**Equal Asia Foundation’s inputs to the UN special rapporteur on housing**

**Understanding the sheltering and housing needs of LGBTIQ+ persons in Asia**

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**LGBTIQ+ Homelessness**

**Background**

Homelessness and housing instability are problems that plague LGBTIQ+ across the lifespan. The characteristics of this homelessness occur at different structural and interpersonal levels for each age demographic. Homelessness exists in three main categories: chronic, transitional, and episodic. Chronic homelessness refers to those who have been homeless for more than a year and comprises a fairly low percentage of the homeless population globally (Gaetz et. al, 2014). Transitionally homeless are those who enter shelters for a short time period; often these are younger individuals who have become homeless due to a catastrophic event and will transition into more stable housing (Kuhn & Culhane, 1998). Finally, episodic homeless are those who frequently move in and out of homelessness; compared to transitionally homeless individuals they are more likely to suffer medical, mental health and substance abuse problems (Kuhn & Culhane, 1998).

Youth:

Approximately 28% of LGBTIQ+ youth report having experienced homelessness or housing instability. These rates vary greatly by racial and identity intersectionalities (DeChants et. al, 2022). For example, nearly 44% of indigenous LGBTIQ+ youth in the U.S. have experienced homelessness at some point of their life compared to 27% of white LGBTIQ+ youth. 38% of transgender girls/women, 39% of transgender boys, and 35% of non-binary youth compared to 23% of cisgender LGB youth experience homelessness (DeChants et. al, 2022).

 For youth, the drivers of homelessness are often related to caregiver relationships and educational disruption. Among LGBTIQ+ youth, 16% reported running away from home while 14% reported being kicked out or abandoned with approximately half of each sample saying this displacement was due to their sexual or gender identity (DeChants et. al, 2022). On a structural level, harassment and bullying within the education system are a commonly reported reason for dropout among LGBTIQ+ youth in Nepal (UNDP & USAID 2014). Only two countries in Asia (Mongolia and Nepal) have introduced LGBTIQ+-positive courses in school curriculums, leaving a massive gap in education (UNDP & USAID 2014). Disrupted education for LGBTIQ+ youth leads to negative financial consequences and housing insecurity in later life (Lind & Tran, 2020).

Adults:

 It is estimated that 17% of LGBTIQ+ adults have experienced homelessness in their lives (Wilson et. al, 2020). According to one study as many as 71% of those experienced homelessness for the first time as adults (Wilson et. al, 2020). This effect is over twice as high for transgender individuals as it is for cisgender and genderqueer sexual minorities (Wilson et. al, 2020).

Employment and income instability are common experiences amongst adult homeless persons. Across the Asian Pacific reports of discrimination in employment are exceedingly common. In Thailand, those least able to hide their LGBTIQ+ identities report being limited to the hospitality, entertainment, and sex work industries (UNDP & USAID, 2014). Limited access to substantial employment results in financial instability that progenerates homelessness. In India preliminary research suggests 66% of gay men in Chennai report incomes of less than $1.50 per day (Badgett, 2014). Income instability is only one part of the structural and social factors that drive homelessness in adult LGBTIQ+ populations.

Elderly:

LGBTIQ+ elderly populations in Asia are at distinctive risk for homelessness. Many Asian cultures uphold a system of the young caring for their elderly relatives over systems like long-term care facilities (LTCF). However, this structure is at risk due to the aging populations outnumbering the young, a trend which has been accelerated by family planning policies such as the “one-child policy”. This dynamic creates increased financial strain on the young caretakers and has resulted in documented increases in elder ‘abandonment’ or homelessness in Malaysia and Korea (Vasquez, 2019).

Even without this demographic shift LGBTIQ+ elders would face increased risk for abandonment due to familial rejection. LGBTIQ+ elders face structural constraints in forming their own families, reducing their access to the social norm of generational support. Without legally recognized marriage, LGBTIQ+ elders are further barred from accessing certain resources, supports, and tax breaks that their heterosexual counterparts have access to. Taiwan and Australia are the only countries within the Asia Pacific region that offer even partial recognition of LGBTIQ+ marriage (ILGA, 2016). Without access to familial support, elderly LGBTIQ+ individuals may be abandoned both culturally and physically.

**Homelessness and Health**

Homelessness and health are connected in a cyclical nature that is exacerbated by LGBTIQ+ populations’ often strained relationship with health care systems. Homelessness has been associated with increased risk of diseases of the extremities, skin disorders, malnutrition, parasitic infestations, dental and periodontal disease, degenerative joint diseases, venereal disease, infectious hepatitis, and many other varieties of acute and chronic diseases. This risk is associated with unsanitary living conditions, exposure to the elements, and lack of access to proper nutrition or care (Institute of Medicine, 1988).

HIV/AIDS:

The HIV/AIDS epidemic greatly shapes disparities with 95% of the estimated 36.7 million global HIV infections occurring in developing countries (Fauk et. al, 2017). Thailand reports that gay cisgender men and transgender women face higher rates of HIV (UNDP & USAID, 2014). Indonesia reports a population of 3 million gay men who face consistently rising rates of new infections, this risk is augmented for those who face familial rejection and or homelessness (Fauk et. al, 2017). The association between HIV and LGBTIQ+ communities deters many from seeking health care which allows the disease to progress and spread. A young gay man in Indonesia described his experience.

“*I felt ashamed to undergo medical checkup at the community health Centre because at that time I got inflammation on my anus.…. It would be very difficult for me explain if a doctor or nurse asks how I got it. I was afraid because they would know about my sexual orientation”*

- (Fauk et. al, 2017).

Homeless LGBTIQ+ individuals are also more likely to engage in survival sex and sex work and report a higher number of clients as well as inconsistent condom use, when compared with their non LGBTIQ+ counterparts (Fraser et. al, 2019). Each of these factors contribute to the disproportionately high rates of HIV among LGBTIQ+ homeless persons (Fraser et. al, 2019).

Elderly Persons:

It is well documented that elderly LGBTIQ+ individuals face health disparities and report poor quality of life. These disparities are likely related to the intersection of age and LGBTIQ+ status creating internalized stigma, hostile social environment, and discrimination within the healthcare system. Over half of older LGBTIQ+ respondents in Taiwan reported one or more physical or psychological health problems (Wang et. al, 2021). These problems are likely to be exacerbated by the increased health risks and decreased access to funding or care faced by homeless populations; however, there is limited data on this population.

Mental Health:

Mental health is tied to each of the aforementioned categories and has a complex symbiosis with homelessness. Among young people, depression, anxiety, and post-traumatic stress disorder are risk factors for HIV acquisition as well as associated outcomes of living with HIV (Fongkaew, 2021). In Taiwanese elderly LGBTIQ+ populations singlehood, unemployment and poor quality of life and health were associated with an increase in mental health issues (Wang, 2021).

LGBTIQ+ groups have been strongly associated with higher risk of mental disorders, suicidal attempts, self-harm behavior and poorer mental health outcomes; these rates are two to four times higher for homeless LGBTIQ+ youths (Fraser et. al, 2019). Thirty-five percent of queer youth who are homeless have reported a suicide attempt in the last year as compared 10 percent to those who have stable housing (DeChants, 2021). Poor mental health is both a predictor of homelessness and a result of the many difficulties it creates.

Healthcare Systems:

These dangers are compounded by negative interactions with local healthcare systems. Nepal reports particular difficulties for transgender individuals in accessing care (UNDP & USAID, 2014). Similarly transgender individuals in Thailand are unable to change their legal gender on state-issued identity cards, causing incongruences and discrimination within their medical care (Newman et. al, 2021). Within Vietnam, the lack of protective acts leaves LGBTIQ+ individuals at risk for forced psychiatric treatments, religious and superstitious curative practices within the healthcare system (Lind & Tran, 2020). With limited access to funds and healthcare systems it is unlikely that homeless LGBTIQ+ individuals seek appropriate care for their needs allowing dangerous diseases to go untreated.

Where health services are available, they often treat LGBTIQ+ needs as a monolith and fail to provide comprehensive care. Cambodia reports gay men and transgender persons being treated as a homogenous group in terms of HIV prevention while no health services are specifically designed for their lesbian population (UNDP & USAID, 2014). A study focused on adolescent and youth populations in Southeast Asia reported a complete lack of integration of mental health and HIV services (Fongkaew et. al, 2021). HIV/AIDS treatment and prevention has become synonymous with LGBTIQ+ health care which can obscure the variety of care needs for individual populations. While gender affirming surgery is available in Thailand, male to female GAS is more accessible and affordable than female to male GAS (UNDP & USAID, 2014). Lack of comprehensive care increases marginalization and health risks for certain persons.

**LGBTIQ+ Challenges in the Asian Pacific Region**

**Structural Challenges**

Displacement and Asylum Seeking

*“Persecution on account of SOGIESC is a relatively undocumented yet frequent reason why people flee their home countries, as consensual same-sex sexual practices and relationships are still criminalized in 70 United Nations (UN) Member States (35%) and 3 jurisdictions which are not UN Member States, 11 of these by implementing the death penalty (ILGA, 2019). Given that persecution may not only be State-sponsored but also socially accepted, many LGBTI+ individuals may feel compelled to seek safety abroad.”*

* Equal Asia Foundation. 2020. *Great Expectations, Harsh Realities; The Plight of LGBTI+ Refugees in Thailand an Exploratory Study.*

 LGBTIQ+ RAS experience trauma before, during, and after migration [(Alessi et al., 2018)](https://www.zotero.org/google-docs/?iP4By0), with ongoing trauma coming from their own communities and government officials. Social isolation in RAS spaces, discrimination, harassment, and violence exacerbate the mental health effects of migration. Studies have estimated that the prevalence of depression among LGBTIQ+ RAS is between 76 and 93%, and that PTSD affects between 70 and 100% of the community [(White et al., 2019)](https://www.zotero.org/google-docs/?6Jq9ZQ). Key risk factors for the increased prevalence of mental illness in this community are the discrimination and violence that they face from their sending countries, the asylum process, and their own community members in the place they are seeking asylum [(E. O. J. Lee & Brotman, 2011)](https://www.zotero.org/google-docs/?YMJeLu).

It is well documented that both LGBTIQ+ as well as refugee and asylum seeker (RAS) populations generally face higher risks of mental illness than the general population. The combination of the two identities often results in “multiple minority stress” that aggravates mental health concerns for LGBTIQ+ RAS compared to non-RAS LGBTIQ+ or non-LGBTIQ+ RAS populations. The compounding marginalizations of being part of both RAS and LGBTIQ+ communities is exacerbated throughout the entire migration process, and LGBTIQ+ specific resources are hard to come by at any point in the journey [(Yarwood et al., 2022)](https://www.zotero.org/google-docs/?OeiBf5).

Receiving countries often continue the perpetuation of structural violence against LGBTIQ+ RAS through the asylum process, which forces asylum seekers to relive and retell their traumas multiple times under constant threat of rejection. This is particularly dangerous for LGBTIQ+ RAS who need to “come out” constantly, putting them at risk of more discrimination from their community and from asylum officials. Further, to claim asylum on the basis of sexuality or gender necessitates that the asylum seeker provides “proof” of their LGBTIQ+ status, which may not be possible to find due to the dangers of being out in an RAS sending country. Providing proof is especially troubling for lesbian asylum applicants [(Llewellyn, 2021)](https://www.zotero.org/google-docs/?5MSsvd), who are highly likely to have their experiences of violence questioned or diminished. Community based discrimination is also a danger to LGBTIQ+ RAS. While it is well-researched that a close-knit diaspora community can ease the acclimation to a new environment, LGBTIQ+ RAS are less likely to seek support within local networks due to fear of repeated victimization.

Food Insecurity:

The limited number of studies available on this topic have shown that members of the LGBTIQ+ community are at higher risk of food insecurity than the general population [(Arikawa et al., 2021)](https://www.zotero.org/google-docs/?U2QBD6). Due to the increased economic challenges seen in LGBTIQ+ communities, food insecurity is an issue that affects this community at a disproportionate rate, particularly for transgender and gender-diverse youth [(Janeway & Coil, 2020)](https://www.zotero.org/google-docs/?zjDchI). Researchers have studied the higher prevalence of food insecurity as a potential mediator of depressive symptoms and substance use for HIV positive MSM [(Wiss et al., 2021)](https://www.zotero.org/google-docs/?qpzO9c).

COVID-19:

 Resource Availability

The COVID-19 pandemic had a profound effect on the availability of sexual and reproductive health resources, particularly for the provision of HIV/AIDS related services which were severely disrupted during the pandemic. In Hong Kong, service provision was disrupted by the closure of testing (mobile, center-based, and gay meeting spaces venue based) and the subsequent loss of anonymity and safety [(Suen et al., 2021)](https://www.zotero.org/google-docs/?BT729y). Other concerns aggravated by the pandemic include an increase in anxiety and depression seen in MSM [(Pan et al., 2021)](https://www.zotero.org/google-docs/?Zz3UH4) and higher levels of anxiety among LGBTIQ+ populations [(Sharma & Subramanyam, 2020)](https://www.zotero.org/google-docs/?Qnl67u). One study in Thailand explored the increased anxiety that MSM living with HIV faced during the pandemic due to fear of stigma, or fear of HIV complications from economically necessary relocation [(Nitpolprasert et al., 2022)](https://www.zotero.org/google-docs/?02d5Yz) Third gender groups such as the hijra in Bangladesh faced difficulty accessing medical treatment during COVID because of binary hospital systems and problems with identification documents. Solutions offered across Asia include promoting and ensuring access to HIV self-tests [(Maatouk et al., 2021)](https://www.zotero.org/google-docs/?Z5WStr) and anonymous pick-up stations for test kits [(Suen & Chidgey, 2021)](https://www.zotero.org/google-docs/?8F0dbz), community antiretroviral therapy (ART) distribution [(Eustaquio et al., 2022)](https://www.zotero.org/google-docs/?r7oEKE) and multi-month dispensing of ART [(Pollard et al., 2021)](https://www.zotero.org/google-docs/?h1rwmX)

. Job Loss

As stated earlier, many LGBTIQ+ people report being limited to the hospitality, entertainment, and sex work industries (UNDP & USAID, 2014), and many members of the LGBTIQ+ community rely on these more informal sectors of the job market- often paid poorly and lacking access to social safety nets. Consequently, they were among the first to lose their livelihoods in the COVID-19 pandemic, putting this community in economic peril and increasing their likelihood of engaging in riskier or survival-based transactional sex [(Jacobson et al., 2020)](https://www.zotero.org/google-docs/?0NZb4I). Among the hijra in Bangladesh, a study found that the pandemic caused increased anxiety among 94% of the community about food, especially since 59% of the community were not able to access support programmes [(Sifat, 2020)](https://www.zotero.org/google-docs/?UK0Pyq).

Elderly Populations

 Within the Asia Pacific region, only a few countries (Japan, Singapore, Korea, etc.) have developed long-term care systems for elderly like long-term care facilities (LCTF). The majority rely on untrained family support (mostly provided by unpaid female relatives) to provide care for aging adults. In most regions, other forms of care (non-profits, government social welfare homes, domestic workers, etc.) are few and far between and not well-regulated. COVID-19 has exacerbated the issues facing this community in many ways, including affecting the livelihoods of family caregivers, increasing social isolation, limiting access to resources, community, and respite care services.

 Elders with additional care needs face particularly high risks of complications and mortality associated with COVID-19. COVID-19 risk, and mortality further increases with age as well as underlying conditions such as hypertension, diabetes, cancer, etc. which are more prevalent among older adults. Those with pre-existing conditions may not be able to practice the levels of personal hygiene that would be protective, or require assistance with basic necessities in such a way that puts them in close contact with caregivers who could expose them [(HelpAge, 2021)](https://www.zotero.org/google-docs/?015YF9).

 Globally, within communal living centers for elders or LCTF, COVID-19 often spread quickly due to close living conditions and was devastating when it did. In countries with a high proportion of elders living in long-term care facilities or communal living type housing, older adults were found to be more than 60 times more likely to die from COVID-19 than younger groups [(United Nations et al., 2020)](https://www.zotero.org/google-docs/?XyqCEC). Based on a study in 20 countries, the average percent of the population living in LCTFs was 0.73% while this community accounted for 46% of COVID-19 deaths. Within the Asia Pacific region that have LCTF systems, these communities accounted for 14% of COVID-19 deaths in Japan, 11% in Singapore, and 8% in Korea [(Comas-Herrera et al., 2020)](https://www.zotero.org/google-docs/?IVJxRe).

**Social/Emotional Challenges**

Mental health

 Research has shown that sexual and gender minority populations around the world face increased levels of mental health issues such as anxiety, depression, etc. Some studies estimating that in western nations, homosexual people are twice as likely to develop a mental health disorder over the course of their lifetime [(Chong et al., 2020)](https://www.zotero.org/google-docs/?n8Lrla). Studies of the LGBTIQ+ communities around the world reported high prevalence of depression, anxiety, substance use disorders, suicidality, self-harm behaviors, and stress-related issues [(Lin et al., 2021)](https://www.zotero.org/google-docs/?tZWXtO). The prevalence of these mental health issues is higher in regions that have more structural stigma and discrimination.

Some researchers hypothesize that this is due in part to internalized sexual stigma (ISS), which is the process by which individuals allow their self-perception to be negatively affected by their society and culture’s stereotypes and discriminatory beliefs [(J.-I. Lee et al., 2022)](https://www.zotero.org/google-docs/?EomRCU). The Asian Pacific region is no exception to this phenomenon, especially in those countries where discrimination is codified into law and punishable in some cases by death (APPENDIX 1). Research has shown that ISS acts as a mediator between structural, interpersonal, and internalized stigma, and has been proven to compromise LGBTIQ+ individuals mental health, social relationships, and decrease intention to access medical and mental health resources.

In places that have outlawed LGBTIQ+ relationships and have considered them offenses punishable by fines, jail time, or even death, it is highly unlikely that there are affirming mental health services available for these populations. Many scholars point to an unmet need for mental health promotion and suicide prevention strategies for this population [(Wu & Lee, 2021)](https://www.zotero.org/google-docs/?LoPTUG). These problems have gotten worse throughout COVID with increased social isolation, less connection to the LBGTQI+ community, and increased family conflict due to quarantine [(Suen et al., 2020)](https://www.zotero.org/google-docs/?38EFIA).

Discrimination and abuse

 Beyond discrimination in the form of laws that criminalize LGBTIQ+ populations (see APPENDIX 1), discrimination persists in more insidious ways. For example, in China which repealed legal persecution of homosexuality in 1997, LGBTQ+ media is censored as unsuitable for the general population, and sexual orientation conversion is still a common practice across hospitals since most mental health professionals believe it to be a psychological disorder [(Wang et al., 2019)](https://www.zotero.org/google-docs/?VVZEJz). This belief persists despite homosexuality being removed as a psychological disorder in China years ago, and to this day transgender presentations are still categorized as mental disorders. These policies and beliefs lead to discriminatory systems, notably medical discrimination which prevents transgender populations from safely accessing hormone treatment or gender affirming medical procedures, or the lack of LGBTIQ+ inclusion in sexual health education which can lead to higher rates of STI and HIV transmission in this population.

 Even in societies that have relaxed their anti-LGBTIQ+ stances, the codification of stigma into law affects the mental health, access to resources, and general quality of life of LGBTQ+ populations. In Singapore, where sex between men is punishable by up to two years of imprisonment, structural stigma becomes interpersonal stigma [(Tan et al., 2021)](https://www.zotero.org/google-docs/?IsafzN) . Even though the Singaporean government has adopted a nonenforcement policy of these laws (allowing them to remain, symbolic of their nation’s conservative principles), in 2013 about 80% of Singaporeans said they believed that homosexual relations were at least “Almost Always Wrong.” [(Mathews & Chiang, 2016)](https://www.zotero.org/google-docs/?offNH3) This general societal rejection leads to worse mental health and general health outcomes [(Ong et al., 2021)](https://www.zotero.org/google-docs/?V89Hsd) due to stress and negative self-perception, avoiding or delaying healthcare more generally [(H. Lee et al., 2022.)](https://www.zotero.org/google-docs/?EoMwKU) These attitudes also lead to discriminatory employment practices, no formal recognition of LGBTIQ+ partnership, and has profound negative effects on sexual health testing practices [(Tan, 2019)](https://www.zotero.org/google-docs/?0PhNTt). It also leads to discrimination within more general resource provision (i.e., shelters becoming unsafe spaces for LGBTIQ+ people or not allowing transgender people to stay) that prevent LGBTIQ+ populations from accessing resources for fear of discrimination. Worldwide, there have also been reports of rampant discrimination and abuse that happens to LGBTIQ+ people (and transgender people in particular) who are staying in shelters by both shelter staff and other unhoused persons.

**Solutions**

**Key Stakeholders**

| **Organization** | **Mission** | **Region** |
| --- | --- | --- |
| ASEAN SOGIE Caucus (ASC) | Raise awareness, advocate for, and educate on the rights of persons of diverse SOGIESC. Aim to expand spaces for leadership of Southeast Asian LGBTIQ+ human rights defenders. | Southeast Asia |
| Asia Pacific Transgender Network (APTN) | Work to advance and protect the rights of trans and gender diverse people through research, advocacy, movement building and public campaigning.  | Asia-Pacific |
| Asia-Pacific Forum of National Human Rights Institutions (APF) | Seeks to support and advance their coalition of 25 human rights institutions. | Asia-Pacific |
| Blue Diamond Society | Engages in emergency shelter, health promotion, psychosocial counseling, raising awareness of HIV/AIDS, lobbying etc. for LGBTIQ+. | Nepal |
| GALANG | Focuses on attaining social and economic equity, legislative support, and increased research for LBTs in urban poor communities.  | Philippines |
| Harmony Home | Shelter, care, treatment access and support for individuals and families affected by HIV/AIDS. | Taiwan |
| Intersex Asia | An autonomous network of intersex-led organizations and individuals that work to support, educate, and advocate for the rights and lives of intersex individuals.  | Asia  |
| MicroRainbow | Provides housing, social support and access to employment, volunteering, training, and education for LGBTIQ+ asylum seekers and refugees.  | United Kingdom\* |
| OOGACHAGA | Provides LGBTIQ+ counseling and support hotlines (variety of formats), hosting a youth centered program, as well as engaging with corporate stakeholders and hosting professional training. | Singapore |
| Pink Dot | Advocacy, education, and events to support LGBTIQ+. | Singapore |
| Rainbow Rights Project (R-Rights Inc.) | LGBTIQ+ legal organization seeking to empower the local community with a knowledge of their rights. Works with government agencies and NGOs to promote legal reform and legislative advocacy.  | Philippines |
| The T-Project | Social Service provider for transgender community. Provides shelter, counseling, and referrals for employment, social, health and emotional needs.  | Singapore |
| True Colors United | Addresses youth homelessness with a focus on LGBTIQ+ youth.  | International\* |

\* Referring to organizations that operate outside of the Asian Pacific region.

**Global Strategies**

Globally LGBTIQ+ populations are disproportionately affected by homelessness. However, national response and support takes a variety of different forms. 73 countries criminalize LGBTIQ+ behavior while 76 host anti-discrimination laws and only 47 recognize same sex unions (ILGA, 2014). This vast difference in policy creates disparities in publicly provided support. Advocacy groups rather than federal programs are commonly the source for shelter, counseling, and support. These groups have a wide variety in target population and scale. Due to the influx of international HIV/AIDS funding many shelters cater to subsects of the LGBTIQ+ community rather than providing comprehensive care.

Research into LGBTIQ+ populations in the Asian Pacific is limited; however, there was a notable report, “Being LGBT in Asia'', as part of a broader initiative with the same name by UNDP and the USAID in 2014 (UNDP & USAID, 2014). This report provides thorough reviews of the histories, policies, cultures, discrimination in housing, healthcare, employment, and media as well as the capacity of the advocacy in place for 8 focus countries. It set forth tailored recommendations to improve each of these areas. While these reports touch on related areas of mental health, discrimination and housing they would benefit from increased focus on the homeless populations.

**Best Practices**

Best Practices for Governments:

 Best practices ideally should tackle country specific policies and practices regarding education, health, employment, family affairs, religion, community, media, and politics as they affect the human rights of LGBTIQ+ populations. Below is a generalized list of best practices for governments seeking to decrease the burden of LGBTIQ+ homeless, as compiled by the UN (UN, 2020). However, it is important to recognize that a region as large as the Asian Pacific includes a wide variety of political and cultural structures that require an individualized approach.

Best Practices:

1. Focus on prevention and early intervention
2. Eliminate any laws or policies that discriminate against LGBTIQ+ people
3. Eliminate any laws or policies that criminalize homelessness
4. Ensure non-discrimination laws clearly protect all persons from violence and discrimination on the grounds of sexual orientation, gender identity and sex characteristics
5. Ensure education, healthcare and other stakeholders that work with young people receive training and guidance on inclusion and non-discrimination on the grounds of sexual orientation, gender identity and sex characteristics
6. Investigate all incidents of violence and discrimination against LGBTIQ+ youth and holding perpetrators accountable
7. Ensure accessibility of programs that serve youth experiencing homelessness, including for residents from rural areas
8. Provide for the health care needs of homeless youth, including access to gender affirming care for trans youth, and access to safe sex information and materials
9. Ensure ongoing monitoring and data collection on access to adequate, safe, and affordable housing for LGBTIQ+ people, including LGBTIQ+ youth

Best Practices for Homeless LGBTIQ+ Individuals:

 While structural solutions create the highest efficacy, this ignores the lived realities of LGBTIQ+ populations currently facing homelessness or housing insecurity. These policies also serve as general guidelines but in practice will vary greatly depending on location specific legislation and available support. A coalition of organizations compiled a “Survival Guide for Independent LGBTQ Youth”, which has been adjusted below to accommodate a wider range of ages (Human Rights Campaign Foundation et. al, 2022):

1. Locate LGBTIQ+ local support groups
2. Know your rights regarding discrimination in housing, education, and healthcare
3. Acquire legal identification
	1. With the recognition that in several contexts this is not legally possible or is made extremely difficult specifically for transgender persons
4. Seek housing either within your personal network or through community resources
5. Seek employment utilizing your personal network or community resources
6. Seek healthcare, utilizing state or advocacy resources where possible

**Future Proofing**

 A crucial finding of this report is that there is limited data on LGBTIQ+ homeless populations in the Asia-Pacific (APPENDIX 2). To develop evidence-based practices there must be an increased focus on researching these persons. Upon understanding the drivers of homelessness advocacy groups and individuals must work with political structures to create inclusive and protective policies for LGBTIQ+ populations. Major areas of note are eliminating criminalization laws, creating overarching anti-discrimination laws, instituting recognition of unions and identities, and increasing access to health care and social services. These concepts must be paired with social and cultural initiatives aimed to spread awareness and increase acceptance. The phenomenon of LGBTIQ+ homelessness is the product of structural and interpersonal violence against marginalized populations, it creates cyclical harm which must be undone at all levels.

**Acronyms**

* AIDS Acquired Immunodeficiency Syndrome
* ART antiretroviral therapy
* GAS Gender affirming surgery
* HIV Human Immunodeficiency Virus
* ISS Internalized Sexual Stigma
* LCTF Long-term Care Facility
* LGBTI+ Lesbian, Gay, Bisexual, Transgender, and Intersex
* MSM men who have sex with men
* NHRI National Human Rights Institution
* RAS refugees and asylum seekers
* TGNC Transgender and gender non-conforming
* USAID U.S. Agency for International Development
* UNDP United Nations Development Programme

**Terms**

Asylum seeker

Someone who is seeking international protection but whose claim for refugee status has not yet been determined.

LGBTIQ+

Lesbian, Gay, Bisexual, Transgender, Intersex, and queer individuals. While this acronym is utilized in this report, it is with the recognition that it hails from a western framework and obscures local terminology and identities.

Refugee

A person “who owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country” (UNHCR, 2011)

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**Appendices**

**APPENDIX 1- Overview of anti-LGBTIQ+ laws in Asia** *(*[*from the ADB*](https://events.development.asia/system/files/materials/2016/12/201612-legal-situation-lgbt-people-asia-and-pacific-developing-countries.pdf)*)*

|  | **Maximum sentence** | **Offence generating max sentence** | **Illegal relationships** | **Protective laws/ institutions** |
| --- | --- | --- | --- | --- |
| **Afghanistan** | Death | Mortality law | Between males/females | none |
| **Bangladesh** | 8 - 14 years | Against nature | Between males | LGBTIQ+ NHRI |
| **Bhutan** | 1 mo. - 2 yrs. | Against nature | Between males/females | none |
| **Brunei** | 8 -14 years | Against nature | Between males | none |
| **India** | 15 years - life | Against Nature | Between males | LGBTIQ+ NHRI |
| **Iran** | Death | Morality law | Between males/females | none |
| **Iraq** | Death | Morality law | Between males/females | none |
| **Kuwait** | 3 - 7 years | Sexual Act | Between males | none |
| **Lebanon** | 1 mo. - 2 yrs. | Against Nature | Between males | none |
| **Malaysia** | 8 - 14 years | Against Nature | Between males/females | none |
| **Maldives** | 15 years - life | Sexual act/ sodomy | Between males/females | none |
| **Myanmar** | 8 - 14 years | Against Nature | Between males | none |
| **Oman** | 15 years - life | Sexual act | Between males/females | none |
| **Pakistan** | Death | Against Nature | Between males | LGBTIQ+ NHRI |
| **Palestine** | 8 - 14 years | Sexual Act | Between males | none |
| **Qatar** | Death | Morality Law | Between males/females | none |
| **Russia** | 1 mo. - 2 yrs. | “Propaganda” laws | n/a | none |
| **Saudi Arabia** | Death | Morality law | Between males/females | none |
| **Singapore** | 1 mo. - 2 yrs. | Morality law | Between males | none |
| **Sri Lanka** | 8 - 14 years | Against Nature | Between males/females | LGBTIQ+ NHRI |
| **Syria** | Death | Against nature | Between males/females | none |
| **Turkmenistan** | 1 mo. - 2 yrs. | Sexual Acts | Between males | none |
| **UAE** | Death | Sodomy | Between males/females | none |
| **Uzbekistan** | 3 - 7 years | Sodomy | Between males | none |
| **Yemen** | Death | Sodomy | Between males/females | none |

**APPENDIX 2**

**Noted Areas for Further Research**

| **Topic** | **Population** | **Region** | **Notes** |
| --- | --- | --- | --- |
| Healthcare | Homeless elderly LGBTIQ+ | Asia-Pacific | Limited data on differential health outcomes and access |
| Food Insecurity | Homeless LGBTIQ+ | Global | Limited data on risk compared to general population |
| Homelessness | Elderly LGBTIQ+ | Asia-Pacific | Limited data on rates of homelessness |

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**This document was developed to lead a conversation about homelessness in the Asian region. Equal Asia Foundation held a global session at ILGA World Conference 2022, in May 2022 in Long Beach, California with our partners The T Project, True Colors United, Micro Rainbow, and Intersex Asia.**