Ice, Thai Transgender Alliance.

Khun Jemma, Tangerine Clinic.

Khun Ta, director of MPlus+.

Khun Non, RSAT.

Poz Home Center Foundation.

For SOGI Rights and Justice (FOR-SOGI).

Sisters Foundation, Pattaya.

Annex 3: The Yogyakarta Principles

The following summary is from UNDP/PGA (2017). Advancing the Human Rights and Inclusion of LGBTI People: A Handbook for Parliamentarians (p.12).

Although the Yogyakarta Declaration and the Principles are not binding, they are a very useful reference for parliamentarians (and others). Below is a summary of the principles.

Rights to universal enjoyment of human rights, non-discrimination and recognition before the law: Principles 1 through 3 establish the universality of human rights and their application to all without discrimination. All people have a right to recognition as a person before the law, regardless of their sexual orientation or gender identity. Forced medical procedures, like sterilization or sex reassignment surgery, cannot be required for legal recognition.

Rights to human and personal security: Principles 4 through 11 address fundamental rights to life, freedom from violence and torture, privacy, access to justice and freedom from arbitrary detention and human trafficking.

Economic, social and cultural rights: Principles 12 through 18 elaborate on non-discrimination in the enjoyment of economic, social and cultural rights. This covers the rights to employment, housing accommodations, social security and education, as well as sexual and reproductive health rights that include the right to informed consent and sex reassignment therapy.

Rights to expression, opinion and association: Principles 19 through 21 set forth the freedom to express oneself, one's identity and one's sexuality based on sexual orientation or gender identity, without State interference. Along with this right to free expression, everyone also has the right to freely participate in peaceful assemblies and associate.

Freedom of movement and asylum: Principles 22 and 23 highlight the rights of persons to seek asylum from persecution based on sexual orientation or gender identity.

Rights of participation in cultural and family life: Principles 24 to 26 address the rights of people to have family life and to participate in public affairs and the cultural life of their communities without discrimination based on sexual orientation or gender identity.

Rights of human rights defenders: Principle 27 establishes the right to defend and promote human rights without discrimination based on sexual orientation and gender identity, as well as the obligation of States to ensure the protection of human rights defenders working in these areas.

Rights of redress and accountability: Principles 28 and 29 elaborate on holding rights violators accountable and ensuring appropriate redress for those who face rights violations.

Additional recommendations: The Principles establish 16 additional recommendations to national human rights institutions, professional bodies, funders, nongovernmental organizations, the High Commissioner for Human Rights, United Nations agencies, treaty bodies, Special Procedures and others.