



Social Protection Coordination Unit
Cambodian Social Protection Research Fund

**AN EXPLORATION OF SOCIAL EXCLUSION OF LESBIANS, GAY AND
TRANSGENDER PERSONS IN FAMILIES AND COMMUNITIES IN
SOME AREAS OF CAMBODIA AND THEIR WAYS OF COPING**

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ABSTRACT

“Social Exclusion” refers to the social processes, institutions and mechanisms that can restrict equitable access of individuals and groups to services, markets, public decision-making, community activities, and support. This study is an exploration of the exclusion of Khmer people from institutions (the family, school, workplace) and select social protection mechanisms on the basis of their gender expression and sexual identity, and their ways of coping. It was carried out in urban Phnom Penh and in two rural villages. Methods used were a survey, FGDs and Key Informant interviews. 149 persons who self-identified as Lesbian, Gay, Bisexual or Transgender (LGBT) participated in the survey. Data collection was done in the months of July and August 2012.

The study shows that LGBT persons experience high levels of stigma, discrimination and exclusion in a variety of settings: the home, school, the workplace, health facilities and public spaces. This can range from being ignored, not being allowed to be “who I am” or to express themselves, not being included or recognized in the community activities and processes, to being insulted, attacked, and being subject to frequent episodes of both domestic as well as gender-based violence.

Social Exclusion on the basis of gender identity and sexual orientation (SOGI) is complex and may not be readily acknowledged by authorities. Other factors that can influence exclusion are poverty, illiteracy, lack of awareness about social protection mechanisms and how these can be accessed, some religious practices, cultural norms about males and females, husbands and wives, and families, and type of occupation (such as sex work); however SOGI-based exclusion appears to be a major cross-cutting feature that cannot be disregarded. Many LGBT are mobile and even while living together with a partner in a stable relationship, they are not officially and legally recognized as partners, a husband-wife team, a couple, or as a family.

Discrimination, Exclusion and Stigma have major impacts on lives of people who are openly LGBT; the traditional safety net—the family, becomes an oppressor so LGBT turn to friends more often for support during critical shocks.

Male to Female Transgender in appearance (and behavior) seem more likely to be discriminated compared to lesbians and gays, and report higher rates of exclusion from schooling, education, certain types of jobs, being subject to police harassment and arbitrary arrest and detention and association with having HIV. They are frequently pre-judged as “criminals”, “gang members”, “thieves” or “drug users”. LGBT can be included in community social protection activities, but they have to be accepted within the village, and need to demand for what is due to them. Some authorities are flexible and find ways to allow inclusion (i.e. recording information on family books as “sisters”, “twins” for same-sex partners who live together).

The study makes recommendations for policy-makers, program planners and project implementation to consider Sexual Orientation and Gender Identity as crosscutting factors that can influence participation, delivery of social services, and access to education, work opportunities and justice. Awareness and Education activities on SOGI support for informal groups and associations, as well as areas for further research are recommended.

ABBREVIATIONS

| | |
|----------------|--|
| ADB | Asian Development Bank |
| CARD | Council for Agricultural Research and Development |
| CCHR | Cambodian Center for Human Rights |
| CDHS | Cambodia Demographic and Health Survey |
| CMDG | Cambodia Millennium Development Goals |
| FGD | Focus Group Discussion |
| HEF | Health Equity Funds |
| HIV | Human Immune Deficiency Virus |
| ID-Poor | Identification of Poor Households Program |
| KI | Key Informant |
| LGBT | Lesbian, Gay, Bisexual and Transgender |
| MSM | Men Having Sex with Men |
| MOP | Ministry of Planning |
| NGO | Non-Government Organization |
| NSDP | National Strategic Development Plan |
| NSPS | National Social Protection Strategy |
| RGC | Royal Government of Cambodia |
| RoCK | Rainbow Organization Kampuchea |
| SOGI | Sexual Orientation and Gender Identity |
| SPCU | Social Protection Coordination Unit |
| UNESCO | United Nations Educational, Scientific and Cultural Organization |
| UNICEF | United Nations International Children's Fund |
| WHO | World Health Organization |

1 Introduction

While special vulnerable groups have been described in the NSPS 2011-2015, it is likely that persons who do not conform to usual gender norms (such as effeminate, homosexual males, masculine females, transgender persons, etc.) are subject to various forms of exclusion, stigma and discrimination, which in turn exacerbate poverty and vulnerability. The expression of gender identity is an innate characteristic cutting across all categories, and exclusion on the basis of gender identity can seriously affect human capital development and potential.

For example, children who are born and raised as male but who might behave as females, are subject to teasing and ridicule at home and in school, and may drop out earlier. Females who are lesbian are subject to rape and violence and forced marriages. A transgender, who is HIV positive, is even subject to more stigma than HIV positive people who are not transgendered in their appearance and expression. Transgender people also do not seem to be included in programs that specify sex of beneficiaries as either “male” or “female”. Thus the overt expression of gender characteristics that are opposite to the sex or gender assigned at birth tends to be a major source of exclusion and discrimination.

While Cambodia is classified as a “Neutral”¹ country in terms of its written policies on sexual diversity, findings from several reports² indicate that there is a significant degree of stigma and discrimination on Cambodians who may be gay, lesbian or transgendered. LGBT report being verbally abused, beaten up, and excluded from school activities, family

¹ Cambodian laws and the constitution does not prohibit homosexuality, neither is it recognized, condoned or punished. (Caceres et al)

² These reports include the following: Coming Out in the Kingdom: Lesbian, Gay, Bisexual and Transgender people in Cambodia (CCHR, December 2010) and the Report card on HIV Prevention for MSM and Transgender persons in Cambodia (RHAC, September 2011)

gatherings, and work opportunities. This rejection and exclusion leads to people leaving schools, families and hometowns at a relatively young age, thus eliminating a valuable source of social support: family and relatives. The lack of education and suitable work opportunities, coupled with discriminatory attitudes of family, teachers, local leaders and law enforcers limits options for employment.

In some health care settings in Cambodia, Gays, MSM and Transgender have experienced varying degrees of stigma and exclusion from health care professionals and other clinic staff. While health authorities maintain that the discrimination comes from within the group itself (i.e., “*the health providers do not discriminate, but they (MSM and Transgender) exclude themselves from the health services*”), it may not be apparent to the authorities that this is in part due to certain attitudes in providers, which can only be felt by clients. Since the past experiences of these groups are one of exclusion and discrimination, it may be difficult to expect anything else. Thus, LGBT persons prefer to lie or hide about their sexuality, a phenomenon that non-LGBT persons have generally little, if any, understanding of.

Thus, persons of a different sexual orientation and who express themselves in ways that are not considered socially or culturally acceptable, or not consistent with their sex at birth is, are excluded from various social protection mechanisms, both traditional as well as those led by the government.

The proposed research into experiences of exclusion and rejection from the families and communities of LGBT can shed some light onto this unexplored and complex issue that leads to exclusion from social safety nets, or to the formation of other “safety nets” of support from friends and other similarly situated individuals.

The purpose of the study is threefold:

(1) To describe and document experiences of rejection and discrimination of lesbian, and young transgender persons, and the impact of this on their lives;

(2) Describe the various mechanisms and activities used by lesbians and transgender to cope with the exclusion, shocks and discrimination; and

Identify mechanisms through which they can be better protected and supported to participate in mainstream social protection initiatives.

2 Methodology

Several methods were used for this study: Review of documents and related literature, Questionnaire Survey, Focus Group Discussions, and Key Informant Interviews. Data collectors for the Survey were all Lesbian, Gay or Transgender. The definition of “Social Exclusion” was adapted from one used by the Asian Development Bank (ADB).³

2.1 Location and timeframe

The survey had 149 respondents, most from Phnom Penh. Two villages in rural areas were selected – Svay Rieng and Takeo. These were villages where RoCK activists lived and worked or had first-hand reports of discrimination and exclusion, or of acceptance and inclusion of LGBT.

2.2 Research tools

Survey questionnaire – this structured survey tool has the following sections: General information (demographics, socio-economic), Disclosure, Civil society involvement and participation, and Experiences of discrimination.

FGDs- Six FGDs were in Phnom Penh and one each in villages in Svay Rieng and Takeo. A total of 64 persons participated. The FGDs were held with young gay and MSM, young lesbians, older lesbians, HIV Positive MSM and Transgender males, and villagers in Svay Rieng and Takeo.

Key Informant Interviews –Informants were selected on the basis of having direct experiences of discrimination or inclusion, and on whether they were supporters or non-supporters of the LGBT Cambodians. Eleven people were interviewed and included family members (mothers, siblings, and children) of open LGBT, local authorities (village chiefs) and a police officer.

Data Analysis

Survey Data was reviewed, “cleaned”, sorted, and analyzed using STATA and SPSS 20. Data from FGDs and Key informants were reviewed and analyzed for content and relevant themes.

Study Limitations:

This research is a broad exploration and is not meant to be an in-depth study. The topic of “Exclusion” on the basis of perceived gender identity and sexual orientation complex is layered, nuanced and extremely fluid and subject to personal as well as societal norms, perceptions and values. The team had restricted access to those below 18. In part, this is because the recruitment of respondents was through NGO drop-in centers and only those 18 years and above was being targeted by the NGOs. Nevertheless, there were 32 respondents aged between 14 to 18 years, who were confident and sure about their sexual orientation towards the same sex or for both sexes. A few boys and girls (below 14 years) expressed preference and sexual attraction

³ **Social Exclusion** refers to the social processes, institutions and mechanisms that can restrict equitable access of individuals and groups to services, markets, public decision-making, community activities, and support. (ADB)

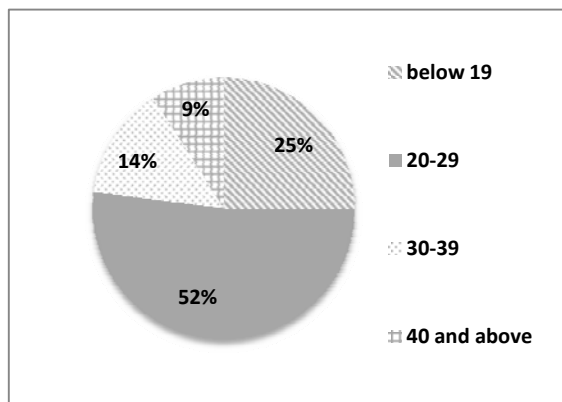
for members of their same sex, but they were not included in the study.

3 Results and Discussion

3.1 Demographic Characteristics

The survey had 149 respondents, most of who are from Phnom Penh (91%) with nine per cent from rural areas. 91 were born as male (61 %) and 58 as female (39%). The Ages ranged from 14 to 59, with a Mean age 25.6 years. The Median age is 22.5 years. 86% of respondents said they were Buddhist, Seven percent-answered “Islam”, four per cent said they were Christian. Three per cent said they had “no religion”. The age distribution of respondents is shown in Figure 1 below. 25% were below 19 years, 52% between 20-29, 14% were between 30-39 and 9% were above 40.

Figure 1. Age Distribution of Respondents



Source: Survey 2012

Conception of Gender and “Gender Identity”

Respondents were asked, “What is your current gender” and were guided by a set of four choices: Male, Female, Both and “Neither” (with instructions to fill in the word or gender classification for themselves). Six of the gay males and a few transgender put “MSM” in the blank space. As can be seen in Table 1 below, 28 of the 149 survey participants (19%) considered their current gender(s) to be either “Both male or female” or “Neither male nor female”.

Table 1. Current Gender and Self-Identification

| Self-Identification | Current Gender Identity | | | | Total |
|---------------------|-------------------------|-------------|-----------|---------|-------|
| | Male (M) | Fe-male (F) | Both M& F | Neither | |
| Lesbian | 28 | 22 | 8 | 0 | 58 |
| Gay Male | 31 | 1 | 6 | 6 | 44 |
| Transgender | 4 | 35 | 6 | 2 | 47 |
| Total | 63 | 58 | 20 | 8 | 149 |

Source: Survey 2012

Gender Identity is more complicated. The definition used is adapted from the landmark document, the Yogyakarta Principles (2007), which outlines the application of international human rights law in relation to sexual orientation and gender identity. In the Yogyakarta principles⁴, **Gender Identity** is **understood** to refer to each person’s deeply felt internal and individual experience of gender, which may or may not correspond to the sex assigned at birth, including the personal sense of the body (which may involve, if freely chosen, modification of bodily appearance or function by medical, surgical or other means) and other expressions of gender, including dress, speech and mannerisms. **Sexual Orientation** is **understood** to refer to each person’s capacity for profound emotional, affectional and sexual attraction to, and intimate and sexual relations with, individuals of a different gender, or the same gender or more than one gender.

For the study, there were two ways of categorization: the primary one was by self-**identification**, where the respondent said, “I am: (gay, lesbian, kteuy, MSM, LG, LB, LT, *Sim Pi, Sim Bi, bros slan boros, srey sros, MSM long hair, MSM short hair, etc.*)”. **Lesbians** were identified as women who preferred to

⁴ The **Yogyakarta Principles on the Application of International Human Rights Law in Relation to Sexual orientation and Gender Identity** were developed by a distinguished group of human rights experts from 25 countries. The aim was to develop a set of international legal principles on the application of international law to human rights violations based on sexual orientation and gender identity to bring greater clarity and coherence to States’ human rights obligations. The principles were adopted following the expert’s meeting at Gadjah Mada University in Yogyakarta, Indonesia from 6 to 9 November 2006.

have emotional, affectionate and sexual attraction primarily to other women. **Gays (male)** were understood to be men who preferred to have emotional, sexual, and affectionate attraction to other men or to others “like themselves”. The **Male transgender** was understood to be someone who may have been born or raised a male, but who felt that they had been born into the wrong body, and felt and acted like women, and preferring emotional and sexual relations primarily with men. One of the helpful questions to ask in this regard, was “*Who (or what type of person) do you love? Please describe this person*”. The researchers did not specifically ask about “**Bisexuality**”, which is the capacity to form intimate physical, emotional and sexual relations with persons of similar, or different, sex than your own. However, in the survey, several people referred to themselves as “*Sim-pi*”, literally, “two SIM cards” and indicating that they were attracted to, and had sex with, people of both sexes. For purposes of consistency the acronym “LGBT” is used since this is globally recognized, as opposed to simply, “LGT”.

Table 2. Current Gender Category and Sex at Birth of Respondents

| Gender Category | Born as “male” | Born as “female” |
|---|----------------|------------------|
| Lesbian (“LG, LB or LT”) | 0 | 58 |
| Gay (many also used the term “MSM”) | 44 | 0 |
| Transgender (some also used the term “MSM”) | 47 | 0 |
| Total | 91 | 58 |

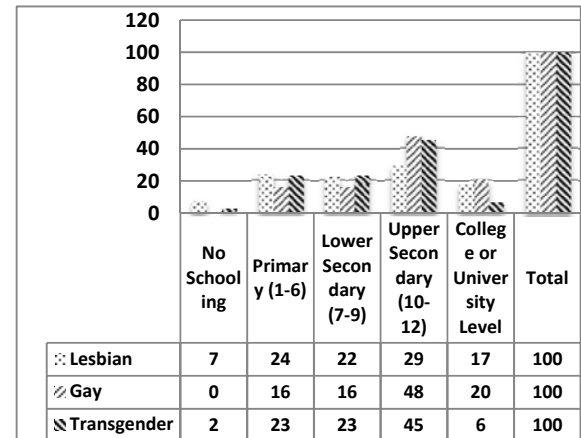
Source: Survey 2012

Educational Levels and Attainment

97 % of the study population had been to school. Five (3 %) had no schooling. The mean number of years of schooling of the respondents was 9.08 years. Gays had a higher mean number of years in school – 10.54. Lesbians and Transgender on average had 8.53 years and 8.54 years respectively. In terms of the highest levels of education reached (above secondary school), 20% of gay males reached University, with 17% of

lesbians also reaching the same level, whereas only six per cent of transgender had reached above secondary level of schooling. (Figure 3)

Figure 2. Comparison of Education Attainment in Survey Population

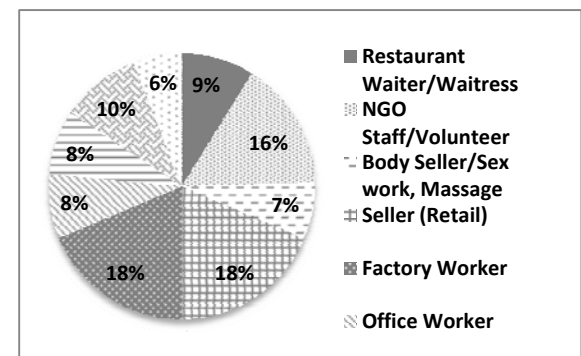


Source: Survey 2012

Occupation/Jobs

The respondents were asked about their primary way of earning a living, and the types of jobs they currently hold. 102 out of 149 (81%) listed their jobs. The main types of jobs are in figure 5 below. 18% each were working in factories or in retail, as sellers. 16% were staff of NGOs and 10% were in the beauty business (hair dresser, make up). Nine per cent worked in restaurants; eight per cent each on farming or in offices, while seven per cent said they worked as masseurs or sold sex, which they described as “selling my body”.

Figure 3. Primary Job/Occupation by the Respondents (N=102)



Source: Survey 2012

The reason for people entering sex work, or selling their bodies, is often cited as being due to “poverty”. However, it also appears that discrimination on the basis of gender identity (in addition to the lack of options) plays a role. A 2010 report on Cambodia from Human Rights Watch illustrates this⁵.

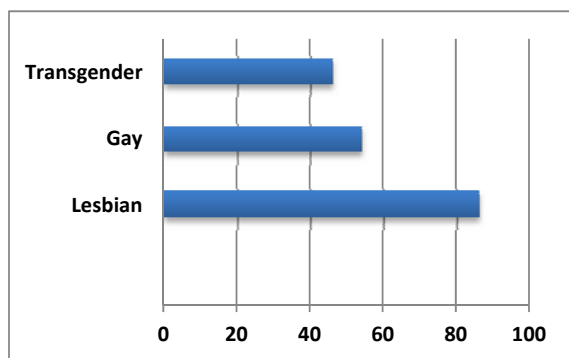
Marital Status, Partners and Children

Respondents were asked about their current (present) marital status. 93% said they were currently single or never had been married. Five per cent said they were married, with two per cent either widowed or separated.

64% of those who were single/never married had partners, though 70% were not living together. The rest (30%) of those with partners said were living together. 11.5% of all respondents said they had children, either their own, or who they had raised as their own, being responsible for shelter, education and health care and even marriage expenses for these children.

Most of the lesbian respondents had partners at the time of the survey. 50 of 58 (86 %) of lesbians had current partners, compared to 24 of 44 (54 %) for the gay male and 22 of 47 (46%) of the transgender respondents.

Figure 4. Current Partners in the Survey Population

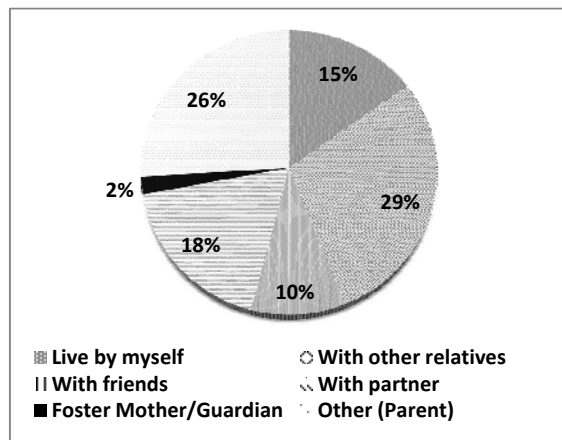


Source: Survey 2012

Living Arrangements

65% of those below 18 years were living with one or both parents at the time of the interview. This drops to 26% for those above 18. For those over 18 years of age (See Figure 5) the most common living arrangements are with other relatives (29%). 18% were living with their partners. 15% were living by themselves and 10% were living with their friends.

Figure 5. Living Arrangements (above 18 years)



Source: Survey 2012

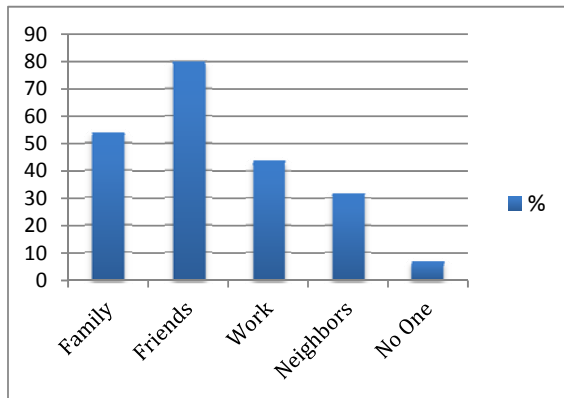
3.2 Disclosure of "Who am I"

Disclosure in this study is understood as the process by which to the respondent directly (or indirectly) states “who I am” to others (family, friends, work, neighbors). This excludes being “discovered” or found out by family, which is often a non-voluntary event. Disclosure indicates an acceptance of one’s nature as different from others, and a willingness to tell others about “who I really am”.

Over nine of ten (93%) of the respondents say they have disclosed their “true self” to others. (Figure 6.) The most common group that people disclosed to were their friends (80%). 52% had disclosed to their family and relatives, 44% to their co-workers, and 32% to the neighbors. Seven per cent said they had NOT disclosed to any one of the groups listed.

⁵ “Off the Streets- Arbitrary Detention and Arrests of Sex Workers in Cambodia”, Human Rights Watch, July 2010, p. 17

Figure 6. Disclosure to Family, Friends, Work, and Neighbors



Source: Survey 2012

Sexual Identity, Gender Orientation and Disclosure to Family

The survey showed major differences in the level of disclosure of “who I am” to the family. Overall, just over half (52%) of the respondents said they had told family members of who they are. Transgender tend to have higher level of disclosure (66%) probably because of obvious appearance and expression in clothes, and behaviors. 59% of lesbians said they had disclosed. However, only 30% of Gay men said they had disclosed to their family.

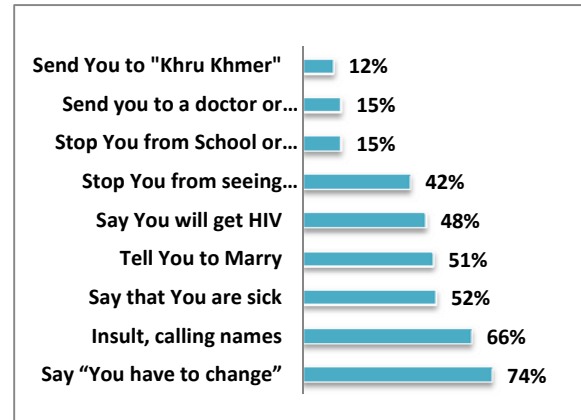
Family reaction to disclosure

Most of the reactions from family are negative, or unsupportive. Among 80 respondents who had disclosed to their families, Anger seems to be the most common reaction, (76%) followed by Sadness, (56%) Guilt was expressed by 31% and Denial by 21%. 48% said their families expressed Acceptance, but this happened after some time.

In addition to the emotions expressed by the families, the specific reactions they expressed are in Figure 7 below. 15% said they had been stopped from school or from going to work. Many family members think that they are influenced by their friends, or are “crazy” and “sick”, or “possessed by a spirit”. Thus being sent to traditional healers “*kru khmer*” and

doctors or psychiatrists is a fairly common occurrence, reported by 12 to 15%.

Figure 7. Reaction from Family on Disclosure



Source: Survey 2012

Other Reactions Noted from the Family

Respondents were also asked, “what other specific reactions did your family have?” A selection of these reactions includes the following statements:

Box 2: Selected Family Reactions – Unsupportive

A minority of the family members were accepting and supportive, particularly those who recognized that this was a “natural” phenomenon. This is reflected in statements like:

“They were angry, and dislike that I act as a male”

“My father told me that if I would be a kteuy, then I would have to leave the house... it seems that in my family they only love me 50% while they love the others 100%...I have a lesbian sister, and she is treated like me also”.

“My family is ashamed and scared that in the future no body (will) take care of me”

“My father cursed, he said If he knew he had a gay son when I was born, he would have killed me”

“My parents feel ashamed to have lesbian, gay or transgender children, it destroys the surname”

“They took me to Siem Reap, and tried to control everything I do to change my mind that loves the same sex”

“They do not allow me to dress like girl; they take my clothes and throw these out”.

Box 3: Selected Family Reactions – Supportive

“Not much discrimination, because they know my activity since I was young that I like acting like a boy”

“They don’t discriminate but are friendly. No sadness, Recognize the truth of my feeling and life; they tell me to love myself more and more”

“They think it’s the nature, and that they cannot say anything (against) it”

“They just advise to know how to protect myself to not transmit the HIV”

Discrimination and Insults from family members was a common occurrence. Two thirds (66%) of respondents experienced insults and name-calling, and 15% said they had been stopped from going to school or working by family members (Table 3). Within these already high rates, Transgender report higher levels of discrimination from family members. 87% of Transgender reported name-calling and insults, compared to 63% of Gay and 52% of lesbians. The same pattern holds true for being stopped from school or work, with 24% of transgender saying they had been stopped from schooling or work by family members, compared to 14% of lesbians and six percent of gay men.

Table 3. Proportions of Respondents who had Experienced Insults and Name Calling and from Their Family (Top Table), and who Reported Being Stopped from School and Work (Lower Table)

| Experienced Insults and Name-Calling in Family | Gender ID | | | |
|--|-----------|-----|-------|-------|
| | Lesbian | Gay | Trans | Total |
| Yes | 30 | 28 | 41 | 99 |
| No | 28 | 16 | 6 | 50 |
| Total | 58 | 44 | 47 | 149 |

| Family tried to Stop Schooling or Work | Gender ID | | | |
|--|-----------|-----|-------|-------|
| | Lesbian | Gay | Trans | Total |
| Yes | 8 | 3 | 11 | 22 |
| No | 50 | 41 | 35 | 126 |
| Total | 58 | 44 | 46 | 148 |

Source: Survey 2012

In Takeo, a family stopped their 20-year-old daughter from working in a garment factory because she had been living with a masculine-looking female working in the same factory.

They claimed that their daughter had been drugged, bewitched, or would be sold or trafficked, despite their daughter’s protestations that she really wanted to live with her partner.

Greater levels of discrimination may be due to two factors: (a) greater amount of “difference” expressed, and (b) a more easily “detected” way of dressing, behavior, among transgender compared to gays and lesbians. Therefore parents and other family members will tend to react more strongly to a young son who puts on feminine dress, or make-up, for example, compared to others who might appear to be more conforming to social roles and activities of boys and girls. Not surprising then that those who feel at a younger age that they are different from their peers, will tend to hide “who they really are” from family. Dependence of the youth on their family on housing, shelter, food, school fees, affection and acceptance, etc. may also make them more unlikely to reveal themselves, until they feel more independent, and ready to cope with the expectations and wishes of parents and other family members.

Yet another type of negative association is linking being LGBT with HIV/AIDS. (Table 4). This may be in part due to knowledge of the higher prevalence of HIV in the MSM population in Cambodia, and the association of HIV with selling sex. In the study, 47.6% of the population reported that they had been told, at one time or another that “You will get AIDS”. Transgender (76%) were more likely to be told this, compared to 54% of gays and 19% of lesbians.

Table 4. Association With HIV/AIDS

| Told by Family, “You will get AIDS” | Lesbian | Gay | Trans-Gender | Total |
|-------------------------------------|---------|-----|--------------|-------|
| Yes | 11 | 24 | 36 | 71 |
| No | 47 | 20 | 11 | 77 |
| Total | 58 | 44 | 47 | 149 |

Source: Survey 2012

Impact of Family Rejection and Exclusion

In Khmer culture (and in many other cultures) the family is considered to be the primary social support system and safety net. Rejection by the family, particularly at a young age before a child can be considered independent, is therefore a major factor leading to vulnerability. The survey shows that there are high levels of exclusion experienced by gays, lesbians and transgender, and this is manifested by being stopped from schooling, working, socializing, seeing friends, and being subject to various acts of violence—physical and emotional. Many cope by hiding “who they really are” from family. The exclusion may lead to leaving both home and school, limiting further opportunities for higher education, work and hinders many LGBT from achieving their full potential.

Reactions from Friends

As a general rule, friends were more supportive of the respondent, than the family. There were also negative reactions such as losing the friendship. A sampling of some of the statements made by friends is listed below.

“They are angry and think I am different from others. Some accept me and said they should not hate because I am only human.”

“Some of my man friends don't want to be with me because they think I'm MSM and some of the straight men are scared of me. Some said, I'll rape you because you look like a girl.”

“Friends said I should love females, don't spend the time to love male, it's useless because the relationship will be broken in the future”

“They admire that we love each other more than the true female or male”

“They encourage me to take care of my health. Don't be sad, have to love myself”

Experience of Domestic Violence

60% of the respondents, or 89 persons out of 149, said they had experienced some form of domestic violence incidents. The survey specifically asked about the forms of violence experienced from family members and/or partners. Table 5 below shows the results:

Table 5. Self-Identification and Experience of Domestic Violence

| Self-Identification | Domestic Violence Experienced | | | |
|---------------------|-------------------------------|----|-------|----|
| | Yes | No | Total | % |
| Lesbian | 33 | 25 | 58 | 57 |
| Gay Male | 25 | 19 | 44 | 57 |
| Transgender | 31 | 16 | 47 | 66 |
| Total | 89 | 60 | 149 | 60 |

Source: Survey 2012

Gay and Lesbian reported similar rates of domestic violence (57%) and transgender reported higher levels at 66%.

Most respondents who experienced Domestic Violence noted several types, as well as different perpetrators within the family – parents, siblings, uncles, aunts, in-laws, grandparents, or partners.

Table 6 below compares the proportion of LGBT in the study that report domestic violence, compared to the last available study in Cambodia that reports on domestic violence, the CDHS 2005. The study population in 2005 consisted of 2037 women all over Cambodia, aged 15 to 49, who were asked about “ever suffering violence from their husbands or in the past 12 months”.

This study adapted the same indicators and scales used to measure spousal violence in 2005⁶. In Table 6, the column for CDHS 2005, “NRS” means the information is Not Recorded Separately or available as a separate indicator; what the CDHS 2005 report records is a composite, “emotional violence” which comprises any one of the three indicators mentioned. In 2005, 18.5% of the sample of

⁶ Approach to Violence measurement: use of a modified and greatly shortened CTS (Conflict Tactics Scale) – Strauss, 1990 in the 2005 CDHS.

2037 women reported some type of “emotional violence”.

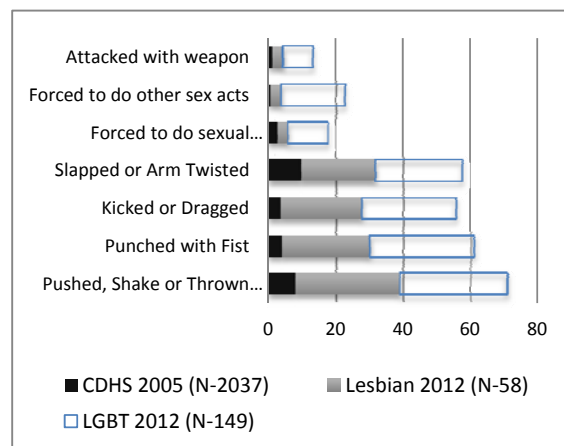
Table 6. Comparison of the Incidents of Domestic Violence (2005 CDHS and 2012 LGBT Population)

| Domestic Violence Incidents reported (Conflict Tactics Scale, simplified version) | “A” CDHS 2005 (2037) | “B” Lesbian (58) | “C” All LGT (149) |
|---|----------------------|------------------|-------------------|
| Say something to humiliate me in public | NRS* | 36 | 46 |
| Push, Shake or Throw something at me | 7.8 | 31 | 32 |
| Threaten with Harm | NRS* | 22 | 32 |
| Punch with Fist | 3.8 | 26 | 31 |
| Kick or Drag | 4.2 | 24 | 28 |
| Slap me or Twist my arm | 9.5 | 22 | 26 |
| Physically forced to do sex acts I did not want to do (except sexual intercourse) | 0.5 | 3 | 19 |
| Swear at me | NRS* | 22 | 18 |
| Physically force me to have sexual intercourse even if I did not want to | 2.5 | 3 | 12 |
| Threaten with a Weapon (knife, gun, other type) | 2.5 | 10 | 13 |
| Attack with a weapon (knife, gun, other type) | 1 | 3 | 9 |
| Try to strangle or burn me (including throwing acid at me) | 1.5 | 2 | 1 |

*NRS – “Not Recorded Separately” as an indicator in the 2005 CDHS.

As indicated in the table above, LGBTs in 2012 experienced proportionately more acts of violence compared to ever-married women in 2005. A more illustrative graph of this can be seen below in Figure 8. (Three indicators of Emotional Violence are not included in this graph, as the 2005 CDHS does not report on these incidents individually).

Figure 8. Comparison of the Proportions of LGBT (2012) and All Cambodian Women (2005 CDHS) Ever Experiencing Domestic Violence



Source: Survey 2012

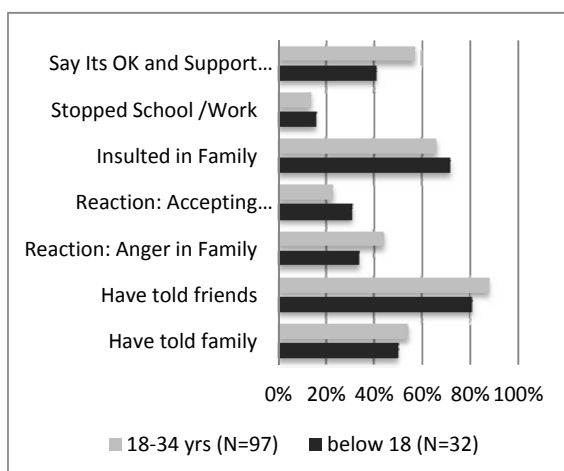
Incidentally, there does not seem to have been any significant change in the prevalence of Domestic Violence in Cambodia since 1996, when the first reports were made, according to the NGO GAD-C (Gender and Development Cambodia). In the 2009 Follow Up Survey on Domestic Violence, 22.5% of females reported suffering violence from their husbands⁷.

Comparison between young respondents (those below 18 years) and older respondents

There were some differences found between those below 18 years (N=32) and those in older age groups. Most of those in the younger age groups are currently living with their parents. They also tend to have reached higher levels of education compared to those in the older age groups, which reflects general progress made in Cambodia in access to education. There were also many similarities, as shown in figure 9 below. Like their elders, most have disclosed to their friends rather than to their family; reactions in the family were more negative than supportive, though more of the younger age group report an accepting reaction from the family (31%) compared to 23% of those above 18 years.

⁷ Gender and Development Cambodia (GAD-C). Handout 3.3, page 79. “A Training Manual for NGO Staff working to eliminate Gender-Based Violence in Cambodia”. GAD-C, June 2012.

Figure 9. Comparison of Youth below 18 and Older Respondents (18-34 yrs)



Source: Survey 2012

3.3 Civil Society Involvement and Participation

According to the 2005 CDHS (pp. 278 to 280), Involvement in civil society is not only a source of empowerment for women, but it is also a desired outcome of the empowerment of women. To be fully empowered, women must participate as equal partners in the development and conduct of their societies. The CDHS 2005 explored women’s involvement in civil society in Cambodia by asking women whether they were members of any kind of association, group, or club that holds regular meetings; whether they vote always, sometimes, or never in local or national elections; and about their knowledge of laws in Cambodia protecting women’s rights and about the problem of trafficking in women.

This survey asked similar questions to all respondents, about membership in any group that held regular meetings; whether they voted always, sometimes, or never in the elections; and about their knowledge of laws protecting women’s rights, such as the following:

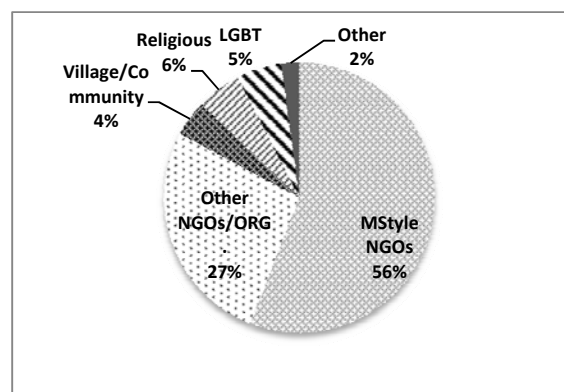
- Equal Rights
- Marriage/Divorce Law
- Labor Law
- Abortion Law

- Child Rights
- Human Trafficking Law, and
- Commune Safety Policy

Membership in Associations and Groups that meet regularly

93 respondents or 62% said they belonged to an Organization, Association or Group that met on a regular basis. These organizations are listed below:

Figure 10. Types of Associations and Groups that Study Respondents Say They Belong to



Source: Survey 2012

The high rates of involvement in NGOs related to HIV/AIDS such as those in the “M Style” program is expected, particularly for the Gay and Transgender respondents as many respondents were MSM/gay peer facilitators and clients of NGOs whose drop-in centers and social activities are supported by the “M-Style” project. Women and Lesbians tended to have lower rates of involvement, as seen in Table 7 below.

Table 7. Involvement in CSOs and Organizations

| Self-Identification | Involvement in CSOs and Organizations meeting regularly | | | |
|---------------------|---|----|-------|---------|
| | Yes | No | Total | Percent |
| Lesbian | 14 | 43 | 57 | 24.5% |
| Gay Male | 40 | 3 | 43 | 93.0% |
| Transgender | 41 | 6 | 47 | 87.2% |
| Total | 95 | 52 | 147 | 65% |

Source: Survey 2012

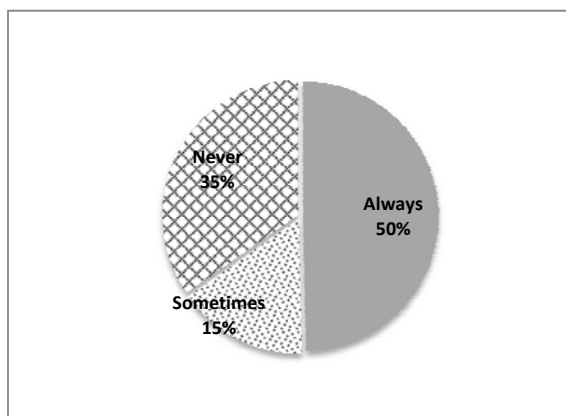
Fourteen of 57 (24.5%) lesbians said they belong to an organization that meets regularly. Gay and Transgender had higher

rates of involvement at 90% (81 of 90). Two respondents (one gay male, and one lesbian) did not answer the question.

Participation in Electoral Process

Respondents were asked whether they voted in the elections, and how frequently (Always, Sometimes or Never). The results are as follows:

Figure 11. Present of Respondents who Report Voting Frequency in Elections



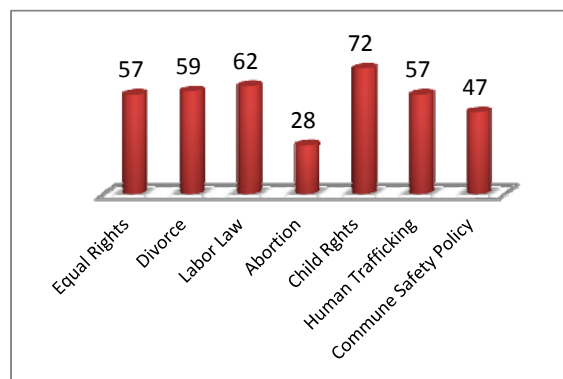
Source: Survey 2012

Barely two thirds (65%) said they voted always or sometimes. Eight did not answer or reported that they were below the age required to vote. The 2005 CDHS asks a similar question of the female respondents; 76% of women then said they vote “always” or “sometimes”.

Awareness of Laws about Human Rights and Women’s Rights

Respondents were asked whether they had heard of the laws and policies listed below. The results are in Figure 13. Respondents were most aware of Laws on Child rights (72%), followed by Labor Law (62%), Divorce (59%) and Human Trafficking and “Equal Rights” (57% each). The Commune Safety Policy was known to 47% of respondents.

Figure 12. Knowledge of Laws on Human Rights and Woman’s Rights



Source: Survey 2012

Knowledge of the “Commune Safety Policy”

The Commune safety policy is a directive (not a law) from the Ministry of the Interior⁸ to all local governments to take measures to reduce “all kinds of crimes”. The improper implementation of the Safety Village/ Commune/Sangkat Policy was cited in the FGDs as a reason, and a justification, to stop gays and transgender from sitting in public parks, particularly at night, where they are assumed to be all selling sex, involved in trafficking, using drugs, and being gangsters and thieves.

In the words of one key informant, (police officer) on Gay and Transgender:

“Recently there seem to be more, I think they follow their friends, thinking that what they are doing is modern and fashionable—I know many gay and transgender who sit around in the park at night. I think they look like gangster, use drugs and sell sex. Some of them are good but some are very bad...they dress very differently.... they wear their hair long and look like women. The anti-trafficking law is not applied to them, but the law against drugs and selling sex...”

Participation in Social Protection Schemes: ID Poor (Identification of Poor Households), and Health Equity Funds (HEF)

The Identification of Poor Households (ID-Poor) is the most important system developed

⁸“Safety Village Commune/Sangkat Policy Guidelines” Issued by the Ministry of Interior and Signed by Sar Kheng, Co-Minister, Ministry of Interior, on 16 August 2010. This is an unofficial translation into English.

to better target assistance to the poor, and considered a key tool to support equitable development. This is a program of the MOP and supported by international donors. It utilizes standardized tools for identifying and categorizing poor households. ID Poor cards are issued to poor households identified by objective criteria and based on assets and community participation. The Identification procedure has been standardized, and considered consultative and participatory. Village representatives interview villagers using a standard national questionnaire. The system was developed for (and mostly used by) HEFs to identify households to receive free healthcare services. It has been mostly implemented in the rural areas. It has also been used to target emergency assistance.⁹

In an interview done at the Ministry of Planning with the ID Poor Program Team leader, Program Manager and Public Relations Manager, it was further explained how the ID Poor system classifies households based on several criteria developed and tested, and applied within the community by village leaders. MOP Staff were not aware if there were any exclusion made on the basis of gender identity, saying, “there are no points are allocated (added or subtracted) according to sexual orientation or gender identity, whether a person is gay or kteuy”.

It was stressed that ID poor is about “identifying the poor, NOT the vulnerable”. MOP staff also noted that this has been carried out mostly in the rural areas, starting in 2007. The list is supposed to be reviewed every three years. A current pilot is ongoing in the urban areas.

The questionnaire survey asked whether respondents had an ID-Poor card, and if so, how they acquired it. 15 % (22 respondents) in the survey say they had ID-Poor cards, most

of them from Svay Rieng. Other key findings from the survey:

- Some mentioned getting Health and Hospital discounts or free medical treatment, such as ARVs for HIV
- Most got the ID poor (there was some confusion with the Health Equity Funds) from the village authorities, NGOs, Hospital/Health facilities or schools
- High % of respondents in Svay Rieng FGD had ID-Poor or HEF cards.

Box 4: ID-Poor Census and Registration: Experience from One lesbian couple

The village officials just passed by the house and ignored us, and we did not get the card, so I asked at the village chief why I did not get one. He told me to wait until the next round of inspection and listing...but still after a few months nobody came to talk to us. When the next round was over, I went back to the village chief, and asked him, “Why we were still not included? Some other persons who have more than us (richer) got their ID cards. Why not us?”

Then I made another complaint at the village office...the next morning, I got ID poor card, but the card seems to cover only her and not her children or her partner, though they received verbal assurances that the partner was also included. “When my partner was sick in the last month and needed to go to the hospital, she had to pay the full amount and we were not given the discount for the ID Poor category 2 members.”

One woman, who had been living with her female partner for over 20 years in Svay Rieng, shared their experience with getting registered for an ID poor card.

The sample of the ID poor card, with the Family Book (from our informant in Svay Rieng) is shown in the photo below:

Figure 13. Family Book and ID-Poor Card



⁹ Ngy Chanphal, “Social Safety Nets: Cambodia’s experiences. From Social Assistance and Conditional Cash Transfers – Proceedings from a Regional Workshop, July 2009. ADB, 2010, pp. 60-87

Though this is just one case where a lesbian couple was ignored, until they made a complaint, it is possible that similar exclusion from the ID-Poor as well as benefits, and emergency assistance, can happen in other villages and communes. In fact, in the FGD, some of the participants (lesbian) said, *“Maybe you were not included because you are not married together”* and one said, *“Or maybe it is because they think you belong to the other (opposition) party”*. In another province (Takeo), a village official, when asked about two very poor women living together who were not included in the ID poor list for the village, said, *“maybe it is because they are not recognized as a family”—they do not have their own home and they live with other family members and seem to move residence often”*.

These remarks indicate that there are other factors or reasons that can influence whether village officials (consciously or unconsciously) exclude others. One is the understanding of what a “family” is, and whether the people living together are married or not. This is a dilemma—since same-sex marriage is not recognized, then two women (or two men, or transgender partners with men or women) raising children together and being intimate are not considered “family”, and may be excluded from benefits that are due to them on the basis of being “poor”.

However it also appears that in some areas, there is community acceptance of lesbians, though this is by no means common. For example, in a village in Takeo, there was acceptance of a non-traditional family – two women (“Srey” and “Rotha”) who had been living together for 29 years and who had a small and successful business and raised eight children, educating them well. In this community the two women felt they were not discriminated against. The deputy village chief mentioned,

Box 5: Supportive Village Officials Speak out

“We treat them normally in this village, they are accepted...it is their right to be who they are.... I have a lesbian older sister too so I am aware of their situation...there is no problem with them since they promote themselves well and the other villagers accept them...they help others and are kind. They are entitled to their human rights, and they also join to develop the village and the country”

“...If I were the Village chief I can allow them to be married if the law allows it. She suggests creating laws that allows this—even Christian and Buddhism does not discriminate against them, and because all of us are human beings, the human rights should be protected.”

Family book identifies “Srey” as Head of the Family, and the partner, “Rotha” is written as “sister” in the family book together with the adopted children and nephews/nieces.

Furthermore, as a common sign of acceptance of the relationship between the two, the Village chief, used the term “husband and wife” when referring to the couple, and using the terms “he and “she”; even the grandchildren refer to them by pronouns of “Ta” for grandfather.

The Village chief also said that the issue of same sex families has also been shared at the village level and even also at the district level, *“...since there seem to be many already here...but there do not seem to be any gay and transgender (male to female) as they go to live in the city.”*

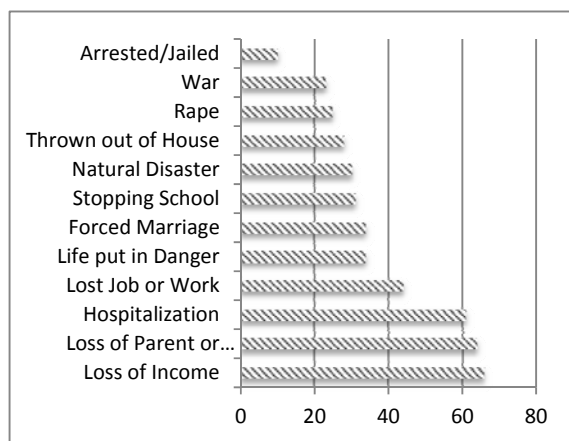
Experience of “Critical Shocks”

A “Critical Shock” is any incident, which can cause a person to drastically change a socio-economic situation, and fall into poverty (NSSP). Some of the critical shocks, like Natural disasters, Hospitalization (or Health shocks), Loss of Income or Work, are common to most persons regardless of Gender and Sexual Orientation. However, some types of

incidents—being thrown out of house, stopped schooling or work, forced marriage, rape, etc. Which occur solely on the basis of a different gender orientation, seem very specific for LGBT persons.

The most common types of shock reported were a Loss of income (66%), Loss of a parent or someone who supported me (62%) and Hospitalization (61%). Loss of a job or work was reported by 44%.

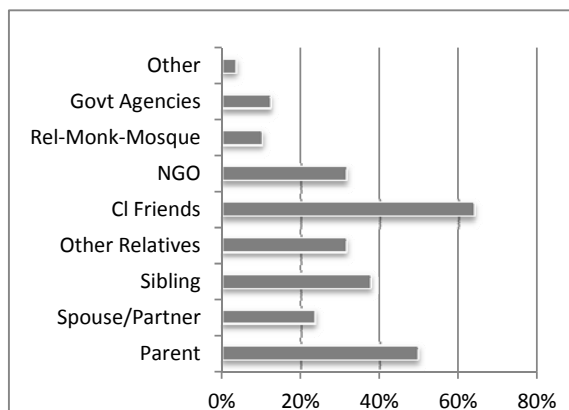
Figure 14. Types of Critical Shocks Experienced by LGBT Respondents (%)



Source: Survey 2012

Respondents to the survey were also asked about whom they could count on for support during critical shocks (Fig. 15). Close Friends topped the list, at 65%. 48% said they would ask their parents for help. NGOs were mentioned by 31% and Government agencies by 12%.

Figure 15. Sources of Support during Critical Shock

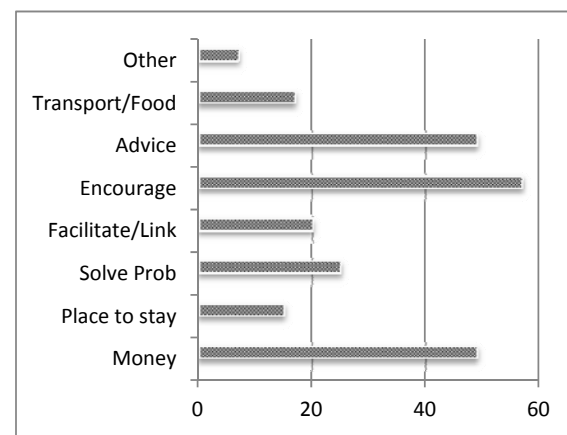


Source: Survey 2012

Types of Support Received

Respondents cited several types of support received. “Encouragement or Empowerment” was mentioned most frequently (55%), followed by “Receiving Advice”, and “Money/Financial support” (48% each). 20% noted that the support received was to “Facilitate contact, or establish links” with NGO service providers health providers, legal aid, or local authorities.

Figure 16. Types of Support Received by Respondents to Help during Critical Shocks



Source: Survey 2012

Experiences of Discrimination and Exclusion outside of the Home and Family

The survey also asked about the experiences of discrimination (and exclusion) from four main venues apart from the home and family: School, Work Places, Health Facilities and “Other Areas” such as public places, parks, markets, etc. 52% reported discrimination at school, 28% had experienced discrimination at the workplace, and 6.7% reported discrimination in health facilities. Over half (56%) reported being discriminated in public places such as public parks and markets, or in clubs and entertainment places. (See Table 8).

Table 8. No. And Proportion of Study Participants Experiencing Discrimination and Exclusion in School, Workplaces, Health Facilities and Other Public Venues

| Description | No. | % |
|------------------------------|-----|------|
| School Discrimination | | |
| No | 72 | 48.3 |

| | | |
|---------------------------------------|-----|------|
| Yes | 77 | 51.7 |
| Total | 149 | 100 |
| Health Facility Discrimination | | |
| No | 139 | 93.3 |
| Yes | 10 | 6.7 |
| Total | 149 | 100 |
| Workplace Discrimination | | |
| No | 107 | 71.8 |
| Yes | 42 | 28.2 |
| Total | 149 | 100 |
| Other Venue Discrimination | | |
| Non Reported | 65 | 43.6 |
| Any Incident Reported | 84 | 56.4 |
| Total | 149 | 100 |

Source: Survey 2012

Further detail on abuse from authorities and discrimination

In the FGD with HIV positive gay men and transgender, their primary issue was about police extortion.

“Police ask money from 30,000 riel to 20 USD, keep us in police office for one night if we can’t pay; talk badly to us and say we are drug abusers, sexual abuser/trafficker, and that we make society disorder, unsafe and not secure. When they do this we then have no money, no food, no work and even cannot go to take our ARVs; Police also accuse us of spreading HIV”

“Jobs - they discriminate about us being MSM or TG, even without knowing our HIV status; even if we are good worker, they will not promote us, other workplace they don’t renew the contract”.

The types of discrimination noted by respondents were roughly categorized into the following:

- Name-calling, Cursing, Mocking, Insults, being bullied
- Ignored, Made to wait longer than others
- Not allowed to join activities, enter some clubs and entertainment places

- Threatened and Harassed, often by police

Belief of Non-Supporters (data from KIs and FGDs)

Several key informants were also interviewed, who were either “neutral” or “non-supporters” of LGBT. This included family members of LGBT who had experiences of exclusion, as well as a law enforcer. These informants shared their views, which are summarized below:

- Most believe that being LGBT is “not natural”, that two women together are “weak” and that same sex couples cannot have children
- “Buddhism does not say anything about same-sex relationships, neither for or against, but we think it is still not “natural” or not normal, because all other people love the opposite sex; this is a disease that can transfer...before this, my daughter loved men also...now it is different.” (FGD)
- “Most of those who love another girl, are jobless and can’t earn a living--but two men if they want to live together, it is possible because they are strong”. (FGD)
- “...If there are more lesbians and gays in the country, perhaps our country will be slow to develop...many will not go to school...there will be less children...it can cause problems in Cambodian culture...It is not Cambodian...” (KI)
- “How can two women live together??” (KI and FGDs)

It is also revealing how prevailing gender norms (“women are weak”, “two men can live together because they are strong”) influence the discussion! It may also indicate that there

could be more openness to having two men live together in a relationship.

3.4 Coping Strategies of LGBT

The FGDs also asked about details of how LGBT cope with the experiences of abuse and exclusion. Box 8 below shows some of the ways and mechanisms of coping.

Young Lesbians in Phnom Penh:

"I tried to explain to parents, but they never listen"

" I avoid staying at home a lot, by going to work elsewhere,"
"Stop studying"

"Trying to be like a "straight girl" using feminine dress and long hair";

"My mother asked me to be married with a man but I refused, then my mother stopped me from schooling, so I went to work instead"

The 29 year old adopted daughter of a lesbian couple said:

"...When I was in school many discriminate against me and also my parents, they call me names and did not let me join in the games. As a young girl I was also a bit unhappy because of the insults and discrimination from others. I think it is possible for culture to change but it is difficult to change—when some people tell we are bad, tell them, we do not get money, food or steal from you..."

"...Now there is more acceptance I think in our area as people start to talk more often and accept us, they no longer discriminate like before and are more accepting...All the people I met who are lesbian are very supportive of my parents, and vice versa. Some also fight each other, but to me it seems like a normal situation—just like other families in the area ".

Impact of Exclusion and Discrimination

It is clear that the exclusion and discrimination have major impacts on the lives of lesbian, gay and transgender persons. This has resulted in the following:

- Dropping out of school earlier
- Leaving Home and Family
- Unable to find regular jobs, have less options than others

- Some are fired from jobs after identifying
- Being Ignored in the community and Isolated
- Unable to access various services and Unaware of what they are entitled to
- Mobility, Move to other areas, (such as the city and urban areas)
- Lack of family and Social support
- Migrate to other countries for seeking safer livelihood and acceptance¹⁰
- Rejected from Religion (Esp. Muslim and some Christian Fundamentalist sects)¹¹
- Attempt suicide
- Decide to follow their parents to marry opposite sex and then divorce

In the end, Exclusion leads to a loss of valuable human capital, and therefore the potential to contribute to village, commune and national life is decreased. Some will turn to negative coping strategies in order to survive (such as leaving home and school; or joining gangs and engaging in illegal activities like stealing, drug selling, etc.), while others may sell sex, use alcohol and drugs. These coping strategies also have their own effects and impacts on the individual, community and society.

4 Conclusions

Various forms of social exclusion are experienced by LGBT in Cambodia. This can range from being ignored, not being allowed

¹⁰ (Report from FGD with older lesbians that in Oct 2011 there are 12 lesbians who were sent to Malaysia and 5 to Thailand).

¹¹ According to the FGD with Muslim gay men and one interview with transgender who used to follow Christianity; gay and transgender Muslim youth felt the impact of being doubly discriminated because of their religion as well as their sexual and gender identities.

to be “who I am” or to express themselves, not being included or recognized in the community activities and processes, to being insulted, attacked, and more severe forms of both domestic as well as gender-based violence

Social Exclusion on the basis of gender identity and sexual orientation is complex and may not be readily acknowledged by authorities. Other factors that influence exclusion are poverty, illiteracy, lack of awareness about social protection mechanisms and how these can be accessed, some religious practices, cultural as well as religious norms about males and females, husbands and wives, and the composition of families, and type of occupation (such as sex work); however it is a major cross-cutting feature that cannot be disregarded. Many LGBT are mobile and even while living together with a partner in a stable relationship, they are not officially and legally recognized as partners, a husband-wife team, a couple, or as a family.

Though there were limitations in the participation of younger LGBT in the study, it appears that the younger respondents (below 18 years of age) report slightly higher levels of “acceptance” from the family compared to their older counterparts. (31% vs. 23%) Younger respondents also report reaching higher levels of education though this may reflect more general trends in increased access to education in the country.

Discrimination, Exclusion and Stigma have major impacts on lives of people who are openly LGBT; the Traditional safety net—the family, becomes an oppressor so LGBT turn to friends more often for support during critical shocks.

Male to Female Transgender in appearance (and behavior) seem more likely to be discriminated compared to lesbians and gays, with higher proportions reporting exclusion from schooling, education, certain types of work or jobs, to being subject to more police

harassment and arbitrary arrest and detention, association with having HIV). They are frequently pre-judged as “criminals”, “gang members”, “thieves” or “drug users”.

LGBT can be included in community social protection activities and access to HEF, but they have to be accepted within the community and the village, and exert extra effort, talk to authorities and negotiate, to demand for what is due to them. Others who are ignored or excluded from the start may not even be aware of their rights and entitlements in the village.

Some authorities are flexible and find ways to allow inclusion (i.e. recording information on family books as “sisters”, “twins” for same-sex partners who live together) but this seems to be dependent on whether the partners are well known and established in the community.

Thus, there are gaps in social policy, such as lack of recognition of same-sex partnerships as “households” and “families”, even if these same-sex partners have raised children and are performing as a family unit. Policies to support social protection are “blind” with regards to these types of family arrangements, though it is clear that the policy does not prohibit or discriminate such arrangements. Implementation of social protection policies and programs with regards to recognizing such partnerships can be said to be mixed, since there is no clarity, however some local officials have made some other adjustments on their own initiative. These types of adjustments are welcome BUT they are subjective in nature, and can be changed easily if the local officials have different perspectives, or personal biases towards any of the partners.

Recommendation

- Policy Makers should consider Sexual Orientation and Gender Identity as cross-cutting factors that can consciously or unconsciously influence participation, delivery of social services, access to education, work opportunities and access to justice. Suitable references for this include the Yogyakarta Principles as well as recent UN publications, “Born Free and Equal”.
- Local authorities, policy makers, schools and family need more education on accepting gender-variant children, and in treating people of different sexuality and gender identity equally, and in applying policies and programs in a “friendly” manner, rather than being hostile
- Possible Violations of Human Rights as well as Child Rights may need to be investigated – The Rights to Education, Work, Health, Earning a Decent Living, Social Security, Self-expression, and Participation in community life
- When monitoring ID-Poor implementation and selecting beneficiaries, the reasons for excluding households (or partners living together who belong to the same sex) may also need to be monitored and tracked
- Organizations working for HIV prevention and Care, the Prevention of Gender Based Violence and Domestic Violence, need to be aware of SOGI and integrate SOGI principles into their work.
- Systematic review of the Implementation of the Commune Safety Policy with regards to its inappropriate application
- Support for informal groups – friends association, friendly pagodas/monks, etc. and LGBT associations who can support their members to advocate for their rights
- Further research particularly in younger age groups (i.e. 12-18) will be useful as this is usually the age when gender orientation and sexuality start to be prominently recognized. At these ages the youth are also more vulnerable to shocks if there is no family support, or schooling. Another subset of the population of LGBT that needs more research are older LGBT (50 years and up) who may have no family or children, or are not entitled to government support through pension funds
- Similar research is recommended in other provinces of Cambodia to have a better picture of the patterns and processes of social exclusion on the basis of gender identity from community life and other protection mechanisms (such as pagodas, community savings mechanisms, funeral assistance, major community festivals, village decision making, etc.)
- Highlight good practice in Inclusion and in “friendly” application of policies, (such as experienced in Takeo, and the testimonies of village officials) and share this with other villages

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