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A Study on Service Provision for Gender Minorities in Shelters for Human Trafficking Survivors in Thailand



USAID THAILAND COUNTER TRAFFICKING IN PERSONS

ACKNOWLEDGEMENTS

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ACRONYMS

CETH	Center of Excellence in Transgender Health
DATIP	Division of Anti-Trafficking in Persons, Ministry of Social Development and Human Security of Thailand
KII	Key Informant Interviews
LGBTQI	Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex
MDT	Multidisciplinary Team
MSDHS	Ministry of Social Development and Human Security
NGO	Non-Governmental Organization
RTG	Royal Thai Government
TIP	Trafficking in Persons
UN	United Nations
UNDP	United Nations Development Programme

TERMINOLOGY

The terminology used in this report is obtained from a range of specialized sources. The gender terminology was provided by 1) [PROMO](#), an American organization advocating for LGBTQI rights, 2) [Verywell Mind](#), a resource for mental health and 3) [Ontario Human Rights Commission](#). The trafficking in person terminology was obtained from the [UN Palermo Protocol](#) and the U.S. State Department of State.

Assigned sex at birth: The sex (male or female) assigned a child at birth, based on the child's anatomy. Also referred to as birth sex, natal sex, biological sex, or sex.

Cisgender: A person whose gender identity is aligned with the gender roles associated with their biological sex at birth.

Gender Expression: The way a person represents their gender to others, including mannerisms, appearance, and personal interests.

Gender Identity: An individual's internal sense of being male, female, both or other.

Gender Non-Conforming: A term referencing an individual who does not adhere to society's expectations of either masculine or feminine gender expression.

Lesbian: Describes a person who identifies as female and is attracted to other females.

Gay: Describes a person who identifies as male and is attracted to other males.

Bisexual: Describes a person who is attracted to both men and women.

Transgender: A person whose gender identity or expression differs from gender roles associated with their biological sex at birth.

Queer: A person whose gender identity is neither, both, or a combination of male and female genders.

Intersex: An umbrella term covering differences in sexual or reproductive anatomy which vary from traditional anatomical definitions of male or female.

Multidisciplinary Team (MDT): Is a group of people with different functional expertise working toward a common goal.

Pansexual: Describes a person who is attracted to people of any gender and who describes their attraction as not limited to typical gender constructs.

Sexual Orientation: One's emotional, sexual, or relational attraction to others.

Transition: The process by which a person aligns their physical appearance with their gender identity.

Human Trafficking: The recruitment, transportation, transfer, harbouring or receipt of persons, by means of threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation.

Labor Trafficking: The recruitment, harboring, transportation, provision, or obtaining of a person for labor or services using force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

Sex Trafficking: The recruitment, harboring, transportation, provision, or obtaining of a person for a commercial sex act in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such an act has not attained 18 years of age.



EXECUTIVE SUMMARY

This study on Service Provision for Gender Minorities in Shelters for Human Trafficking Survivors in Thailand aims to: understand the existing policies and procedures for providing services to this group in special-ized TIP shelters in Thailand; and provide recommenda-tions on how to meet their needs better.

The study included a desk review of current international, regional, and national norms and policies guiding LGBTQI survivor service provision, a checklist, and mapping of good practices. This mapping can be adapted and built into the standard operating procedures for TIP shelters in Thailand.

The study also included interviews with 24 officers from eight government TIP shelters for adult males and females and two staff from two non-governmental organizations (NGOs) that operated shelters.¹ An LGBTQI expert, an NGO staff, and five TIP survivors were consulted as key informants. Finally, the research team interviewed staff from an American organization with expertise in providing protection and services for LGBTQI TIP survivors (see Annex 1).

According to Section 33 of the Anti-Trafficking in Persons Act B.E. 2551 (2008), all TIP survivors in Thailand are entitled to protection and assistance regardless of their

gender, age, nationality, race, or culture. The Ministry of Social Development and Human Security (MSDHS) was designated as the key government agency responsible for providing protection and assistance to survivors of trafficking in persons throughout nine Welfare Protection Centers for Victims of Trafficking established across the country. These nine shelters are segregated by sex; four shelters are for female survivors (located in Phitsanulok, Nakhon Ratchasima, Nonthaburi, and Surat Thani province), four provide services for male survivors (Chiang Rai, Pathum Thani, Songkhla, and Ranong province) and one for male children (Nonthaburi province). In addition to providing services and care to male survivors, the Phatum Thani Welfare Protection Center for Victims of Trafficking also provides houses and separate rooms for male TIP survivors and their families. The services and protection through shelters include 1) accommodation; 2) occupational therapy; 3) life and soft skill training; 4) counseling 5) referral to medical services; 6) legal advice and court accompaniment, and 7) facilitation of return to their country of origin.

The study revealed that, in general, the shelters enforce rigid sex segregation. In addition, many services and protection programs, such as counseling, referral to medical services, legal advice, court accompaniment, and facilitation of return to their country of origin, use this concept of gender. Incoming survivors are divided into two groups, and access to services flows from this classification.

1 One shelter was for TIP survivors, and the other – for children and youth

Despite the tremendous strides made by the Government of Thailand in seeking to welcome and accommodate LGBTQI TIP survivors, challenges, and limitations in the provision of services to LGBTQI survivors remain. These include:

1. Absence of definitions and understanding of transgender identity, gender identity, and gender expression.
2. Absence of a gender equality framework that shelters can apply to the provision of services for LGBTQI survivors.
3. Insufficient knowledge on sexual orientation and gender identity on the part of Royal Thai Government (RTG) and NGO shelter staff.
4. Absence of a gender-sensitive approach in the screening and survivor gender identification process.
5. Absence of gender-sensitive forms and other documents, e.g., initial interview form for survivor identification and intake form.
6. Little choice or consent for survivors during medical and physical examinations.
7. Absence or insufficiency of non-gendered facilities in the shelters.
8. Narrow definitions of “family,” limiting LGBTQI couples’ access to care.

✓ RECOMMENDATIONS

The study findings point to the following recommendations:

✓ Improving **processes**:

- a. Revise forms, questions, and documents used in the survivor identification, intake, referral, and assistance processes. These documents could demonstrate a sense of respect for sexual orientation and gender identity; create a welcoming environment and ensure that LGBTQI TIP survivors have access to services tailored to their needs.
- b. Consider revising the manual to implement the [Anti-Trafficking in Persons Act](#), which covers the process from survivor identification to assistance and protection by integrating the specific needs and requirements of LGBTQI TIP survivors.

✓ Improving **collaboration**:

- a. Shelters could consider collaborating with LGBTQI organizations and gender experts to ensure that the identification and protection processes are sensitive and do not result in (re)traumatization.
- b. Division of Anti-Trafficking in Persons (DATIP) could partner with specialized organizations/experts to deliver sexual orientation and gender identity training to all shelter and multidisciplinary teams (MDTs) due to their role in survivor protection. The training could cover how to apply the gender equality concept to prevention (re)victimization, improve survivor identification, provide gender-sensitive services, and create an environment where all survivors receive equitable, appropriate, and supportive care.
- c. LGBTQI TIP survivors must be engaged in the decision-making process concerning their treatment and referrals.
- d. DATIP could consider close collaboration between MDTs and TIP Shelters to ensure that the shelters are prepared to accommodate LGBTQI TIP survivors before their referral/arrival.
- e. DATIP could consider improving physical spaces and designating LGBTQI-inclusive and welcoming facilities to ensure the safety, security, and dignity of LGBTQI TIP survivors.
- f. Although the dedicated LGBTQI shelter in Chiang Rai is a good first step it is shown that a single-shelter approach may not address the unique needs and preferences of L, G, B, T, Q, and I gender identities. MSDHS could take lessons learned from this pilot including an empathizing survivors’ choice of gender identity and gender sensitivity and develop existing shelter facilities as spaces for both LGBTQI and non-LGBTQI TIP survivors.



INTRODUCTION

This study aims to review care services available for LGBTQI trafficking survivors, assess the government's policies and procedures to manage assistance to this group of individuals in TIP shelters, identify gaps and recommend how the services can be improved to meet their specific needs better. The findings of this study are intended to initiate a discussion with government agencies and a broader circle of stakeholders on eliminating discriminatory practices based on gender identity and sexual orientation.

LGBTQI people continue to be disproportionately underrepresented in official statistics and data in Thailand, and the number of LGBTQI TIP survivors is not officially reported. The National Statistical Office, the Ministry of Justice, and MSDHS record sex statistics based on the assignment at birth: male or female. Thailand lacks legal and regulatory provisions to recognize LGBTQI gender markers. To ensure that LGBTQI are represented in official statistics, the agencies need to ask both a person's sex and their gender.

The issue of LGBTQI TIP survivors was raised in the United States Department of State's 2019 TIP Report, which stated that "labour and sex traffickers exploit women, men, LGBTQI individuals, and children from Thailand, other Southeast Asian countries, Sri Lanka, Russia, Uzbekistan, and some African countries in Thailand" (United States Department of State, 2019). Furthermore, the 2019 and 2020 TIP Reports stated that MSDHS-run shelters do not provide specialized care to boys or LGBTI survivors. There is a lack of guidelines for determining where transgender survivors should be placed. As a result, the survivors were referred to live in shelters based on their gender at birth (United States Department of State, 2020). The 2021 TIP report points out that Thailand is not providing appropriate services and protection to LGBTQI TIP survivors. In addition, MSDHS wants to ensure their standards in protecting people with different backgrounds meet international standards (Director, Division of Anti-Trafficking in Persons, December 20, 2020, and July 8, 2021). In response to these shortcomings, MSDHS plans to designate the Chiang Rai Welfare Protection Centre for Victims of Human Trafficking as an alternative care facility to provide services to LGBTQI survivors, as stated in the MSDHS 2020 Summary Implementation Report on Human Trafficking Prevention and Suppression (DATIP, 2021).

Thailand's Gender Equality Act

The Constitution of the Kingdom of Thailand prohibits discrimination, although without specific reference to gender identity. The Gender Equality Act of B.E. 2558 (2015) extends the protection to transgender people and establishes three mechanisms to ensure gender equality: 1) The Committee on Consideration of Unfair Gender Discrimination, which considers whether a complaint counts as gender discrimination under the law; 2) The Gender Equality Promotion Committee, which promotes gender equality in all public and private entities across the country; and 3) The Gender Equality Promotion Fund that serves to provide support and compensation to survivors of gender discrimination. The Act conforms to the Constitution of the Kingdom of Thailand and international development approaches and standards, as well as human rights commitments, including the International Covenant on Civil and Political Rights - ICCPR, Convention on the Elimination of All Forms of Discrimination Against Women - CEDAW, Sustainable Development Goals - SDGs and the Yogyakarta Principles (วานัสพงษ์, 2020).

Under this Act, there are subordinate regulations that allow LGBTQI individuals who face discrimination due to their gender identity to file a complaint with the Ministry of Social Development and Human Security. However, the Act fails to address discrimination based on intersectionality, which frequently coexists with discrimination based on gender identity and sexual orientation. There are also flaws in the law's content limiting its implementation, such as the exemption of actions related to "religious principle" and "security," which are not considered discrimination. Furthermore, only survivors of gender discrimination who file a complaint with the Committee on Consideration of Unfair Gender Discrimination are protected under the Act (วานัสพงษ์, 2020).

The Act has also been criticized for not being widely known to the public (มิตินัน, 2563). There are questions about the legality of this Act, which was passed by the National Council for Peace and Order in 2015 without much public participation (iLaw, 2519). Finally, the enforcement of the Act and the application of gender-sensitive policies and practices remains a challenge. There are some limitations to the compliance mechanism.

Outside the Act, Thailand faced criticism for not adequately addressing LGBTQI people's rights, and it lags other regions, such as Europe, Central, and Latin America. At a conference on the "Gender Equality Act of B.E. 2558 (2015) and the Rights of LGBTQI People," Prof. Viti Muntarbhorn stated that Thailand "lacks clear regulation and policy to recognize the status of LGBTQI people throughout their lives, as evidenced by birth certificates, ID cards, and passports." Thailand has also refused to

recognize same-sex marriage, even though the Third National Human Rights Plan, which advocates to support every life partner equally, was approved by Cabinet Resolution (Office of the National Human Rights Commission of Thailand, 2015).

The right to health of LGBTQI people is a source of contention as it is not yet enshrined in law or policy. Thailand's health and wellness strategy is based on a hetero normative framework and lack of LGBTQI perspectives and consideration for an individual's sexual orientation and gender identity (ชนนิตีและคณะ, 2563). There is a lack of support for hormone therapy, gender reassignment surgery, or counselling. In addition, few government specialists have up-to-date knowledge on hormone therapy and gender reassignment surgery.

Methodology

The study encompassed a desk review and key informant interviews (KII). The desk review covered national and international laws, regulations, and norms governing LGBTQI TIP survivor protection and services, as well as challenges and best practices in LGBTQI TIP survivor care. Thirty-one respondents from governmental and non-governmental shelters in Chiang Rai, Nonthaburi, Nakhon Ratchasima, Phatum Thani, Phitsanulok, Ranong, Surat Thani, and Songkhla, TIP survivors, specialized LGBTQI NGO staff, and gender and TIP experts were interviewed as part of the study.²

The data collection took place between March 1 and May 28, 2021. Due to COVID-19 and related restrictions, most interviews were conducted online. The researchers were able to conduct in-person interviews in the Songkhla and Chiang Rai provinces.

The research team created a tailored checklist to be used as a reference when interviewing key informants about current services for LGBTQI TIP survivors (see Annex 2). This checklist was used to determine perceptions, challenges, and suggestions for improvements in the care provided to LGBTQI TIP survivors in shelters.



KEY INFORMANT INTERVIEWEES

1. Managers, psychologists and social workers from government and NGO shelters
2. MDT members who work on survivor identification and referrals
3. LGBTQI TIP survivors
4. TIP, gender and LGBTQI experts

² The government shelter in Ranong, Surat Thani and Phitsanulok province assisted in key interviewee recruitment by asking TIP survivors if they would be willing to be interviewed about this issue. Given the privacy of TIP survivors, the other shelters refused to let the study team interview survivors.



LGBTQI TIP SURVIVOR JOURNEY

Characteristics such as nationality, gender, age, religion, and education background, can further compound trafficking survivor vulnerability. Examining how LGBTQI individuals access care from identification to assistance can help improve understanding of the government's policies and procedures. This study lays out common processes in the TIP survivor protection in Thailand and looks at four stages of the survivor post-TIP journey: 1) identification, 2) referral, 3) intake, and 4) assistance.

Victim identification: This is the process by which a provincial MDT determines whether an individual is a TIP survivor, gains an understanding of the survivor's situation and outlines needed services, such as medical examination and shelter placement. A police officer, immigration officer, psychologist, and licensed social worker make up the multidisciplinary team. Staff from government shelters and non-governmental organizations are occasionally invited to join the MDT.

Referral: After the individual has been identified as a survivor of human trafficking, they are generally referred to a temporary or long-term shelter where they undergo a physical examination, see a legal advisor, and examine different options for assistance and follow-on, including whether the survivor wants to initiate a legal case against the offender(s).

Intake: The survivor is guided through the process of needs assessment/intake upon arrival at the shelter. It can take a few weeks for survivors to adjust to the new surroundings, learn about their rights and responsibilities, and for the shelter to identify specific survivor needs and develop an assistance plan.

Assistance: Throughout this process, the survivor receives services at the shelter including occupational therapy, counseling, healthcare, legal assistance, compensation claims, vocational training, and job placement. As well as assistance with preparing for reintegration and repatriation.

Providing care for LGBTQI TIP survivors has become an important topic for international and national organizations. For example, the Polaris Project published several guidelines and handbooks on providing services to this population. Polaris has also published research on the vulnerability of LGBTQI people to human trafficking in North America, Europe, and Latin America.

While the issue of LGBTQI TIP survivors is not widely discussed in Thailand, there have been studies on LGBTQI people's access to healthcare and LGBTQI individuals in detention that offer insights into the challenges LGBTQI face. This section of the report highlights good practices and existing barriers to providing care to LGBTQI TIP survivors, primarily based on the experience of Polaris, the City of Toronto, the Fenway Institute, the National Coalition of Anti-Violence Programs, and the Unity Project for Relief of Homelessness. Since there is very little research on protection services for LGBTQI TIP survivors, the literature review (see Annex 3) examined relevant studies focused on LGBTQI people in the context of mental health services, shelters for victims of domestic violence and homelessness, and prisons.

Good practices in delivering services for LGBTQI TIP survivors

The best practices for providing services and care for LGBTQI TIP survivors are rooted in respect for human dignity, participation in decision-making, inclusion, and a strong confidentiality policy. These practices were used to develop a checklist to gain inputs from key informants on improving services for LGBTQI TIP survivors in shelters in Thailand.

SURVIVOR IDENTIFICATION AND INTAKE PROCESS

Allow survivors time to feel safe and comfortable disclosing their identity

The Office for Victims of Crime Training and Technical Assistance Centre under the U.S. Department of Justice suggests that survivors may not immediately appear to be LGBTQI or self-identify for several reasons: feeling the crime was punishment for their sexual orientation; worrying that trafficking affected their sexual orientation; and concern that revealing their identity might result in limited access to services.

Improve ability to identify TIP survivors

For LGBTQI individuals, the intake process may cause fear or hesitancy as it frequently necessitates disclosure (or coming out). Having a clear policy enables survivors to access services and treatment based on their self-identification. During the intake process, the Polaris Project suggests explaining to the survivors that the shelter is

'a welcoming, inclusive environment and that there is a nondiscrimination policy and respect for everyone.' The process should also include how to report concerns or grievances.

Polaris recommends an inclusive intake questionnaire that includes the following questions:

1. What do you prefer to be called?
2. What are your preferred pronouns?
3. How would you describe your gender identity?
Answers to this question include male, female, transgender, gender non-conforming, genderqueer, and other (indicate the answer)
4. How would you describe your sexual orientation?
Answers to this question include asexual, bisexual, gay, lesbian, heterosexual, pansexual, and other (indicate the answer)

Polaris suggests paying close attention to "the use of language on gender identity and sexual orientation, reinforcing values of respect for all staff and clients to create an open and welcoming atmosphere and providing clients with the opportunity to address topics that might be uncomfortable to address with strangers." The organization supports shelters to encourage the survivors to talk openly about hormone therapy, whether they are transitioning or hope to transition, and other gender identity resource needs. Staff should use the survivor's chosen name and pronoun in all interactions.

Determine LGBTQI survivor placement to a shelter based on their self-identified preference

LGBTQI survivor shelter placements in sex-segregated facilities should be determined based on the survivor's self-identified gender identity and made in conjunction with collaborative safety planning (National Coalition of Anti-Violence, 2015). This means ensuring that survivors have the right to participate in decisions related to their lives, health, safety, and security during the survivor identification and referral process (Beltram, 2021).

Developing and implementing confidentiality policies

Survivors may have differing levels of comfort in disclosing their sexual orientation or gender identity, and it is critical to maintain confidentiality when making referrals or assisting survivors in accessing services from various organizations (Ibid).

When survivors share information about their identity or orientation, staff may talk through the confidentiality and case tracking process to determine what feels safe and comfortable. The confidentiality policy should apply to service providers and law enforcement officers working with the survivors (Ibid). Polaris advises shelters to think through their confidentiality practices, keeping in mind

that TIP survivors may interact with institutions that can include prosecutors, police officers, mental health providers, and hospitals. As a result, they may be hesitant to disclose their situation for fear of being judged.

The Unity Project for Relief of Homelessness in London encourages organizations serving LGBTQI survivors to update their confidentiality policies to include personal information for trans residents (such as legal name, sex). The organization also emphasizes the importance of exercising discretion when gathering personal information and developing a documentation policy.

PROVISION OF SERVICES AND CARE IN SHELTERS

Adapt the facilities to be inclusive

To create a welcoming environment and to demonstrate that a shelter is a safe place for LGBTQI survivors, it is recommended to:

1. Hire staff and volunteers who also identify as LGBTQI as it demonstrates that shelter is a welcoming place for minorities.
2. Place LGBTQI-friendly signage, stickers, or visual cues around the building, on websites, and through outreach materials. The shelters might also consider having posters or materials in their offices that indicate that they are LGBTQI friendly. 
3. Develop and share a statement that explicitly states that all survivors have access to services regardless of gender identity.
4. Develop a 'board-approved policy' that details the services and protection for LGBTQI survivors and provide a copy of the policy in a plain language version for survivors.
5. Allow LGBTQI survivors access sleeping areas that best preserve their safety and dignity. Private rooms may be helpful, but isolation should not be mandatory.
6. Let residents use restrooms and shower facilities that correspond their gender identity and be offered privacy options. Shelter providers should provide washroom, bathroom, and hygiene supplies based on gender identity.
7. Provide and administer hormone treatments and do not prohibit nor confiscate them. Survivors should have access to safe storage for medications and hormone treatments.

Understand the specific needs and allow for flexibility in case planning

Like other populations, LGBTQI individuals who are trafficked have specific needs. Polaris notes that, some survivors may be in the process of transitioning, while others may need ongoing medical support. They may require additional support: information, knowledge, counseling, and advocacy in changing their gender or gender markers and/or understanding their rights in employment settings. They may also need suitable clothing and hygiene items. The City of Toronto emphasizes that shelter providers should seek partnerships with LGBTQI-positive health/services providers for the appropriate referrals.

Cooperate with organizations with LGBTQI expertise

Polaris Project points out that organizations and criminal justice institutions that are successful in creating supportive environments for LGBTQI individuals have regular interactions with the broader LGBTQI community. Seeking the support of external organizations that work with LGBTQI populations outside of the CTIP sector can enhance the government shelters' ability to provide appropriate services to their clients. These organizations could also deliver some services to LGBTQI survivors in shelters.

Enhance staff capacities and increase cultural competency with LGBTQI survivors

The Unity Project for Relief of Homelessness, Polaris, and the City of Toronto emphasize that frontline staff and management should receive training on sexual orientation and gender identity issues. The Office for Victims of Crime Training and Technical Assistance Center at the U.S. Department of Justice also underscores the importance of understanding by shelter providers of survivors' experience of violence, trauma, and fears of rejection and discrimination. They suggest educating all staff and implementing policies to ensure that the LGBTQI survivors are treated with sensitivity and respect. According to Polaris, hosting regular training and discussion forums helps ensure a safe environment for LGBTQI and non-LGBTQI survivors. Training topics may include LGBTQI experiences, including the perspectives of survivors, recognizing internal biases, and strengthening empathetic responses. Training should be provided to all personnel: leadership, security, operations, clinical staff, shelter supervisors, outreach staff, and volunteers, as well as investigators, patrol officers, juvenile detention personnel,³ juvenile parole/supervision officers, drivers, community liaisons, school resource officers (Polaris, 2015).

Develop manuals to be used as a guideline for shelter staff

Polaris, City of Toronto, Polaris, National Coalition of Anti-Violence Programs, Unity Project for Relief of Homelessness in London, and the Center of Excellence in Transgender Health (CETH), Chulalongkorn University developed manuals to be used by staff as a guideline, to ensure access to services and protection for vulnerable gender minorities:

1. The City of Toronto developed case management, support, and [services](#) documentation.
2. Polaris published several publications that provide guidelines for shelter staff and volunteers to respond to the specific situation and needs of LGBTQI survivors, such as [Breaking Barriers: Improving Services for LGBTQ Human Trafficking Victims](#). The organization has also developed a manual for LGBTQI people to access help and services.⁴
3. The National Coalition of Anti-Violence Programs developed a booklet: [From Policy to Practice: Nondiscrimination and Inclusion of LGBTQI Individuals in Victim Services Programs](#), especially for organizations responding to sexual violence and domestic violence so that they can gain a basic understanding of practices that promote nondiscrimination and inclusion of LGBTQI groups.
4. Unity Project for Relief of Homelessness in London developed an [LGBTQI Needs Assessment for Emergency Shelters](#), to increase the capacity and competency of emergency shelter management and front-line staff to respond to issues affecting LGBTQI individuals.
5. The Center of Excellence in Transgender Health, Chulalongkorn University created the [Manual on the Provision of Health Services for LGBTQI](#)⁵ which is intended for medical doctors, medical staff, and other stakeholders providing health services. The center uses this manual as a training tool for officers who interact with LGBTQI clients, such as receptionists, security guards, and housekeepers - to prevent gender discrimination and stigma.

Thinking through alternative shelters for LGBTQI survivors

Even though the National Coalition of Anti-Violence Programs believes that transgender and gender non-conforming survivors should be referred to the shelter with the gender with which they identify and feel most comfortable, the organization also notes that service organizations may provide alternative shelter for LGBTQI survivors, such as in a hotel, apartment, or a separate house, if appropriate. Processes should be in place to ensure that the survivors in alternative accommodations have access to services that on-site survivors do, such as support groups or shelter meetings (National Coalition of Anti-Violence, 2015).

3 Reaching Out for Help: A Guide for LGBTQ Youth on How to Receive Support and Services from the National Human Trafficking Hotline and Staying Safe: Tips for LGBTQ Youth for How to Protect Yourself and Your Community from Human Trafficking.

4 Reaching Out for Help: A Guide for LGBTQ Youth on How to Receive Support and Services from the National Human Trafficking Hotline and Staying Safe: Tips for LGBTQ Youth for How to Protect Yourself and Your Community from Human Trafficking.

5 คู่มือการให้บริการสุขภาพคนข้ามเพศ

Challenges in delivering services to LGBTQI TIP survivors

LGBTIQ TIP survivors are more likely than non-LGBTIQ people to need services and protection. Complicating this need is that LGBTQI TIP survivors tend to be unidentified and underreported. In Thailand and elsewhere, the trafficking of LGBTQI populations is commonly overlooked due to: 1) hidden nature of same-sex prostitution and the stigma associated with being LGBTQI (Martinez, 2016); 2) binary assumptions around the sexuality and gender of TIP survivors (heterosexual and cisgender) during identification and intake (Morales, 2016); and 3) gender in the reporting system being based on a heteronormative concept: female or male with no options for other genders.⁶ This underreporting makes it difficult for shelters and relevant organizations to provide services and protections to meet the specific needs of these survivors (Martinez, 2016).

Faith-based anti-trafficking organizations have limitations in providing services to LGBTQI survivors

Cultural norms and religious beliefs play a significant role in social stigma and laws criminalizing same-sex relationships and transgender identities. According to the study, religious organizations may assert their religious freedom by refusing to provide LGBTQI survivors protection and services (Boukli & Renz, 2019). LGBTQI survivors may also be forced into alternative lifestyles in faith-based organizations despite nondiscrimination laws prohibiting the denial of care to LGBTQI TIP survivors (Marso, 2014).

Some organizations, particularly in countries where laws do not expressly prohibit discrimination based on sexual orientation or gender identity, refuse to provide shelter or other services to LGBTQI TIP survivors or have limitations in doing so. In some cases, these organizations have demanded that LGBTQI survivors change their “lifestyle and behavior” or “attend religious activities” to change their gender identity (Beltram, 2021).

“Deconstructing the lesbian, gay, bisexual, and transgender survivor of sex trafficking: Harm, exceptionality, and religion–sexuality tensions.”

Health professionals may not be sensitized to issues LGBTQI TIP survivors face

Health professionals may not be aware of the issues that LGBTQI survivors face because of prevalent cultural stereotypes and stigma that link their victimization to their gender identity (Morales, 2016). Inadequately trained professionals and professional knowledge gaps are the primary causes of LGBTQI people’s lack of access to healthcare. According to the Fenway Institute, negative experiences with health care staff, such as discrimination or prejudice, are major reasons for LGBTQI people not to seek medical attention. LGBTQI people may perceive that health care providers lack knowledge and experience in providing care to them (Fenway Institute, n.d.). LGBTQI people continue to face barriers in accessing health and medical services. The World Bank Group surveyed 2,302 gay, lesbian, and transgender adults in Thailand in 2018 and discovered that 36.5% had been stereotyped by healthcare providers, 25.4% had been treated disrespectfully, 24.6% had been harassed or ridiculed, and 23.8% had been asked to leave because they were LGBTI.⁷

LGBTQI survivors face additional challenges when in custody, detention, or prison

Studies demonstrate that LGBTQI people face more challenges than non-LGBTQI when they are in restricted areas, e.g., in detention and prisons. In the US, a study found that LGBTQI youth in detention or correction facilities face harassment, emotional abuse, physical and sexual assault (Majd, Marksamer, and Reyes, 2009). A study conducted by the United States Department of Justice under the Prison Rape Elimination Act (PREA) discovered that LGBTQI inmates face sexual assault because of “vulnerabilities of inmates who are LGBTQI or whose appearance or manner does not conform to traditional gender expectations” (American Civil Liberties Union, 2013).

In Thailand, there do not seem to be any provisions or laws to address the issue of LGBTQI prisoners, and none are used as a standard practice in all prisons. Because there is no standard practice, each local prison treats its inmates differently. Most local prisons currently administer treatment based on the gender assigned at birth (Onthong, 2019).

6 For example, the statistics in Thailand TIP report drafted by Division of Anti-Trafficking in Person, Ministry of Social Security stated only male and female survivors. While, in Polaris annual report clearly stated the survivor’s gender as female, male, gender minorities and unknown.

7 World Bank, Toward Inclusion of LGBTI People in Thailand, 2021



SERVICE PROVISION FOR LGBTI TIP SURVIVORS IN THAILAND

TIP survivors in Thailand have the right to protection and assistance under Section 33 of the Anti-Trafficking in Persons Act B.E. 2551 (2008), regardless of their gender, age, nationality, race, or culture. MSDHS is the government agency responsible for protecting TIP survivors, and nine Welfare Protection Centers for Victims of Trafficking were established across the country under the Division of Anti-Trafficking in Persons (DATIP) to deliver it. These centers are responsible for providing accommodation, food, clothing, medical treatment, occupational training, rehabilitation, reintegration, and repatriation where applicable. The shelters are divided by sex, with four shelters being for female survivors (located in Phitsanulok, Nakhon Ratchasima, Nonthaburi, and Surat Thani), four for male survivors (Chiang Rai, Pathum Thani, Songkhla, and

Ranong) and one for male children (located in Nonthaburi). In addition, the Pathum Thani Welfare Protection Center for male survivors provides houses and separate rooms for MSDHS currently manages these nine shelters based on rigid gender identity segregation, namely femininity and masculinity. The design of facilities, such as bedrooms, restrooms, and showers, is intended for users of the same sex. Only survivors with families have their room or house in the Pathum Thani shelter. The gender archetype can also be found in occupational therapy for TIP male and female survivors: training programs for male survivors include carpentry, welding, and motor vehicle mechanics, whereas those for female survivors include cooking, flower arrangement, sewing, and handicrafts. Some services and protection programs remain gender-neutral, such as counseling, referral to medical services, legal advice, court accompaniment, and facilitation of return to their country of origin. Survivors may, however, request a female or male officer with whom they feel comfortable speaking or interacting for counseling and sessions with a social worker or psychologist.

Most MSDHS shelters are located outside cities can host up to 180-250 people each. In general, a shelter has an office building, a multi-purpose building that can be used

as a gymnasium or main hall, dormitories for TIP survivors, and office housing. There are around 2-3 dormitories in each shelter. There are no separate bedrooms, and every survivor has their bed and a wardrobe. Each dormitory has both a shared and a private bathroom. The bathrooms are located inside the dormitory.

On average, survivors stay in the shelter for six months to a year, depending on the assistance they receive. Shelters assist survivors in finding work by contacting the Provincial Labour Office or nearby establishments. Rohingya survivors often stay longer due to safety concerns and their uncertain legal/documentation status.⁸ In addition, MSDHS provides emergency assistance to TIP survivors through Shelters for Children and Families under the Department of Children and Youth located in 76 provinces of Thailand.

In response to the State Department TIP report's concern about services for LGBTQI TIP survivors and as per the recommendation established in the Review of Models of Care for Trafficking Survivors in Thailand, MSDHS initiated a process to provide care to LGBTQI TIP survivors, with plans to designate the Chiang Rai shelter as an alternative care location for LGBTQI TIP survivors. The DATIP Office appointed a new director for the shelter, and she started her term in March 2021.

The findings from the document review, such as the MSDHS manual on the protection of TIP survivors and the interviews with key informants, are presented below.

Survivor identification

The lack of participation of shelter staff in identification impacts case management and rehabilitation, which should be designed from the first interaction with the survivor. The survivor identification process is critical to aftercare service delivery (Rousseau, 2019). This process determines which shelter the survivor will be placed in, and the information obtained from this process will also be used for case management planning (Psychologist, government shelter, March 19, 2021).

The screening and identification process is currently based on rigid gender segregation and survivors are referred to shelters according to their biological sex, or prefix/title as appears on their documents. The screening and relevant forms provide only two choices: male or female, making it difficult for LGBTQI survivors to express their gender preference. In addition, the survivors are not asked what shelter they would prefer to stay in.

Section 3 of the MSDHS Manual for Officers states that female or girl survivors or women with sons under the age of six years will be referred to female shelters in

Phitsanulok, Surat Thani, Nakhon Ratchasima, and Nonthaburi provinces; the boy survivors aged 6-15 years will be referred to Pak Kred Reception Home for Boys, also known as Baan Phumvet in Nonthaburi province; and the male survivors aged over 15 years old and survivors with all family members, e.g., husband, wife, and children, will be referred to male shelters in Chiang Rai, Ranong, Songkhla, and Pathum Thani provinces. There is no written guidance on where to refer LGBTQI people.

Screening and survivor gender identification process

The identification team lacks a gender-sensitive approach in identifying and screening survivors. An MDT identifies and refers survivors to a shelter and the shelter staff do not generally participate in survivor identification, although on occasion, they have been invited to join MDTs in this process.

Among the multidisciplinary team, they focused on the figure (body) rather than the gender. Another issue is that the identification is done immediately after the cases are discovered. If a police officer oversees the case, he or she is also in charge of the identification process. Most police officers are men, and they appear to be unaware of gender sensitivity. There is also a lack of cooperation within the health unit (Manager, NGO shelter, April 5, 2021).

The timing and location of the identification process can be unsuitable or perceived as unsafe for a survivor to disclose their gender identity. This initial procedure is frequently carried out immediately after the authorities discover the case and can take place in various locations, such as a port, a police station, a government building, or an NGO office.

The authorities do not give survivors time and space to think, reflect, and consider the situation; they [authorities] need to complete the process as soon as possible, possibly within 24 hours. They interview the survivors at the port or another location where brokers or employers are also around (Manager, NGO shelter, 5 April 2021). Sometimes, the process may begin at the police station. Following identification, they would be directed to our shelter. Because this is a male shelter, the police officer does not inform us of the survivor's gender (Social Worker, government shelter, March 19, 2021).

Shelters are also likely to base decisions on the identification document of the survivor (if present) instead of initiating conversations with survivors that encourage them, particularly young people, to discuss their gender identity and specific needs.

⁸ During fieldwork, the research team met a group of Rohingya survivors in the Songkhla and Chiang Rai shelters, some of whom have been there for more than two years. The shelter staff explained that because they are stateless and their status in their country of origin is unknown, the shelters are unable to facilitate their return.

When the survivor arrives at the shelter, we do not repeat the [identification] process. We look over the referral document and the survivor's physic, as well as the hospital's medical record, the identification document, the survivor's sex at birth, and their ID card. If no such document exists, we consider their physical appearance. (Social worker, government shelter, March 9, 2021)

Forms and official documents do not have gender identity options

Current forms and documents related to TIP include only two gender choices: male or female. Officers' perceptions of survivors are shaped by the information obtained from the forms and documents, which influences the design and plan for case management or service provision. Having more gender-sensitive forms and allowing LGBTQI TIP survivors to define their gender identity would be the first steps in providing appropriate services to LGBTQI survivors. Inclusive forms will help LGBTQI survivors feel more comfortable disclosing their identity, contributing to a better assessment of their specific needs (Mirella Beltram, international partnership manager, Polaris, May 28, 2021). Guidance on creating inclusive assessment and screening tools can be found in Annex 4.

Our system is difficult; there are only male and female options; other gender identities are not available (Life Skill Thailand, April 9, 2021).

The fundamental problem is the system's rigid male and female segregation; thus, both officers and other survivors may consider these [LGBTQI] people gain privilege when they receive services tailored to their specific needs (LGBTQI expert and lecturer at Thammasat University, May 1, 2021).

Referral processes

After an individual has been identified as a TIP survivor and a decision has been made as to what shelter the survivor will be referred to, s/he may be temporarily placed in a provincial or local shelter for children and families, an NGO shelter, or an alternative shelter before moving to the longer-term government shelter. Survivors in government-run shelters will undergo a medical/physical examination. This procedure can take anywhere from a week to three months.

LGBTQI TIP survivors are not provided with shelter choices

In most cases, the MDT decides where the survivor is placed. The initial shelter decision is based on the sex assigned at birth and the decision does not consider the specific needs of survivors.

It is not complicated for female and girl survivors; they will be temporarily referred to a children and family shelter in that province, but there appears to be no shelter for male survivors and boys under the age of

18. When it comes to LGBTQI survivors, the situation becomes more complicated. In many cases, the MDT refers the "boy and male survivors" to the office of a community-based organization where the male migrant workers live (Manager, Foundation for Women, Mae Sot Office, June 29, 2021).

LGBTQI survivors do not have decision-making power over medical and physical examinations

LGBTQI survivors cannot select the gender of the doctor that will examine them. For example, because transwomen are legally classified as men, male doctors are assigned to conduct their medical examinations. This restriction reflects a lack of respect for human dignity and prevents LGBTQI survivors from expressing their needs.

It is critical to have mutual understanding; all parties involved in the identification process must agree on who will perform the medical examination. If transgender survivors have both male private parts as well as breasts, who should perform the medical examination for them to respect their human dignity? (Life Skill Thailand, April 9, 2021).

Intake phase

It can take a few weeks for the intake process to be completed, for survivors to adjust to the new surroundings, be informed about their rights and responsibilities while in a shelter, and for the shelter to assess survivor needs and plan for case management.

TIP survivors are informed of their rights and responsibilities upon arrival in the shelter. The Survivor's Recognition of Rights form (Sor. Kor. Mor. 04) and the Survivor's Recognition of the Welfare Protection Center for Victims of Human Trafficking Rules form (Sor. Kor. Mor. 05) are available in both paper and video format in Thai, English, Khmer, Burmese, Vietnamese, Lao, and Mandarin Chinese (Director, Division of Anti-Trafficking in Persons, December 20, 2020, and July 8, 2021). The intake form acknowledging the rights of the survivor clearly describes rights (to basic assistance, food, accommodation, health care, education, training, and legal assistance, compensation, protection of survivors and family before and after the legal proceeding, right to stay in Thailand temporarily, right to be protected under the migration law) but lacks nuance and detail when describing livelihoods, culture, and specific needs of the survivors.

We can see that the form on acknowledgment of survivor rights explains the legal rights well, but it does not state what the survivors can do or can request to address their specific needs. This limits the survivors' ability to express their concerns about any aspects of their lives, including safety and security, even though they must stay in the shelter for some time (Manager, Foundation for Women, Mae Sot Office, June 29, 2021).

Knowledge gaps on sexual orientation and gender identity

The sexuality and gender of LGBTQI survivors can frequently be assumed based on physical characteristics and stereotypes. Due to the absence of training about gender-sensitive services, sexual orientation and gender identity, staff at government-run shelters might not understand what LGBTQI or gender inclusion means.

We had never been trained in sexual or gender identity, so we didn't know how to deal with transwomen TIP survivors (Social worker, government shelter, March 19, 2021)

We once attended gender training organized by the Department of Women's Affairs and Family Development, but there is no topic on LGBTQI. Even though we learnt about this issue in college, it is out of date because the situation [of LGBTQI] has changed rapidly (Social worker, government shelter, March 5, 2021)

We do not have any LGBTQI cases at our shelter. This is a shelter for women, and most of them are survivors of sex trafficking, so there are no lesbian or tomboy survivors. (Director, government shelter, March 5, 2021)

Because LGBTQI people have a high level of education, they will not be TIP survivors. They have a good career and do not struggle to find work. (Social worker, government, March 19, 2021)

We don't know their real gender identity, how can we know, some must keep this secret as they work on fishing vessels where there is limited space and no place to run. They are unable to reveal their identities for security reasons. (Manager, NGO shelter, April 5, 2021)

At the time, I had no idea what the hormone was, but the survivors told me that if they couldn't get hormone therapy, it would affect their breasts. They requested that we purchase hormones because they would have problems with their figures and their health if we did not. However, the shelter did not allow them to access hormones at the time because we were unsure of their impact. We were unable to read the Cambodian prescription. (Social worker, government shelter, March 19, 2021)

Protection and assistance

The identification process defines the protection and assistance that LGBTQI TIP survivors receive. The decision of the MDT is crucial as it determines which shelter is appropriate for a survivor. However, shelter staff and survivors are not involved in this decision. Moreover, most services and programs available in governmental and non-governmental TIP shelters are based on rigid gender

identity segregation, namely femininity and masculinity.

MSDHS does not have a gender equality framework that can be applied in service provision to LGBTQI survivors

While the MSDHS has issued a policy requiring all government shelters to provide protection and care based on gender identity, there is no gender equality framework at the ministry level for the shelters to refer to when implementing the policy.

So far, we do not have a policy in place for LGBTQI survivors. We only have four shelters for women and five shelters for men as part of our core broad policy. If you are a woman, you go to the female shelter; if you are a man, you go to the male shelter. (Director, government shelter, March 5, 2021)

They have no knowledge of gender or gender identity. Some issues are sensitive, such as transgender survivors who have breasts but have not yet undergone sexual reassignment surgery. So, where can they stay? Is it a male or female shelter? Can they get a brassiere from the shelter if they are in the male shelter? How does the shelter perceive them if they require hormone therapy? Do hormones qualify as medication? Is it possible for them to meet with the doctor? (Life Skill Thailand, April 9, 2021)

In the absence of a gender framework and a systemic approach, shelters manage the situation on a case-by-case basis. Staff in male shelters were concerned about sexual violence against LGBTQI people, particularly transwomen. Even though the Chiang Rai Welfare Protection Center for TIP Victims plans to be designated as a model shelter for LGBTQI TIP survivors, it still lacks practical guidelines. Specifically, they lack the resources and knowledge to make lasting change including the development of a written policy for how the LGBTQI survivor shelter should operate. In response to this gap, the shelter staff submitted a proposal to the Anti-Trafficking Fund requesting financial assistance for organizing gender identity trainings and shelter operations trainings and is working closely with the legal division of the MSDHS, who will draft procedures and policies on the shelters implementation.

In addition to the absence of guidelines on the provision of services to LGBTQI TIP survivors, existing procedures are inflexible and are not responsive to LGBTQI-specific situations and conditions. For example, many shelters for males do not have permission or funding to provide brassieres and hormones for transwomen.

A restrictive environment at the shelters may affect the willingness of LGBTQI survivors to disclose their gender identity (Simon Baker, April 20, 2021). Shelter rules and regulations include restricting freedom of movement and

communication and guidelines on dress and hairstyles.⁹ Survivors, especially LGBTQI, might find themselves unwilling or unable to advocate for their needs (Life Skill Thailand, April 9, 2021).

We need to impose the rules as we are taking care of many male survivors. It is important to ensure that everything is in order especially we have a high number of female staff, but we are the male shelter. We have uniform, a polo shirt and pants, the survivors must have the short haircut so we can distinguish them from the others. (Director, government shelter, April 7, 2021)

The survivors are not allowed to go out alone, we must accompany them wherever they go like getting the haircut or go shopping. We also send and pick them up when they go out to work. (Social worker, government shelter, April 7, 2021)

Some NGO-run shelters, however, are more flexible in addressing the survivor needs:

We allow them [survivors] to get a job outside and earn money. They are free to move around, but must return to the shelter before 8 p.m. We don't have a fence. We give them freedom and have staff on stand-by 24 hours a day, seven days a week (Manager, NGO shelter, April 5, 2021)

Absence of a national definition and understanding of gender identity, and gender expression

There is no consistent definition to describe transgender people or the concepts of gender identity or gender expression in the Thai language, laws, and policies (UNDP, 2018). This lack of clarity in definition and understanding impacts efforts to advocate for legal gender recognition, as well as on the sensitization of shelter staff and other relevant authorities to the provision of services and protection. Referring all LGBTQI to one shelter highlights that policymakers do not fully understand gender identity. This also affects the quality of services (Timo Ojanen, LGBTQI expert and lecturer at Thammasat University, May 1, 2021).

Thai society uses the term "LGBT" (Pate Tang Lauek) in a limited sense. If we want to be clear, we need to ask LGBTQI people to identify themselves. And this term should not be used to define just anyone. As a result, we should ask survivors which shelter they are most at ease with. (Timo Ojanen, LGBTQI expert and lecturer at Thammasat University, May 1, 2021)

It is difficult to define and clarify which shelter a survivor should be transferred to if he or she has both male private parts and breasts. (Social Worker, Government shelter, March 19, 2021)

Insufficient shelter facilities for LGBTQI individuals

The Chiang Rai Welfare Protection Center for TIP Victims, which is being considered for designation as a model shelter for providing care and services to LGBTQI TIP survivors, lacks adequate facilities, such as separate bedrooms and restrooms.

We didn't have separate washrooms when we received a group of Cambodians with two transwomen, and the shelter was already overcrowded. As a result, the Burmese group stayed in the dormitory, while the Cambodian group stayed in the multipurpose building, which lacked a bathroom. When the Burmese survivors took a bath, they peered at the two transwomen. Other Cambodian survivors were required to accompany them while they went to the bathroom. We also discovered that the Burmese survivors asked them to touch their breasts and have sex with them. (Social worker, government shelter, March 19, 2021)

We had a gay survivor who clearly displayed his identity. As a result, other survivors bullied him. The director at the time believed that he should be given special protection because the staff was not available 24 hours a day, seven days a week. To avoid violence, the director allowed him to stay in his house. (Psychologist, government shelter, March 19, 2021)

Misunderstandings over relationships and with the term 'family'

While a female or male survivor with a different sex partner is directed to a shelter in Pathum Thani province with separate rooms or houses for them, LGBTQI survivors with partners will be referred to a shelter for males or females based on the sex assigned at birth. LGBTQI survivors with partners cannot access facilities, protection, and services as a family or a couple but rather as individuals.

In 2019, a Cambodian gay couple (gay and transwoman) and one transwoman were referred to the shelter with a big group of Cambodian survivors. There was no separate room available for them. The two transwomen appeared as females with breasts and this couple was referred to Chiang Rai shelters based on their sex. (Interview with the social worker, government shelter, March 19, 2021)

⁹ The Survivor's recognition of the Welfare Protection Center for Victims of Human Trafficking Rules form-Sor. Kor. Mor. 05, No.17 states that the survivors must wear the dress/ clothing provided by shelter (Survivor's recognition of the Welfare Protection Center for Victims of Human Trafficking Rules form-Sor. Kor. Mor. 05)

RECOMMENDATIONS TO DATIP

The Welfare Protection Centres for Victims of Human Trafficking (government shelters) in eight provinces have made significant steps in providing care, assistance, and protection for survivors regardless of their nationality, religion, gender, and background. The shelter staff demonstrate a great understanding of and care for human rights and dignity. However, many of them raised concerns about their limited knowledge of gender identity and providing services and protection to LGBTQI survivors. Their concerns touched on all aspects of the process, from survivor identification to assistance.

This study identified key challenges ranging from survivor identification, the referral process, the intake phase to assistance and protection process, namely:

1. Absence of LGBTQI friendly forms
2. Absence of survivors' participation over decisions on medical examination and shelter
3. Limited staff knowledge of and experience with gender identity issues

The following are recommendations for DATIP and the nine Protection Centre for Victims of Trafficking, based on the concerns, limitations, challenges, and strengths currently faced by shelters.

Policy Recommendations

1. Support the creation of LGBTQI-inclusive shelters across Thailand
2. Involve LGBTQI survivors in decision-making affecting their lives and assistance
3. Consider collaboration between the MDTs and the Welfare Protection Shelters in survivor identification and referral

Operational Recommendations

1. Provide training on sexual orientation and gender identity to shelter staff as well as officers involved in the identification and referral processes; provide guidelines on how to apply the gender equality concept
2. Reach out to LGBTQI organizations and gender experts for support in developing these trainings
3. Revise the MSDHS manual for officers to include guidelines on delivering services to LGBTQI survivors
4. Revise or modify forms, questions, and documents that demonstrate a sense of respect for sexual orientation and gender identity for use in survivor identification, referral, intake, and assistance process

✓ POLICY RECOMMENDATIONS

✓ Support the creation of LGBTQI-inclusive shelters across Thailand

The policy on designating the Chiang Rai shelter as an alternative care option for LGBTQI TIP survivors reflects MSDHS's concern for the protection and rights of these survivors. However, it is important to note, that a single-shelter approach may not address the unique needs and preferences of LGBTQI survivors.

L, G, B, T, Q, and I have different, unique gender identities, and each identity has unique needs. While planning to designate the Chiang Rai shelter as a model is a stride toward LGBTQI inclusiveness the goal should be to integrate these services into all 9 shelters as referring all LGBTQI people to the same shelter is equivalent to referring men and women to the same shelter.¹⁰ To ensure all survivors, regardless of their orientation, have a safe space MSDHS should emphasize survivors' gender identity choices and gender sensitivity by developing existing shelter facilities based on the safety, security, and human dignity of both LGBTQI and non-LGBTQI TIP survivors.

Additional ways though for both the Chaing Rai and other TIP shelters to be more inclusive and welcoming to LGBTQI survivors include:

1. Place of LGBTQI friendly and anti-harassment policies signs or posters in the shelter
2. Develop publications indicating the rights and responsibilities of all survivors, including LGBTQI survivors' rights in various languages (this could include a video presentation for those who may have difficulty reading)

3. Develop programs that are not strictly gender-typical; men's shelters may organize cooking or handicraft training while female shelters may organize technical skills training such as carpenter, woodworking
4. Improve facilities such as bathrooms, washrooms, and bedrooms
5. Train staff
6. Keep staff and survivors informed about the concept of LGBTQI-inclusive shelter
7. Regularly communicate on gender sensitivity (sexual orientation and gender identity, specific needs, human rights and human dignity, international standards, do no harm principles); this will also help prevent the perceptions that LGBTQI receive more benefits or attention than other groups
8. Create shelter policies, procedures, rules, and guidelines that respect the dignity and personal autonomy and address discrimination, homophobia, biphobia, and transphobia

✔ **Involve LGBTQI survivors in decision-making affecting their lives and assistance**

Giving LGBTQI TIP survivors the autonomy to choose and participate in all decisions based on understanding and respect for the survivor's human dignity can be the starting point for providing inclusive services. The currently observed lack of agency can have deleterious effects on recovery and reintegration. If financially and logistically feasible, the survivors should have these choices:

1. The choice of which shelter they would prefer according to their gender identity
2. The option to choose the sex of the medical doctor or medical staff who will conduct their medical/physical examination and
3. The decision to find an appropriate job outside the shelter

✔ **Consider close collaboration between the MDTs and the Welfare Protection Shelters in survivor identification and referral**

Staff from Welfare Protection Shelters have been invited to join the MDTs for survivor identification on an *ad hoc* basis; however, in most cases, shelters are not informed about the specific needs or the gender identity of the survivors until they arrive. As such, they are unable to plan for appropriate protection and assistance and prepare the facilities in advance. The study recommends close collaboration between the MDT and Welfare Protection Shelters in the identification process.

✔ **OPERATIONAL RECOMMENDATIONS**

✔ **Provide training on sexual orientation and gender identity to shelter staff as well as officers involved in identification and referrals processes; provide guidelines on how to apply the gender equality concept**

The research revealed that most shelter staff, lack training and education on sexual orientation and gender identity. In addition to shelter staff, MDTs, including police officers, labor officers, interpreters, and legal professionals, need training on applying gender-sensitive identification, too.

The trainings will help prevent re-victimization, improve survivor identification efforts, and better tailor assistance to the unique needs of LGBTQI survivors.

Examples of tailored services include:

1. Providing LGBTQI TIP survivors with gender-appropriate hygienic and personal care items as well as clothing; supporting LGBTQI TIP survivors' access to hormone treatment
2. Meeting with LGBTQI TIP survivors prior to sessions with counselors, medical doctors, or health officers to gain information about which gender they are comfortable speaking with

3. Offer LGBTQI TIP survivors' choice of their sleeping quarters when possible and ensure that LGBTQI TIP survivors have privacy while showering

The study suggests the trainers should be LGBTQI experts and cover the following:

1. Sexual orientation and gender identity
2. Specific challenges and problems that LGBTQI survivors may encounter
3. Respect for individual circumstance and specific needs to ensure the safety of LGBTQI and non-LGBTQI individuals in shelters
4. Self-reflection and understanding of perceptions, hidden biases, and attitudes

Shelters could also explore systematic and long-term **collaboration with LGBTQI organizations and gender experts** in their respective geographies to improve survivor identification efforts and provide tailored assistance. The collaboration could take the form of an advisor spending time at the shelter to train or support staff, or a staff member could serve as a mentor for LGBTQI survivors.

To facilitate this collaboration, DATIP may consider producing a directory of governmental and non-governmental organizations that work with LGBTQI. DATIP may also consider organizing a meeting or seminar with LGBTQI/gender organizations to introduce LGBTQI TIP survivor protection policy and solicit feedback and suggestions.

✔ **Revise the MSDHS manual for officers to include guidelines on delivering services to LGBTQI survivors**

LGBTQI survivors are not fully protected due to a lack of clear guidelines. Even though the Chiang Rai shelter will be designated as an alternative shelter for LGBTQI TIP survivors, there is no clear guidance on how to operate it. Five shelters have had experience providing services and protection to LGBTQI survivors; however, these adaptations were on a case-by-case basis. The Songkhla shelter, for example, converted a room in the director's house compound into a bedroom for a gay survivor, and the Chiang Rai shelter first denied a transwomen survivor's request for hormone therapy because staff did not understand the need (see Case Study).

MSDHS and DATIP could consider revising the manual for officers to implement the [Anti-Trafficking in Persons Act](#) by adding guidelines on the protection of LGBTQI survivors from identification to referral, intake, and assistance. This manual could cover the following:

1. Survivor identification and referral

- Set of inclusive questions and forms (with options of male, female, lesbian, gay, bisexual, transgender, queer, intersex)
- Use of survivor's chosen name and pronoun
- Inclusion of survivors in the decision-making process related to their health and safety
- Development of a strict confidentiality policy for when survivors prefer not to disclose their gender or sexuality
- Criteria or guidelines to refer LGBTQI couples to additional services

2. Intake process

- Use survivor's chosen name and pronoun
- Inclusive forms
- Acceptance of gender identity and gender expression as defined by a client
- Full briefing on how to report concerns or grievances, as well as reassurances that the shelter is a welcoming, inclusive environment

- Implementation of separate and safe bedrooms, bathrooms, and washrooms for LGBTIQ survivors; and the ability for transgender clients to gain access to sleeping areas designated for the gender the client identifies with
- Opportunities to discuss hormone therapy, transition, gender identity resource needs, and additional topics critical for case management
- Development of a strict confidentiality policy for survivors who prefer not to disclose their gender or sexuality
- Criteria or guidelines to develop a protection plan for LGBTIQ couples

3. Protection and assistance process

- Service delivery and treatment based on self-identification
- Implementation of separate and safe bedrooms, bathrooms, and washrooms for LGBTIQ survivors; and the ability for transgender clients to gain access to sleeping areas designated for the gender the client identifies with
- Opportunities to discuss hormone therapy, transition, gender identity resource needs, and any topic critical for case management
- Development of a strict confidentiality policy for survivors who prefer not to disclose their gender or sexuality
- Specific plan for the physical and psychological safety of male, female and LGBTIQ survivors
- Plan to provide appropriate referrals to LGBTIQ-positive health services providers in case the referral shelter is not able to provide relevant health or support services
- Guidance on how to explore and develop partnerships with LGBTIQ-organizations

✔ **Revise or modify forms, questions, and documents that demonstrate a sense of respect for sexual orientation and gender identity for use in survivor identification, referral, intake, and assistance**

For LGBTIQ TIP survivors, the identification and intake process may make them feel more vulnerable and powerless, leading to a fear of disclosing their gender identity. It is critical to have a clear policy to ensure that LGBTIQ TIP survivors have access to services and protection tailored to their needs.

There is a lack of inclusive questions that are friendly and welcoming for LGBTIQ survivors in both survivor identification and intake processes and of inclusive forms that provide options for describing gender identity. Rather than making assumptions, some staff may ask survivors about their gender identity.

Example of additional questions for the initial interview form for victim identification process:

1. What do you prefer to be called?
2. What are your preferred pronouns?
3. How would you describe your gender identity?
 - a) Male
 - b) Female
 - c) Transgender
 - d) Gender
 - e) Non-Conforming
 - f) Genderqueer
 - g) Other: _____

4. How would you describe your sexual orientation?
 - a) Asexual
 - b) Bisexual
 - c) Gay
 - d) Lesbian
 - e) Heterosexual
 - f) Pansexual
 - g) Other: _____ (Polaris, 2015)

5. What name/nickname would you like us to use for you? (Quinn, 2010)

Example of additional process and questions for the intake process:

1. Explain that the shelter is a welcoming, inclusive environment, that there is no discrimination, that everyone is treated with respect regardless of gender identity, and how to report concerns or grievances.

2. Questions for intake process¹¹:
 - a. What do you prefer to be called? (Polaris, 2015)

 - b. What are your preferred pronouns? (Polaris, 2015)

 - c. What sex did your doctor put on the birth certificate? (3/40 Blueprint, n.d)

 - d. How would you describe your gender identity? The answers to this question can include male, female, transgender, gender non-conforming, gender queer, and other (indicate the answer). (Polaris, 2015)

 - e. How would you describe your sexual orientation? The answers to this question can include asexual, bisexual, gay, lesbian, heterosexual, pansexual and other (indicate the answer). (Polaris, 2015)

 - f. What parts of your identity are most important to you? (3/40 Blueprint, n.d)

 - g. You have shared with me that you are a LGBTQI individual. Are there any safety concerns that you have or anything that you need to make your stay here more comfortable? (Quinn, 2010)

 - h. We have an anti-harassment rule that includes sexual orientation, gender expression and identity – let me explain it.

🔍 CASE STUDY:

The Chiang Rai Welfare Protection Centre for Victims of Human Trafficking recently collaborated with an LGBTQI organization and a gender expert. The shelter staff realized they lacked sufficient knowledge about hormone therapy, which was requested by transwomen survivors, so they contacted M-Plus, a leading LGBTQI organization in the Chiang Rai province. Following these consultations, the shelter decided to permit hormone therapy if requested. The shelter also recognized a lack of knowledge on gender issues, so they consulted with Life Skill Thailand, a gender consultancy group, for gender sensitivity training for all staff, to be able to implement an alternative care facility for LGBTQI TIP survivors in Chiang Rai.

¹¹ Please see Annex 1) Creating Inclusive and Affirming Intake, Screening, and Assessment Tools (3/40 Blueprint, Illinois, USA and 2) Inclusive Intake Forms for the LGBT+ Community, Catherine's Health Center, Michigan, USA for examples of gender sensitive interview and intake questions as well as intake form. These two documents also offer advice what to do and what not to do for and guidance in designing the questions and forms.

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ANNEXES

Annex 1: Existing care and services for LGBTQI TIP survivors in shelters in Thailand

No	Checklist	Shelters									Remark
		Songkhla	Nonthaburi	Nakhon Ratchasima	Surat Thani	Chiang Rai	Pathum Thani	Phitsanulok	Ranong	Stella Maris	
Survivor gender identification*											
1	Asking about gender identity rather than make such assumptions	-	-	-	-	-	-	-	-	-	
2	Using a set of inclusive questions that is friendly and welcoming to LGBTQI survivors	-	-	-	-	-	-	-	-	-	Despite the absence of the set of questions, staff respond that they create a conversation that help survivors to comfortable to disclose their identity.
3	Referring to and using inclusive forms	-	-	-	-	-	-	-	-	-	
4	Using a survivor's chosen name and pronoun	-	-	-	-	-	-	-	-	-	In general, shelters use the survivor's chosen name (if they know it) in non-official communication.
3	Accepting gender identity and gender expression as defined by a client	-	-	-	-	-	-	-	-	-	
4	Developing and following a clear policy that allows for services and treatment to be based on one's self-identification	-	-	-	-	-	-	-	-	-	
5	Developing a standard operating procedure and policy plan to improve the shelter staff ability to identify LGBTQI survivors	-	-	-	-	-	-	-	-	-	
Referral phase											
6	Survivors are included in decision process related to their lives	-	-	-	-	-	-	-	-	-	

No	Checklist	Shelters									Remark
		Songkhla	Nonthaburi	Nakhon Ratchasima	Surat Thani	Chiang Rai	Pathum Thani	Phitsanulok	Ranong	Stella Maris	
7	Survivors can choose shelter housing alongside the gender with which they identify and feel most comfortable	-	-	-	-	-	-	-	-	-	
8	There is a confidentiality policy for referral processes	/	/	/	/	/	/	/	/	/	
Intake phase											
10	Existence and use of a clear policy allowing for services and treatment to be based on one's self-identification	-	-	-	-	-	-	-	-	-	
11	Explaining that the shelter is a welcoming, inclusive environment and that staff will not tolerate nondiscrimination; survivors also know how to report concerns or grievances	/	/	/	/	/	/	/	/	/	However, this activity does not include the issue of LGBTQI
12	Asking all clients for their gender identity rather than making assumptions	/	-	-	-	/	-	-	-	/	Staffs responded that they first observation prior to initiating the question.
13	Preparing set of inclusive questions that is friendly and welcoming to LGBTQI survivors	-	-	-	-	-	-	-	-	-	
14	Use of inclusive forms (options on sex e.g., male, female, lesbian, gay, bisexual, transgender, queer, intersex)	-	-	-	-	-	-	-	-	-	
15	Accepting gender identity and gender expression as defined by a survivor	/	/	/	/	/	/	/	/	/	
16	Use of a survivor's chosen name and pronoun	/	/	/	/	/	/	/	/	/	In general, shelters use the survivor's chosen name in non-official communication.
17	Open discussions about about hormone therapy, transition, gender identity resource needs and other critical topic for case management	/	-	-	-	/	-	-	-	/	

No	Checklist	Shelters									Remark
		Songkhla	Nonthaburi	Nakhon Ratchasima	Surat Thani	Chiang Rai	Pathum Thani	Phitsanulok	Ranong	Stella Maris	
Protection and assistance											
18	A board-approved policy that details how services are provided to LGBTQI clients	-	-	-	-	-	-	-	-	-	
19	A copy of the policy or a plain language version of the policy	/	/	/	/	/	/	/	/	/	However, this publication does not include the issue of LGBTQI rights
20	Provision of simplified orientation brochure to clients upon their request	/	/	/	/	/	/	/	/	/	However, this publication does not include the issue of LGBTQI rights
21	Educational opportunities for staff to learn about LGBTQI experiences including survivors' perspectives, recognition of any internal bias, and strengthening of empathetic responses	-	-	-	-	/	-	-	-	-	
22	A confidentiality policy for survivors who prefer not to disclose their gender or sexuality	/	/	/	/	/	/	/	/	/	
23	Visible signs showing that the shelter or office is LGBTQI friendly	-	-	-	-	-	-	-	-	-	
24	LGBTQI staff	/	/	/	/	-	/	-	-	-	
25	Inclusive event or activity for LGBTQI survivors	-	-	-	-	-	-	-	-	-	
26	Specific plans for the safety of male, female and LGBTQI survivors	-	-	-	-	-	-	-	-	-	
27	Choices of transgender clients to gain access to sleeping areas designated for the gender the client identifies with	/	-	-	-	-	-	-	/	/	This is due to the shelters having fewer survivors at the moment.
28	When transgender clients express concerns about their safety or dignity, shelter providers will accommodate requests for a bed in a gender-neutral/private room	/	/	/	/	/	/	/	/	/	

No	Checklist	Shelters									Remark
		Songkhla	Nonthaburi	Nakhon Ratchasima	Surat Thani	Chiang Rai	Pathum Thani	Phitsanulok	Ranong	Stella Maris	
29	Provide toiletries and hygiene supplies based on the client's need for the duration of the client's shelter stay	-	-	-	-	-	-	-	-	-	
30	A minimum of one (1) wash-room that is barrier-free, fully accessible and designated gender neutral in each shelter	-	-	-	-	-	-	-	-	-	
31	Privacy while showering	/	/	/	/	/	/	/	/	/	
32	Hormones that belong to transgender clients will be treated as authorized medication and will not be confiscated	-	-	-	-	/	-	-	-	-	
33	Provision of appropriate referrals to LGBTQI-positive health/ services providers in case shelter is not able to provide health or support services to LGBTQI survivors	/	/	/	/	/	/	/	/	/	
34	Exploration of potential partnerships with LGBTQI-positive health/services providers	/	/	/	/	/	/	/	/	/	
35	Partnerships sought with LGBTQI-organizations.	/	/	/	/	/	/	/	/	/	

Annex 2: Research guidelines and forms

The study will adhere to international best practices for researching women and youth migrants and LGBTQI by using the following guidelines:

1. Hard to See, Harder to Count: Survey guidelines to estimate forced labor of adults and children, WHO (2016)
2. Ethical and Safety Recommendations for Intervention Research on Violence Against Women, WHO (2016)
3. A Practical Guide to settling LGBT Refugees and Asylees: Rainbow Response, Heartland Alliance for Human Need & Human Rights

The following standards will be met:

- a. Ensure that LGBTQI survivors are interviewed by women researchers if requested.
- b. Ensure that all respondents understand the purpose of the research and how the findings will be used.
- c. Obtain informed consent from respondents and notify them of their rights to confidentiality.
- d. Obtain informed consent from a psychologist or social workers in case the interviewee is a minor (under 18 years old)
- e. Notify participants that they are free to stop the interview at any time.
- f. Do not ask sensitive questions within the hearing range of other individuals.
- g. If interviewees are visibly uncomfortable, do not start the interview or halt it until the interviewee is ready. Interviewers must make sure that the research does not endanger the interviewee. If there is any risk of negative repercussions, they should not conduct the interview.
- h. Interviewers should be ready and able to refer respondents to organizations that can help if it is needed.
- i. Interviewers themselves should also have the option to withdraw from their task if they feel a situation is too risky for them.
- j. Primary data and information from the interviews are confidential, only accessed by the study team, designated officers of Winrock International, and relevant partners. The reporting should ensure that the sources cannot be tracked to individuals.

KEY QUESTIONS

1. Does the shelter have policies, procedures, and guidelines specifically for LGBTQI human trafficking survivors? If yes, how were these developed?
2. What do the policies, procedures, and guidelines consist of?
3. How are these policies, procedures, and guidelines implemented in your shelters? (According to the checklist)
 - a. To what extent staff are aware of these policies, procedures, and guidelines?
 - b. Do you have the financial resources to implement these policies, procedures, and guidelines?
 - c. Does your shelter work with LGBTQI experts or organizations to ensure that your policies, procedures, and guidelines are successful?
4. What are the limitations of these policies, procedures, and guidelines? What are your comments and suggestions to improve them?
5. What are the biggest challenges and the biggest achievements in implementing these policies, procedures, and guidelines?
6. Do you know that presently the Ministry of Social Development and Human Security is developing an LGBTQI model shelter? If so, what are your impressions of this concept?

RESEARCH TOOL- CHECKLIST

No	Protection phase	Checklist
1.	Survivor identification	<ol style="list-style-type: none"> 1. Do you have a set of inclusive questions that is friendly toward LGBTQI survivors, such as: <i>What do you prefer to be called? What are your preferred pronouns? How would you describe your gender identity? How would you describe your sexual orientation? Do you have special requirements, such as hormone therapy?</i> 2. Do you have inclusive forms? This would include self-selecting options on sex, e.g., male, female, transgender, gender non-conforming, gender, queer, and other. 3. Do you have a clear policy that allows for services to be based on one's self-identification, such as the survivor is allowed to choose which shelter they prefer to be placed in according to their gender identity and the survivor can choose the sex of medical doctor or medical staff who will conduct their medical/physical examination? 4. Do you have accommodation that is safe for LGBTQI survivors? 5. Do you have a written policy and plan to identify LGBTQI survivors? <p><i>A multidisciplinary team member/ interviewer should use a survivor's chosen name and pronoun in all their interactions. A multidisciplinary team member will accept gender identity and gender expression as defined by a client. Multidisciplinary team members/ interviewers will ask all clients their gender identity rather than make assumptions.</i></p>
2.	Referral	<ol style="list-style-type: none"> 1. Is the survivor included in the decision-making process? 2. Can the survivor choose both the initial shelter and the longer-term shelter assignment? 3. Do you have a confidential policy in place for the referral process? <p><i>In all their interactions, shelter providers will accept gender identity and gender expression as defined by a survivor. In all their interactions, staff will use a survivor's chosen name and pronoun.</i></p>
3.	Intake	<ol style="list-style-type: none"> 1. Do you have a clear policy that allows for services and treatment to be based on one's self-identification (use the intake process to explain that your organization or agency supports a welcoming, inclusive environment, with the expectation of nondiscrimination and respect toward all, and how to report concerns or grievances)? 2. Do you have a set of inclusive questions that is friendly and welcoming LGBTQI survivors, such as "What do you prefer to be called? What are your preferred pronouns? How would you describe your gender identity? How would you describe your sexual orientation? Do you have special requirement on hormone therapy?" 3. Do you have inclusive forms, including options for self-selecting sex e.g., male, female, transgender, gender non-conforming, gender queer, and others 4. Do you encourage shelter staff to give opportunities to the hormone therapy, transition, gender identity resource needs and any topic that is critical for the case management? <p><i>In all their interactions, shelter providers will accept gender identity and gender expression as defined by a survivor. In all their interactions, staff will use a survivor's chosen name and pronoun.</i></p>

4.	Protection and assistance	<p><i>Policy/ procedure/ guideline</i></p> <ol style="list-style-type: none"> 1. Do you have a board-approved policy that details how services to LGBTQI clients in a manner that preserves their safety and dignity? 2. Do you provide a copy of the policy or its simplified version, such as a brochure, to clients upon their request? 3. Shelter providers will make their services accessible to transgender clients in their self-identified gender. 4. Are there educational opportunities for staff to learn about LGBTQI experience, including survivors' perspectives, recognize any internal bias, and strengthen empathetic responses? 5. Do you have a confidential policy for survivors who prefer not to disclose their gender or sexuality? 6. To what extent that your services and facilities are inclusive? (Do you have LGBTQI staff? Do you have any signs showing that this place is LGBTQI friendly? Do you have any inclusive events or activities for LGBTQI survivors?) 7. Do you have a specific plan for the safety of male, female and LGBTQI survivors? <p><i>Specialized and individualized services</i></p> <ol style="list-style-type: none"> 1. Shelter providers will support the choices of transgender clients to gain access to sleeping areas designated for the gender the client identifies with and that will best preserve their safety and dignity. <ul style="list-style-type: none"> - In instances where transgender clients' express concerns about their safety or dignity, shelter providers will accommodate requests for a bed in a gender-neutral/private room, if possible, or in a sleeping area that the client believes will best preserve their safety and dignity, regardless of their gender identity. 2. Emergency shelter providers will continue to provide toiletries and hygiene supplies based on the client's need for the client's shelter stay duration. 3. Transgender clients may need toiletries and hygiene supplies that are greater than others. Shelter providers will work with transgender clients to provide additional supplies. 4. Shelter providers will provide a minimum of one (1) washroom barrier-free, fully accessible, and designated gender-neutral in each shelter. 5. Shelter providers will inform transgender and disabled clients of the availability and location of gender-neutral, and accessible washrooms. 6. Shelter providers will take reasonable measures to ensure that clients have privacy while showering. <ul style="list-style-type: none"> - Shelter providers will ensure that communal showers have shower curtains or equivalent privacy feature(s) or provide transgender clients sole access to communal shower facilities at alternate times. 7. Shelter providers will treat hormones that belong to transgender clients as any other medication and will not consider them a prohibited substance nor confiscate them. <p><i>Physical protection and psychological support:</i></p> <ol style="list-style-type: none"> 1. Shelter providers that are not able to provide health or support services to LGBTQI clients will provide appropriate referrals to LGBTQI-positive health/ services providers 2. Shelter providers are encouraged to seek partnerships with LGBTQI-positive health/ser- vices providers.
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Annex 3: Literature Review International, regional, and national norms and policies guiding LGBTQI service provisions

This section of the report explores the current international, regional, and national norms and policies, which can be considered a foundation for the service provision for LGBTQI TIP survivors. The rights of LGBTQI people are recognized and stated in international treaties and agreements, including the Universal Declaration of Human Rights-UDHR, International Covenant on Civil and Political Rights, and the Yogyakarta Principles. Challenges remain at the national level as LGBTQI rights have not been fully incorporated into national laws and policies in several countries, including Thailand. The term 'LGBTQI' in legal contexts and various jurisdictions has yet to be accepted.

LGBTQI PEOPLE AND HUMAN RIGHTS IN INTERNATIONAL INSTRUMENTS

Since the early 1990s, the United Nations established many human rights mechanisms to monitor states' compliance with international human rights treaties. However, these international instruments do not impose direct legal obligations on member states.

The Universal Declaration of Human Rights-UDHR

Although they do not specially mention the word 'LGBTQI,' these fundamental human rights clearly state in Article 1 that *all human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood*; Article 2 adds that everyone is entitled to *all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or other status*. Furthermore, no distinction shall be made on the basis of the political, jurisdictional or international status of the country or territory to which a person belongs, whether it be independent, trust, non-self-governing or under any other limitation of sovereignty.

Concerning the protection of LGBTQI people's rights, the Office of the United Nations High Commissioner for Human Rights states that discrimination against LGBTI individuals undermines the human rights principles outlined in the Universal Declaration of Human Rights (Office of the United Nations High Commissioner for Human Rights, 2021). As a result, state members must fulfill the core legal obligations concerning protecting the human rights of LGBTQI individuals, which include obligations to:

1. Protect individuals from homophobic and transphobic violence
2. Prevent torture and cruel, inhuman, and degrading treatment
3. Repeal laws criminalizing same-sex relations and transgender people
4. Prohibit discrimination based on sexual orientation and gender identity
5. Safeguard freedoms of expression, association, and peaceful assembly for LGBTQI individuals

The Yogyakarta Principles

These principles stem from the conference of human rights lawyers in Yogyakarta, Indonesia, in 2006 and have been accepted by several countries. The principles provide guidelines on applying international human rights law about sexual orientation and gender identity.

Concerning the rights of LGBTQI in detention, the Yogyakarta Principles provide clear guidance. Principle 9 states that *"everyone deprived of liberty shall be treated with humanity and with respect for the inherent dignity of the human person. Sexual orientation and gender identity are integral to each person's dignity"*. This study considers that the Yogyakarta Principles may apply to the shelter guidelines and practices to protect and provide services for LGBTQI TIP survivors in Thailand.

THE PROTECTION OF LGBTQI PEOPLE IN REGIONAL LEGISLATION

At the regional level, the rights of LGBTQI people in various charters and declarations in the same way that non-LGBTQI people's rights are stated. However, these regional charters are considered ineffective because they emphasize state members' ability to legislate national laws and enforce them. The charter is a political document that is not legally binding.¹²

The European Union Charter of Fundamental Rights

At the regional level, the European Union Charter of Fundamental Rights provides a good example of regional legislation for the protection of LGBTQI individuals. Article 21 clearly states that discrimination based on sexual orientation shall be prohibited (European Commission, 2021). The Charter also argues that the protection under this article should cover the area of employment and access to goods and services (European Union Agency for Fundamental Rights, 2021).

ASEAN Human Rights Declaration

Article 2 of the Declaration states that every person is entitled to the rights and freedoms set forth herein, without distinction of any kind, such as race, gender, age, language, religion, political or other opinions, national or social origin, economic status, birth, disability, or another status. However, national legislations remain problematic in some countries in ASEAN; in Indonesia, for example, the Ministry of Health has declared homosexuality a mental disorder, while in Singapore, an anti-gay law has been effective since 1938.

NATIONAL LAWS IN EUROPE, CENTRAL AND LATIN AMERICA

As a result, examining the more progressive laws in several countries, particularly in Europe and Central and Latin America, is critical to protect LGBTQI people's rights better. These laws recognize and confirm the rights of LGBTQI people as equal to those of non-LGBTQI people, which is useful for developing the framework and recommendations for this study. Latin America represents a significant step forward in changing gender markers. Argentina was the first country to pass a gender identity law in 2012, allowing the changing of gender markers on birth certificates and all associated documents without a medical diagnosis, surgeries, hormonal treatment, age, or other restrictions on who can access the provisions. Colombia (2015)¹³ and Bolivia (2016) both passed legislation to make it easier to change gender markers. (United Nations Development Programme Thailand, 2018).

In 2014, two European countries, Denmark, and Ireland, passed laws based on individual self-determination, allowing transgender people over the age of 18 to self-define their gender identity. Later in 2016, Norway passed the Gender Recognition Act, which allows anyone aged 16 or older, or between the ages of 6 and 16 with parental consent, to self-define their gender (Ibid, 2018).

In Oceania, New Zealand's current passport policy is liberal; anyone can use M, F, or X (indeterminate/unspecified) (Statistics New Zealand, 2015), which is similar to Australia's, but Australia requires a supporting letter from a health professional (United Nations Development Programme Thailand, 2018).

Rights to health

Both Argentina and Malta protect the rights of transgender people to health, privacy, and equality from discrimination. Argentina's Gender Identity Law, passed in 2012, guarantees not only the rectification of the sex registered and the change of gender marker in all documents, but also access to comprehensive healthcare, hormone treatments, and partial or total surgical interventions without the need for judicial or administrative authorization (Fundación Huésped, 2014).

Same-sex marriage

Argentina, Australia, Austria, Belgium, Brazil, Canada, Colombia, Costa Rica, Denmark, Ecuador, Finland, France, Germany, Iceland, Ireland, Luxembourg, Malta, Mexico, Netherlands, New Zealand, Norway, Portugal, South Africa, Spain, Sweden, Taiwan, United Kingdom, United States, and Uruguay are among the countries that allow equal marriage. However, the rights to adoption and marriage conditions vary from country to country. For example, in Taiwan, same-sex marriage is permitted only for Taiwanese citizens or citizens of a foreign country that recognizes same-sex marriage who wish to marry a Taiwanese citizen (Human Rights Campaign, n.d.).

12 The challenges of implementation of the international treaties and regional charters due to the lack of legal binding have been the subject of debate for = decades as can be seen from the article 1) A "Legally Binding Treaty" or not? The Wrong Question for Paris Climate Summit written by Joost Pauwelyn and Lilliana Andonova in Blog of the European Journal of International Law 2) Legally binding versus non-legally binding instruments by Daniel Bodansky, Arizona State University and 3) ASEAN's Legal Architecture Critical to Addressing Transboundary Challenges by Sohini Chatterjee in Asia Foundation website.

13 The number in the brackets indicates the year in which the law regards gender marker is effective.

Annex 4: Creating Inclusive and Affirming Intake, Screening, and Assessment Tools (3/40 Blueprint, Illinois, USA)

Creating Inclusive, Affirming Intake, Screening, and Assessment



Creating Inclusive and Affirming Intake, Screening, and Assessment Tools

Do	Do Not
Keep forms brief	Expect youth to complete long forms in one sitting
Use gender-neutral language	Include mutually exclusive options, such as male/female or conflate gender identity with sexual orientation
Use welcoming language	Define a "normal" identity as heterosexual or cisgender
Include simple language	Assume youth know how to define or describe their sexual orientation, gender identity, and gender expression (SOGIE)
Use inclusive SOGIE language	Include SOGIE information among risk-taking behaviors
Offer an "other" category, in addition to predetermined options, with space for the youth to write in	Focus on sex at birth
Allow space to enter a preferred name and pronouns	Assume that a youth's current SOGIE is set in stone
Ask broadly about parents, caregivers, or who is important to the youth	Focus on biological parents
Let youth know they do not have to answer questions that make them uncomfortable	Ask questions that are not necessary

After becoming homeless, LGBTQ youth are more likely to live on the streets than utilize housing services due to discrimination.¹



Reference

1. Berger, C. (2006). What becomes of at-risk gay youths? *Gay & Lesbian Review*, 12, 24-25.

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Inclusive Language for Intake, Screening, and Assessment



Intake, Screening, and Assessment Form³

The best intake, screening, and assessment forms use inclusive, easy-to-understand language to describe sexual orientation, gender identity, and gender expression (SOGIE), as well as race and ethnicity. In addition, the ability to select and write in an “other” option is key for identities due to fluidity.

<p>Preferred Name: -----</p> <p>Gender Pronouns: -----</p>	<p>Primary Race/Ethnicity</p> <ul style="list-style-type: none"> <input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian/Alaskan Native/ Native American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Latina/Latino/Latinx <input type="checkbox"/> Multiracial/Multiethnic <input type="checkbox"/> White <input type="checkbox"/> Other _____ <p>Sexual Orientation</p> <ul style="list-style-type: none"> <input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Biattractional/Bisexual <input type="checkbox"/> Asexual <input type="checkbox"/> Questioning <input type="checkbox"/> Heterosexual <input type="checkbox"/> Pansexual <input type="checkbox"/> Other _____ 	<p>Gender Identity</p> <ul style="list-style-type: none"> <input type="checkbox"/> Girl/Woman <input type="checkbox"/> Boy/Man <input type="checkbox"/> Transgender Man <input type="checkbox"/> Transgender Woman <input type="checkbox"/> Genderqueer <input type="checkbox"/> Other _____ <p>Gender Expression</p> <ul style="list-style-type: none"> <input type="checkbox"/> Feminine <input type="checkbox"/> Masculine <input type="checkbox"/> Androgynous <input type="checkbox"/> Fluid <input type="checkbox"/> Other _____
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References

1. Minter, S., & Daley, C. (2003). *Trans realities: A legal needs assessment of San Francisco's transgender communities*. San Francisco, CA: National Center for Lesbian Rights.
2. Yu, V. (2010). Shelter and transitional housing for transgender youth. *Journal of Gay & Lesbian Mental Health*, 14, 340-345.
3. This example has been taken from an existing agency's intake form.

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Inclusive Forms Checklist: Meeting the Needs of LGBTQ Homeless Youth



Does your form...

- **Use gender-neutral pronouns and language?** (Examples: Them/they, head of household, caregiver, parent 1 and 2. Avoid assuming gender roles when discussing youth parenting.)
- **Treat gender identity with respect?** (Examples: What was your sex assigned at birth? What sex did your doctor put on the birth certificate? What is your current gender identity?)
- **Recognize sexual orientation, gender identity, and gender expression as spectrums, rather than binary categories?** (For example, avoid mutually exclusive options such as male/female.)
- **Include “other” options that allow the youth to write in their own answers?**
- **Opt for positive language?** (For example, avoid phrases such as “disabling condition” or “illegal alien,” or rules written in a negative, accusatory tone.)
- **Allow youth to enter a preferred name, in addition to their legal name?**
- **Distinguish between sexual orientation and gender identity?** (Example: Not including transgender as an option with lesbian, gay, and bisexual.)
- **Place sexual orientation, gender identity, and gender expression (SOGIE) questions among demographic details?** (For example, avoid placing near questions about risk-taking behavior, health concerns, or criminal justice involvement.)
- **Use simple language?** (Example: Consider “I identify as a girl” in lieu of phrases such as “gender identity” and “non-binary.”)
- **Acknowledge the diversity of families?** (For example, inquire about parents or caregivers rather than “biological father and mother.” Ask about important people in a youth’s life, such as intimate partners, extended family, and informal family.)
- **Require mandatory documentation youth may not have?** (Examples: Driver’s license, Social Security card, birth certificate, etc.)
- **Use language that emphasizes their SOGIE is respected.**
- **Explain why questions are being asked?**
- **Make it clear that youth can decide not to answer questions?**

The first person I came out to was the person that was taking care of me in the (program).

They helped me understand that being bi is—there’s nothing wrong with it.

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Inclusive, Positive Language for Use in Intake, Screening, and Assessment Tools



What parts of your identity are most important to you?

What are some of the most important things on your mind right now?

What is your current gender identity?

What is your greatest strength?

What is something you would like to improve or work on?

Who are the important people in your life?

What sex did your doctor put on the birth certificate?

What are your gender pronouns?

What name do you prefer to be called?

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