

Asia Pacific LGBTI Survey on Gender-based Violence in Humanitarian Settings

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Background

Humanitarian settings affect entire populations including MSM and transgender persons. However, these situations, including related humanitarian actions, are experienced differently by MSM and transgender people due to various reasons. Their vulnerability is heightened during man-made and natural disasters.

The survey aims to surface how people of diverse SOGIESC experience emergencies, and contribute in designing responsive approaches to reach out to these communities, before, during and after crises and create an enabling environment for them to access services and articulate their needs.

Research Scope and Limitations

The online survey looked into various themes related to SOGIESC and emergencies including respondents' experiences with disasters and the effects of these situations, and how disasters affect access to services. It looked into their perceptions on relationships between their SOGIESC and the effects of disasters experienced. It also probed self-reports of experiences of gender-based violence and their perception of sources of services they trust in future emergencies. While the results of the survey may describe the experiences of respondents, the sample size may not be representative of the experiences of the entire LGBTIQ and MSM population. Research results may not be generalized for the entire population.

The survey was launched last October 9, 2017 and was open until January 2018.

Demographics of Respondents

The survey had 145 respondents from 14 countries across Asia and Pacific Regions. Respondents were from South Asia (40%), Pacific (26.67%), Southeast Asia (16.67%), West Asia (6.67%). Other respondents were from Australia, Mongolia and Antigua & Barbuda.

Seventy percent (70%) of respondents identified as male, while 15% were female. Another 6% identified as trans-women, while 4.55% identified either as being of various indigenous genders. 4.55% said they did not identify as either male, female or transgender.

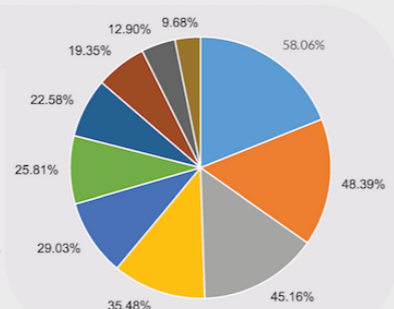
In terms of sexual orientation, most respondents (66.67%) were gay, followed by lesbians and bisexuals. No respondent identified as heterosexual. Two respondents indicated being MSM.

By sex assigned at birth, most respondents were males (76.67%) while 3 respondents are intersex.

Findings/ Results

Effects of Disasters on Respondents

- Emotional and psychological violence
- Sexual violence
- Verbal abused
- Restricted movements
- Physical violence
- Separation from family / loved ones
- Separation from friends / networks
- Left place of birth/ place of residence
- Chose or coerced to use sex to access to relief services
- Suspended constitutional rights



A. Experiences of Disasters

More than half of the respondents reported experiencing natural or man-made disasters. The top answers for disasters they experienced were floods (54.84%), earthquakes (35%), hurricanes/tornadoes/typhoon/cyclone (35%), political oppression (32%), religious persecution, and ethnic persecution (16.13%). Other answers include drought, extreme heat, and volcanic eruptions.

Asked how they were affected by disasters, top answers were: experienced emotional and psychological violence (58%), experienced sexual violence (48%), were verbally abused (45%), and reported restrictions in their movement (35%).

Increased Effects of Disasters due to Gender Identity and Expression



Increased Effects of Disasters Due to Sexual Orientation



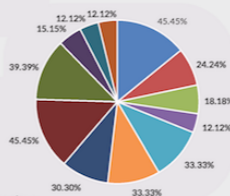
B. Perceptions on the Relationship Between Disaster and SOGIESC

48.39% of 31 respondents answered in the affirmative when asked if they think their sexual orientations and gender identity resulted in increased effects of disasters. Some respondents answered they didn't know.

Respondents also think that their sex characteristics contributed to their being more affected by disasters. Over half of those who answered this item reported that they believed that their sex characteristics contributed to increase effect of disaster on them.

Effects of Disasters on Access to Services

- Limited or no access to food and water
- Limited or no access to safe shelter
- Limited or no access to safe toilets and washing facilities
- Limited or no access to sanitary or menstruation supplies
- Limited or no access to cash
- Limited or no access to health service



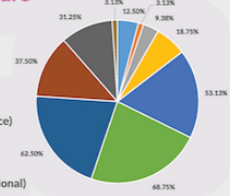
C. Disasters and Access to Services

Asked as to status of their access to services when they experienced disaster/s, forty five percent (45%) of those who answered this item reported that they had limited or no access to food and water, and counselling or mental health support, 41% had limited or no access to legal support, and 35% had restricted access to cash support.

In addition, 66% of respondents reported feeling unable to inform appropriate authorities to improve their situation and access to services. However, 70% of those who answered that they were able to complain to authorities indicated improvement in services after reporting. Asked as to whether they are reluctant to complain to authorities and access services for fear of being outed, 86.63% of those who answered this item said yes.

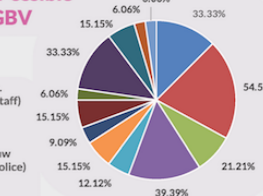
Trusted Service Providers in Future Emergencies

- Government
- Military (e.g. army)
- Law enforcement (e.g. police)
- Humanitarian responders (government)
- Humanitarian responders (non-government/international)
- LGBTIQ+/SOGIESC community
- Friends
- Family



Self-Report on Perpetrators of Possible Experiences of GBV

- Healthcare providers (e.g. doctors, nurses, hospital staff)
- Family/relatives
- Intimate partner
- Government military or law enforcement (e.g. army, police)
- Other armed groups
- Other people from my community who were affected by the disaster



68.75% of respondents reported trusting LGBTIQ+ organizations to provide them with support in future emergencies. This was followed by respondents who chose friends, INGO humanitarian responders and family.

Of those who answered the question about perpetrators of possible experiences with gender-based violence, top answers were family and relatives (54.55%), government military/law enforcement (39.39%), and health-care providers and government officials both with 33.33%.

Conclusions

SOGIESC were identified by respondents as basis for self-perceived disparities in terms of how emergencies affect them. Survey respondents felt that their SOGIESC were related to their increased vulnerabilities during disasters.

Persons of diverse SOGIESC also experience challenges in their access to basic services including health, financial support and legal support, information on services catering to gender and sexual minorities. Some respondents also indicated that fear of being outed prevents them from approaching authorities in instances where they have complaints.

Persons of diverse SOGIESC experience gender-based violence in

humanitarian settings from various perpetrators including family members, intimate partners, and service providers.

One key takeaway from the survey is that respondents reported trusting LGBTIQ organizations to provide support and services in future emergencies. This finding could inform future humanitarian actions specifically in involving LGBTIQ community in the planning, implementation and assessment of responses to humanitarian events.

The survey results could be helpful in initial identification of services, the manner by which these services should be delivered, and some present challenges in service delivery.

Recommendations

- Inclusion of LGBTIQ community in planning, implementation and assessment of humanitarian actions.
- Scale up awareness-raising on human rights, SOGIESC, SOGIESC-based violence, and the humanitarian cycle.
- Enactment and implementation of SOGIESC-enabling legal and policy environments.
- Development of SOGIE sensitive tools and inclusive data, and involvement of the community in the entire humanitarian cycle.
- For humanitarian services to be accessible, inclusive and sensitive to the diverse needs based on SOGIESC.
- Humanitarian actors should ensure meaningful, free and active participation of LGBTIQ groups/representatives in structures involved

- in the cycle of humanitarian response.
- Review institutional, policies and guidelines to ensure their inclusiveness to the diversity of SOGIESC.
- Follow up and expand on the findings of present research.

(Recommendations are a mix of reflections from the survey and the highlights from the recently concluded Pride in Humanitarian Systems held last 4-8 June 2018 in Bangkok, Thailand. The consultation was organized by APCOM, APTN, ASEAN Sogic Caucus, Edge Effect, IPPF, UN Women, and Australian Aid.)