

OUT OF THE MARGINS



Out of the Margins: LBT+ exclusion through the lens of the SDGs

**Report on key research findings
from the global *Out of the Margins*
network**

April 2020

DEDICATION

In recent years, we've seen LGBT rights progress in countries across the world. However, it would be a mistake to think that all LGBT people have benefitted equally from this. *Out of the Margins* was established to understand the unique experiences of lesbians, bi women and trans people (LBT+) globally. This report shows that for many LBT+ communities, life remains characterised by hardship, discrimination and violence.

The research undertaken by the *Out of the Margins* network is wide-reaching, both geographically and thematically. In many cases, these studies are the first of their kind. Intersectional feminist and queer approaches were foregrounded from the outset, in order to amplify voices and perspectives that have gone unheard or ignored in previous research projects. And, by using the United Nations' Sustainable Development Goals (SDGs) to focus its research, the network has proven beyond doubt not only that LBT+ people globally are chronically underserved, but that further research is desperately needed to fully assess the extent of their exclusion.

The *Out of the Margins* network has produced thematic reports covering five key areas: economic well-being, health, education, personal security and violence, and civic and political participation. In each case, there is a clear connection between the network's themes and the UN's SDGs. Economic well-being links directly to two – 'zero poverty' and 'decent work and economic growth'. The UN notes that 'Globally, there are 122 women aged 25 to 34 living in extreme poverty for every 100 men of the same age group'. Similarly, the 'Good Health and Well-Being' SDG contains several targets relevant to LBT+ groups, including the end of the AIDS epidemic and universal access to sexual and reproductive health care services.

The 'Quality Education' SDG has a number of pertinent objectives that will aid LBT+ people, such as ensuring universal completion of secondary education and ending gender disparities in education. Our Personal security and violence theme links to the 'Peace, Justice and Strong Institutions' SDG, which calls for reducing all forms of violence, and ensuring equal access to justice for all. Finally, every SDG is dependent on individuals or groups engaging with public and political issues. As such, including civil and political participation as a research theme felt essential – and the network's results show that LBT+ people face specific challenges in this area.

At the heart of these themes lies the guiding aim of the SDGs: to 'leave no one behind'. By using the SDGs as a framework for building their evidence base, the network aims to ensure future global development and human rights policymaking is inclusive of LBT+ communities. The eventual goal is for *Out of the Margins'* combined efforts – including future research results – to culminate in LBT+ rights forming part of the UN's 2030 Agenda for Sustainable Development.

For too long, LBT+ people have been side-lined and silenced. We hope that this report marks a sea change in how research affecting their communities is conducted – with their voices, needs and wishes always at its core.

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This is a Stonewall publication.

ABOUT OUT OF THE MARGINS

Out of the Margins is a project and network working to build evidence on exclusion faced by lesbians, bi women and trans people (LBT+ communities) internationally, using the Sustainable Development Goals (SDGs) as a framework. Created by Stonewall, the network currently spans 25 organisations in three world regions: Sub-Saharan Africa, Europe and Central Asia, and Latin America and the Caribbean. Together, the network will:

- Produce evidence to be used for national and international advocacy on LBT+ inequalities
- Develop coalition-working among LBT+ organisations spanning 21 countries
- Appeal for immediate, coordinated action within human rights systems and in particular through the Sustainable Development Goals (SDGs)
- Raise the visibility of LBT+ rights issues globally.

The two-year project that enabled the creation of this network, and the first round of research projects, was made possible with the generous support of the UK Government's Foreign and Commonwealth Office (FCO) Magna Carta Fund. This project grew from a smaller pilot working with a group of 13 LBT+ organisations from across Southern Africa, led by Stonewall and funded by the Baring Foundation.

ABOUT THIS REPORT

This report is based on 24 country reports, each of which is aligned with one of our five themes. These themes are based on the SDGs on health, economic well-being, education, personal security and violence, and civic and political participation.

Some of the country reports will be published in full by the organisations who managed them. However, all country reports are cited here as standard works, whether unpublished, works in progress, or works submitted for publication but not yet published. For more information on country-based studies, or to connect with the researchers who conducted them, please contact the relevant organisation or Stonewall.



Executive Summary

BUILDING EVIDENCE ON LBT+ EXCLUSION ACROSS 21 COUNTRIES

Between February and September 2019, the *Out of the Margins* network documented the profound exclusion facing lesbians, bi women and trans (LBT+) communities, in their own countries and contexts, using the lens of the Sustainable Development Goals (SDGs). This report describes the many ways in which LBT+ people are discriminated against (both actively and passively), and how their needs go refused, ignored and unmet in their own societies. It then extrapolates from this evidence to analyse challenges on a global scale.

The network built under this project spans 21 countries. It works across country contexts and consists of working groups organised based on the framework on the framework of the SDGs: economic well-being, health, education, personal security and violence, and civic and political participation. The research for the first phase of the *Out of the Margins* project was completed in the following regions and countries:

- **Sub-Saharan Africa (Botswana, Burundi, Lesotho, Mozambique, Nigeria, South Africa, Uganda, Zambia, Zimbabwe)**
- **Latin America and the Caribbean (Argentina, Brazil, Chile, Ecuador, Jamaica, Peru, Trinidad and Tobago, and Venezuela)**
- **Eastern and Southeast Europe, and Central Asia (Chechnya/Russia, Kyrgyzstan, Macedonia and Montenegro).**

At the heart of this project and network is the desire to build evidence which can inform wide-ranging and meaningful change for LBT+ people across country contexts, and on a national and international scale. A key innovation of the project was to directly support the authentic involvement of marginalised LBT+ people in the research, and in action affecting them and their communities. Over 100 organisations submitted research proposals to be part of this project – of which most were meritorious. This proves how great a need there is for this type of research network.

Most importantly, the spirit of the programme was to bring intersectional, feminist and queer perspectives together to understand the issues faced by LBT+ communities, and by women and LGBT people more broadly. Overall, there were 2,728 research respondents in various projects, with the vast majority being from LBT+ communities.

Some of our findings are challenging to read – throughout the report there are descriptions of violence and abuse. However, we believe that the ethos of the project demands that the discrimination faced by LBT+ people is acknowledged.

The voices of the research respondents in this report are testament to the need for the *Out of the Margins* network to continue apace, and to include all those with valid and vital research proposals that we were not able to honour in this first phase.

WHO IS THIS REPORT FOR?

Our findings will be of interest to a wide range of government and non-governmental policymakers, advocates, funders, researchers and campaigners seeking to understand the ways in which inequalities are experienced by LBT+ communities worldwide.

We hope they will also be of interest to a wider audience of those working on LGBTI rights, gender equality and international development on the challenges facing lesbians, bi women and trans people in accessing their most basic rights to equality and non-discrimination in employment, healthcare, education, family life and communities, and in living lives free from violence.

KEY FINDINGS OF THE FIVE THEMATIC WORKING GROUPS

1. ACCESS TO ECONOMIC WELL-BEING

The research of the working group made a clear connection between discrimination against LBT+ communities and **lack of access to decent work**. The lack of access includes **unemployment**, as well as work that may be **insecure, informal, unsafe, and/or poorly paid**. Discrimination against LBT+ communities, and their exclusion from families and households, was connected by researchers with their **exclusion from land, development programmes, and shelter**. The studies also explore the sources of **particular experiences of poverty** among LBT+ communities, especially trans women.

The findings in this area of research are stark and show an urgent need for further research on LBT+ poverty and its links with **hunger, food insecurity and nutrition**, as well as **lack of shelter**.

A range of studies affirmed links between social and economic exclusion and our other research themes, including **low education completion rates, healthcare disparities, and lack of personal security**.

2. ACCESS TO HEALTHCARE

The findings in this area show that there is a huge gap in the research needed to address the apparent failings of many actors to ensure access to adequate, accessible, and appropriate healthcare for LBT+ people. The research of the Health group explores barriers affecting the experiences and outcomes for LBT+ communities, particularly the **relationships between exclusion ‘push factors’ and health disparities**. A range of projects show that, due to stigma, discrimination, exclusion and – alarmingly – **patient abuse and neglect in healthcare settings, LBT+ communities are less likely to access healthcare when they need it**.

Various studies also reveal connections between social exclusion, discrimination and stigma with a lack of support for LBT+ communities, along with a range of poor mental health and well-being outcomes.

Research confirmed that **LBQ women’s sexual and reproductive health needs** remain glaringly understudied in a range of country contexts. Informed **healthcare support and services for trans men** was found to be particularly lacking in some cases. There were strong findings across the research of the Health group and the network around so-called **‘conversion therapy’**, suggesting this is a much needed area for further investigation and advocacy.

3. ACCESS TO EDUCATION

The studies find **striking levels of discrimination and violence against trans children and young people in schools**. This was linked to the enforcement of **binary gendered norms** – for example that the idea that men ought to be masculine, and women ought to be feminine – which are harmful to people of all genders. This chapter and other evidence across the project show that these norms are often **violently enforced** (e.g. through bullying, shaming, and physical and sexual violence); and typically involve the stigmatisation of difference (e.g. classing trans people as ‘mentally disturbed’, ‘abnormal’ and/or ‘unnatural’).

Moreover, **young people are especially vulnerable** to norms, stereotypes and harmful views promoted by their families, communities, and societies. LBT+ young people are also particularly at risk of efforts to ‘correct’ their sexual orientations and gender identities. In research in schools and other areas, **LGBT families experienced significant invisibility**. This, and other findings, suggests that families (both LGBT children within families, and families with LGBT parents/guardians) could be a useful area for further study.

4. PERSONAL SECURITY AND VIOLENCE

Research across contexts affirmed **high levels of violence** against LBT+ communities. This violence is fuelled by **a wide range of contributors across society, and committed by** family members, partners, healthcare providers, faith leaders, and police. **Violence and exclusion in family settings emerged as a strong theme** across the network’s research, with the family often seen playing a strong role in enforcing ‘norms’, ‘correcting’ identity and expression, and being violent.

Violence had a so-called ‘corrective’ quality in a variety of cases, suggesting that violence which aims to ‘correct’, ‘treat’ and/or ‘cure’ LGBTI people is more widespread than has yet been acknowledged in mainstream research and practice. **High rates of sexual violence** were also apparent, especially against bi women and trans communities. **Police violence** was highlighted in various projects.

5. CIVIC AND POLITICAL PARTICIPATION

Research explored how institutionalised violence and stigma combine to fuel **violence against intersex communities, and their invisibility**. It affirmed the importance of intersex community-building and inclusion. Restrictive legal systems, violence, and **gender inequalities within social movements** were shown to fuel **low levels of civic and political participation overall for LBT+ communities**, in a range of settings.

CONCLUSION

These initial findings show that there is an urgent need for further research in all of these areas. Most importantly, the research is needed at a community level. It must be actively led by community members who can engage with organisations to conduct research in their own communities, using methods appropriate to their contexts.

The strength of the *Out of the Margins* network is that it provides resources for communities that are being left behind to define solutions for their own communities, inspired by a global network of others seeking to do the same.

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A CALL FOR GREATER EVIDENCE ON LBT+ EXCLUSION GLOBALLY

Out of the Margins responds to the reality that lesbians, bi women and trans people (LBT+ communities) continue to be excluded by the activist movements and human rights systems that should serve them.

As researchers and campaigners in this space, lesbian, gay, bi and trans (LGBT) and human rights organisations fail to recognise how gender inequality plays a key role in some LGBT communities' experiences. Likewise, those working to advance gender equality often ignore how violence and discrimination based on sexual orientation and gender identity and expression (SOGIE¹) can play a huge role in people's lives. The research of *Out of the Margins*' international network, the first round of which is presented in this report, shows clearly that LBT+ communities face fundamental and extensive exclusion. Many findings are difficult to read, and cover issues including discrimination, violence and abuse.

This project and network believes that the first step towards effectively challenging LBT+ exclusion is building evidence through research. Not only is more general research desperately required in this area, we also need research that centres the voices of LBT+ people and understands the complexities of LBT+ lives. Research in this area needs to include LBT+ perspectives and the unique experiences of LBT+ communities, otherwise there is a risk that LBT+ research is shoehorned into research agendas and frameworks in a way which fails to capture their real needs and experiences. The experience of using participatory and action-based research in most studies in this phase of the *Out of the Margins* project shows the value of taking this approach.

A pattern of marginalisation was noted across all five research areas covered by the network, which together reflect key priorities of LGBT movements globally:

- **Economic well-being**
- **Personal security and violence**
- **Health**
- **Education**
- **Civic and political participation.**

These key issues align with the United Nation's 17 ambitious Sustainable Development Goals (SDGs), which it hopes to achieve by 2030. The SDGs have also committed to 'leave no one behind', ensuring that the world's poorest and most marginalised people are prioritised in these efforts. The SDGs provide a larger framework for the network to help influence future global development policymaking that is inclusive of lesbians, bi women and trans people.

¹ SOGI, SOGIE, and SOGIESC are all used at various points throughout this report and are based on the context of how people, groups, or institutions use them in their work.

CENTRING LBT+ EXCLUSION REQUIRES US TO THINK DIFFERENTLY

LBT+ communities have their own needs in each of the key areas explored in our research: health, economic well-being, education, personal security and violence, and civic and political participation. However, our research shows that these needs often go unmet.

In the case of health, for example, LBT+ communities tend to be overlooked in initiatives addressing Sexual and Reproductive Health (SRHR) and the needs of established key populations.² These typically serve Men who have Sex with Men (MSM) and focus on HIV prevention and treatment. In SRHR work which is focused on gender equality, LBT+ communities are also routinely left invisible.

However, LBT+ communities face unique health risks and require specific health-based research, policy and programming. Areas in need of further research and resources included STI transmission between women, support for medical transition, assisted reproduction, and mental health and well-being support.

Additionally, the Health chapter in this report makes clear that LBT+ communities are not only underserved when it comes to their specific needs; they are often excluded from entire healthcare systems. This exclusion is driven by discrimination, stigma, and social and economic marginalisation. This in turn makes LBT+ people less likely to attend healthcare centres when they need to, less likely to engage in behaviours that promote good health, and less likely to access opportunities for early diagnosis and treatment – sometimes fueling further cycles of poor health outcomes and social exclusion (see especially p. 34).

Similarly, in the Personal security and violence chapter, the network's research shows that if we are to accurately represent the needs of LBT+ communities, we also need to challenge typical understandings of violence. Evidence shows that lesbians and bi women, for example, experience high rates of homophobic hate crime and gender-based violence, and that this is often missed when research relies on documenting reports to police, media and NGOs.

Some largescale and reliable datasets indicate that levels are at least equal to, and possibly higher than, those of gay men, and that bi women experience particularly high rates of violent assault in general, and sexual assault in particular (see p.44). Moreover, in the case of transphobic violence, there is overwhelming evidence that trans communities experience violent physical and sexual assault at higher rates than LGB (and especially LG) communities (see, for example, Blondeel et al 2018:34).

However, going further, centring LBT+ experiences of violence also involves recognising how gender and SOGI can interact to create deeper challenges. For example, our studies show strong evidence of: families committing and fueling violence against LBT+ communities; high rates (and specific experiences) of sexual violence, abuse and harassment; the repressive effects of police violence, especially against trans communities; and the so-called 'corrective' nature of (often gender-based) violence affecting LBT+ communities.

The final theme emerges particularly strongly – both in the Personal security and violence chapter itself and elsewhere in the report. Various studies address how narratives of 'correction' of sexual orientation and gender identity are used by perpetrators to justify and fuel violence and exclusion. This can occur in the form of forced marriages, 'corrective' rape or other sexual assault, or through abusive healthcare 'treatments', as in the case of conversion therapies (see especially research by Chama 2019, Lapina 2019, and Hernández 2019).

All of this suggests a need to challenge traditional understandings of violence in future research and advocacy, and to move beyond narrow conceptions of what violence looks like for LBT+ people. Using homophobic hate crime as the main framework for understanding anti-LBT+ violence is not sufficient – LBT+ communities experience much wider and more complex types of violence in their daily lives.

²'Key populations' is a term used in the SRHR sector to refer to certain groups ('including sex workers, intravenous drug users, transgender people, gay and other men who have sex with men (MSM)').

VALUE OF INTERSECTIONAL, FEMINIST AND QUEER PERSPECTIVES

Throughout this project, studies affirm the importance of intersectional feminist approaches for understanding the issues faced by lesbians, bi women and trans people, as well as LGBT communities more broadly. For example, various reports stress the oppressive role not just of more ‘public’ and ‘political’ institutions (e.g. law and government), but also of more ‘private’ and ‘social’ institutions. These might include families, partners, teachers, doctors, social workers, and faith and community leaders, sometimes working in collaboration with each other, and with police and other state institutions. This calls attention to a need to move beyond mainstream priorities in LGBT movements – such as on criminalisation, legal, policy and justice reform – and to note that families, community-based responses, social movements, and healthcare, among others, are also in need of social change.

Many of the studies focus on the family as a place in which LBT+ people experience significant marginalisation and violence. Seen from this perspective, families are often not neutral spaces, structures or units in which LBT+ children, young people and adults can be themselves, feel supported and be safe – instead, they all too often enforce the norms, exclusion and violence seen in wider society. Transforming traditional and/or oppressive family structures could therefore be an important focus for LGBT equality campaigners. Equally, gender equality campaigners could bring the control of children and young people’s sexualities and gender identities into discussions around intrafamilial violence.

At the same time, researchers also call attention to the importance of queer perspectives for understanding issues faced by LBT+ people, and women more broadly. In particular, various studies show how many are harmed when norms around gender are enforced. These norms include the idea that sex and gender are binary (that one can only be male or female, and that this is determined by the sex you are assigned at birth) and fixed (that there are ‘normal’ or ‘natural’ ways to express yourself as a man or woman), or that there are particular roles that ‘women’ and ‘men’ ought to take on.

The violent enforcement of these norms can be seen right across the study. Examples include:

- **Bullying of trans children and young people in Montenegrin schools (see Vlahović and Ulićević 2019, Education chapter)**
- **Harmful, unnecessary and non-consensual medical interventions on intersex people in Chile (see Linker 2019, Civic and political participation chapter)**
- **Families, religion and healthcare in inflicting violence against LBQ women in Chechnya and Russia (see Lapina 2019, Personal security and violence chapter)**
- **The infliction of conversion therapy by families and religious authorities in Peru (see Hernández 2019, Health chapter).**

Together, the researchers show how people, organisations and institutions across society play a role in enforcing these norms – from close family members on an intimate scale to legal frameworks on a national scale. Indeed, in the most extreme cases, (as seen in Chechnya and Peru, for example), these actors are shown to work in tandem. Seen this way, the ‘corrective’ quality of violence against LBT+ communities (noted above), seems less like one aspect of the violence they experience – instead, it is essential to a *system* of gendered and sexualised violence that is widely applied to women and LGBTI people.

NEED TO THINK INTERSECTIONALLY, GLOBALLY AND NOT LEAVE LBT+ PEOPLE BEHIND

One of the key challenges for LBT+ communities is that their needs are often seen as unimportant, abstract, a ‘Western’ issue, or a threat to local sovereignty. There is also a lack of research and analysis based on an intersectional approach.

For example – where the focus is on economic well-being in Burundi, or violence in Chechnya and Russia – it may feel necessary to prioritise issues facing the whole of society, like high levels of poverty or authoritarian governments. However, in these contexts, LBT+ communities will also be experiencing harsh economic and political challenges, and this, in tandem with inequalities based on their sexual orientation and/or gender identity, will result in particularly complex challenges and poor outcomes. This is shown in both the studies cited (Irakunda 2019 and Lapina 2019) and demonstrates why an intersectional approach is increasingly vital and valuable even – and perhaps especially – in the most challenging of contexts.

‘LB women, trans and NB/GNC populations are often victims of social and legal exclusion, extreme economic vulnerability, and are at an increased risk of experiencing violence. Our vulnerability is compounded by multiple and intersecting factors such as class, race, colonial history, unresponsive and ineffective laws and the prevalence of patriarchal power concentrations.’

(Magashula and Hernández 2019:2)

Just as we need to move past the idea of LGBTI issues being a ‘Western’ concern, we also urgently need to recognise that the lives, and priorities, of LBT+ people worldwide differ massively. Alongside gender equality and LGBTI rights, we must acknowledge the importance of race, ethnicity, nation, imperialism, economic status and social class. We must understand the impact of LGBT people experiencing realities such as: hunger; lack of shelter, water and sanitation; displacement and forced migration; poor nutrition and food security; violence in medical, psychiatric, educational and justice institutions; as well as the use of laws to control and silence.

These are all central themes that emerge from the *Out of the Margins* research. Crucially, the priorities highlighted in these reports are markedly different to those often expressed by LBT+ communities in the global North. We need a radical and inclusive vision of what the real needs, rights and strengths of all LBT+ people worldwide are – one which takes into account the varied and multiple challenges they face.

A NEED TO WORK INTERSECTIONALLY

The five focus areas of our research based on the SDGs (economic well-being, health, education, personal security and violence, and civic and political participation) correspond to a working group within the network, and each theme corresponds to a chapter in the results part of this report.

We organised the project and report in this way in order to build knowledge on a variety of themes and facilitate leadership from within the network on each area. But despite separating the research by theme, the studies presented here show that LBT+ exclusion is interconnected – across each of the areas.

‘LGBTI people’s lack of visibility results in many of their specific needs not being met. Mental health problems may include clinical or psychiatric conditions, which can pose risks to the person’s life (suicidal ideation or suicidal intents, eating disorders, risk behavior) affecting also their access to education and healthcare, their occupational status, and their own financial situation and that of their dependents.’

(Magashula and Hernández 2019:2)

For example, the Economic well-being chapter shows that, in some instances, violence and lack of acceptance in family homes can fuel the likelihood of poverty, mental health challenges, and of not completing education. Likewise, in the Health chapter, we see evidence that exclusion from healthcare may generate mental health challenges such as anxiety, depression and low self-esteem. These challenges may, in turn, make it difficult for LBT+ communities to access and feel comfortable in areas such as employment and education. In the Personal security and violence chapter, we see that a fear of violence can lead to an avoidance of certain social and political spaces – therefore impacting on levels of LBT+ participation in some parts of society.

‘The combination of social prejudice and criminalization has the effect of marginalizing lesbian, gay, bisexual, trans and gender non-conforming persons and excluding them from essential services, including health, education, employment, housing... and access to justice... The spiral of discrimination, marginalization and exclusion may start within the family, extend to the community and have a life-long effect on socioeconomic inclusion. Through this process, stigmatization and exclusion intersect with poverty to the extent that, in many countries, lesbian, gay, bisexual, trans and gender non-conforming persons are disproportionately affected by poverty, homelessness and food insecurity.’

(UN Independent Expert for SOGI, Victor Madrigal)

As the above quotes make clear, the links between various forms of exclusion is something researchers and advocates are increasingly recognising and researching. This report adds to this emerging area, with the results chapters highlighting interconnections between our themes.

WAYS TO RESPOND TO THESE CHALLENGES THROUGH PARTICIPATORY AND ACTION-BASED RESEARCH

In order to respond to the immense challenges facing LBT+ communities and build evidence of exclusion across various cultural settings, we need to think critically about how best to get the necessary data and analysis. This project prioritises participatory and action-based research, and the next chapter focuses on the overall methodological principles of the network and this report.



REACH OF RESEARCH

Overall, the studies represent the perspectives of a vast range of people, across a very wide range of contexts. Together, a total of 2,728 people took part in research conducted by the 24 researchers, in 21 countries (see Appendix). Evidence-gathering took place in over 40 cities or regions within those countries. These research projects were selected from over 100 meritorious proposals submitted and competitively scored, which is a clear indication of the research needs in this area.

A NEED FOR MARGINALISED COMMUNITIES TO SHAPE RESEARCH AGENDAS

The work of the *Out of the Margins* network is informed in the main by participatory and action research approaches. These can be useful when working with communities that have been traditionally ignored in research, or had their experiences moulded to fit research agendas and frameworks imposed by others.

Participatory and action research approaches acknowledge the importance of conducting research ‘with’ rather than ‘on’ communities, and of the meaningful leadership from people within marginalised communities in the research process (alongside the researchers themselves). They can also be useful when working cross-culturally and when one aim of the research is to involve voices from distinct cultural positions – including those that have been excluded in other research approaches.

‘The studies and statistics that we have had to depend on in the Caribbean to evidence our work and advocacy are largely American and European, with a different history, geopolitical power and demographics that cannot be accurately extrapolated to inform phenomenon or trends unique to our population.

Further, the data that examines health disparities in the community tends to focus on HIV, specifically gay men and “men who have sex with men”. Data that represents the health needs of LBT+ women in Jamaica does not currently exist, ignoring the needs of the community and making evidence-based advocacy challenging. This study responds to that gap and hopes to be the springboard for greater, more in-depth study of the population.’

(WE-Change 2019:4)

Involving researchers from diverse cultural contexts is vital to supporting research for a variety of reasons. Firstly, it is practical: local researchers are more likely to have relevant language skills and access to community networks. There are also social advantages, such as researchers sharing identities and experiences with participants. Finally, there are ethical advantages: researchers may have greater insight into the risks participants face, and a better understanding of the importance of contextualisation.

As such, the kinds of data gathered through these approaches is, in general, likely to be more open, forthright and attuned to local context, than data gathered through various other methods. Researchers unfamiliar with the challenges facing participants may well have to work harder to build trust with participants, or may apply inappropriate or exclusionary frameworks to local contexts.

A SHARED PROJECT COMPRISING DIFFERENT METHODS

The 24 studies completed by the network involved various methods. The majority were mixed method and informed by a community-based ethos and practice. Some combined community-based research with concrete actions. Neves in Brazil worked with trans masculine communities to access and build links with healthcare services, and Linker in Chile worked with intersex communities to address and support their civic and political participation. In all instances, the methods chosen responded to the priorities and contexts of researchers and their participants, as well as the knowledge, skills and experience brought by members of the network.

RANGE OF CONTEXTS IN WHICH RESEARCH TAKES PLACE

Just as the methods are diverse, so too are the contexts in which researchers live and work. The projects together span 21 countries across three world regions. Contexts include: those where LBT+ communities face extreme repression by states and in social life (e.g. Chechnya/Russia, or many of the spaces in Nigeria and Zimbabwe); where the legal and social context is broadly discriminatory, but LGBT civil society organisations can operate with relative autonomy (e.g. Botswana, Mozambique or Jamaica); and where LBT+ communities can organise freely and enjoy various legal protections (e.g. Chile, Argentina or Montenegro).

IMPACT BEYOND THE RESEARCH ITSELF TO BUILD RESEARCH CAPACITY AND EMBOLDEN THE LOCAL COMMUNITY

The research of the network is designed to have impact at different levels. Many of the projects were designed and implemented together with grass roots communities. Several projects involved wider research teams and capacity-building elements.

All the projects have enabled researchers to build a case for action on LBT+ rights: within their organisations and wider community networks; with local authorities, schools, universities, employers, healthcare providers, NGOs, and local and national governments; and with international actors, including INGOs, foundations, and international institutions. A fraction of the findings generated by the network are relevant for more general audiences and are therefore included in this report.

Partners have also been offered funding for Post-Research Activities, which are currently underway. These activities will include further, more involved research, or will focus either on addressing critical issues highlighted in previous research, or on follow-up advocacy. We believe this ongoing work has great potential to generate meaningful change for the LBT+ communities involved in the project.

COMMUNITIES FOCUSED ON THROUGH THIS PROJECT

Out of the Margins was designed to support lesbians, bi women and trans people, of all gender identities and expressions, internationally. From the beginning, a culturally and linguistically broad definition of lesbian, bi and trans was emphasised by Stonewall and the network, which recognised that ‘LBT’ (or even ‘LGBTIQ’) would not necessarily feel inclusive to those who identify beyond global Western/Northern identity categories. The ‘+’ was added to acknowledge this.

One project focused primarily on intersex communities (Linker 2019a, see pp. 53-57). So as not to overclaim for intersex inclusion, LBT+ and LGBT (rather than LBTI+ and LGBTI) is used as standard in the report, except where intersex communities are the primary focus (e.g. in the Civic and political participation chapter). These findings evidence the clear need for more research to be conducted on intersex exclusion more generally.

Additionally, while many of the studies focus on LBT+ communities as a whole, some focus specifically on LBQ women, or specifically on trans communities (sometimes primarily trans women or men). Finally, some studies collected data from LGBT or LGBTI communities broadly, but used a gender-based or LBT+ perspective in their analysis of the data.

‘[It is] necessary to let LBTQ women speak for themselves and share their lived experiences first-hand. This humanisation of LBTQ women will not only amplify and strengthen LBTQ voices, but also open space for learning and exchanging with others.’

(Mangore 2019:5)

‘When talking about gender theory and transgender people, for example, rather than listening to their testimonies, it would be essential not to theorise the issue without taking into account their emotions, experiences, their views on themselves and the world around them... I can say that my knowledge is interested and political... I am not and cannot be neutral in this process.’

(Neves 2019:2)

LIMITATIONS AND SCOPE OF RESEARCH

It is beyond the scope and intention of this study to draw direct comparisons with more general (non-LBT+) populations, although analysis tentatively does so at times where data supports this. However, many researchers used sampling approaches that are not designed to support this kind of analysis. It would also be unfeasible for a project of this scope, which covers five thematic areas and 21 countries, to gather, evaluate and verify such a diverse range of comparative data.

In many cases, non-probability sampling approaches are used by researchers (including purposive, convenience, and snowballing approaches). Such approaches are common in community-based studies, including those with an action research component, a participatory nature, and/or reflexive aspect in which the researcher accounts for the effect of their own presence on what is being studied.

These methods are also useful for exploring new research areas and trialling innovative approaches and ideas, and are often more accessible to researchers with limited resources. Above all, they are well suited for recording the key issues and contexts facing particular groups of people, expressing how they see and experience the world, and articulating their visions for change.

‘Transgender individuals have largely been researched, diagnosed, and/or understood through cis-centric lenses. Given the dearth of research on the subject, grounded theory seemed appropriate for conducting research on discrimination experienced by trans and gender variant young people... A qualitative study informed by grounded theory furthermore creates space for trans voices to be heard in their own words without imposing pathologising, cis-sexist theoretical frameworks. Another advantage... is the flexibility it allows the researcher in making changes during data collection, thereby adjusting to new insights and changing direction where needed.’

(Shimanje 2019a:3)

The following results chapters are split along thematic lines – each representing one of the five thematic working groups. Each chapter addresses the methods used in each study in more detail.



THE SDGS RELATED TO ECONOMIC WELL-BEING ARE:

- **SDG 1: End poverty in all its forms everywhere.**
- **SDG 8: Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all.**

‘Research findings reveal a clear link... that being LBT works against economic well-being. LBT identity negatively impacts multiple aspects of a person’s lived reality including their access to education, jobs, housing and family support. It also impacts their freedom of movement and general level of safety.’

(Moore 2019b:10)

INTRODUCTION

The economic needs and experiences of LGBT communities remains a relatively small but growing research area. An emerging body of evidence has documented disparities in wealth and income between LGBT communities and general populations, as well as within LGBT communities. Many researchers have also found strong links between discrimination on the basis of SOGI and lack of access to employment opportunities, including work that is safe, secure and formal (e.g. Nyeck and Shepherd 2019). Recent research has explored correlations between LGBT equality standards and the rates of national economic and/or private sector growth in a given society (Badgett et al 2014, 2019; Miller and Parker 2018).

‘There is absolutely nothing like freedom to be yourself... And of course, one of the things that would help you to be yourself is... the fact that you can provide all these basic needs for yourself; you can have a roof, nobody is chasing you out in the rain or in the hot sun or in the middle of night to get out of the house; nobody can come and break down your door because they are the ones paying your house rent.’ (Research participant, cited in Oguaghamba 2019:14)

Additionally, a growing number of projects have focused on poverty, inequality and livelihoods. Studies in various contexts find LGBT communities overall are more likely to be poor, and that trans and bi communities face specific economic challenges (Dwyer and Woolf 2018). There is also a growing body of work on LGBT communities including on:

- **homelessness and shelter, particularly among young people (see Fraser et al 2019);**
- **hunger, food insecurity and nutrition (e.g. Gates 2014 and Russomanno 2019); and**
- **water, sanitation and hygiene (UN HRC 2016; Boyce et al 2018).**

An expanding range of research in the global North and West has clearly documented the fact that LBT+ people of colour are particularly likely to be impacted by workplace discrimination, poverty, food insecurity, homelessness, and criminalisation (see, for example, Hunter, McGovern and Sutherland eds 2018).

Overall, however, these studies make up very small numbers within their fields – both within studies of LGBT communities generally, as well as within thematic areas (e.g. research on development, justice, homelessness and hunger in general). Additionally, many studies of this kind are concentrated in the global North, and to single-country (or even smaller scale) studies. This leaves a substantial gap for an LGBT-inclusive vision that is global in scope, and which covers the whole range of issues covered by the Sustainable Development Goals (SDGs), with particular reference to poverty, hunger, decent work, and reduced inequalities.

For this project, most of the researchers focused on documenting the profound lack of economic well-being faced by LBT+ communities in the countries in which they live and work. Economic well-

being is understood in various ways by the different researchers, but there is a shared belief in the importance of LBT+ communities being able to secure their basic needs:

- to not go hungry
- to have access to water
- to have somewhere safe to live
- to have a job that's secure, decent and safe
- to attend school or access healthcare without fear of discrimination or coercion;
- to not have to rely on others for material support, including those who may seek to control them
- to have at least some level of control over one's life in the event of, for example, economic crisis or humanitarian emergency.

I have a salary of 100,000 Fbu (equivalent to \$50) and after paying for rent and food, I am left with nothing and it's hard for me to save money for future projects.

(Research participant, Irankunda 2019:5)

Poverty was understood as unemployment, homelessness, unable to afford basic necessities such as food and clothing. Also being unable to move around freely, being unable to bathe and wash clothes, needing to steal, as well as feelings of being unwanted and treated differently.

(Moore 2019:22)



STUDIES FROM THE ECONOMIC WELLBEING WORKING GROUP

- **Burundi: Irankunda, Ange (2019)** *The Impact of Discrimination on the Capacity of LBQ Women to Reach Economic Wellbeing in Burundi.* **Burundi: MOLI**
- **International: Julien, Zeleca (2019)** *Your Story: An Analysis of the Economic Well-Being of Caribbean, African, South American, and Central American Transgender Men and Masculine Presenting LBQ Women.* **Trinidad and Tobago: I am One**
- **Jamaica: Moore, Carla (2019)** *Trans Economic Survivability in Jamaica.* **Jamaica: Trans Wave Jamaica**
- **Kyrgyzstan: Masiumova, Nadira (2019)** *Challenges and Barriers as Consequences of Economic Vulnerability of Trans Women.* **Kyrgyzstan: Kyrgyz Indigo**
- **Nigeria: Oguaghamba, Akudo (2019)** *Economic Well-Being as A Tool for Advocacy.* **Women's Health and Equal Rights Initiative (WHER)**
- **Venezuela: Adrian, Tamara (2019)** *Country Report on Socio-Economic Conditions of the Venezuelan LGBTI Population Living in Venezuela and Abroad.* **Venezuela: Diverlex Diversidad e Igualdad a Través de la Ley.**

ECONOMIC WELLBEING THEMATIC REPORT

- **Moore, Carla (2019)** *Combined Report: Economic Wellbeing (Including Research Reports From: Burundi, Jamaica, Kyrgyzstan, Nigeria, Trinidad and Tobago, St Kitts, St Lucia, Guyana, Belize, Eswatini and Venezuela).* **Jamaica: Trans Wave Jamaica**



METHODS

The first round of work by the Economic well-being working group spanned six research projects, all conducted in 2019. Three studies gathered a comprehensive range of quantitative and qualitative data from between 31 and 80 people, through questionnaires, surveys and/or focus group discussions, to better understand the economic and wider social challenges faced by LBT+ communities in each setting. These were in Burundi (focused on LBQ women), Jamaica (on trans communities) and Kyrgyzstan (on trans communities, specifically trans sex workers and migrants).

In Venezuela, a larger-scale survey tool was disseminated widely online, to gather responses from a total of 608 LGBT people. These included people living in Venezuela (306 respondents) as well as those in diaspora, including due to the Venezuelan economic and political crisis (302 respondents). The analysis for this project focused on LBT+ experiences specifically. Between them, these four studies provide a vivid panorama of some of the key economic challenges facing LBT+ communities in diverse settings. It ranges across issues including poverty, work, shelter, hunger and food insecurity, as well as access to education and healthcare, and freedom from violence.

Two further studies used methods designed to invite more in-depth responses, working with specific communities to understand how they view their economic and social situation, their identities and their communities. One was an international project exploring the experiences of trans men, studs and/or masculine-presenting LBQ women. The research approach was highly participatory and community based, taking place at the second King Conference.

The King Conference is an international forum which creates space to 'discuss and theorise ideas around transgender masculinity and stud culture; and to contribute to this culture through research, art, and advocacy'. There were 11 research participants, from Trinidad and Tobago, St. Kitts, St. Lucia, Guyana, Belize, Eswatini and Venezuela. The other in-depth study focused on 'economically empowered' LBT+ communities in Nigeria (mostly out lesbians), to better understand the relationships between sexual orientation, economic well-being, self-acceptance, and social inclusion/tolerance in this setting. Ten participants took part in in-depth interviews.

KEY FINDINGS

EXCLUSION FROM WORK

Several studies found strong relationships between being LBT+ and lacking access to decent work, and note that a lack of employment opportunities is linked to discrimination. For example, in the study in Burundi, 61 per cent of respondents 'believed their sexual orientation prevents them from accessing job opportunities that can allow them to improve their living conditions'. In research in Jamaica, '71.4 per cent of respondents felt trans and gender non-conforming persons have a harder time getting jobs than cisgender persons and 51.7 per cent felt that their current or past unemployment was linked to their gender identity' (Moore 2019:16). In Zimbabwe, Mudzengi (2019:17) found that 33.7 per cent of survey respondents said their real or perceived SOGIESC had led to 'expulsion, disownment and job loss'. The study also identifies widespread fear of these outcomes among LBT+ communities. 78.2 per cent said they had 'fear of disownment, job loss or homelessness should your SOGIESC be discovered' (Mudzengi 2019:17). Julien (2019:4) similarly finds that:

64 per cent of the participants experienced discrimination based on 'dressing outside of [their] perceived gender', and 27 per cent experienced discrimination in the workplace. One participant stated that they were 'denied a job because of the way [they] present'.

Furthermore, various findings explore how, for some respondents, concealment of their LBT+ identity, fear of rejection, and demotivation, may also accompany experiences of exclusion from employment. In Jamaica, '40 per cent of survey respondents were willing to change their gender expression to get a job' (Moore 2019:18). In Burundi, research participants described experiences of fear and demotivation.

One stated, 'The fear of being rejected because of my sexual orientation is so strong that I have given up applying for jobs'. Another said, 'It's very difficult for me to find a job because of my masculine-presenting look. I don't even bother searching for one anymore'. (Irakunda 2019:5)

In two studies which measured employment (Burundi and Jamaica), research was conducted with LBT+ communities where rates of unemployment were significantly higher than in general populations. In Burundi, for example, the unemployment rate of communities involved in the study (41 per cent of whom were trans or gender non-conforming) was 69 per cent.

In Jamaica (focus specifically on trans communities) it was 51.4 per cent across all respondents, and 81 per cent for trans women. In both instances this is far higher than national averages (2.4 per cent and 9.5 per cent respectively) (see Irankunda 2019:5 and Moore 2019:7).³ Even correcting for age in the case of Burundi, there was still a disparity in employment rates.⁴

In the case of Burundi, the researcher notes that rates of unemployment among LBQ women in rural settings were particularly high because of land inheritance practices which exclude all women from owning land. People who work on their land are not considered 'unemployed', which may have had an effect on the high unemployment rate reported by the LBQ women who participated.

EXCLUSION FROM DEVELOPMENT

Income from other sources was also shown to be restricted. Research in Venezuela (Adrian 2019) found that LGBT people in general were less likely than non-LGBT people to access the government's CLAP food programme (*Comité Local de Abastecimiento de Producción*), a social safety net which looks to offset the worst effects of poverty.

Of the 306 survey respondents living in Venezuela, 35 per cent of lesbians, 44 per cent of gay men, and 39 per cent of bi respondents said they accessed the food subsidy programme.⁵ This contrasts with a low estimate of 47 per cent of people in general who access the programme regularly (at least once per month).⁶ The Maduro administration has claimed 80 per cent of Venezuelans in general access the programme (Adrian 2019:321). When asked their reasons for not accessing the programme, a significant number of LGB respondents stated this was because:

- 'I am not included for political reasons' (lesbians 26 per cent, gay men 35 per cent, bi people 35 per cent)
- 'I am not included because I am single' (lesbians 17 per cent, gay men 17 per cent, bi people 15 per cent)
- 'They don't recognise same-sex families' (lesbians 17 per cent, gay men 6 per cent, bi people 3 per cent)
- 'They don't include me because I am a trans person' (trans women 20 per cent, trans men 43 per cent).⁷

³ Studies were non-probability, but researchers did take a number of steps to ensure representativeness, including working with local community groups and/or guides to ensure they reached communities outside of existing networks, and gathering profiling data to enable comparison with general data on unemployment, including by age, gender and geography. Further research could explore these relationships with different approaches. We know from research done in the UK, Europe, the US and South Africa, for example, that rates of unemployment amongst LGBT communities are generally higher than for wider populations, and that trans and non-binary communities experience particularly high rates of unemployment within this broader picture (e.g. Nyeck and Shepherd 2019:44; Herman et al 2017:139-165).

⁴ Higher estimates of youth unemployment in Burundi place it at 55.4 per cent in rural settings and 65.4 per cent in urban settings (see, for example, Burundi Eco 2017).

⁵ 38 per cent of trans women and 53 per cent of trans men said they accessed the programme, but the sample size is probably far too small for these communities to infer more broadly.

⁶ Data from Encuesta Nacional de Condiciones de Vida (Encovi) 2018, cited in Banca y Negocios (2018).

⁷ All statistics are from Adrian (2019:320-329).

EXCLUSION FROM FAMILIES AND SCHOOLS

Various studies explore the prevalence of family eviction and find links between this and other well-established aspects of poverty, including homelessness and/or lack of safe and secure shelter, and inability to complete education. Adrian (2019:86-91), for example, finds that 6 per cent of gay male survey respondents in Venezuela had experienced family eviction because of discrimination, along with 7 per cent of bi respondents⁸ and 12 per cent of lesbians. 33 per cent of trans women and 25 per cent of trans men had experienced family eviction, and the ages at which they were evicted varied between 13 and 22. In exploring the economic well-being of trans masculine communities, Julien (2019:5) notes high levels of abuse within family homes. Specifically:

Ten of the 11 participants had experienced abuse, with four respondents stating they experienced multiple forms of abuse. The data strongly suggest that abuse is a prominent part of the family life of transgender men and studs, as eight of the 11 participants listed ‘family’ as a perpetrator of abuse.

Additionally, research by Irankunda (2019:5) in Burundi found links between family eviction and discrimination in schools, and young LBT+ people not completing education. As two research participants expressed it:

When my mother knew that I was in a romantic relationship with a girl, she told me to leave the house and that she didn’t want to hear about me anymore. I was still in secondary school and I had to quit school because I couldn’t find money to pay my school fees.

One of my teachers was constantly bullying me because of my masculine-presenting style. I was always afraid of going to school, and I felt more and more anxious at being in class so I decided to quit school because I couldn’t stand the anxiety.

EXPERIENCES OF POVERTY, HUNGER AND LACK OF SHELTER

Various projects assert clear links between experiences of poverty and exclusion from work, development, families and education. And in some studies, poverty (even just in the strictest financial sense) is profound. In Jamaica, for example, the most commonly reported income in the survey was \$0.00 per month (40 per cent), meaning almost half of participants are required to seek alternative survival strategies. In Burundi, Irankunda (2019) highlights that LBT+ people across the board face significant poverty, extending to lack of food and shelter:

Even those who have a job or an income generating activity are struggling to make ends meet. Among the 31 per cent of the respondents who said they have a source of income, 19 per cent said their income allows them to have 3 meals a day, 14 per cent can pay their rent, 15 per cent can afford basic health care services and 8 per cent can make savings. (Irankunda 2019:5)

In Jamaica, 45.7 per cent of survey respondents had been hungry and unable to afford food for more than a day. The study also notes that experiences of hunger may be strongly shaped by gender, with no trans men in the study reporting experiencing hunger for more than a day without being able to feed themselves (Moore 2019:20). This reflects patterns of employment, with 81 per cent of trans women who completed the survey reporting being unemployed, compared with 55 per cent of trans men (Moore 2019:13).

⁸ Bi respondents are unfortunately not disaggregated in the report by gender.

RESPONSES: RELIANCE ON OTHERS AND INFORMAL ECONOMIES

Of the 35 survey respondents in Jamaica, 54.3 per cent said they were being assisted financially by someone else, 14.3 per cent sometimes received assistance, and 31.4 per cent were not being assisted (Moore 2019:19-20). The study broke this down further. Of those being assisted, 40 per cent received financial support from a family member, and 48.8 per cent received support from either a transactional sex partner (22.9 per cent) or romantic partner (22.9 per cent). Friends assisted 20 per cent of respondents and NGOs assisted 11.4 per cent. Reliance on others, including through transactional relationships, was just one of a number of survival strategies that emerged in the study:

When asked what they did in order to survive when they were unemployed many persons shared that they engaged in sex work of various sorts, including transactional relationships and commercial sex work... Others would acquire food by stealing from the supermarket or lie to get food through programs at the health centre... Sharing clothes with other trans sisters aided in survival. Overall, reliance on sexual and romantic partners was highest among trans women. (Moore 2019:20)

Similar findings were found by Masiumova (2019) in Kyrgyzstan. Researchers examined the factors behind trans people's involvement in sex work, finding that economic need was the driving force. Specifically, they found that problems with employment (including due to gender identity and inconsistency in documents) was cited by 64 per cent of respondents. 64 per cent also cited a desire to make money. The need to support medical transition was cited by 56 per cent. 56 per cent also cited life difficulties, including: lack of housing, the need to earn a living, and the need to help family. (Masiumova 2019:4)

RESPONSES: COMMUNITY-BASED

Various studies affirmed the importance of community-based responses to the immense economic and social challenges faced by LBT+ people in their contexts. Building and connecting with communities of friends and 'chosen family' were repeatedly highlighted as vital sources of sanctuary and support, as illustrated in the following quotes:

My friends and I are each other's chosen family, this special bond makes us be together all the time because we understand each other and there is no judgement. (Irankunda 2019:6)

For those that don't have that blood family to turn to or to rely on because of the transition and how hard people are of accepting it, it's really nice to have a brotherhood where you feel normal. (Julien 2019:4)

This is, however, a strategy with limitations — not everyone has access to a supportive community. Community-building is also especially challenging where civil society is under attack, and where a strong stigma exists against LBT+ communities. Additionally, community-based responses, while a vital source of support, may also entail some disconnection from wider social networks:

To protect themselves against discrimination some LBQ women chose to only be between them and have a small circle that they hang out with. By choosing this option 54 per cent of the respondents feel isolated from the general population and this limits their ability to access some job opportunities. (Irankunda 2019:6)



INEQUALITY OUTCOMES

Throughout all studies, researchers affirm connections with the full range of themes addressed by the network. A good example is the study in Nigeria, where Oguaghamba (2019) explores how LBT+ communities with wealth and/or financial independence are less likely to experience certain forms of violence. They are also less likely to experience stress and ‘social consequences’ associated with not adhering to norms and laws. Additionally, financial independence is noted as key to having the freedom to live in one’s own home (rather than a repressive and/or controlling family home) and even being ‘invited to the table’ when decisions are being made.

This underscores the role of LBT+ exclusion and the resulting poverty in fuelling vulnerability to violence and coercion, increasing stress and social isolation, limiting freedom of expression, and restricting the ability to participate meaningfully in decisions that affect one’s life, family and community. As two respondents expressed in their own words:

Nigeria is a society where how wealthy you are gives you power and a lot of people in our community are easily targeted with blackmail and extortion... People that are poor face mob attacks and things like that. You never hear a mob attack happening in Lekki (a wealthy neighbourhood in Lagos State). Economic well-being helps deal with that, it is not then an additional stressor in addition to the other psychological and social consequences of having a sexual orientation that is against the norms and criminalised. (Research participant, cited in Oguaghamba 2019:17)

I feel like if I lived in my parents’ home, I will be under constant pressure to be married... pretend to be heterosexual for peace to reign. But the fact that I own my own money, that I don’t live under their own roof that I pay for myself, and I pay my way and, to certain extent, I can afford to in fact contribute money to their well-being – that makes a huge difference, it forces acceptance quicker right?

And also, that level of control that they’re able to have over, say, my cousins, my siblings and other family members doesn’t exist with me just because of that economic independence. Instead of where decisions are taken over me, now I’m invited to the table when decisions are being made and that all significantly comes from my financial independence. (Research participant, cited in Oguaghamba 2019:16)

RECOMMENDATIONS

Based on findings, the Economic well-being working group makes a number of recommendations for employers, policymakers and States, and civil society organisations/NGOs:

EMPLOYERS

- Ensure the safety and inclusion of LBT+ people in the workplace by implementing comprehensive policies and practices that prohibit discrimination, harassment and bullying which is based on sexual orientation, gender identity and expression, and sex characteristics.
- Support and work in genuine partnership with LBT+-led civil society organisations and LBT+ communities, especially in country contexts where LBT+ people face profound marginalisation.

POLICYMAKERS AND STATES

- Develop programmes and funds which meaningfully address LBT+ people’s needs with a focus on no poverty, zero hunger, reduced inequalities, decent work, and access to shelter and WASH. This should be done through targeted programmes and funds, as well as through mainstreaming a SOGIESC focus in international development programmes and funds.
- Change laws and implement public policies to achieve gender equality and non-discrimination of LBT+ people in employment.
- Build evidence, and develop and secure resources, to implement an LBT+ focus in government programmes which promote education, skills-building and employability.

CIVIL SOCIETY ORGANISATIONS/NGOS

- Programmes designed to reduce violence and discrimination against LGBT+ people should also invest in wider programmes that combat social oppression (such as poverty). They should also invest in platforms for LBT+ women’s full participation in empowerment and economic programs, to enable them to realise their full potential.
- LBT+ CSOs should transform their work to ensure it is LBT+ inclusive and reaches communities most left behind. This includes women, trans communities, people living in poverty, people outside urban centres, and those with restricted access to community networks.
- International development, humanitarian, and women’s organisations should transform their work to meaningfully include LBT+ communities.

THE SDG RELATED TO HEALTH IS:

- **SDG 3: Ensure healthy lives and promote well-being for all at all ages.**

INTRODUCTION

This chapter brings together seven studies on health barriers faced by LBT+ communities in Botswana, Brazil, Ecuador, Jamaica, Peru, Uganda and Zambia. While health has been a relatively strong thematic area for research on LGBT communities over the past two decades (e.g. compared with other SDGs), there is still a huge evidence gap when it comes to LBT+ communities, especially in the global South. In some areas, such as the health needs of trans masculine communities outside of the global North, there is barely any research at all (Neves 2019:3). A strong bias still exists towards traditional research areas and approaches. The most obvious example is sexual and reproductive health and rights (SRHR), where the needs of men who have sex with men (MSM) have taken precedence. Other common entry points for an LGBT+ focus in healthcare research includes: mental health and well-being; drug and alcohol use; medical transition for trans communities; and the healthcare impact of stigma and discrimination (see, for example, Hafeez et al 2017).

A shared picture emerges from the research of the health group. All studies focus on the complex barriers to healthcare for LBT+ communities, despite their varied settings. Across the studies, we can see that those barriers are numerous, that they stem from multiple sources, operate at many levels, may overlap and interconnect, can be overt or covert, and be either inflicted directly by others, or internalised and put into practice by LBT+ communities themselves. For example, poverty can prevent access to healthcare, and poor mental health outcomes can lead to a lack of secure employment.

Additionally, there is a particular emphasis across the projects on:

- a) complete lack of services**
- b) the work of communities to produce evidence that can help create grassroots, non-discriminatory healthcare services**
- c) active exclusion of LBT+ people from institutional healthcare settings, including the refusal of services and denial of care**
- d) use of healthcare institutions and instruments to control, violate and stigmatise LBT+ communities.**

Numerous researchers note the collusion of people across social institutions to create environments that fuel poor health outcomes, as well patient abuse and neglect.



METHODS

Research in Brazil brought trans masculine communities and healthcare practitioners together to address barriers to healthcare. Based in Rio de Janeiro, questionnaires were used, as well as an in-depth facilitated meeting. 13 research participants were involved in this study, which built knowledge and promoted greater understanding between communities and practitioners. Trans access to healthcare was also the focus of research in Botswana. The study drew on interviews with 24 people to create an understanding of healthcare barriers.

Three researchers (in Ecuador, Jamaica, and Peru) used surveys to identify a wide set of issues facing LBT+ communities in their contexts. The study in Ecuador drew on interviews, focus group discussions, and 81 survey responses to understand healthcare experiences of lesbians and bi women in different cities and regions. In Jamaica, 101 LBQ+ women responded to a survey focused on health-seeking behaviours related to SRHR. In Peru, analysis drew on survey responses from 210 LBT+ people, and 14 interviews.⁹ The study addressed healthcare access and had a specific focus on the use of conversion therapies on LBT+ communities.

In Zambia and Uganda, both studies focused on access to adequate SRHR-related healthcare. In Zambia, an initial focus group discussion was followed by one-to-one interviews to create a foundational understanding of the SRHR needs of Women who have Sex with Women (WSW), trans men, and non-binary communities. In Uganda, 20 interviews and a focus group discussion involving eight participants were used to understand barriers to healthcare.



STUDIES FROM THE HEALTH WORKING GROUP

- **Botswana: Magashula, Kutlwano Pearl (2019)** *An Assessment of Trans Communities' Abilities to Access Gender Affirming Health Care and Related Services in Botswana*. **Black Queer DocX**
- **Brazil: Neves, Benjamim de Almeida (2019)** *Brazilian Research Report (Trans Masculine Community Access to Healthcare)*. **IBRAT**
- **Ecuador: Mosquera, Lía Burbano (2019)** *(In)visibility and Health: Contexts and Challenges of Lesbian and Bisexual Women in Ecuador*. **Fundación Mujer & Mujer**
- **Jamaica: Bryan, Nicolette (2019)** *The Health Seeking Behaviour of LBQ Women in Jamaica: Sexual and Reproductive Health*. **We Change**
- **Peru: Hernández, Alexandra (2019)** *Final Report (Mental Health amongst LBTQ Communities in Peru)*. **Mas Igualdad Peru**
- **Uganda: Karungi, Beyonce (2019)** *Towards Secure Access to Health Services in Uganda: A Case for LBT Women in a Kampala Metropolitan Area in Uganda*. **Transgender Equality Uganda**
- **Zambia: Chama, Natasha (2019)** *Research on Queer Needs are Needs Too*. **Women's Alliance for Equality (WAFE)**

HEALTH THEMATIC REPORT

- **Magashula, Kutlwano Pearl and Hernández, Alexandra (2019)** *Thematic Report – Health*. **Botswana and Peru: Black Queer DocX and Mas Igualdad Peru**



⁹Health- or care-seeking behaviour has been defined as any action undertaken by individuals who perceive themselves to have a health problem or to be ill for the purpose of finding an appropriate remedy. (Olenja 2003:61).

KEY FINDINGS

LACK OF APPROPRIATE HEALTHCARE SERVICES

The first significant barrier highlighted in many studies was the total lack of services designed to adequately support the health and well-being of LBT+ communities. In Botswana, for example, there is no public healthcare support for trans communities to medically transition. In practice, this means that only those with the income required to access private healthcare can afford hormonal therapy and other care as needed. In Venezuela, there is a complete lack of public access to hormonal treatments for all trans communities. In Brazil, this public healthcare commitment exists in principle, but in practice specialised healthcare units in hospitals and clinics are not consistently available across the country. This leaves trans communities in many cities and regions poorly served.

In some Brazilian states, such as Rio de Janeiro... most trans men are not able to access a trans-centred health care program... Due to this, since 2012 trans men from the city or state of Rio de Janeiro have been struggling to find proper health care... trans men from Rio de Janeiro have heard, seen or experienced situations in which [healthcare] professionals: refuse to attend to them (religious reasons or others), or see them but mention that they can't help because they are not specialised in trans health care. (Neves 2019:1)

In practice, lack of public service provision may mean that only those who can afford it (i.e. those who are employed, adequately paid, and/or middle class) can access necessary healthcare. Of the 24 research participants in Botswana, for example, 20 indicated a desire to medically transition, but of these:

... only three study subjects indicated that they had begun transitioning medically. The three participants indicated that they were undergoing hormone replacement therapy but had not yet undergone transition-related surgery. All three indicated that they had accessed or acquired hormone replacement therapy or hormones from a private health facility... all three participants indicated that they were employed or self-employed... had medical health coverage and had a personal doctor or health care provider they saw regularly. (Magashula 2019:4)

Additionally, various studies highlighted the lack of knowledge and training among healthcare practitioners, as well as an underlying lack of evidence to inform health strategies, as serious barriers. As Magashula and Hernández (2019:1) summarise, looking across the findings of the working group as a whole:

The lack of knowledge about [lesbian, bi women, trans, non-binary and gender non-conforming] identities and their health needs has led to poor quality care, including misconceptions that the risk of contracting STIs such as HIV is not present among these communities. Other factors identified include low socio-economic statuses, stock-out of drugs and supplies... high cost of drugs, [and] lack of adequate equipment for treating and diagnosing infections.

In Uganda, Karungi (2019:8-9) likewise notes a complete lack of adequate, appropriate, and safe healthcare. She summarises that LBT women in Kampala:

continue to experience inadequate access to LBT specific healthcare services... [Issues include] discrimination by other clients; inadequate privacy; limited access to drugs for treating some illnesses as well as other comorbidities; and [experiences] with trans-incompetent providers at key population-friendly facilities.

In addition, specifically trans women continue to be denied medical care due to their gender identity and appearance; have to buy drugs expensively; wait for long hours at health care facilities; have limited information on sexual and reproductive health and psychosocial support services; are victimised by security officials; and are denied health care services due to provider religious biases.

NORMS, MYTHS AND STEREOTYPES

In addition to lack of access to quality and inclusive services, many studies address the specific role norms, myths and stereotypes play in disadvantaging LBT+ communities in healthcare settings. Firstly, various reports note widespread assumptions of heterosexuality among healthcare practitioners, who behave as if LBT+ people simply don't exist.

For example, in Ecuador, 58 per cent of 300 survey respondents reported that they were presumed to be heterosexual by healthcare practitioners (Mujer y Mujer 2018, cited in Mosquera 2019:3). Chama (2019:2) provides similar data from Zambia, stating 'some participants reported being asked by healthcare providers to bring with them their husbands... when trying to access contraceptives, so that both can be informed of the merits and demerits of the use of the various contraceptive methods.'

Other aspects of LBT peoples' identities may also be erased in these settings. For example, in Brazil the trans masculine communities Neves (2019:5) worked with highlighted erasure of their gender identity, as well as their gender and race/ethnicity. Needs identified by the group included: 'being able to stay in a room that matches one's gender' and 'being able to choose and obtain a penile prosthesis... that matches the race and height of the trans person'.

Additionally, norms are shown by various researchers to hinge on the idea that LBT+ people are not a 'normal', 'natural', 'moral', 'healthy' and/or 'reproductive' part of the societies in which they live. In Zambia, Chama (2019:1) provides examples to this effect, concluding:

[A major issue is] healthcare providers' refusal to provide care to LBT patients based on different personal norms and belief systems, and perceptions that non-normative sexual orientations and gender identities are immoral and unnatural. This has fuelled the levels of stigma and discrimination towards the target group and demotivates them from accessing services when they have been made available to the general public.

Survey respondents in Peru, for example, reported that 61.4 per cent of the mental healthcare providers that assisted them had expressed at least one prejudicial attitude about being LGBTI. Such views are broken down in more detail by Hernández (2019:5):

The most common prejudice among them was 'a person turns lesbian, gay, bisexual or trans because that person suffered sexual violence during their childhood' (27.6 per cent), followed by 'bisexuality is just a phase' (23.3 per cent), 'being a man or a woman are the two only natural options, there is nothing between them' (16.7 per cent) and 'you need to behave as a gentleman/lady to avoid being discriminated against' (15.2 per cent).

In the study from Jamaica (WE-Change 2019:12) a similar example is cited:

One participant recalled an experience where her doctor asked if it was a bad personal experience with men that made her decide to become a lesbian. He then asked her if she wanted to 'try' (dating men) again to be certain.

Further examples of transphobic norms and practices were given across the project, such as the prevalence of misgendering. In South Africa Shimanje (2019a:5) found, for example, that '5 out of 10 trans and gender-variant children and teenagers are misgendered and dead-named in medical facilities'.

COERCION AND ABUSE IN HEALTHCARE SETTINGS

Non-consensual, coercive, unnecessary and harmful medical practices against LGBT+ communities were also in evidence across the studies. In various instances, medical practitioners, families, wider communities, and faith actors were shown to work in coordination in such practices, particularly with so-called ‘conversion therapies’. Findings to this effect were collated in the study into LGBT+ communities and healthcare institutions in Peru. A striking proportion of (LBQT) survey respondents, 73 of 210 (34.8 per cent), reported they had participated in ‘conversion’ therapies intended to change their sexual orientation or gender identity. The study offers valuable insights into the location and character of such ‘treatments’. Specifically, Hernández (2019:6) found that:

Most of the time they took place in a religious centre or were held by a priest or pastor (50 per cent). These practices are also conducted in clinics or by psychologists (36.7 per cent), psychoanalysts (5 per cent), and psychiatrists (2.5 per cent) ... these practices consisted of conversations or ‘psychotherapeutic’ interventions (57.5 per cent), religious speeches, exorcisms, and healing through prayers (11.7 per cent), psychopharmacological treatment (9.2 per cent), hormonal treatment (4.2 per cent), and electroshock therapy (0.8 per cent)... Finally, 5 per cent of the persons that endured these practices were ‘hospitalised’ as a part of the treatment, 83.3 per cent of them were held against their will and 50 per cent of them were underage minors.

Research explored the level of coercion involved in initiating these ‘treatments’, and who is involved. The study found that at least three quarters (71.7 per cent) of these treatments were initiated ‘by obligation’ of others. Parents or wider family members were involved in most cases (55.9 per cent), whether on their own or in collaboration with religious authorities. Specifically, Hernández (2019:6) found that:

46.7 per cent of these situations occurred by obligation of their parents or family members, 28.3 per cent resulted from their own decision, 11.7 per cent correspond to a decision taken by obligation from the church (a pastor or priest), and in 9.2 per cent of the cases the obligation came from both the family members and a pastor or priest.

Lapina (2019) also provides examples of the non-consensual, harmful and unnecessary ‘treatment’ of LBQ women in healthcare settings in Chechnya. One example she provides occurs in the government-linked Boyev’s Clinic in Gorzny, which provides ‘psychiatric treatment to those rendered unfit to the Chechen society’ (Lapina 2019:5-6):

Alisa is one of the victims of such severe mistreatment who, upon arriving at the shelter, showed a medical certificate; ‘The Bleuler Disease’ the diagnosis section states, along with a prescription of heavy psychotropic medications. The ‘Bleuler Disease’ is an outdated term for schizophrenia... Alisa says that her parents, upon finding out that she is queer, brought her to the Boyev’s clinic. Boyev himself met her during the visit; Alisa was forced to sign papers stating that it was a voluntary hospitalisation. She stayed there for at least four weeks, being drugged.

‘My parents left me there, and the nurses got me to a room where I stayed. They poked me with their needles, and I couldn’t even try to run away, because I felt numb. My whole body, my mind. I could barely focus; I was in a vegetative state or so. During the times when I was able to think clearly, I begged them to let me go. But all they told me is that it was for my own good, that it would make me healthy.’

The studies also contain specific examples of harmful practices in mainstream healthcare settings. For example, research in Jamaica (WE-Change 2019: 9-10) describes one case in which the patient presented to a private doctor with blackouts. The doctor asked a series of ‘humiliating’ questions about her sexual practices, in front of her father, in a way which outed her without her consent. The doctor then blamed the respondents’ blackouts on her anal sexual practices and proceeded to undertake a rectal examination ‘absent of sensitivity and dignity’.

These examples show a pattern of justifying harm in the name of treatment, and of blaming LGBT+ people themselves, and their sexuality, for their health problems. Research in Zambia noted the prevalence of ‘forced subjection’ to ‘religious practices’ as another barrier to proper LGBT+ healthcare, stating that: ‘articulation of moral judgment and disapproval of LGBT patients’ identity and forced subjection of patients to religious practices has been described as a factor that hinders access to health’. (Chama 2019:1)

OUTCOMES: LBT+ COMMUNITIES DISINCENTIVISED FROM SEEKING HEALTHCARE

There is wide-ranging consensus among researchers in the healthcare group. Namely, they agree that healthcare exclusion, discrimination and, in some cases, violence, are drivers for self-isolation from healthcare, avoidance of healthcare settings, and lack of health-seeking behaviours among LBT+ communities.

For example, in South Africa, Shimanje (2019a:5) found that '45 per cent of trans and gender-variant children and teenagers have not seen a doctor or any sort of medical practitioner in the last three months, intentionally'. Additionally, '60 per cent of trans and gender-variant children and teenagers are not comfortable going to the doctor regardless of how ill they are'. In Zimbabwe, Mudzengi (2019:15) found that 36.6 per cent of respondents said their SOGIESC 'hindered [them] from accessing healthcare'. Similarly, in Jamaica, Ecuador and Zambia respectively, researchers summarise data in the following ways:

Under these circumstances, LBQ+ women must navigate a landscape that does not prioritise or value their desire to enhance their sexual and reproductive health, engender preventative habits, or engage early detection action where necessary. (WE-Change 2019:4)

Participants mostly attended healthcare during the last five months... the qualitative information of the interviews and focus groups shows more complex answers... those who lived through an experience of discrimination or mistreatment in medical care have not been for a health check for more than a year. (Mosquera 2019:7)

Experience sharing has shown that LBT persons have/had delayed or avoided seeking healthcare in the past, and none had sought out accountability or engaged complaints mechanisms within the health system... (Chama 2019:1)

These are concerning findings. They suggest the potential for ongoing exclusion, and self-exclusion, which fuels ill health. For example, as WE-Change (2019) suggests above, if LBT+ communities suffer a lower probability of early detection, diagnosis and treatment for a range of healthcare issues, this may lead to poorer healthcare outcomes longer term.

POOR INFORMATION AMONG MANY LBT+ COMMUNITIES

In addition to avoidance and isolation from healthcare, various researchers documented poor levels of knowledge among LBT+ communities about healthcare risks and responses. For example, research from Zambia, and the health group as a whole, noted the following:

Lack of knowledge about LBT identities and health needs has led to poor quality care for LBT persons, coupled with the misconception that risk of STIs is not present among the community. This imprecise information has posed a health hazard, as LBT persons engage in unsafe sexual practices. (Chama 2019:1)

There are also challenges with information, with many LB women, trans and NB/GNC persons not having adequate information on their sexual health. For example, half of the group that participated in the research had never been to a cervical cancer screening because they believed this could only be contracted from HPV from the male organ (penis). Additionally, some participants shared that some of these issues did not affect them because they do not indulge in sexual relations with men. (Magashula and Hernández 2019:4)

DOWNPLAYING, PASSING AND/OR COVERING:

Various studies found evidence of LBT+ communities censoring expression of their sexual orientation and gender identity in healthcare settings. LBT+ people did this by:

- **downplaying their identities (i.e. actively avoiding discussion of their SOGIE)**
- **passing (dressing and acting in ways which help an individual pass as straight or cisgendered)**
- **covering (hiding their SOGIE altogether).**

For example, in Ecuador, Mosquera (2019:7) finds:

When the survey participants were asked how often the staff attending your health found out that you are a lesbian or bisexual, 15.9 per cent said always, 11.6 per cent said casually, 40.6 per cent said if it is strictly necessary and 31.9 per cent had never told anyone in the health area.

Such findings are well supported by evidence elsewhere, for example in research published by Stonewall in the UK.¹⁰ Downplaying, passing or covering is a problem because it reinforces invisibility, creating a false impression that LBT+ people do not exist in healthcare systems, and are therefore not a priority for research and practice improvement. It is also likely to result, at times, in inadequate healthcare provision, such as unsuitable advice about sexual and reproductive healthcare.

Some studies also found that LBT+ communities look for alternatives to mainstream healthcare. There were many potential reasons why they might want or need these alternatives, including:

- **not attending mainstream healthcare when needed**
- **not being open about symptoms and context that may be relevant for diagnosing healthcare problems**
- **not engaging in health-seeking behaviours.**

Such alternatives may not be evidence-based, may be expensive, may be delivered in unsafe settings, and/or may expose LBT+ communities to other additional risks.

For example, Masiumova's (2019) research with trans communities in Kyrgyzstan found the vast majority are taking hormone therapies outside regulated

healthcare settings. Of respondents, '64 per cent take hormone therapy. Only 18 per cent of them started it as prescribed by a doctor, while 82 per cent started it on their own (41 per cent), or with the help of friends (41 per cent)' (Masiumova 2019:6). Similar findings about trans masculine communities are available from Brazil and Zambia. As Magashula and Hernández (2019:2) summarise, looking across both projects:

As a result [of multiple healthcare barriers], some transgender and gender-diverse persons have resorted to unsafe self-medication and procurement of hormones from unregulated sources, placing them at risk of medical complications.

In the context of Zambia and Brazil for example, there is rising use of unprescribed and unmonitored injectable hormones by trans masculine persons. Complicating this issue further, Zambia study subjects revealed that they have on several occasions shared their syringes because they believed since it was not sexual contact, it was not harmful.

In Jamaica, alternative responses are also in evidence, including those likely to be strongly shaped by social class:

The data indicated that 75.2 per cent of respondents have visited private doctors for sexual and reproductive services and, during focus group discussions, participants expressed that this is a conscious decision for them.

Private practice, for many of the women, offered a level of attentiveness, comfort, a greater sense of safety, quicker service and confidentiality that they believe would otherwise not be gotten in public health care. More than that, participants reported lower levels of overt/covert discrimination from private health care providers and fewer microaggressions. Despite the higher cost associated with utilising private practice, which exists as its own deterrent, the women were more willing to bear the additional expense. (WE-Change 2019:10)

Again, this means that in practice there is a strong class bias within LBT+ access to healthcare, with the most left behind more likely to struggle with the effects of additional health inequalities.

¹⁰ Research found that, 19 per cent of LGBT people in the UK aren't out to anyone about their sexual orientation when seeking general medical care. 'This number rises to 40 per cent of bi men and 29 per cent of bi women, compared to 11 per cent of lesbians and 10 per cent of gay men. More than one in four Black, Asian and minority ethnic LGBT people (27 per cent) aren't out to anyone about their sexual orientation. Almost one in five trans people (18 per cent) aren't out to anyone about their gender identity when seeking medical care.' (Bachmann and Goode 2017:14).

POOR HEALTH OUTCOMES: MENTAL HEALTH AND WELL-BEING

Various studies highlight that exclusion and discrimination lead to poor mental health and well-being outcomes for LBT+ communities. Problems described across the projects include sleeplessness, stress, depression, suicidality, anxiety, social isolation/loneliness, trauma, addiction, low self-esteem, and low self-confidence. For example, among trans communities in Kyrgyzstan, Masiumova (2019) finds evidence of wide-ranging challenges:

Respondents have a number of serious mental health problems. The most common and widespread problems are emotional instability (73 per cent) and depression (69 per cent) ... According to the survey, more than half of all respondents had thoughts about suicide, while 46 per cent tried to commit suicide. Exactly half experience complexes regarding their appearance, and some of the respondents have alcohol (31 per cent) and drug (27 per cent) addictions... Most of the respondents smoke, 90 per cent of them smoke from 10 to 20 or more cigarettes per day... 92 per cent consume alcohol, 73 per cent use drugs. (Masiumova 2019:6)

Similarly, summarising trans community experiences in Botswana, Magashula (2019:5) explains:

The findings indicate high levels of suicide attempts and experiences of anxiety. These mental health outcomes can be linked to discrimination based on gender identity and body dysmorphia, exacerbated by the lack of access to gender-affirming health care.

Addiction was likewise highlighted as an issue in Uganda. Additionally, looking specifically at trans children and young people in South Africa, research by Shimanje (2019a:4) found:

- **7 out of 10 trans and gender-variant children and teenagers have trouble sleeping at night**
- **70 per cent of trans and gender-variant children and teenagers rate their stress level above 6 out of 10**
- **45 per cent of trans and gender-variant children and teenagers don't remember the last time they felt happy but are sure it wasn't within the last week**
- **70 per cent reported having been extremely sad for the last week**
- **64 per cent of trans and gender-variant children and teenagers feel they have no one to talk to**

Additionally, women, trans and non-binary people who are bi were shown to be particularly at risk in one study (Peru), which disaggregated data according to sexual orientation. Specifically, Hernández (2019:5) finds that:

If we contrast the results according to their sexual orientation, bisexual people showed the highest rates for anxiety symptoms (68.1 per cent), post-traumatic stress disorder (17.2 per cent), self-esteem and self-confidence problems (61.2 per cent), and depression (62.9 per cent).

Data linking healthcare and wider discrimination with poor mental health outcomes among lesbian, gay, bi and trans communities is exceptionally well supported by broader findings from various studies (see, for example, Smith 2014; Leonard 2015). The finding that bi and trans communities are particularly at risk of depression and anxiety (along with various other major outcomes) has also been well evidenced (Ross et al 2017; McNeill et al 2017; Lipson et al 2019).

INEQUALITY OUTCOMES

Social and economic exclusion act as strong barriers to LBT+ healthcare. The lack of access to proper healthcare is likely to fuel poorer health, and may also impact on civil and political rights for LBT+ people.

For example, in Botswana, access to legal gender recognition is now subject to interpretation and decision in courts. The basis for decision-making involves considering steps taken towards medical transition, following case law (*ND v Attorney General and the Registrar of National Registration*, cited in Magashula 2019:7). However, since gender-affirming healthcare is not publicly available, the upshot is that legal gender recognition may, in practice, only be available to those who enjoy a higher income or class level. Moreover, access to legal gender recognition affects access to many other basic rights for trans people.

A similar chain of exclusion can be seen in the following passage from Botswana. It emphasises the ways in which healthcare exclusions are connected with gender and SOGIE-based violence – leaving LBT+ people among the most left behind:

The key findings of the research project demonstrate that the hostile environment that is faced by LB women, trans and NB/GNC persons from the society at large, as well as within the family, contributes to hindering access to healthcare.

Some participants shared that they have been sexually assaulted and have not been able to report these cases to relevant authorities or seek medical help because of their identity and expression, their family ties and the societal belief that LBT women cannot be raped; it's a form of 'correction.' Some participants shared that these experiences however led to unwanted pregnancies that have been unsafely terminated due to the lack of abortion services in the country. (Magashula and Hernández 2019:4)

RECOMMENDATIONS

Based on their key findings, the health working group has made several recommendations for improving access to healthcare for LBT+ communities. These include:

- **Collect evidence in order to make LBT+ people's experiences when accessing healthcare visible.**
- **Develop human rights based legal and policy frameworks that provide equitable, accessible and acceptable healthcare to LBT+ people, in line with international standards.**
- **Develop and deliver effective training for medical practitioners and other healthcare providers. Training should cover appropriate and suitable care that affirms sexual orientation and gender identity, and must be aware of the needs of LBT+ people.**

¹⁰ Research found that, 19 per cent of LGBT people in the UK aren't out to anyone about their sexual orientation when seeking general medical care. 'This number rises to 40 per cent of bi men and 29 per cent of bi women, compared to 11 per cent of lesbians and 10 per cent of gay men. More than one in four Black, Asian and minority ethnic LGBT people (27 per cent) aren't out to anyone about their sexual orientation. Almost one in five trans people (18 per cent) aren't out to anyone about their gender identity when seeking medical care.' (Bachmann and Goode 2017:14).

RESULTS: EDUCATION

THE SDG RELATED TO EDUCATION IS:

- SDG 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.

‘Education occupies a central place in the achievement of the 2030 Agenda for Sustainable Development... To have inclusive education is to guarantee public policies that take into account students, and family diversity and needs, in order to eliminate multiple forms of discrimination and violence. For this, it is necessary to make visible the realities of LBT+ students and families led by LBT+ people, and expressly address the structural problems of binary and heteronormative education systems.’

(Rivas 2019b:2)

INTRODUCTION

Research on education shows LGBT students are substantially more likely to be bullied by their peers than other students, facing verbal abuse and rumours, along with physical violence (Toomey and Russell 2016). Peer victimisation can have many impacts, including feelings of unsafety, lack of concentration, missing classes or school days, avoidance of public areas such as toilets, non-participation in sport, moving between schools, and high drop-out rates (Hillier 2010; Robinson 2013).

Notably, staff and administrators may also be perpetrators of exclusion and violence or may fuel it by failing to create inclusive and safe learning environments (Human Rights Watch 2016; Dwyer and Woolf 2018; UNFE). Global studies suggest most education systems fail to provide the necessary comprehensive response to bullying, lacking one or more of:

- **inclusive policy and curricula**
- **staff training and support**
- **anti-bullying programs**
- **support for students and referral pathways**
- **holistic engagement with families and communities**
- **data collection and monitoring (UNESCO 2016).**

The impact of victimisation may lead to lower academic attainment, which has implications for longer-term economic security and quality of life. It can also contribute to poor mental health and well-being (such as experiences of anxiety, low self-esteem, depression, self-harm and suicidality) which may further reduce educational opportunities and have a deep impact on life chances (UNESCO 2016; Toomey and Russell 2016). A 2007 study in Argentina showed that 45 per cent of trans students dropped out of school, and an Australian study showed that 18 per cent of intersex students did not finish secondary education – which is nine times higher than in the general population (UNFE).

The Education working group comprised of two organisations working in partnership: Association Spectra (Montenegro) and Familias Diversas Civil Association (Argentina). The main aim of the working group was to show the reality of violence and exclusion that flourishes in education systems that are heteronormative and binary, and how this impacts LBT+ students specifically, and children and young people generally. Evidence to this effect is also included by Shimanje (2019a), concerning children and young people’s experiences of violence and discrimination in South Africa, including in education.

METHODS

In Montenegro, Vlahović and Ulićević (2019) examined secondary school students' attitudes towards gender diversity, and experiences of trans and gender-diverse people in the education system. Students from ten secondary schools across various municipalities participated. Quantitative data on attitudes to gender diversity among secondary school students was gathered through field and online questionnaires (with a total of 687 responses).¹¹ Qualitative data was also gathered using in-depth interviews and two focus group discussions with trans and non-binary young adults who had left secondary school (a total of 14 respondents, aged 17-25). The study includes recommendations

for improving education systems for gender-diverse students, and guidance to support schools to create safe environments. A first-of-its-kind study in Montenegro, it provides a strong basis for further research on this topic.

In Argentina, Rivas (2019a) explores key issues faced by people (both adults and children) in 'rainbow families', i.e. families headed by LGBTIQ+ parent(s) or guardian(s). The study draws on semi-structured in-depth interviews with a total of 92 people (75 adults and 17 children and young people). Potential interviewees were identified first through a mapping exercise to identify key individuals of the community at the national level, and then through successive rounds of snowballing.



STUDIES FROM THE EDUCATION WORKING GROUP

- **Rivas, Andrea (2019a)** *The Experience of Families Headed by LBT+ People and their Children in the Argentine Education System.* **Argentina: Familias Diversas Asociación Civil (AFDA)**
- **Vlahović, Marica and Ulićević, Jovan (2019)** *Discrimination of Transgender and Gender-Diverse People in High Schools in Montenegro.* **Montenegro: Association Spectra**

EDUCATION THEMATIC REPORT

- **Rivas, Andrea (2019b)** *Thematic Report – Education.* **Argentina: Familias Diversas Asociación Civil (AFDA)**



¹¹ Respondents were from secondary schools in municipalities that had adopted, or were in the process of adopting, local action plans for improving LGBTI quality of life in Montenegro (Podgorica, Mojkovac, Kolasin, Bijelo, Polje and Kotor), as well as high school students from other municipalities (via the online survey). The 687 respondents represented 10 schools, and 5 per cent of the total students enrolled in these municipalities.

KEY FINDINGS

NORMS, STEREOTYPES AND MYTHS

In both studies, researchers explored the strong role of norms, stereotypes and myths in school environments – among teachers, in curricula, and in the views of children, young people and parents. In Argentina, for example, the study explores the prevalence of norms which position heterosexuality as universal and consistently visible, and how this leads to the marginalisation of LBT+ communities and rainbow families. As the author summarises:

The heterosexual nuclear family is usually presented as the only model not only in the classrooms, but also in textbooks, didactic material and teachers' discourses, resulting in the invisibility of rainbow families in schools. (Rivas 2019b:4)

Survey results in Montenegro echo this – showing strong support for traditional, binary gender roles among students, with many positioning alternatives as unacceptable, abnormal and/or sinful. Consistent with such views, the results also demonstrate a range of harmful attitudes towards trans people. For example:

- 86 per cent of high school students surveyed think men should be masculine, and 88 per cent think women should be feminine
- 42 per cent of respondents indicated it was unacceptable for a man not to act masculine and 39 per cent said it was unacceptable for a woman not to act feminine
- 50 per cent of respondents believe that trans people are 'mentally disturbed' and 38 per cent believe it is 'not normal' for a person to want to change their gender
- Additionally, 30 per cent agreed with the statement 'transgender people commit a sin if they live in the gender they feel, instead of the gender they were given at birth'.

INVISIBILITY OF FAMILY AND SEXUAL DIVERSITY IN SCHOOLS

Both studies highlighted the lack of positive representations of diversity in school settings.

In Argentina:

- 86 per cent of interviewees responded that there are no representations of family diversity in the school premises (e.g. hallways, classrooms); 14 per cent could see representations in some places of the school. Most of their children in turn said they had no classes, or books, or representations featuring family diversity.
- Responses from adults, children and youth affirm the poor implementation of Argentina's Comprehensive Sexuality Education Law 2006 (Ley de Educación Sexual Integral).¹²

In Montenegro:

- While 50 per cent of survey respondents said they would be comfortable having teachers address trans people and issues in their class, 33 per cent said they would not be comfortable.

¹²For further examination on partial implementation of the law and drivers for this, see also Garcia Giribet (2019) and Gutekunst (2017).

ROLE OF TEACHERS AND SCHOOLS IN CREATING SAFE ENVIRONMENTS

The studies also highlight the important roles of teachers and administrative staff in creating safe and inclusive environments for LBT+ communities. At the same time, they demonstrate how huge barriers are generated when they fail to act, with one problem being that marginalised students won't feel safe to bring their concerns to staff. As Vlahović and Ulićević (2019:9) state:

Despite the existence of school teams for protection against violence, interviewees and focus group [participants] point out that during their high school education, the school administration and professional services did not provide them with adequate support. Most respondents have never approached a school educator, psychologist or [the] school administration, and the support and protection provided by schools to transgender individuals is low.

The reasons why they did not turn to the professional service were: mistrust, fear of revealing their identity, fear of their parents not knowing their gender identity or sexual orientation, and lack of accessibility to the support systems provided by schools for students.

Serious gaps in inclusive learning environments are also presented by Shimanje (2019a) in South Africa. Results show a pattern of children and young people not being allowed access to spaces (e.g. bathrooms, changing facilities) and ways of expressing themselves (names, clothes) that reflect their gender identity

and expression. These rules and patterns, which are likely to be set at school policy level, are then upheld by teachers. Such exclusion was accompanied by unsupportive teachers. Specifically, Shimanje (2019a:5) found that:

- **78 per cent of trans and gender-variant children and teenagers choose to not use the bathrooms at school unless it is an emergency**
- **Three out of 10 trans and gender-variant children and teenagers are only allowed to use the teachers' bathroom**
- **75 per cent use the bathroom that they do not want to use**
- **Seven out of 10 trans and gender-variant children and teenagers do not play sports at school**
- **Eight out of 10 trans and gender-variant children and teenagers are not comfortable changing in their assigned bathrooms or sport facilities**
- **Seven out of 10 trans and gender-variant children and teenagers have unsupportive teachers at school**
- **80 per cent of trans and gender-variant children and teenagers are misgendered and dead-named by fellow students and teachers**
- **Six out of 10 trans and gender-variant children and teenagers are forced to wear a uniform that does not correspond with their gender identity.**

EXCLUSION, VIOLENCE AND BULLYING

The study in Montenegro found that 60 per cent of high school students think trans people should have the same rights as everyone else, and most recognise physical violence is a reality for gender non-conforming children and young people.¹³ However, there is a gap between this general level of support and recognition among young people, and, on the other hand, an understanding of what it would take in practice to create an equal and safe environment. Exclusive and disrespectful views, and the framing of trans people as a ‘threat’, for example, are prevalent even when students expressed broad support for equality. For example:

- **56 per cent of students surveyed said it would ‘not be easy’ (and 48 per cent thought it was ‘unlikely’) for them to continue being a friend to a trans person**
- **43 per cent of students surveyed said they would not be comfortable if a classmate told them they want to use different pronouns**
- **33 per cent think trans people should not use a toilet that corresponds with their gender identity**
- **40 per cent believe men and women will be ‘threatened’ if they accept trans people**
- **46 per cent believe trans people ‘violate the tradition and culture of our society’.**

Additionally, trans and gender non-conforming students that participated in the study in Montenegro provided various testimonies of violence, exclusion and bullying. As the following two students recount:

The biggest violence I experienced was being locked up in a toilet at home with a group of three guys and two girls, who had been abusing me for about 45 minutes, telling me everything and everything – from the name I was given at birth to ‘freak’, ‘sick man’, ‘faggot’, ‘lesbian’, ‘he needs to kill you’. As I tried to open the door to see what it was about, one of the guys hurt my finger on my left hand, my finger was broken. (Research participant, cited in Vlahović and Ulićević 2019:10)

I had a friend... since first grade. He pretended to be OK, that is to say, he treated me like a male and later he was with a few other guys waiting after school to beat me because I told him that he should never speak to me again in the female gender. That day he was constantly addressing me in the feminine gender and he was mocking me. I wasn’t calm, I reacted and I beat myself up after school. (Research participant, cited in Vlahović and Ulićević 2019:8)

The study in Argentina also found that children and young people, as well as adults, are poorly equipped to respond to instances of bullying, discrimination and harassment. Responses from adults, children and youth show gaps in knowledge about how to act in cases of bullying or harassment, and about rights provided under anti-discrimination law.¹⁴ Asked what they would do in response to ‘suffering bullying at school because of their family diversity’, 69 per cent of children and young people said they would do nothing. 19 per cent said they would ask the teacher for help, 6 per cent said they would react (e.g. fighting), and 6 per cent did not respond.

¹³67 per cent of students recognised that men who are perceived as feminine are exposed to physical violence. However, worryingly, the figure drops substantially for students’ recognition of physical violence against women perceived as masculine – to 34 per cent.

¹⁴For example, regarding their knowledge of Argentina’s Comprehensive Sexuality Education Law, 71 per cent of respondents said they ‘know it in general’, 19 per cent do not know about it, and 10 per cent did not answer. However, when asked about the rights guaranteed by this law, just 41 per cent of respondents said they know about them, 52 per cent did not, and 7 per cent did not know how to answer.

INEQUALITY OUTCOMES

As the study in Montenegro summarises, it is vital that we recognise the links between victimisation in school and wider experiences of social and economic exclusion, healthcare barriers, and violence:

Many young trans people are often in a situation of experiencing high levels of peer violence in schools... which often results in dropping out of the education system, further marginalising them in their chances of finding adequate employment. These are just some of the factors that lead to an increased risk of social exclusion for transgender and gender-variant persons. Young trans people are [also] at significant risk of... abuse, self-destructive behaviour, and suicide, as well as verbal and physical abuse in their families. (Vlahović and Ulićević 2019:3)

RECOMMENDATIONS

The Education working group makes a number of recommendations for teachers and schools, and policymakers and States:

- **Include and celebrate diversity within SOGIESC in school curricula and class materials, from elementary school onwards**
- **Create schools that are safe and inclusive environments in which young LBT+ people can talk openly about their identities and expressions, without fear of experiencing discrimination or feeling unsafe**
- **Develop anti-bullying policies and practices that are explicitly inclusive of LBT+ people, and which are accessible and visible.**

For policymakers and States:

- **Invest heavily in designing public policies that guarantee the implementation of the Comprehensive Sexuality Education Law, and wider anti-discrimination and anti-bullying protections and measures**
- **Invest in improving teacher training institutes and providing continuous mandatory education for teachers on LBT+ topics and SOGIESC diversities**
- **Develop a campaign to combat discrimination and violence against LBT+ students in elementary and secondary schools, and further and higher education.**

THE SDG RELATED TO PERSONAL SECURITY AND VIOLENCE IS:

- **SDG 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels.**

INTRODUCTION

Six studies were completed by the Personal security and violence working group in 2019, in Chechen Republic/Russia, Lesotho, Northern Macedonia, Nigeria, South Africa and Zimbabwe. A shared perspective emerged around the need to use a wide-ranging definition of violence in order to fully express the experiences of LBT+ communities. Many of the researchers share a view of violence as:

- **multiple (e.g. physical as well as sexual, psychological, emotional, financial and spiritual)**
- **intersectional (e.g. gender-based combined with SOGIE-based)**
- **occurring in public as well as private spaces (e.g. in the home or clinic).**

Additionally, the studies emphasise how violence against lesbians, bi women and trans communities is very often committed by related or known perpetrators (e.g. partners and families).

This understanding underscores a need to move beyond a limited view of violence as predominantly physical, related to hatred/bias based on sexual orientation (and to a lesser extent gender identity), and typically occurring in public spaces. We know from research about violence against women and gender-based violence more generally, and in line with an intersectional feminist research approach, that a wider view of violence is necessary. It is a very different way of understanding violence than is frequently promoted by mainstream LGBT+ civil society organisations and researchers, many of whom still assume that homophobic hate crime is the most prevalent form of violence experienced by all LGBT+ people.¹⁵

Violence against women is a prevalent yet under-reported phenomenon in Nigeria. Queer women form a minority group within the already under-represented group, and this increases their risk of experiencing violence in many spheres.

(Oriye 2019:2)

Similarly, there is a strong focus by the group on violence by localised institutional actors (e.g. doctors, nurses, teachers, extended family members, police officers, and faith and community leaders). This is interesting, as it shifts our focus from larger systems such as States, laws, police, justice, prisons, and courts, for example, to actors and sites that are smaller in scale and more localised, but are still ripe for social transformation.

¹⁵ Still though, rates of hate crime against LBT+ communities are also very high. A common problem is that research by mainstream LGBT+ CSOs which use non-probability sampling (e.g. drawing on reports to NGOs or by media) tend to underestimate violence against LBT+ communities, in some cases very radically. This pattern can also be the case in larger scale, cross-country efforts that draw together reports from individuals, media and/or police.

Some larger-scale quantitative research that uses probability sampling shows hate crimes and incidents are experienced by lesbians, bi people and gay men at broadly comparable rates (e.g. in the UK context, Bachmann and Gooch 2017:8, in the EU-wide context, see data on hate crimes and incidents across the board, disaggregated by L, G and B, by FRA 2013). A growing body of evidence suggests bi women experience violent assault, including sexual assault at particularly high rates (see, for example, Conroy and Cotter 2017 and Simpson 2018). An overwhelming body of research shows trans communities experience hate crimes and incidents at far higher rates than LGB communities.

We sought to find the exact issues, implications and challenges pertaining to the Lesbian, Bisexual women and Transwomen (LBT) community as there appears to be a perpetual lack of attention in terms of research on key population programs and projects in and outside the country. A majority of health, safety and security programs in Lesotho are focused on Men who have sex with men (MSM), gay and transgender men, which leaves the women in the LBT community continuously side-lined. Upon making these findings we took up the responsibility to conduct empirical research on the state of the LBT community in the north, south and central regions of Lesotho.

(Malelu 2019:2)

Moreover, there is a strong focus throughout the studies on how these actors, both on a large and small scale, operate in a networked and coordinated way at times – behaving in ways which reinforce and support the power of other coercive actors. Indeed, some of the studies (Oriye 2019 and Lapina 2019 in particular) explore how violence against LBT+ communities is a part of broader political and social systems. As Oriye (2019:4) explains, drawing on research on violence against LBQ+ women in Kenya (Arudi et al 2016):

In a research on the lived experiences of lesbian, bisexual and trans women in Kenya, Arudi, Essendi, Wagemu, Oduor, N.d opine that violence is not an anomaly, but part and parcel of social processes. Direct acts of violence that threaten bodies arise from structural violence (such as exclusion mechanisms) in society. This holds true in the Nigerian society. Exclusion mechanisms that discriminate based on tribe, ethnic group, gender and class continue to implement a system of violence in the country and women, especially LBQT women, are at the receiving end of it all. ¹⁶

¹⁶ Structural violence refers to systematic ways in which social and political systems harm, exclude, or otherwise disadvantage specific groups or individuals over others.

METHODS

Researchers used a range of methods. In the Chechen Republic/Russian Federation, Lapina (2019) uses open-ended interviews to invite storytelling and record the narratives of 36 LBQ women from Chechnya. Their stories concerned individual experiences of violence and abuse in the context of the Chechen human rights crisis targeting LGBT+ communities, which has gained international attention since the story was broken by Russian newspaper, *Novaya Gazeta*, in April 2017. At that time, it was reported that at least 100 men had been targeted and detained by police on suspicion of being gay, and three had been killed. Media and wider international attention continued to focus on the repression as if it targeted gay men specifically. However, importantly, Lapina's (2019) research focuses on experiences of LBQ women: an important aspect of the Chechen crisis that has been invisible in media coverage and international civil society and policy-level responses.

In Lesotho, research was undertaken by Malelu (2019) to understand the extent to which LBT+ women are able to access justice in cases of violence, and to identify key barriers to justice. Research was carried out across the South, Central and Northern regions of the country, among urban, semi-urban and rural communities. 60 people participated in standardised interviews, including 11 bi women, 20 trans women and 29 lesbians from seven districts in the three regions of Lesotho (Butha-Bothe, Leribe [northern area] Berea, Maseru in the urban and semi-urban [central area], Mafeteng, Mohale's Hoek and Quthing [southern area]). 50 of the 60 respondents were based in rural or semi-urban settings.

In Northern Macedonia, Kanurkova (2019) focused on LBT+ community experiences of violence and state responses. Research used a mixed-method approach, including three focus group discussions with three different groups (CSOs, LB women and trans communities) and open-ended interviews with government officials. In Nigeria, research by Oriye (2019) explored three questions:

1) What constitutes personal security for LBQ women in Nigeria?

2) What are the kinds of violence LBQT women are exposed to in Nigeria?

3) How will the findings from the research inform programming for LBQ women in Nigeria, Africa and the international space?

A total of 50 women and non-binary people participated in surveys. Several focus groups, a consultation process, and key informant interviews were also held. Respondents were engaged through existing community networks (e.g. word of mouth and meetings).

In South Africa, Shimanje (2019a) examines the experiences of trans and gender-variant children and young people across topics including family life, education, and mental and physical health. Analysis draws on responses from 75 research participants in five provinces in South Africa (Limpopo, Gauteng, Western Cape, Kwazulu Natal, and the Free State). The study was conducted over five months in partnership with CSOs across the country (Iranti-Org, Unicorn Limpopo, and Gender Dynamix).

In Zimbabwe, Mudzengi's (2019) project explores the experiences of LGBTI+ people with personal security and violence. A mixed-method approach was used, spanning questionnaires, interviews and focus group discussions, pulling together both qualitative and quantitative data. Simple random sampling was used, and a total of 101 people participated (respondents were adults in Zimbabwe who identify as lesbian, bi women, trans*, queer and/or intersex).

STUDIES FROM THE PERSONAL SECURITY AND VIOLENCE WORKING GROUP

- **Chechnya/Russia:** Lapina, Veronika (2019) *Violent Kinships*. Russian LGBT Network
- **Lesotho:** Malelu, Dee (2019) *LGBT Access to Justice in Lesotho*. People's Matrix Association
- **Northern Macedonia:** Kanurkova, Jovana Jovanovska (2019) *Is it safe to be LBT in North Macedonia?* LGBTI Support Centre
- **Nigeria:** Oriye, Omolara (2019) *Final Report (Violence Against LBQ Communities in Nigeria)*. The Initiative for Equal Rights (TIERs)
- **South Africa:** Shimange, Akani (2019) *Transgender and Gender-Variant Children and Teenagers Needs Analysis*. Matimba
- **Zimbabwe:** Mudzengi, Carol (2019) *Zoom in and Expand: A Closer Look at Violence and Personal Security of LBT+ Persons in Zimbabwe*. Voice of the Voiceless

PERSONAL SECURITY AND VIOLENCE THEMATIC REPORT

- **Shimanje, Akani (2019)** *Out of the Margins Thematic Report on Violence: A Collation of Studies Conducted on LBTQ Women in 5 Countries*. **South Africa: Matimba**



KEY FINDINGS

ROLE OF FAMILIES AND INTIMATE PARTNERS IN VIOLENCE

Several studies highlight the crucial role played by families in violence against lesbians, bi women and trans communities, as well as LGBT people generally. Indeed, **intrafamilial violence emerges as a key theme across the research of the *Out of the Margins* network** – it is shown to affect LBT+ people’s economic well-being, health and education outcomes, and their ability to participate fully in civic and political life.

Research with LBT+ communities in Zimbabwe, for example, found that family members were, by far, the most likely to subject LBT+ communities to ‘inhumane or degrading treatment because of SOGIESC’ (Mudzengi 2019:19). Of the 41.5 per cent of people who said they had experienced this treatment, over half (54.9 per cent) said it was perpetrated by family. The next most common answers were strangers (19 per cent), community (12 per cent) and police/CIOs (security intelligence officers) (7.2 per cent). In research in Venezuela, intrafamilial physical violence was experienced by between a quarter and a third of LGB people (gay men 35 per cent, lesbians 24 per cent, bi people 33 per cent). 100 per cent of trans men surveyed had experienced intrafamilial physical violence.¹⁷

In Venezuela, the data available also suggests that, within broader patterns of intrafamilial violence, mothers play a particularly strong role in driving and inflicting harassment (*acoso*), discrimination, and physical violence. As Adrian (2019a:4) explains:

In most of the cases of intrafamilial discrimination, harassment or physical violence... the main aggressors are by far the mothers... Intrafamilial harassment and discrimination affects 60 per cent of lesbians, 65 per cent of [gay men], 51 per cent of bisexuals, 65 per cent of trans women and 50 per cent of trans men. One of the main aggressors is the mother: (48 per cent for lesbians, 47 per cent for gays, 71 per cent for bisexuals, 25 per cent for trans women and 50 per cent for trans men).¹⁸

The role of extended families in violence was also emphasised in research. Extended families may mean extended families from childhood, or the extended families of LBT+ people’s partners (including families they may have been forced or compelled to marry into). Lapina (2019:4-5) provides an example from Chechnya:

LBQ women in marriage fear outing no less than in their unmarried life, as the burden of respectability now derives from not only her parental family but also from the family of her husband. Dima, one of the victims of the anti-LGBT police purges, recalls that he knew a lesbian, Lilya.

‘We met in 2009. She was married, and she had three children. Lilya told me that she was constantly beaten up by her husband. She kept coming to our gatherings [queer gatherings in a rented apartment are quite common for Chechnya]. One day it was reported that she went missing, and in five days, her body was found under the bridge. We all thought that it was an accident, and we wanted to go to the funeral. But her family did not allow us to go. It was only after some time that we found out that her husband’s relatives found out that she was a lesbian and killed her.’

¹⁷ The raw sample size for each set of data is not stated in the report. The overall sample of Venezuelan respondents is 306. Lesbians represent 25 per cent, gay men 50 per cent, bi people 20 per cent and trans people 9 per cent. One person who identified as intersex completed the survey. For all figures on physical intrafamilial violence in Venezuela see Adrian 2019b:161-166.

¹⁸ The second most common aggressors in each case were available for LGB communities and were: for lesbians (brother, 33 per cent), for gay men (father, 37 per cent), for bi people (father, 48 per cent) (Adrian 2019b:86-88). Concerning physical intrafamilial violence against LGBT people in Venezuela, mothers again feature prominently – as by far the most common perpetrator in violence against lesbians (in 54 per cent of cases; next most common brother, in 31 per cent of cases). Mothers are the second most common perpetrator in violence against gay men (level with fathers at 33 per cent, and behind brothers at 41 per cent). We should take care however not to overinterpret the data given the relatively small sample size once broken down into LGBT and into those who have experienced intrafamilial violence, harassment and/or discrimination.

ROLE OF WIDER SOCIAL NETWORKS

Lapina (2019:5) additionally notes that the violence against LBQ women she documents typically forms part of a wider social structure, beyond literal families and reaching to extended families, friends, and actors within social institutions and communities, including LGBT communities themselves.

She notes that the driving force is the violent enforcement of traditional gender roles – with the pressure to conform to appropriate versions of ‘manhood’ and ‘womanhood’ having lethal effects in various cases. Arranged and/or forced marriages, which are further examples of the violent enforcement of gendered norms, may form part of this overall picture. Lapina (2019:5) provides an illustrative example:

The story of Luiza Nazaeva is representative of the effects of the arranged marriage structures. Born in 1998, at the time of our encounter, she was 20 and already married; she married a gay man and left the Republic to Moscow. However, she couldn't live freely there; her husband forced her to dress 'as a proper Chechen woman' and disapproved of her friends, himself fearing what the people around them might say, and he will be viewed as losing his authority.

In June 2017, in the context of anti-LGBT purges, he outed Nazaeva to her family, while she paid a visit to her mother. Luiza's father locked her down; she made two unsuccessful escape attempts and, in two weeks, mysteriously died from kidney failure. During the 80s, 'kidney failure' in the eulogy stood for AIDS-related death. In 2010s Chechnya, it stands for honour killings.

In various other instances, Lapina (2019:6-7) provides examples of LBQ women attempting to escape, only to be returned to violent family structures. We see families acting in concert with wider extended family actors, communities, and authorities, including police and/or border officials. Lapina (2019:6) additionally provides an example of NGO staff refusing assistance to an LBQ woman and instead collaborating in returning her to the violent family structures she sought to escape:

Inna says that when her parents started beating her severely, she reached out to one of the women's NGOs in Chechnya, 'Women for Development', asking them for assistance. Not only did they refuse to provide her any assistance, one of the women in the NGO came to Inna's home and shamed her mother for having a daughter who is telling everyone about her sexual orientation. The beatings, Inna says, became even more severe.

Various other research projects support this analysis. They show that when we look closely at violence against LBT+ communities, and when we bring an intersectional feminist perspective to an analysis of violence facing LGBT communities more broadly, it is particularly important to acknowledge and explore the role of the family and wider social structures.

SEXUAL VIOLENCE AND ‘CORRECTIVE’ VIOLENCE

The extent of sexual violence against LBT+ communities was documented in various studies across the network. In research in Nigeria, for example, almost half of survey respondents (42.9 per cent) had experienced violence as a result of their sexuality. Of those, over half (57 per cent) had experienced all the forms of violence detailed (physical, sexual, emotional, and financial) (Oriye 2019:14-15). An additional 14.3 per cent of respondents had experienced sexual violence alone. This means around one third of LBQ people surveyed (30.6 per cent) have experienced sexual violence based on their sexuality.

In research in Lesotho, 38 of the 60 women interviewed (63 per cent) reported experiences of violence or threat of violence. These included 10 instances of physical assault, nine of physical and sexual assault, eight instances of threat of sexual assault, and four instances of sexual assault (Malelu 2019:10).

These findings are well supported by existing research elsewhere, which shows LBT+ communities experience particularly high rates of rape and other sexual assault, and sexual harassment (see for example, Human Rights Campaign, n.d). Bi and trans women have been shown to be particularly at risk (Conroy and Cotter 2017; Simpson 2018). Additionally, specific forms of sexualised violence against lesbians and bi women (whether cis or trans) have been well documented in discussions around ‘corrective’ rape. Studies have been conducted on this issue over the past 10-12 years, primarily in South Africa (see, for example, Anguita 2011, Brown 2012).

Deeply personal qualitative data on corrective rape is provided in Lapina’s (2019) study. It documents several cases of rape and other sexual assault against LBQ women in Chechnya/Russia, in which perpetrators invoke so-called ‘corrective’ or ‘curative’ justifications for sexual violence. The following two paragraphs, which are very disturbing to read, provide instances of such violence. They show clear evidence of the involvement of wider social networks and institutions in such violence – in these cases, family and religious actors. They also demonstrate the extremely harmful use of narratives about ‘sickness’ and ‘sinfulness’, as well as ‘curing’ and ‘exorcising’ in this type of violence. (Lapina 2019:3-4):

Fatima says, ‘My uncle saw me with a woman in a café, we were not even doing anything. I think it was just the look on my face that gave me away; I was absolutely terrified. The next day he came to the house and raped me. He was absolutely furious; he told me that I was sick, and he needed to cure me. After that, he started blackmailing me; he said that he would tell my father I’m no longer a virgin. I was a virgin before he raped me. But no one would believe me: it’s my word against his.’

Another form that sexualized violence against LBQ women takes is exorcism or exorcism-like practices... exorcism is reported to be an exceptionally violent procedure, affecting both the physical and psychological state of LBQ women.

‘My family called me downstairs; I came down and saw the Imam. He ordered me to lie down on the floor. My parents were holding my shoulders and my legs down, so I couldn’t move. The Imam started reading passages from Koran and touched me. He touched me everywhere – on my face, my breasts, and there [private parts]. I felt extremely uncomfortable and wanted to cry. Then he took a thick wooden stick and started beating me in my chest. I was in so much pain I screamed. I begged my parents to let me go, to help me. The Imam turned to them and said that this was devil speaking in my body.’

As elsewhere in the report, these examples suggest that corrective, in these cases sexualised, violence against LBT+ communities may be a wider phenomenon than has yet been explored in research.

It is worth emphasising, as Oriye (2019) does, that this picture of violence against LBT+ communities may align with patterns of violence against women generally. It is possible that ‘corrective’ violence against women may be supported by people invoking wide cultural and societal standards, and even legal backing. In the case of Northern Nigeria, for example, Oriye (2019:7) notes:

A vivid example of this is s.55 of the penal code, applicable in Northern Nigeria, which makes it legal to beat one’s wife for the purpose of correction. A report by the Nigeria CEDAW NGO Coalition (2008) notes that the penal code, section 55(4), which is applicable in the northern zones, makes legal the ‘corrective’ beating of a child, student, servant, or wife, as long it does not cause grievous harm.

POLICE VIOLENCE AND LACK OF ACCESS TO JUSTICE

Various studies also focused on documenting police violence against LBT+ communities, as well as wider problems in accessing justice for violence. In Lesotho, for example, 75 per cent of respondents did not report instances of violence against them to the police, and of the 25 per cent who did, only a quarter (28 per cent) of reports resulted in action beyond filing a report (Malelu 2019:10). Reasons for not reporting included:

- **Concerned that the incident would not have been taken seriously**
- **Didn't know how and where to report it**
- **Dealt with it myself/involved a friend**
- **Not worth reporting – it happens all the time**
- **Nothing will happen or change**
- **Didn't want to reveal sexual orientation**
- **Didn't think people would understand what I was talking about**
- **Fear of discrimination**
- **Didn't think they will do anything**
- **Fear of offender, fear of reprisal**
- **Fear of intimidation by perpetrator**
- **Fear of homophobic and transphobic reaction from police**
- **Because [they were] too emotionally upset to report it**
- **Somebody stopped [them].**

As the study from Lesotho also makes clear, there are many complex reasons for under-reporting. However, a crucial one is that police themselves are often involved in violence against LBT+ people:

Most perpetrators are police officers and people from the justice system, so most victims are not reporting the cases because they know nothing will happen. Victims have little faith in the police system, believing it to be ineffective because of the cases reported and nothing happened. (Malelu 2019:10-11)

Research in Zimbabwe also shows police harassment of LBT+ communities to be prevalent. 67.4 per cent of respondents said they had experienced harassment by law enforcement due to SOGIESC (Mudzengi 2019:18). In research focused on trans sex worker communities in Kyrgyzstan, of the 88 per cent of respondents who had experienced violence and discrimination, 81 per cent said that 'law enforcement agencies' were the source. This was the most prevalent source, closely followed by their clients (80 per cent) (Masiumova 2019:1).

Similar findings were also reported in Nigeria, where the possibility of being outed to law enforcement is a barrier to reporting. An overwhelming 85.8 per cent of survey respondents said they would either 'not consider reporting a case of harassment and abuse that may expose their sexuality to law enforcement' or would only do so as a 'last resort' (Oriye 2019:25).

Similarly, in Northern Macedonia, Kanurkova (2019:3-4) also examines the reasons behind poor reporting among LBT+ communities, and the lack of action from police and wider institutional actors:

[Findings show] there is an urgent need for reform of the protection system which will include all actors, but with the main focus on the police as an organ which is severely failing its obligation to protect all citizens equally. There is a fear of judgement and prejudice among LBT people as a main reason for not feeling safe in terms of coming out, which can also result in verbal, psychological and physical violence... there is a big distrust in the institutions combined with [LBT+ communities'] fear for their safety when contacting with the police, especially for trans people. Transgender women, especially sex workers, are the most common victims of violence and are mostly the ones that face mistreatment by the police.

INEQUALITY OUTCOMES

One of the main impacts of violence highlighted by the projects is that many LBT+ women respond by hiding their SOGIE ‘for fear of experiencing violence, stigma and/or discrimination that would have exposed them to risk, making them even more vulnerable’ (Shimanje 2019b:4). This is confirmed by various researchers to have an impact on LBT+ peoples’ feelings of safety, and their ability to express themselves at home, in school, and in public – with likely knock-on effects on LBT+ civic and political participation.

In research in South Africa, for example, Shimanje (2019a:4) found that three out of ten trans and gender-variant children and young people ‘pretend to be who they are not around their parents because of fear’. Additionally, an alarming seven out of ten trans and gender-variant children and young people surveyed don’t feel safe at school (Shimanje 2019a:3). In the Nigeria study, 42.9 per cent of LBQ people surveyed said they do not feel safe in their vicinity, and 85.7 per cent of respondents admitted not feeling safe because of their sexuality and gender identity (Oriye 2019:12-13). A shocking 100 per cent of the LBQ people surveyed in Nigeria said they avoided some public spaces for fear of experiencing violence (Oriye 2019:22). 73.3 per cent of survey respondents in Zimbabwe said they had experienced insults or harassment in a public space (Mudzengi 2019:14).

RECOMMENDATIONS

The Personal security and violence working group makes a number of recommendations for policymakers and States, civil society organisations/NGOs, and researchers:

POLICYMAKERS AND STATES

- **Implement policies that expressly protect LBT+ people. The vulnerability experienced by these communities, coupled with widespread stigma, discrimination and violence, makes these policies essential.**
- **Introduce laws on gender-based violence expressly mentioning LBT+ women.**
- **Develop state models for training existing and future police and other law enforcement officials on working and interacting with LBT+ persons that promote respect, non-discrimination, and that are gender sensitive.**
- **Uphold the conventions signed on to by the State with regards to LBT+ protection, using country laws and policies to reflect these conventions.**

CIVIL SOCIETY ORGANISATIONS/NGOS

- **Create strategies which are actively inclusive and focus on LBT+ issues.**
- **Develop and implement creative campaigns for the destigmatisation of LBT+ people.**
- **Build awareness-raising programmes around LBT+ issues, with the aim to work with governments.**

RESEARCHERS

- **Support research in skills-building with marginalised communities to enable them to lead their own initiatives.**
- **Conduct more research to build an evidence base and a repository of work that can be used for future advocacy.**

RESULTS: CIVIC AND POLITICAL PARTICIPATION

Although none of the UN’s Sustainable Development Goals directly address civic and political participation, every one of the goals is dependent on individuals or groups engaging with public and political issues, free from discrimination, repression, and able to access justice.

Research on LBT+ participation in formal politics is a growing field. It shows that worldwide, less than a quarter of national parliamentarians are women (UNDP 2020, cited in Linker 2019b:2). One study on LGBT representation in politics identified just 270 LGBT people worldwide who had ever been elected to their national legislature, between 1976 and 2006 (LGBTQ Representation and Rights Research Initiative 2016). Of these, 71.9 per cent were gay men, 21.2 per cent were lesbians, 5.2 per cent were bi, and 1.9 per cent were trans.

Research in the US context also shows that LGBT communities are less likely to be registered to vote (21 per cent not registered) than non-LGBT voters (17 per cent not registered), and that LGBT ‘females’ outnumber LGBT ‘males’ as registered voters by 57.2 per cent to 42.8 per cent (Mallory 2019:5 and 11). In one US survey, trans respondents were more than twice as likely to report not voting due to registration problems than registered voters in the US general population (James et al. 2016, cited in Linker 2019b:6). Research by O’Neill and Herman (2020:9) concludes: ‘In the November 2020 general election, voter registration processes and voter ID laws may create barriers to voting for over 378,000 voting-eligible transgender people who do not have accurate ID documents’.

‘States should take measures to ensure that sexual orientation, gender identity, gender expression and sexual characteristics are not used as a reason to prevent a person from exercising their right to vote.’

(Yogyakarta Principles, 2017:24, cited in Linker 2019b:6).

Ensuring civic and political participation of LBT+ communities also requires respect for fundamental freedoms. This includes support for CSOs and community groups to exist, register and operate without state interference, and for individuals to express themselves, freely associate, and assemble publicly. Yet recent research found that of 864 LGBT+ organisations worldwide, 58 per cent do not have access to legal registration (Daly 2018). Additionally, we know that organisations focused on LBT+ issues, especially those that are LBT+ led (and especially intersex and trans led), are likely to be smaller, and more likely to struggle with funding issues (see, for example, Howe et al 2017a; 2017b).

‘Political and civic participation can be understood as a concept that alludes both to concrete actions within formal politics, that is, participation in established electoral, traditional or institutional contexts... to the broader and contemporary idea of political participation, that includes actions in “informal” and community political instances, and the expression of subjectivity in everyday life as political or micropolitical resistance... The following research shows how LBTI+ women’s communities perceive public policies and legislation in their context, and how this affects possibilities for political participation...’

(San Juan 2019b:1)

The researchers in the working group focused on varied areas. There is a shared perspective on the role of violence (including institutionalised violence), repressive laws, and social movement marginalisation in limiting spaces for LBTI+ civic and political participation. Each of the studies focus in some way on visibility as a political aspiration and tool, and on the relative invisibility of women and LBTI+ people in key spaces currently – including in formal politics, social movements, interpersonal relationships and individual experiences.

METHODS

Three researchers completed projects as part of the Civic and political participation working group. Research in Santiago, Chile, focused on civic and political participation among intersex communities specifically. Researchers used a qualitative approach, with a strong emphasis on participation. They implemented a participatory action research approach, with two cycles. During the first cycle, four interviews with intersex people were conducted, during which views were gathered to inform survey development and next steps. The results guided the second research cycle, in which a small group of five intersex people were brought together in a community meeting to identify common experiences and facilitate network-building.

In Maputo, Mozambique, a qualitative approach was also selected by researchers. Research explored experiences of participation among LBT+ communities. Two focus groups and interviews were undertaken with the participation of 16 LBT+ women in total. In Nigeria, research took place in Abuja and Kano. In this instance, the research approach was largely quantitative, with the main research activity being a survey. 200 responses were given by LBT+ women across the two cities.

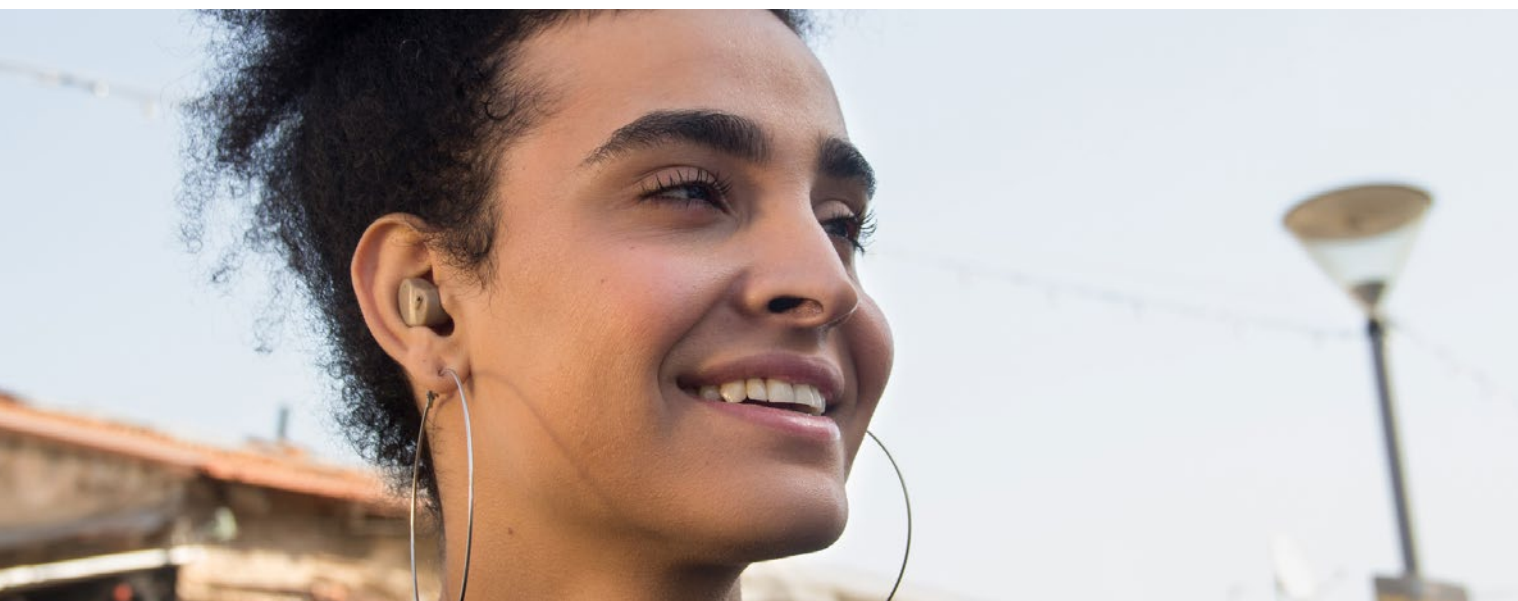


STUDIES FROM THE CIVIC AND POLITICAL PARTICIPATION WORKING GROUP

- **Linker, Dania San Juan (2019a)** *The Secret in the Intersex Experience as an Obstacle to Formal and Informal Political Participation*. **Chile: Asociación Organizando Trans Diversidades**
- **Ulanmo, Juliet Nnedinma (2019)** *Political and Civil Participation as a Tool to Combat Exclusion and Entrench the Rights of Lesbians, Bisexual and Trans+ Women in Nigeria*. **Nigeria: Women's Initiative for Sustainable Empowerment and Equality (WISE)**
- **Mangore, Fau (2019)** *Study on Civil and Political Participation of LBTQ Women in Mozambique*. **Mozambique: Lambda**

CIVIC AND POLITICAL PARTICIPATION THEMATIC REPORT

- **Linker, Dania San Juan (2019b)** *Perpetuate the Diaspora: Public Policy as an Obstacle for Political Participation (Thematic Report: Civic and political participation)*. **Chile: Asociación Organizando Trans Diversidades**



KEY FINDINGS

LBT+ COMMUNITIES AND POLITICAL PARTICIPATION

Taken together, the studies show that widespread exclusion, stigmatisation, criminalisation and/or disenfranchisement – as well as a range of problems addressed so far in this report – clearly affect the ability of LBT+ communities to participate in civic and political life. Across various research projects, LBT+ communities state that exclusion based on their SOGIESC has affected their power to access and express themselves in social and political spaces.

For example, in Zimbabwe approximately one third of survey respondents said their SOGIESC had restricted their ability to access social spaces and participate politically. Specifically, Mudzengi (2019:16-17) found that:

- **32.7 per cent of survey respondents said their SOGIESC had hindered them from accessing social spaces**
- **27.7 per cent said their SOGIESC had hindered them from political participation**

Similarly, in research with LBT+ communities in Nigeria, 91 per cent of survey respondents affirmed that discrimination against voters based on their sexual orientation and gender identity exists (Ulanmo 2019:6).¹⁹ Almost all (97.5 per cent) said they were ‘not satisfied’ when asked to select their satisfaction with Nigerian politics (2.5 per cent said ‘satisfied’) (Ulanmo 2019:4). Indeed, this compares very poorly with a slightly different question gauging general population views in Nigeria.²⁰ We shouldn’t perhaps be surprised by these results, given the broad stigmatisation, criminalisation and exclusion of LBT+ and broader LGBT+ communities by the Nigerian state.

IMPACT OF WIDER LEGAL AND POLITICAL CONTEXT

Furthermore, in explaining the context for LBT+ political participation, three quarters (74.9 per cent) of respondents said they believe the Nigerian government’s Same Sex Marriage Prohibition Act (SSMPA) (2013) has ‘influenced the perception of voters and political parties on who can vote and be voted for’ (Ulanmo 2019:5). This shows the critical role of broader legal and political context in restricting the possibility of LBT+ participation. It also affirms the wide-ranging impact of the SSMPA 2013, which goes even further than literal implications of the Act (which criminalises same-sex sexual relationships, bans participation in community groups and CSOs, and outlaws public expression of ‘same-sex amorous relationships’).²¹

Oriye (2019) similarly notes the important role of context when considering women’s and LGBTI peoples’ ability to publicly express their sexual orientation and/or gender identity. Also writing from the Nigerian context, (Oriya 2019:8) stresses the importance of moving the focus beyond the SSMPA itself:

Laws that discriminate and diminish the humanity of lesbian, bisexual and queer women in Nigeria also include the penal code applicable in the Northern Nigeria, which criminalises cross dressing per section 405 (2) (e), which makes an offence for any woman to dress in a manner accorded to men.

This directly affects masculine-presenting women and they can be subjected to a certain term of imprisonment. Under s 407 (5) of the penal code, enforceable in Kano state, a woman or man who cross-dresses can be liable to a term of two years’ imprisonment if found guilty.

¹⁹ At the same time, 52.8 per cent of survey respondents said they had voted in the last general election (an additional 2.5 per cent participated as candidates, and 7 per cent as electoral officers) (Ulanmo 2019:3). This is actually substantially higher than the national turnout in the February 2019 general election, which was 34.8 per cent. However, it is unclear how the sampling approach may have influenced this figure.

²⁰ 39 per cent of respondents to a June-July 2018 PEW Research Survey said they were ‘satisfied’ with how their democracy works. 60 per cent of respondents said they were ‘not satisfied’ (1 per cent ‘don’t know’) (PEW Research 2019).

²¹ For overviews of the impact of the SSMPA see, for example, Isaak 2016 and TIERS 2019.

DRIVERS OF INVISIBILITY

Research with a group of intersex people in Chile identified five core themes in participants' discussions.²² Of these five core themes, three involved institutional violence and 'mechanisms of invisibility': institutional medical violence, pathologisation of intersex communities, and the enforcement of a binary sex/gender system.

The analysis explores how these themes combine to produce a specific outcome (and fourth core theme) – secrecy around intersex bodies and experiences. The study shows that this widespread secrecy leads to the fragmentation and invisibility of intersex communities. A fifth major theme, 'peer encounters' (*encuentros con pares intersex*), addresses the importance of intersex community-building, specifically between those who share the same experiences.

In light of what we know about LGBT community political participation, these five categories speak about a social mechanism that not only intervenes in the bodies and identities of intersex people, but also hides them from each other, preventing them from visibility [and] associativity... [and] consequently, from their chances of accessing power and exercising their daily citizenship. (Linker 2019a:3)

BARRIERS TO PARTICIPATION IN SOCIAL MOVEMENTS

The studies also highlighted exclusion within social movements which claim to support LGBTI+ communities. In Nigeria, researchers emphasised women's exclusion from decision-making in group settings:

It's in our culture for women to take the backseat. It is difficult for women, in a gathering with men who are throwing ideas across the room, who are arguing about something, for you to speak because 1) it was decided that your voice is not heard, or 2) your voice is heard but it will not make it to the communiqué at the end of the day. (Oguaghamba 2015, cited in Ulamno 2019:1)

Likewise, in the Mozambican context, Mangore (2019:5) provides an overview of responses:

Coming from underprivileged communities, most LBTQ women don't have a lot of contact with civil society organizations. When they do, they're involved as the target group, but aren't involved in decision-making processes. Most of said contact is done with organisations that work in sexual and reproductive health and rights, but the women don't hold positions of power.

It is also important to note that when it comes to other issues that might affect these women, such as access to education or professional training, they're excluded. This dynamic of exclusion... looks at LBTQ women from a mere sexual perspective, ignoring completely other components of their identity as citizens of Mozambique. (Mangore 2019:5)

²² In the analysis of the study these core themes are termed 'discursive coalitions', following the work of Hajer (2002, 2003, 2006, cited in Linker 2019a:3).

RECOMMENDATIONS

The Civic and political participation working group makes a number of recommendations to policymakers and States, and researchers, academics and funders:

POLICYMAKERS AND STATES:

- Acknowledge that unnecessary, harmful and non-consensual genital surgeries in intersex infants is a human rights violation. It is also a mechanism of invisibility which prevents community-building and, therefore, political participation. States should enact laws and policies which end this practice.
- Acknowledge violence as a driver of limits on LBT+ civic and political participation. We urge States to systematically monitor and report on violence against LBT+ people.

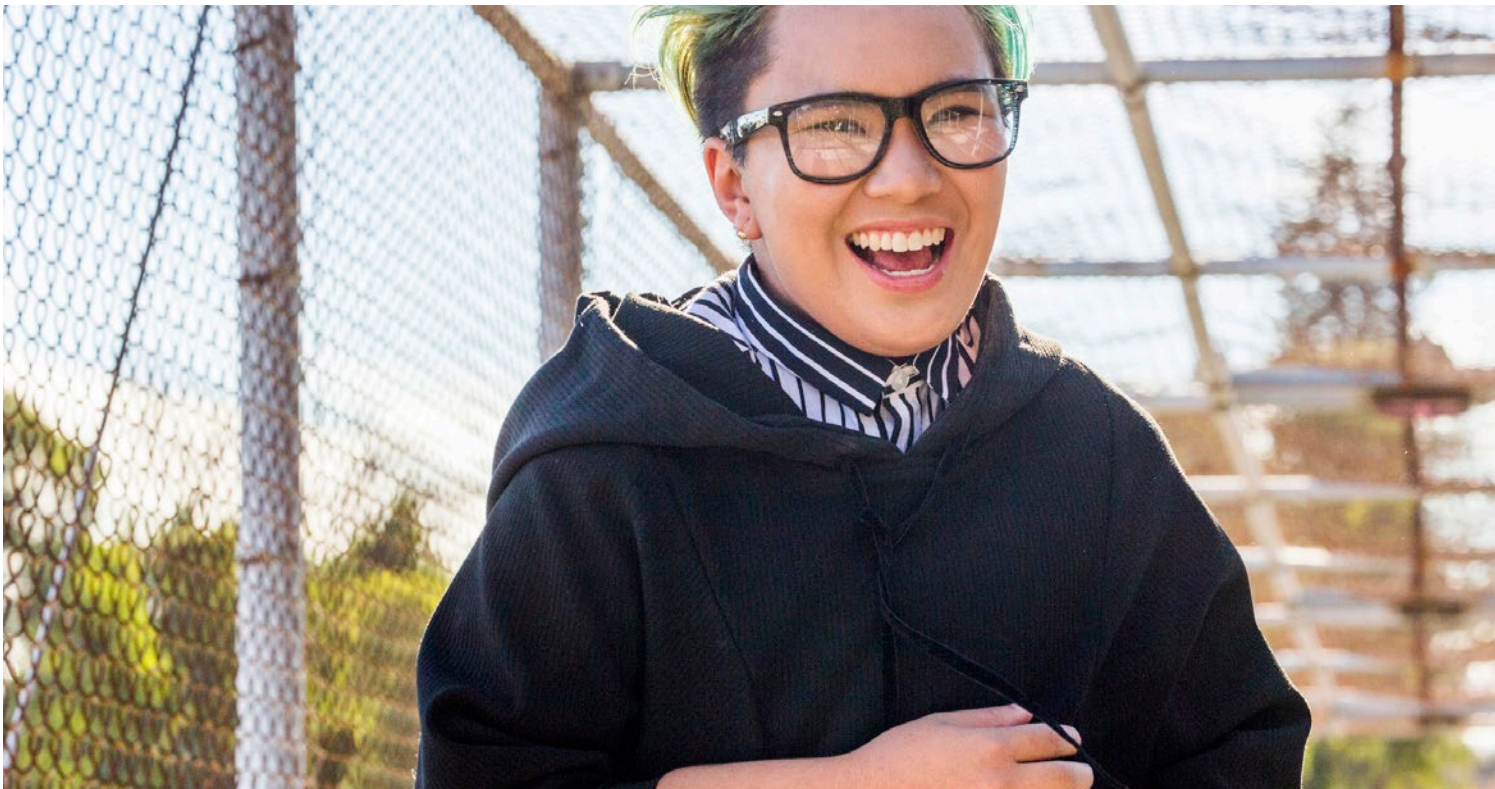
IN THE SPECIFIC CASES OF THE STATES OF CHILE, MOZAMBIQUE AND NIGERIA:

- The State of Chile must cancel Notice No. 7 of the Health Ministry and work with intersex communities to develop new laws and policies which respect their rights.
- The State of Nigeria must repeal the Same Sex Marriage Prohibition Act (2014) and every discriminatory provision from the laws of Nigeria.

- The State of Mozambique must take a visible and clear position on its defence of the rights of LGBTIQ people, and to face the silent social agreement which promotes violations of their rights.

RESEARCHERS, ACADEMICS AND FUNDERS:

- Individuals, research institutions and relevant funders should invest in research that explores resilience strategies and political resistance, formal or informal, in countries with punitive legislation and public policies towards LBT+ communities.
- Facilitate and promote projects which provide safe spaces for LBT+ community visibility, freedom of expression, and political resistance.



Conclusion

The combined research of the network reveals a deeply troubling picture of the lives of LBT+ people and their communities internationally. It provides an opportunity to see the connections between different forms of exclusion and violence, across workplaces, clinics, schools, homes, police stations, streets, government offices and community spaces.

It also allows us to see how the marginalisation of LBT+ communities is part of broader political systems and cultural practices – in which certain people and behaviours are normalised, and those who do not conform suffer violence, marginalisation, stigma and blame. The fact that the research of the network spans so many countries, and took place over the same time period, means we have a shared snapshot of the numerous complex issues facing lesbians, bi women, and trans people globally. While there are immense differences across research contexts, the story of LBT+ exclusion that emerges across the network is resoundingly familiar.

Casting light on the issues faced by LBT+ people enables us to centre communities consistently marginalised within our movements. This, in itself, is a vital aspect of pressing for equality and acceptance. Additionally, highlighting the views of marginalised LBT+ communities allows us to see, with new perspective, the many and intricate challenges facing women, LGBTI communities, and people more widely.

Expressing the extent and character of persecution facing many trans and non-binary children and young people in schools and homes, for example, shows how exclusionary views and toxic norms create unsafe environments which put all children and young people at risk. Similarly, bringing an intersectional feminist perspective to challenges facing LGBTI communities leads to an important focus on households, intimate relationships, classrooms, and places of worship as vital sites for social transformation – and proves this is equally as crucial as changing laws, policies, and institutions.

Right across the thematic areas, the case for urgent action and further research is made abundantly clear. Findings demonstrate a need for employers, States and international institutions to recognise and address exclusion in workplaces, public policies, and development programmes and funds. They outline the case for public health practitioners and policymakers to recognise the profound barriers LBT+ communities face in accessing absolutely vital healthcare. Evidence shows an urgent need for teachers, school governors and administrators, parents, and policymakers to create inclusive and safe environments for all children and young people.

The research on violence calls for stronger human rights movements, new ways of holding States accountable, and improved and more analytical evidence gathering by researchers, NGOs, States and international institutions. Finally, the data on civic and political participation shows a clear need for LGBT and women's and feminist movements to stop leaving LBTI+ communities behind – and emphasises that, for some in these communities, an intersectional approach will be genuinely lifesaving.

As various researchers and this report expresses throughout, this project is not neutral. Research about inequalities based on SOGIE and gender has, for a long time, not sufficiently involved marginalised LBT+ communities in discussions about their own rights, needs, strengths and livelihoods. The findings generated by the network are themselves a call to action.

GLOSSARY AND TERMS

- ART** Anti-Retroviral Therapy
- Cisgender or cis** Someone whose gender identity is the same as the sex they were assigned at birth. Non-trans is also used by some people.
- Cisnormative** A belief or assumption that being cisgender is universal, natural and normal; that everyone's gender matches (or ought to match) their sex assigned at birth
- Deadnaming** Calling someone by their birth name after they have changed their name. This term is often associated with trans people who have changed their name as part of their transition.
- FGD** Focus Group Discussion
- Gender expression** How a person chooses to outwardly express their gender, within the context of societal expectations of gender. A person who does not conform to societal expectations of gender may not, however, identify as trans.
- Gender identity** A person's innate sense of their own gender, whether male, female or something else (see non-binary below), which may or may not correspond to the sex assigned at birth
- Heteronormative** A belief that heterosexuality is universal, natural and normal; a lens through which people pass judgement on appropriate behaviour for 'men' and 'women'
- IDI** In-Depth Interview
- Intersex** A term used to describe a person who may have the biological attributes of both sexes or whose biological attributes do not fit with societal assumptions about what constitutes male or female
- LBT+** Lesbians, Bi women and Trans people or communities
- LGBT** Lesbian, Gay, Bi and Trans people or communities
- LGBTI** Lesbian, Gay, Bi, Trans and Intersex people or communities
- LGBTIQ** Lesbian, Gay, Bi, Trans, Intersex and Queer people or communities
- Non-binary / NB** An umbrella term for people whose gender identity doesn't sit comfortably with 'man' or 'woman'. Non-binary identities are varied and can include people who identify with some aspects of binary identities, while others reject them entirely.
- SDGs** Sustainable Development Goals
- Sexual orientation** A person's sexual attraction to other people, or lack thereof
- SOGIE** Sexual Orientation, Gender Identity and Expression
- SRHR** Sexual and Reproductive Health and Rights
- SSMPA** Same Sex Marriage Prohibition Act (2013) of Nigeria

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APPENDIX: REACH AND METHODS OF PROJECTS

Group	Country	Citation	Total number of people reached	Methods involved	Communities reached
Violence	Chechnya/ Russia	Lapina (2019)	36	Storytelling/ interviews	Lesbians, bi and queer women from the Chechen Republic and other areas.
Violence	Lesotho	Malelu (2019)	60	Standardised interviews	LBT+ women from seven districts covering three regions in Lesotho (Butha-Bothe, Leribe; Berea, Maseru; Mafeteng, Mohale's Hoek; Quthing).
Violence	Macedonia	Kanurkova (2019)	30	FGDs & interviews/case study research	LBT+ communities and representatives of state institutions.
Violence	Nigeria	Oriye (2019)	50	Survey, interviews, FGDs & fieldwork	LBQ women and non-binary people.
Violence	South Africa	Shimanje (2019a)	75 (10 interviews, 65 survey)	Survey & interviews	Trans and gender non-conforming children and young people in five provinces (Limpopo, Gauteng, Western Cape, KwaZulu Natal and the Free State).
Violence	Zimbabwe	Mudzengi (2019)	101	Survey	Adults in Zimbabwe who identify as lesbian, bi women, trans, queer and/or intersex.
Economic well-being	Burundi	Irakunda (2019)	120	FGDs and survey	Lesbians, and bi and queer women in four provinces (Bujumbura, Kayanza, Ngozi, and Gitega).
Economic well-being	Jamaica	Moore (2019a)	37 (FGDs) plus 35 survey responses	FGDs and survey	Trans communities in Kingston (urban), Montego Bay (urban and rural mix) and Mandeville (rural).
Economic well-being	Kyrgyzstan	Masiumova (2019)	31 (26 questionnaires + 5 in-depth interviews)	Questionnaires and in depth interviews	Trans communities, with a specific focus on trans migrants and/or sex workers.

APPENDIX: REACH AND METHODS OF PROJECTS

Group	Country	Citation	Total number of people reached	Methods involved	Communities reached
Economic well-being	Nigeria	Oguaghamba (2019)	10	In-depth interviews	Lesbians, bi and queer women (who are economically empowered).
Economic well-being	International	Julien (2019)	11 and a series of one-on-one interviews	Survey and interviews	Trans men and masculine-presenting women.
Economic well-being	Venezuela	Adrian (2019a; 2019b)	608	Survey (x 2)	306 people living in Venezuela and 302 people living outside of Venezuela.
Health	Uganda	Karungi (2019)	28 (20 interviews, 8 FGD participants)	Interviews and FGDs	LBT women and health services providers in the Kampala Metropolitan Area.
Health	Brazil	Neves (2019)	13	Questionnaire and facilitated meeting	Trans men and health professionals in Rio de Janeiro.
Health	Zambia	Chama (2019)	45	Interviews and FGDs	LBQT communities and 'non-binary female-bodied persons'.
Health	Peru	Hernández (2019)	224 (210 survey, 14 interviews)	Survey and interviews	LBTQ+ communities.
Health	Ecuador	Mosquera (2019)	81	Survey (81), interviews (10) and FGDs (x6)	Lesbians and bi women, located through a database of Mujer y Mujer. The focus groups were held in the cities of Guayaquil, Quito and Cuenca.
Health	Jamaica	WE-Change (2019)	130 (101 survey, 29 FGDs)	Survey and FGD	LBQ+ women in Jamaica.
Health	Botswana	Magashula (2019)	24	Interviews	Trans communities (trans men and women, non-binary, queer and non-conforming).

APPENDIX: REACH AND METHODS OF PROJECTS

Group	Country	Citation	Total number of people reached	Methods involved	Communities reached
Education	Montenegro	Vlahović and Ulićević (2019)	701 (687 survey, 4 IDIs, 10 FGDs)	Survey, in-depth interviews and FGDs	Secondary school students in Montenegro, and trans and gender-diverse youth who have attended high school in the past 5 years.
Education	Argentina	Rivas (2019a)	92	Semi-structured, in-depth interviews	LGBTIQA families (75 adults, 17 children and young people).
Civic and political participation	Chile	Linker (2019a)	5	FGDs	Intersex people in Chile (including 3 non-binary and 2 cis people).
Civic and political participation	Nigeria	Ulanmo (2019)	200	Questionnaires	LBT+ women and girls in Abuja and Kano.
Civic and political participation	Mozambique	Mangore (2019)	16	FGDs (x 2) and interviews	LBTQ women.

TOTAL 2,728

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network

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