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Joint stakeholder submission by:

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TransgenderSG maintains an online information hub for the transgender community in Singapore and engages in advocacy work on the national level.

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Sayoni is a Singapore-based feminist organisation that works to uphold human rights protections for queer women, including lesbian, bisexual and transgender persons. We organise and advocate for equality in well-being and dignity regardless of sexual orientation, gender identity/expression and sex characteristics.

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Asia Pacific Transgender Network (APTN) is a regional organisation that is working towards the advancement of human rights and bodily autonomy of transgender and gender diverse people in the Asia Pacific region.
This joint stakeholder report has been prepared by TransgenderSG and Sayoni in collaboration with the Asia Pacific Transgender Network (APTN). This report draws data from consultations held with trans communities in Singapore on their social experiences, including results from the first nationwide survey of trans people in Singapore and Sayoni’s research and documentation on discrimination and violence against trans persons. The key priority issues and status of previous UPR recommendations implementation have been closely monitored and studied.

The joint submission draws attention to the discriminations and violence experienced by transgender persons in Singapore in the areas of legal gender recognition, education, employment, healthcare and accessing decent housing and shelter. Finally, the submission outlines the various forms of gender-based violence experienced by transgender persons in Singapore. The submission also provides key legal, policy and programmatic actions for the state to implement in order to ensure that human rights of Singapore’s transgender population are respected, protected and fulfilled.

Key words: legal gender recognition for transgender persons; bodily autonomy of transgender persons; non-discrimination; gender-based violence; right to health; right to decent work; right to freedom from violence and torture
General Context:

1. Article 12 of the Constitution of the Republic of Singapore guarantees all persons equality before the law and equal protection of the law. The Article identifies four classifications – religion, race, descent and place of birth – upon which Singapore citizens may not be discriminated against, but does not expressly protect against discrimination on the basis of gender or sexual orientation.

2. Transgender people in Singapore have access to psychiatric and endocrinological services, but still face numerous challenges in the forms of discrimination in employment, education, marriage, housing and healthcare settings; violence at home and in public spaces; conversion therapy; barriers to reporting; and gaps in service provision.

3. Singapore has strict criteria for legal gender recognition, comprising a ‘complete’ change of genitalia that may require multiple expensive surgeries unavailable in Singapore. The vast majority of transgender Singaporeans are unable to fulfil these criteria. Only those who manage to change their legal sex are permitted to legally marry members of the opposite legal sex;

4. Homosexuality is criminalised under section 377A of the Penal Code. While not actively enforced, it informs policies and attitudes that disproportionately affect transgender people in all areas of their lives. A recent court ruling upheld S377A despite the LGBTI community emphasising how criminalisation of homosexual relationships fuels stigma and marginalisation at the societal level and in broader policymaking arenas.

5. Transgender people face multiple discriminations in employment, but are excluded from existing anti-discrimination labour guidelines such as the Tripartite Alliance for Fair & Progressive Employment Practices (TAFEP).

6. Violence against transgender people by family members and in public spaces often goes unreported. Transgender persons additionally face discriminatory attitudes from enforcement agencies. “Conversion therapy” and related practices are still carried out in Singapore. Healthcare professionals are allowed to provide such services only on request, but no such restrictions apply to religious counsellors and providers. Transgender youths are especially at risk of being sent for conversion therapy by their parents.

7. Transgender persons face barriers in terms of reporting and gaps in service provision. Research by Sayoni has found that the absence of LGBTQ-specific structures of protection makes transgender persons especially vulnerable to acts of violence and discrimination from family members, officials and the public, and significantly impedes access to justice.

8. In 2020, TransgenderSG conducted the first nationwide survey into the human rights situation of the transgender community in Singapore and received 244 valid responses. Some of these results are included in this report. A particular area of concern is the impact
of “unwritten policies” on transgender youths that compromise their privacy, health, safety and access to education.

9. In previous UPR cycles, Singapore received recommendations to decriminalise sex between men, eliminate media censorship of positive or neutral LGBTI content, and protect LGBTI Singaporeans from discrimination. These recommendations were all noted with no steps taken towards implementation.

Legal Gender Recognition

10. Legal gender recognition is the official recognition of a person’s gender identity, including their gender marker and name(s) in public registries and key identity documents. The right to legal gender recognition on a self-determination basis is grounded in several basic human rights, including the right to personal autonomy and bodily integrity, the right to the highest attainable standard of physical and mental health, and the right to privacy.ii

11. Transgender people in Singapore who wish to update their legal gender marker on their National Registration Identity Card (NRIC) must provide evidence of a change of sex. As of late 2017, the Immigration and Checkpoints Authority (ICA) has enforced this by requiring applicants to submit a form certifying that they have been examined by a licensed medical practitioner in Singapore and their genitalia have been “completely changed” from one sex to another.iii Due to these stringent requirements, a significant majority of transgender people in Singapore have not been able to change their gender marker on their NRCs. Only 9.7% of respondents in TransgenderSG’s survey had managed to do so. This rose to just 18.1% among respondents who had undergone some form of medical transition such as hormone replacement therapy (HRT) or non-genital surgery, and 53.8% of those who had been on HRT for more than 10 years.

12. There are significant concerns with these requirements:

a. Expenses. Genital surgery costs around SGD$30,000 for transgender women and up to SGD$150,000 for transgender men, on top of other costs of transitioning. Most cannot afford this. Some prioritise saving for surgeries at the expense of basic survival needs.

b. Genital surgery is not always required to resolve gender dysphoria. Many transgender persons are able to sufficiently resolve their dysphoria through HRT and non-genital surgeries, such as breast augmentation/removal or cosmetic surgery. Furthermore, not all transgender people experience dysphoria over their genitals, or to an extent requiring surgery. 16% of survey respondents said they did not find genital surgery necessary;
c. Requirements pressure transgender people into surgery. TransgenderSG is frequently contacted by transgender people asking which surgeries they need to change their legal sex, and prioritising those over their needs or preferences. Administrative requirements should never be a primary motivation for undergoing major surgery. An individual’s well-being (physical, psychological and financial) should come first.

d. Invasiveness of genital examination for surgical confirmation. The requirement to strip and have one’s genitals physically examined by a stranger is a violation of bodily integrity and the right to privacy, and can be especially traumatic for those with a history of sexual trauma;

e. Surgery carries significant medical risks. Certain pre-existing medical conditions may preclude surgery altogether. Surgeries such as hysterectomies can have serious lifelong side effects and should only be done when the benefits outweigh the costs;

f. Genital surgery is not officially available in Singapore. Surgery thus involves additional costs for travel and accommodation, as well as extended leave from work, which employers may not grant. With borders closed due to COVID-19, we have seen a rise in individuals seeking out local surgeons who may never have performed such surgeries before, so as to change their legal sex and secure employment, marriage and housing. Relying on inexperienced surgeons increases medical risks and complications, as well as regret where results are unsatisfactory;

g. Inconsistent legal documentation increases vulnerability to harassment, discrimination and privacy violations. Having an incongruent gender marker on identity documents impedes access to social services and complicates daily life. This has direct ramifications in healthcare, employability and education for trans persons. It further complicates law enforcement regarding the application of gendered laws and access to gendered spaces and makes trans people more vulnerable to abuse by authorities. Finally, it forces trans people to disclose their transgender status whenever identity verification is required, such as at immigration checkpoints or when registering for services, even in situations that may not be safe or comfortable for them to do so. Apart from causing considerable embarrassment, this puts them at high risk of harassment, discrimination, physical and sexual violence, and even murder or incarceration when travelling overseas. All this violates trans people’s right to privacy and confidentiality. Some trans people may be stuck in this legal limbo their entire lives.

Incongruent gender markers also lead to additional administrative processes which may delay urgent healthcare and can have consequences beyond the trans person. A trans man was held up at a COVID-19 testing facility as nurses were confused that the system listed a female patient. Staff had to sort out the apparent mismatch,
causing unnecessary disruption and taking up valuable time and personnel before he was informed of the delay and could clarify matters.

h. **Lack of access to legal gender recognition is associated with negative mental health outcomes.** Existing literature has established a strong link between having concordant gender documentation and mental health. From our survey, 94.0% of trans women, 93.1% of trans men and 67.3% of non-binary respondents said it was important or very important to be legally recognised as their gender. 90.0% of trans women, 86.2% of trans men and 67.4% of non-binary respondents said that having the right gender on their ID makes them feel safe.

**Discrimination, Abuse, and Restrictions Facing Transgender Students in Education Settings**

13. There are no institutional regulations or policies acknowledging the existence of, or protecting, transgender students in Singapore. Harassment, bullying and more severe human rights violations are common, including from school administration and staff. Students rarely have avenues to seek help and redress.

14. Among the 118 transgender survey respondents currently studying in Singapore, students reported being verbally abused (22.0%), having others spread rumours about them (21.2%), being pressured to come out (11.9%), being singled out by teachers for their sexuality or gender identity (11.0%) and being subject to public humiliation and pranks (6.8%). 3.4% had experienced either physical or sexual abuse at school. 13.6% reported other forms of harassment such as cyberbullying, social ostracism and others outing them against their will.

15. Of the 58 students who were openly transgender at school, 77.6% (n=45) reported negative experiences including repeated and intentional misgendering (50.0%) or the use of their birth name against their wishes (66.7% of trans boys, 29.4% of trans girls and 20.7% of non-binary students), being forced to use only unisex toilets and/or those for their assigned sex (44.8%), and being sent for conversion therapy (10.3%). Non-Chinese students were significantly more likely than Chinese students to be forced to use a bathroom they felt uncomfortable or unsafe in. (66.7% vs 32.5%).

16. Under a third (30.1%) of transgender students agreed or strongly agreed that they felt safe at school. While 47% of them agreed or strongly agreed that their teachers cared about their well-being, only 24% of them said they had a teacher, counsellor or staff member whom they could go to for support at school.

17. Several administrative policies in schools discriminate against transgender students who are unable to change their legal gender marker. For example, Ministry of Education (MOE) policy requires students to wear the gendered school uniform matching their legal sex. TransgenderSG was contacted by a 16-year-old transgender boy who had legally changed his name and begun HRT with both parents’ consent a few months before entering junior college. He was perceived as male throughout orientation. When term started, school
administration told him to change to the girls' uniform as the records listed his legal sex as female. He refused, as his new friends all knew him as a boy. He was given the ultimatum to either wear the girls' uniform or not attend school. He stopped attending school. The issue was escalated to the then Minister of Education, Ong Ye Kung. He was sympathetic but reiterated MOE’s uniform policy and said MOE would facilitate his transfer to another junior college after he had completed the requisite surgeries and changed his legal sex to male. However, sex reassignment surgeries are typically not available or advisable for those below age 21.

18. Schools have sought to prevent transgender students from transitioning or pursuing HRT while at school, sometimes by contacting their healthcare providers without the student’s knowledge or consent.

19. Transgender students living on Singapore’s university campuses are assigned to gendered housing according to their legal sex, regardless of transition status. Transgender girls are housed with male students either as roommates or on the same floor, forcibly disclosing their transgender status as well as putting them at risk of sexual and physical violence. At the National University of Singapore, access codes were installed at the female showers to curb sexual assault. The codes were only given to students who were legally female, thus locking out trans female students and forcing them either to shower with male students or use the one or two unisex spaces available.

20. Provisions for transgender students are usually restricted to unisex bathrooms, which are not available in every building. One trans student was allowed to stay on a correctly gendered floor but was restricted to the more expensive rooms with an attached bathroom. In two other instances, the school installed a showerhead in a unisex toilet cubicle rather than allow a trans student to use either the male or female single-sex showers. Being singled out may instil a sense of shame in transgender students and harm their mental well-being. Friends unaware they are trans may wonder why they always choose to use an out-of-the-way toilet or shower, requiring the trans student to invent excuses if they are not comfortable disclosing their trans status.

21. School certificates and degree scrolls have to match a student’s current legal name and cannot be changed after graduation, affecting a trans person’s job prospects for life. For Singapore Citizens, changing one’s legal name requires paying for a deed poll and replacing one’s NRIC and passport, with additional costs for updating other documents. Some students cannot afford this, especially if they do not have parental support. Students who are Singapore Permanent Residents are unable to change their names without approval from their home country, which may not allow name changes.

22. All these are barriers to the realizations of the right to education as enshrined in different human rights conventions. These policies continue to violate young transgender persons’
right to privacy and make them vulnerable to discrimination, harassment, and unnecessary administrative barriers against continuing their education.

**Discrimination Against Transgender Persons in the Employment Sector**

23. Singapore does not have any policies that prohibit gender-based discrimination at the workplace. The Ministry of Manpower (MOM) has set up the Tripartite Alliance for Fair & Progressive Employment Practices (TAFEP), which recognises discrimination on the basis of “age, race, gender, religion, marital status and family responsibilities, or disability”, and provides guidelines on instituting fair workplace policies at all stages of employment. Violations can be reported to MOM for investigation. However, sexual orientation and gender identity are not included as axes of discrimination.

24. A joint research study by APTN and Curtin University found that transgender job candidates in Singapore faced the worst discrimination compared to Malaysia, Vietnam and Thailand. When matched for experience and qualifications, cisgender (non-transgender) applicants in Singapore were 81.5% more likely than openly transgender applicants to receive responses, such as a request for more information or an interview. They were 107.2% more likely to be called up for an interview. The discrimination was worse for roles requiring higher educational qualifications. Anecdotal and survey data across the region suggest that trans people encounter further discrimination at the interview stage and when they enter employment.

25. Transgender individuals who were unable to change their names on their educational and professional certificates have to reveal their trans status when submitting those documents to employers, inviting discrimination. One transgender woman encountered employers who refused to believe that her educational certificates were hers, as they had been issued in her old name. Transgender job seekers are likewise outed as trans through an educational history in single-sex schools, the presence or lack of National Service (mandatory military conscription) records, and their NRICs.

26. Due to these multifaceted discriminations, unemployment remains disproportionately high among transgender persons. From TransgenderSG’s survey, 23.5% of all non-students were presently unemployed. This included 14.3% of university graduates. Both figures were much higher than the overall unemployment rate of 2.9% in Singapore over the same period. Those who are able to seek employment are often forced to work in hostile environments with no access to remedy or redress.

27. Among survey respondents currently working, 53 were out as transgender at work. 47.2% of these reported negative experiences in the workplace related to their gender identity. This included others spreading rumours about their sexuality or sex life (26.4%), attempts to get them to change their 'lifestyle' (24.5%), intentional and repeated misgendering (20.8%), verbal abuse (11.3%), being repeatedly addressed by their birth name (7.5%) and being forced to use unisex toilets or those for their legal sex (33.3% of trans men, no trans women
or non-binary people). Other accounts included customers refusing to be served by them, being outed to colleagues without their knowledge or consent, and receiving dirty looks.

Access to Healthcare, including Gender Affirming Healthcare

Limited Access to Gender Affirming Care

28. The Institute of Mental Health’s Gender Care Clinic (GCC) was set up in 2017 to support comprehensive gender-related needs within the public healthcare system. Prior to the GCC, transgender people were largely limited to costly private doctors or an inefficient public healthcare process involving prolonged assessments with psychiatrists inexperienced with transgender issues.

29. Outside of the GCC, many healthcare providers serving the transgender community have limited knowledge of transgender issues, or use inconsistent, arbitrary diagnostic methods that undermine access to proper medical care. Examples include determining if an individual is transgender by asking about childhood interests, or to describe their sexual fantasies in detail. One trans man was asked by a private doctor if he had attended a polytechnic or junior college. He was refused HRT when he said, “junior college”, as the doctor said he was “too smart to be trans”.

Discrimination in Healthcare Settings

30. 51.6% (n=77) of TransgenderSG’s survey respondents said that they avoid seeking general healthcare out of fear of harassment or discrimination, which has wider societal implications such as during the COVID-19 pandemic. 78.3% of trans men avoid seeking sexual and reproductive healthcare, as do 34.0% of trans women and 33.3% of non-binary respondents. Only 15.6% of respondents agreed or strongly agreed that their general healthcare doctors were well-informed on transgender issues.

31. Insurance policies and public health financial aid do not cover gender affirming healthcare. This leaves transgender individuals shouldering the full financial cost. 24% of respondents on HRT reported difficulty affording treatment. Transgender individuals are not able to draw from their personal MediSave savings accounts for transition-related surgeries, despite such surgeries being listed in the MediSave Table of Surgical Procedures with the codes SH800M, SH801M, SI810F and SI811F.

32. Transgender youths below age 21 are strictly unable to access HRT without consent from both parents. This is especially untenable in cases of divorce or where one or both parents are abusive or mentally incapacitated. HRT is most efficient prior to the end of puberty. The later one begins, the more difficult it will be to blend in with others of the target sex, potentially marking the transgender person as visibly trans for the rest of their life and contributing to unresolvable gender dysphoria. This makes many desperate transgender youths turn to the black market or other unregulated avenues. Black market hormones and
surgery are unregulated and dangerous and have been noted as a cause of death within transgender communities in Asia and the Pacific.\textsuperscript{xii}

Marriage and Access to Decent Housing and Shelter

33. The high cost of private housing is beyond reach for most Singaporeans. Up to 80% of the population lives in public Housing & Development Board (HDB) flats, which are available only to married couples above the age of 21 or singles above 35\textsuperscript{xii}. Same-sex marriage is not recognised in Singapore. This prevents the majority of transgender people from marrying legally and applying for public housing before 35, let alone being able to start a family of their own. Highly subsidised rental housing available to low-income married couples is also not available to low-income same-sex and/or transgender couples.

34. Transgender persons only qualify for marriage to those of the opposite legal sex after undergoing genital surgery and changing their legal sex. A trans person who transitions (especially with medical intervention such as HRT) but is unable to change their legal sex is unable to marry anyone of any sex, due to Registry of Marriages (ROM) guidelines stating that couples should reflect the institution of marriage as between one man and one woman. A transgender woman would not be able to marry a woman even if both of them have a different legal sex, if they appear as two women to ROM. Neither would she be able to marry a cisgender man, as both of them have the same legal sex.

35. Several survey respondents shared their experiences around public housing access in relation to inconsistent and restrictive marriage policies. One couple had their marriage annulled and lost access to their HDB flat after one of them changed her legal sex from male to female. This was despite the trans spouse having previously declared to ROM her intention to undergo SRS and change her legal sex, and ROM had ratified their marriage after she confirmed that she would not do so until a year had passed.\textsuperscript{xiii}

Violence Against Transgender Persons

Violence from Family Members

36. Due to the lack of affordable housing options in Singapore, most transgender people have to choose between homelessness or staying with their parents or partners. We have seen such arrangements lead to tolerating domestic violence and abuse for the sake of having a place to live. The majority of Sayoni’s interviewees indicated that they had experienced psychological and physical violence as young children and teenagers,\textsuperscript{xiv} frequently perpetrated by immediate family members. LGBTQ children are particularly vulnerable as they are financially dependent on their parents. Sayoni’s research found that family violence often persists even when transgender persons move out of their family homes.

37. Documented acts of violence include being slapped, punched, kicked, thrown against the wall, or hit with an object or dangerous weapon (e.g. hanger, belt, cane, chair,
knife/chopper). Physical violence and deprivation particularly affect transgender children if they come out, are involuntarily outed, or express perceived gender non-conforming behaviour or characteristics at a young age. From gathered narratives, many transgender persons live in constant fear due to intimidation and threats from family members to throw them out of the home or physically harm them.

38. Psychological violence is especially prevalent. Family members who believe that transgender children are ill or morally reprehensible may attempt to “correct” their gender identity through shaming, harassment, verbal abuse, and forced “conversion therapy” (clinical, religious, or otherwise). Transgender children experience a strong sense of entrapment when psychological violence escalates but they are unable to live independently.

39. Family life tends to be emotionally fraught for transgender persons who experience physical and/or psychological violence because of their gender identity. They are made to feel abnormal or a disappointment to the family. This is significant in Asian society where family often comes before the individual. Along with the constant fear of punishment, this negatively impacts their well-being, and can lead to depression, anxiety or other mental health issues.

40. Transgender persons also have to contend with threats to personal safety on top of existing struggles with their identity. They are often forced to leave home and may need to find work without sufficient educational qualifications. For many, this means living with poor employment and financial security, and some turn to sex work to make a living.

41. Homeless shelters in Singapore often turn away transgender people. Currently, the T Project is the only homeless shelter in the country that openly accepts transgender people. The T Project was only approved as a non-profit organization in 2019, after previously being denied non-profit status on the basis of the organisation being against national interests.

**Violence in Public Spaces**

42. Transphobic violence is a form of gender-based violence driven by a desire to punish those defying social gender norms. The state has reassured that schools have been given “very extensive training” to handle bullying targeting gender identity or sexual orientation, but does not mention specific measures taken to protect transgender children. All children, including transgender children, have the right to be protected from harm and physical or mental mistreatment. There remain significant gaps in addressing the specific needs of transgender children and in efforts to protect them from abuse and neglect.

43. Sayoni’s documentation research has shown that transgender and gender non-conforming individuals experience multiple forms of violence and discrimination in public spaces in Singapore. These include everyday spaces such as public transport, public toilets, void decks, the streets and shopping malls. The more non-normative their presentation, the
greater the violence. A high number of interviewees reported being stalked, sexually harassed or attacked in public.

44. Another key issue that surfaced among Sayoni’s interviewees was the difficulty they faced using public toilets. Almost all of them had encountered physical or sexual violence, verbal abuse, or being chased out when attempting to use public toilets of either sex. One trans woman in the process of transitioning used the men’s toilet and had a man once force himself into her cubicle. He began unzipping his fly until she managed to push him away. Others entered the toilet and the man left her alone, but she remained feeling scared and violated.

_Immunity for Actors Promoting and Practicing "Conversion Therapies"

45. The World Psychiatric Association and the Pan-American Health Organisation have recognised the deeply damaging effects of “conversion therapy” (clinical, religious, or otherwise), and their potential to cause psychological harm. The Committee Against Torture (CAT) has continuously registered concern on the use of conversion therapy against LGBT persons.

46. On 4th May 2020, Singapore’s Minister for Health responded to a parliamentary question on “conversion therapy” (in its use against sexual orientation) by saying that sexual orientation is not to be regarded as a clinical disorder that needs to be cured, and referenced the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders and the WHO International Statistical Classification of Diseases and Related Health Problems. Despite this official position, no regulation or policies have yet been issued or implemented to ban the practice. Counsellors and spiritual programmes still actively practice “gay or trans conversion”, which continue to be openly promoted and funded by influential religious organisations.

_Barriers to Reporting Violence and Gaps in Service Provision for Victims of Transphobic and Homophobic Violence

47. The State declares that no LGBT persons should be harassed and that it has enhanced protection measures. However, the stigma of being LGBTQ, associated with Penal Code Section 377A and media censorship, is a contributing factor in the failure to report or seek help when abused.

48. Sayoni’s research found that the low rates of reporting and seeking assistance are caused by: high levels of stigma associated with reporting; fear of being outed; the culture of shame, victim-blaming and self-blame for violence survivors; lack of awareness of avenues; fear of reliving trauma during the reporting process; or a belief that reporting would not be helpful because of discrimination.
49. Despite the State’s claim that the Protection from Harassment Act (POHA) safeguards all persons from violence and harassment, it is not clear that it explicitly protects individuals from violence and harassment perpetrated on the basis of sexual orientation or gender identity, and it makes transgender persons especially more vulnerable to violence from family members and state and non-state actors, and impedes their access to justice.

50. While screening and reporting guides enhance the capabilities of frontline professionals (such as teachers, social workers and law enforcement) to identify early warning signs and report abuse, there is a lack of sensitivity training and LGBTQ-specific guidelines for the violence and discrimination affecting LGBTQ children and their specific needs. Furthermore, there are no State services and few non-State services for LGBTQ-affirmative intervention and counselling.

**Recommendations for Action**

*Legal Gender Recognition*

51. The Ministry of Home Affairs to enable transgender Singaporeans to change legal sex through a legal declaration of intent to transition and live as that sex, without imposing conditions that violate their bodily autonomy and privacy.

52. The Ministry of Home Affairs to provide the option to remove one’s gender marker from their National Registration Identity Card (NRIC) and passport for personal safety and privacy. In line with the recommendations outlined by the UN Special Rapporteur on the Right to Privacy, official identity documents should only include personal information that is relevant, reasonable and necessary as required by the law for a legitimate purpose.

53. Take all necessary measures to consult with local transgender organisations and communities on legal gender recognition processes and other related regulatory and administrative matters and ensure their meaningful and effective participation in decision-making processes.

*Right to Education*

54. Ministry of Education to implement official policies on supporting transgender students in a way that fosters their well-being, privacy, personal autonomy, and ability to learn in a safe environment;

55. Ministry of Education to provide access to school uniforms for transgender students based on their self-identified gender;
56. Ministry of Education to allow transgender students to use the toilets they are comfortable with, with a best-practice approval process to prevent abuse;

57. Ministry of Education to develop a training program for all school counsellors, teachers, administrators and other relevant staff to be educated on issues pertinent to LGBTQ youths. If at odds with personal beliefs, they should refer students to affirming counsellors;

58. Ministry of Education to allow transgender students to register preferred names for school, alongside their legal name, with the option to display their preferred name in public contexts such as student ID cards;

59. Where a legal name change prior to graduation is not possible, to allow name changes within school records and degrees on a case-by-case basis;

60. Allow transgender students to retroactively change names on degree scrolls and certificates if they undergo a legal name change after graduation;

61. Allow transgender students to form rooming arrangements with other students and allocate rooms accordingly. This will ensure all students involved are comfortable with the arrangement, and enable transgender students to use gender-affirming housing and facilities without fear of assault or humiliation;

62. Expand availability of unisex facilities to increase access for trans and gender diverse students to attend to their bodily needs.

Right to Decent Work and Non-Discrimination in Employment Settings

63. Include gender identity and sexual orientation within the Tripartite Guidelines on Fair Employment Practices (TAFEP) to address employment discrimination. Ministry of Manpower to propose best-practice guidelines for inclusive and affirmative workplaces and hiring practices that include gender identity and sexual orientation;

64. Convene an inter-governmental task force to look into and address the issue of abuse and discrimination against trans people in employment. Provide avenues for employees to seek redress if they have been subject to discrimination, harassment or abuse at work due to their gender identity or sexual orientation.

Right to Health & Bodily Autonomy

65. Ministry of Health to issue guidelines and legislation protecting the rights of transgender youths under age 21 to access appropriate transition healthcare as is necessary for their health and wellbeing, regardless of parental consent;
66. Ministry of Health to implement training and awareness-raising programmes for healthcare professionals regarding gender identity issues, with the aim of eliminating discrimination in healthcare access;

67. Ministry of Health to implement training for healthcare professionals to learn how to effectively, safely and sensitively treat transgender persons in their respective fields (e.g. reproductive healthcare);

68. Allow transgender individuals to use their MediSave savings to offset or cover some of the costs for trans-related surgeries and healthcare;

69. Encourage insurance companies to expand insurance coverage to include transgender healthcare.

**Right to Decent Housing & Shelter**

70. Existing marriages to continue being considered legitimate even if one or both spouses change their legal sex;

71. Where marriage to either sex is not a legal possibility, to bring down the age of eligibility to purchase HDB housing from 35 years old to 21 years old;

72. Establish more homeless shelters that have gone through sensitisation, diversity and inclusivity training to admit transgender residents;

73. Provide official funding to support homeless shelters for transgender people to ensure they can continue to operate and provide safe and dignified shelter to transgender people.

**Right to Life & Freedom from Violence**

74. Raise awareness and strengthen capacity among State and non-State actors, to:

   a. Conduct LGBTQ-affirmative sensitivity training for teachers, law enforcement officers, family violence service providers, and all agencies in the National Family Violence Networking System to adequately assist, counsel, and support LGBTQ children victim-survivors of violence;

   b. Institute mandatory protocols in State agencies to ensure that violations against LGBTQ children are attended to without discrimination or prejudice;

   c. Encourage LGBTQ children to report incidents of violence with LGBTQ-inclusive public education campaigns and comprehensive sexuality education in schools;
d. Strengthen and provide capacity building for shelters and NGOs that provide LGBTQ-affirming assistance to victims of violence or abuse.

e. Implement and enforce regulation requiring all buildings to have gender-neutral public toilets similar to those for people with disabilities.

75. Abolish, or legally ban, all forms of “conversion therapy” to “correct” a person’s sexual orientation or gender identity;

76. Develop campaigns to increase public awareness and acceptance of LGBTQ persons;

77. Ministry of Social and Family Development to develop policies for appropriate police handling of LGBTQ individuals reporting cases of abuse and violence;

78. Ministry of Social and Family Development to develop LGBTQ-affirming counselling and resources for youths and children.
Endnotes:


In the past, ICA accepted letters from the overseas surgeons/hospitals that performed the surgery.


v A US study of 22,286 transgender respondents concluded that respondents for whom all identity documents (IDs) were concordant had significantly lower prevalence of serious psychological distress and suicidality compared to those who had no concordant IDs, adjusting for potential confounders. Having some versus no concordant ID was associated with smaller reductions in distress and suicidality. Source: Scheim et. al., 2020. “Gender-concordant identity documents and mental health among transgender adults in the USA: a cross-sectional study.” The Lancet 5.4 [https://www.thelancet.com/journals/lancet/article/PIIS2468-2667(20)30032-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS2468-2667(20)30032-3/fulltext)

vi General Recommendation No. 36 (2017) of the Committee on the Elimination of Discrimination against Women (CEDAW) notes that “bullying, harassment and threats against [LBTI] students by fellow students and teachers constitute barriers to their right to education. Schools perpetuate and reinforce social prejudices, often as a result of the poor implementation of policies by school governance bodies, as well as irregular enforcement of non-discrimination policies by teachers, principals and other school authorities. Limited education and cultural taboos are among the factors that prevent lesbian, bisexual, transgender, and intersex students from achieving social mobility and increase their vulnerability to violence.” [https://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/1_Global/CEDAW_C_GC_36_8422_E.pdf](https://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/1_Global/CEDAW_C_GC_36_8422_E.pdf)


 ix Singapore’s MediSave is a compulsory savings scheme for working Singaporeans to fund their medical needs.


 xii Exceptions apply for orphans and other rare circumstances


 xvi School teachers, counsellors trained to manage LGBT bullying ‘sensitively’: MOE


 xx Committee on the Rights of the Child: General comment on the implementation of the rights of the child during adolescence. (April 2016).

