

# PROJECT MOSAIC:

Assessing the Needs of Transgender,  
Gender-Diverse, Ethnic and Religious  
Minorities, and Individuals with Disabilities  
in Singapore's LGBTIQ+ Community

Organised by  
**rainBOWasia**

With the Support of



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# About RainbowAsia

## History

RainbowAsia (registered as Rainbow Youth Asia Limited) is a community-based non-profit organisation dedicated to supporting LGBTQ+ youth in Singapore. Since our beginnings as a ground-up initiative in 2008, we have worked to create safe, inclusive, and empowering spaces for LGBTQ+ individuals to explore their identities, build skills, and realise their potential. We formally incorporated as a Company Limited by Guarantee (CLG) on 5 April 2023 and are governed by a constitution lodged with the Accounting and Corporate Regulatory Authority (ACRA).

## Objective

Our core objective is to improve the lives of LGBTQ+ youth in Singapore, with particular attention to those who are vulnerable or at risk due to the mental, emotional, or physical health impacts of marginalisation. In support of this aim, we:

- (a) Conduct and support research grounded in lived experiences and social justice, with a focus on LGBTQIA+ communities in Asia;
- (b) Provide inclusive education, leadership training, and community consultancy tailored to diverse identities and needs;
- (c) Offer affirming mental health support, peer-led initiatives, and community care services;
- (d) Create, curate, and publish works across literature, performance, and visual arts that reflect and celebrate queer and marginalised voices; and
- (e) Develop and lead values-aligned fundraising and resource mobilisation efforts to sustain community-led programs and initiatives.

## Mission

To create safe, inclusive, and affirming spaces for LGBTQ+ individuals in Singapore, especially youth who are navigating challenges related to their identities.

## Vision

To empower LGBTQ+ individuals to lead fulfilling, confident, and enriched lives in Singapore.

## Values

At RainbowAsia, we are guided by the values of diversity, inclusion, and integrity. We are committed to ensuring that every LGBTQ+ person we engage with feels welcomed, respected, and seen. We hold ourselves to high standards of professionalism in all aspects of our work. We also approach collaboration and disagreement with empathy and respect, believing in constructive dialogue even across differing viewpoints.

## Foreword

After months of dedicated work, I am pleased to present this report, which seeks to address the longstanding gap in data and visibility regarding the lived experiences of LGBTIQ+ individuals in Singapore, particularly those whose identities intersect with other marginalised positions.

While recent developments have contributed to broader conversations about inclusion, this report offers a closer look at how safety, dignity, and equity are experienced in everyday life. It also considers how these experiences may shift when shaped by factors such as gender identity, race, religion, and disability.

This project would not have been possible without the support of many. Our heartfelt thanks go to Kaleidoscope Trust for supporting this initiative and walking alongside us throughout the process. I am also deeply grateful to our project coordinators, Raag Sudha and Caitlin C. Fernandez for their steady leadership, and to the dedicated team behind this study — Bonnie Siew, Elliott Sim, Emily Sng, and Kingston Chee (listed in alphabetical order). Balancing this project alongside your daily commitments was no easy feat, and I sincerely appreciate the time, energy, and heart you each brought to making this a success.

It is our hope that this report not only informs but also inspires meaningful reflection, dialogue, and action toward greater inclusion. As you read on, we invite you to consider how these insights might shape your work, your community, and the future we build together.

Muhd Hafiz  
Executive Director  
RainbowAsia

# Terminology

Acronym	Full Form	Description
<b>LGBTIQ+</b>	Lesbian, Gay, Bisexual, Transgender, Intersex, Queer/ Questioning, Asexual (+ others)	An inclusive umbrella term for diverse sexual orientations, gender identities, and expressions.
<b>SOGIESC</b>	Sexual Orientation, Gender Identity and Expression, and Sex Characteristics	A more technical and rights-based term used in legal, policy, and international advocacy.
<b>Pink Dot</b>	Pink Dot SG	Singapore's largest annual LGBTQ+ event advocating for inclusion, visibility, and support.
<b>IMH</b>	Institute of Mental Health	Singapore's national psychiatric hospital providing mental health services, including inpatient, outpatient, and community-based care.
<b>ICA</b>	Immigrations and Checkpoints Authority	The Immigration and Checkpoints Authority is a law enforcement agency within the Ministry of Home Affairs, the border control agency responsible for frontline border control operations at air, sea and rail ports in Singapore.

Acronym	Description
<b>Gender Identity</b>	A person's deeply felt, internal sense of their gender, which may or may not align with their physiology or sex assigned at birth (World Health Organisation).
<b>Gender / Sex Marker</b>	The gender or sex designation recorded on legal documents such as NRICs or passports.
<b>Assigned Female at Birth (AFAB)</b>	A person who was assigned or perceived to be female based on their body at birth.
<b>Assigned Male at Birth (AMAB)</b>	A person who was assigned or perceived to be male based on their body at birth.

<b>Intersex Person</b>	A person born with, or who develops, natural variations in sex characteristics that do not fit typical definitions of male or female.
<b>Cis or Cisgender Person</b>	A person whose internal sense of gender matches the sex they were assigned at birth; they are not transgender.
<b>Transgender / Trans Person</b>	An umbrella term that includes individuals whose gender identity does not align with their assigned sex at birth, including both non-cis men and women.
<b>Trans Man / Trans Male</b>	A person assigned female at birth (AFAB) who identifies with a male gender identity.
<b>Trans Woman / Trans Female</b>	A person assigned male at birth (AMAB) who identifies with a female gender identity.
<b>Non-Binary Person</b>	A person whose gender identity does not fit exclusively into the categories of male or female.
<b>Gender-Diverse</b>	An umbrella term for those whose gender identity or expression does not conform to the cis-binary classification of gender.
<b>Non-Heterosexual</b>	A person who is not exclusively sexually attracted to people of the opposite sex.
<b>Gender-Affirming Healthcare</b>	A range of social, psychological, behavioral, and medical interventions designed to support an individual's gender identity (World Health Organisation).
<b>Gender Expression</b>	How a person expresses their gender through behavior or appearance, in ways that are socially associated with gender.

# Acknowledgements

This project would not have been possible without the collective effort, insight, and support of many individuals and organisations.

We are deeply grateful to all the LGBTIQ+ community members who dedicated their valuable time by participating in the survey and focus group discussions. Your honesty, courage, and generosity in sharing your lived experiences, form the heart of this report. We hope that this report honours your voices and amplifies them with care and integrity.

We would like to thank our volunteer facilitators, transcribers, and data analysts, whose labour, insights, and commitment ensured the quality and depth of this research. Your belief in the importance of this work sustained us through each phase of the project.

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To our community partners and organisational collaborators, thank you for helping us reach a diverse range of participants and for sharing your trust, time, and networks. In particular, we are thankful to Proud Spaces for offering space and support for our focus group sessions, and for your ongoing partnership in furthering affirming community work.

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We would also like to thank the RainbowAsia team, especially those involved in project coordination, data analysis, writing, and review. This report is the result of your collective care, clarity, and commitment to community accountability. Thank you to Raag Sudha (she/they), Caitlin C. Fernandez (they/them), Joshua Ng (he/him), Emily Sng (she/her), Bonnie Siew (they/them), Kingston Chee (he/him), and Elliott Sim Weizhi (he/him).

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This report is also dedicated to all those working towards a more just, inclusive, and affirming Singapore for LGBTIQ+ individuals of all identities and experiences.

# Executive Summary

This report presents findings from a mixed-methods needs assessment on the lived experiences of LGBTIQ+ individuals in Singapore, with a focus on how intersecting identities such as gender identity, race, religion, and disability shape access to safety, belonging, and opportunity. Drawing on survey responses and focus group discussions, this study aims to inform more inclusive and effective service provision, advocacy, and policy interventions.

Across all the domains explored (education, healthcare, legal services, employment, religion, social interactions, and community life), participants described persistent barriers to dignity and recognition. Many shared experiences of institutional exclusion, limited access to affirming services, and a lack of accountability structures in both state and community settings. While some spoke of moments of affirmation and solidarity, these were often described as exceptions rather than the norm.

Below is a snapshot of key recommendations drawn from each thematic section:

## Healthcare Services and Experiences

- Enhance Financial Accessibility of Gender-Affirming Treatment
- Review Age Guidelines for Hormone Replacement Therapy (HRT)
- Considerations around Puberty Blockers for Transgender Youth
- Add Optional Disability Disclosure on Official Records
- Develop Inclusive Protocols in Public Healthcare Settings
- Invest in Staff Training and Development
- Facilitate Medical Research and Collaboration
- Support Peer-Led Resource Sharing
- Build Provider Review Platforms

## Employment Support and Workplaces

- Clarifying Anti-Discrimination Protections in Employment
- Promoting Inclusive Hiring and Employment Practices
- Develop Queer-Affirming Workplace Cultures
- Expand Access to Confidential and Flexible Wellbeing Support
- Build Inclusive Employment Pathways
- Expand Opportunities for Networking and Peer Learning

## Mental Health Services and Well-Being

- Expand Availability of Specialised Mental Health Services
- Address Clinician Turnover and Improve Continuity of Care
- Develop Professional Protocols for Inclusive Care
- Creating Inclusive Clinical Environments
- Strengthen Trust and Accountability in Public Mental Health Services
- Enhance Data Collection for Service Improvement
- Establish Supportive Environments for Individuals with Intersecting Identities
- Strengthen Community Access to Affirming Care

## Housing Services and Support

- Review BTO Eligibility Frameworks
- Expand Supportive and Transitional Housing Options
- Include Legal Protections in Housing Access
- Support the Development of Alternative Housing Models



## **Educational Services and Experiences**

- Develop Inclusive and Comprehensive Education Protocols
- Supporting Educators
- Consider Better Representation and Visibility
- Reforming School Culture and Student Support

## **Religious Spaces and Experiences**

- Establish Legal Protections and Ethical Safeguards in Faith-Based Settings
- Creating Pathways for Safe Reporting and Recourse
- Provide Mental Health Resources for Faith-Affiliated Trauma
- Collaborative Public Awareness Efforts
- Facilitating Interfaith and Intra-Community Dialogue
- Co-Creation of Educational Materials
- Exploring Theological Diversity and Interpretation
- Creating Faith-Inclusive Spaces Within the LGBTIQ+ Community

## **Social Interactions and Relationships**

- Exploring Inclusive and Accurate Media Representation of the LGBTIQ+ Community
- Enhancing Public Education and Awareness to Build Social Cohesion
- Support Sustained Community-Led Workshops
- Create Mentorship and Leadership Pathways
- Strengthen Internal Accountability and Equity in Queer Spaces

## **Legal Services and Experiences**

- Strengthen Legal Gender Recognition and Administrative Practice
- Enhance Procedural Equity Across Public Systems
- Promote Access to Legal Support and Information
- Support Recognition of Diverse Family Structures

## **Community Support**

- Supporting Grassroots and Community-Based Initiatives
- Fostering Inclusion Through Dialogue and Consultation
- Expanding and Sustaining Safe Third Spaces
- Encouraging Peer-Led and Youth-Initiated Organising

# Report Introduction

Lead Author: Raag Sudha

## Purpose of the Needs Assessment

This needs assessment was developed in response to a persistent gap in data and visibility regarding the lived experiences of LGBTIQ+ individuals in Singapore, particularly those whose identities intersect with other marginalised positions such as gender identity, race, religion, and disability. While Singapore has taken steps to decriminalise same-sex relationships and promote inclusion in public discourse<sup>1</sup>, the underlying assumption that LGBTIQ+ people now enjoy equal access to rights, safety, and opportunity remains largely unchallenged. This assumption often obscures the ongoing structural, institutional, and cultural barriers that many in the community continue to face<sup>2</sup>.

Our objective was to move beyond surface-level representations of progress and interrogate the realities of daily life for LGBTIQ+ people in Singapore. What do safety, dignity, and equity look like when examined through the lens of housing, education, employment, healthcare, and community support? How do those experiences shift when layered with intersecting identities such as faith, disability, gender identity, or race?

This assessment aims to foreground these realities, not only to highlight existing gaps but also to amplify the voices, needs, and knowledge of those most affected. It is an invitation to reimagine systems, practices, and possibilities from the ground up.

## Research Methods

This needs assessment employed a mixed-methods approach, integrating both qualitative and quantitative data collection tools to capture the diverse realities of LGBTIQ+ individuals with intersecting identities in Singapore. The aim was to generate both breadth and depth: to map community-wide patterns, while also recognising and respecting the complexity of lived experiences.

### Focus Group Discussions (FGD)

Between February and March 2025, we held five semi-structured FGD—held both online and in-person—with a total of 24 LGBTIQ+ participants possessing intersecting identities and residing in Singapore.

Participants were recruited through purposive and snowball sampling via community networks and grassroots outreach<sup>3</sup>. Recruitment materials, including a digital poster, were disseminated to LGBTIQ+ community groups through social media, messaging applications (e.g., Telegram and WhatsApp), and email.

Interested individuals were required to apply to join a session, after which stratified purposive sampling was used to ensure diversity across key intersecting dimensions such as race, religion, gender identity, and disability. This deliberate selection process was essential given the hidden and marginalised nature of many participants' identities, which made random sampling methods neither feasible nor appropriate<sup>3</sup>.

Each FGD was guided by open-ended questions and explored one or more of the following thematic areas: education, housing, healthcare and mental health, social services, and experiences of stigma. The interview guide was structured around 5 core topics:

- 1.Experiences with services: Both positive and negative, including general healthcare, mental healthcare, and related support systems in Singapore.
- 2.Barriers to access: practical, systemic, and interpersonal obstacles encountered when seeking care.
- 3.Social stigma and community support: Perceptions of societal attitudes and the role of supportive networks.
- 4.Ideal services and resources: Participants' wishes and visions of accessible, inclusive, and affirming care.
- 5.Community-driven solutions: Proposed initiatives and interventions led by or for the LGBTIQ+ community.

Across all topics, participants were invited to reflect on how their intersecting identities shaped their experiences, challenges, and needs. The interview guide was designed to be trauma-informed, queer-affirmative, and culturally sensitive, with an emphasis on voluntary disclosure to minimise the risk of re-traumatisation<sup>4</sup>.

Sessions were held in private venues to ensure confidentiality and were facilitated by trained community researchers using a trauma-informed approach. Each discussion lasted between 90 and 120 minutes. With participants' consent, all FGD were audio-recorded and subsequently transcribed verbatim. Tables 1a and 1b present the demographic and identity profiles of the FGD participants.

Two team members conducted open-coding of the five transcripts using Atlas.ai software. To ensure inter-coder reliability, the research team jointly developed a coding framework, and the lead data analyst subsequently reviewed all coded transcripts. The coded data then underwent thematic analysis, where researchers examined the codes to identify recurring topics and patterns related to barriers in accessing services and support in Singapore, as well as participants' proposed interventions.

## Online Survey

In parallel, an online survey was conducted between December 2024 and April 2025 to collect disaggregated data on LGBTIQ+ community needs, demographic backgrounds, and perceptions of access to key services in Singapore. The survey comprised multiple-choice, Likert-scale, and open-text questions across domains such as healthcare, housing, education, employment, legal support, social relationships, and romance. Demographic variables were gender identity, race/ethnicity, religion, and disability status (see Table 1 for a breakdown of the survey respondents).

A total of 93 valid responses were obtained through targeted outreach to over 70 LGBTIQ+ groups, community partners, and support networks. While this non-probabilistic recruitment approach does not yield a representative sample, it enabled strong engagement from underrepresented sub-groups, such as transgender and gender-diverse individuals, racial and religious minorities, and respondents living with disabilities. Survey design was developed in collaboration with external consultant, Diego García Rodríguez, from the Kaleidoscope Trust, who provided methodological guidance to ensure rigour, relevance and alignment with community priorities.

After closing the form, survey responses were exported into an Excel spreadsheet for initial review.

After data cleaning, four responses were excluded as they did not meet the inclusion criteria (i.e., respondents reported no intersecting identities), resulting in a final dataset of 93 valid responses.

Qualitative analysis was conducted on the open-text responses, while quantitative analysis was performed on the remaining items using the open-source R statistical software. Pearson's Chi-square tests were used to examine associations between categorical variables, and ordinal logistic regression models were employed to assess relationships between predictors and ordinal outcomes.

## Study Participants

In Singapore, the majority groups for gender identity, ethnicity, religious affiliation, and disability status are: cisgender (the vast majority, although national statistics do not routinely collect gender-identity markers)<sup>5</sup>, Chinese (approximately 74.0% of the resident population)<sup>6</sup>, Buddhist (31.3% of residents)<sup>7</sup>, and persons without a recorded disability<sup>8</sup>. These categories are denoted as majority groups in Tables 1, 2a and 2b, while the *non-highlighted cells* indicate intersecting minority identities.

**Table 1: Breakdown of Survey Participants (n=93)**

Gender Identity						
Cisgender	Transgender	Transgender/ Non-Binary	Non-Binary/ Genderqueer	Agender		
31	23	14	24	1		
Ethnicity						
Chinese	Indian	Malay	Eurasian	Mixed Ethnicities	Other Ethnicities	
63	10	3	4	9	4	
Religious Affiliation						
Buddhist	Muslim	Hindu	Christian	Multifaith	Other	None
9	4	2	17	3	7	51
Disability Status						
None	Mental Disability		Physical Disability		Mental and Physical Disability	
32	46		4		11	

**Table 2a: Breakdown of Focus Group Discussion (FGD) Participants (n=24)**

Gender Identity				
Cisgender	Transgender	Transgender/ Non-Binary	Non-Binary/ Questioning	Agender
9	8	3	3	1
Ethnicity				
Chinese	Indian	Malay	Mixed	
15	5	3	1	
Religious Affiliation				
Buddhist	Muslim	Hindu	Christian	None
3	3	3	3	12
Disability Status				
None	Mental Disability	Physical Disability	Mental and Physical Disability	
15	5	3	1	

**Table 2b: Profile of the Focus Group Discussion (FGD) Participants (n=24)**

Pseudonym	Gender Minority	Ethnic Minority	Religious Minority	Living with Disability
C25	✓	X	✓	✓
K25	✓	X	✓	✓
L25	✓	X	X	✓
P25	✓	X	✓	✓
Q25	✓	X	✓	✓
A6	X	X	✓	X
B6	X	X	X	✓
C6	X	X	✓	✓
D6	✓	X	✓	✓
J8	X	✓	✓	X
K8	✓	X	✓	✓
G8	X	✓	✓	X
M8	✓	✓	✓	✓
P8	✓	✓	✓	X
V8	✓	X	✓	✓
E12	X	X	✓	✓
L12	X	✓	✓	X
Q12	✓	X	X	✓
X12	✓	X	✓	✓
Z12	X	✓	✓	X
A23	✓	✓	✓	✓
B23	X	X	✓	✓
C23	✓	✓	✓	X
D23	✓	✓	✓	✓

## Strengths and Limitations

This study's mixed-method approach enabled the collection of both rich qualitative narratives and broader quantitative trends within Singapore's LGBTIQ+ community. While the research design successfully captured a wide range of lived realities, it also surfaced areas for methodological improvement, particularly in relation to outreach, accessibility, and data granularity.

### Strength #1: Strong Community Representation Across Methods

The project successfully met its target, engaging 24 participants in FGD, gathering a diverse mix of respondents across gender identities, racial and religious backgrounds, and lived experiences of disability and mental health challenges. The group-based format allowed for intersectional dynamics to emerge organically, enriching the qualitative depth of the data.

### Strength #2: Demographic Diversity From High Response Rate

The online survey received 93 valid responses, nearly meeting the 100-response target. Respondents reflected a broad spectrum of LGBTIQ+ identities, providing valuable insights into community-wide patterns of needs and marginalisation. Combining structured and open-ended questions enabled the collection of both quantifiable data and qualitative accounts of lived experience.

### Strength #3: Community-Rooted Consultative Design

The co-design of the survey and FGD guides, with input from community partners and refinement by an external LGBTIQ+ consultant, ensured that the research tools were culturally relevant, accessible, and inclusive. This increased the legitimacy and relevance of the data for advocacy and service design.

### Limitation #1: Survey Accessibility and Fatigue

Feedback from respondents suggested that the survey was lengthy, with some individuals possibly dropping out before completion. This may have disproportionately affected neurodivergent participants or those accessing the survey via mobile devices. In future iterations, shortening the survey or maintaining length but offering a small token of compensation could improve response rates and data quality.

### Limitation #2: Gaps in Outreach Strategy

While the survey reached a wide base, the outreach period was relatively short and could have benefitted from sustained targeted engagement. Communities with multiple intersecting marginalisations such as non-English speakers and low-income queer youth were likely underrepresented. Future research should incorporate longer recruitment windows and establish more proactive outreach partnerships with organisations that serve these populations.

### Limitation #3: Emotional Demands of FGD

Several FGD surfaced deeply personal and traumatic experiences. While facilitators were trained in basic trauma-informed approaches, it became evident that the presence of a certified mental health first aider would have more effectively supported participants' well-being, especially during emotionally charged sessions.

The FGD were designed to surface lived experiences across domains such as education, housing, and access to services; many of which elicited deeply personal and, at times, painful narratives. For participants navigating multiple forms of marginalisation, these discussions often involved recounting experiences of stigma, exclusion, and trauma. While facilitators were oriented in basic trauma-informed practices and ground rules were established to promote psychological safety, it became increasingly clear that this was not always sufficient in practice.

Several sessions became emotionally charged, with participants expressing distress, vulnerability, or emotional overwhelm. While some sessions involved a mental health first aider, we were unable to ensure their consistent presence across all discussions due to budgetary and scheduling constraints. This limited our ability to provide immediate support to participants experiencing acute emotional responses. The absence of reliable on-site support also posed ethical concerns, as many participants might not have access to affirming or affordable mental health care outside of the FGD setting.

This learning underscores the importance of embedding emotional support mechanisms into the core design of future community-based qualitative research.



For projects eliciting personal or traumatic narratives, especially among marginalised populations, it is critical to allocate resources for the consistent presence of trained mental health first aiders or crisis support staff. Doing so not only strengthens our ethical duty of care but also ensures that participants feel adequately supported when contributing their lived experiences. Moving forward, we intend to prioritise this as a non-negotiable aspect of trauma-informed research practice.

#### Limitation #4: Survey Data Classification

Though inclusive, the gender identity options used in the survey did not sufficiently disaggregate groups such as cisgender women, trans men, and non-binary individuals. This limited the granularity of our quantitative analysis, particularly when examining how different groups experience marginalisation in distinct ways. Future instruments should offer more specific gender categories to enable deeper comparative insights.

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## Chapter 1

# Intersecting Identities

Lead Authors & Analysts: Raag Sudha, Caitlin C. Fernandez

Contributing Analyst: Emily Sng

### Background

Singapore is often described as a multicultural society, comprising diverse ethnic, religious, and linguistic groups<sup>1</sup>. Its policies around racial harmony<sup>2</sup>, meritocracy<sup>3</sup>, and secularism<sup>4</sup> have shaped a cultural and political landscape where difference is simultaneously celebrated and tightly regulated. While the state's narrative promotes unity in diversity, the lived experiences of individuals who exist at the margins, especially those with multiple intersecting identities, tell a more complex story.

While LGBTIQ+ issues have been gaining visibility across public discourse, community organising, and academic research, these efforts often centre narratives that reflect the most socially accepted or institutionally recognised segments of the community; typically cisgender, able-bodied, Chinese, and middle-class individuals. This risks flattening important differences in access, needs, and lived experiences. For example, service provision may assume a baseline of family support, digital literacy, or physical mobility that not all queer individuals possess. As a result, the diverse and layered experiences of those at “the margins of the margins” remain underrepresented, or even invisible.

This needs assessment study is grounded in Kimberlè Crenshaw's concept of intersectionality, which examines how multiple systems of oppression—such as sexism, racism, classism, ableism, and heteronormativity—interact to create unique and compounded forms of disadvantage<sup>5</sup>. Rather than treating each identity marker in isolation, intersectionality emphasises that these social categories are interconnected and mutually reinforcing, producing distinct lived experiences that cannot be understood through a single-axis framework.

Applying this framework, this study examines the realities of LGBTIQ+ persons in Singapore whose identities intersect across dimensions such as gender, race, religious affiliation, and disability.

These intersections often result in compounded marginalisation and in some cases, multiple forms of exclusion. For instance, a Muslim, trans woman may face not only transphobia but also Islamophobia and misogyny. A queer person with disabilities may face exclusion not only from queer spaces that are inaccessible to persons with disabilities but also from disability spaces that do not affirm diverse gender and sexual identities.

Rather than treating intersecting identities as add-ons to a default queer identity, this report centres them as constitutive dimensions of how queerness is lived, regulated, and responded to. This includes attending to how structural forces, such as state surveillance, educational censorship, housing policy, or economic precarity, compound these vulnerabilities and shape the social realities of queer people in Singapore in uneven ways. In doing so, we move beyond a universalised queer narrative to one that reflects the heterogeneity of the LGBTIQ+ community in Singapore.

By understanding how systemic inequities operate in overlapping and mutually reinforcing ways, this allows us to surface gaps in current service provision, expose the limits of existing advocacy frameworks, and better imagine inclusive and responsive solutions that address the needs of those who are most structurally marginalised. This report seeks to lay the groundwork for that effort: not by offering a single, definitive portrait of marginalised queer voices in Singapore, but by amplifying the plurality of identities and lived experiences that have been overlooked.

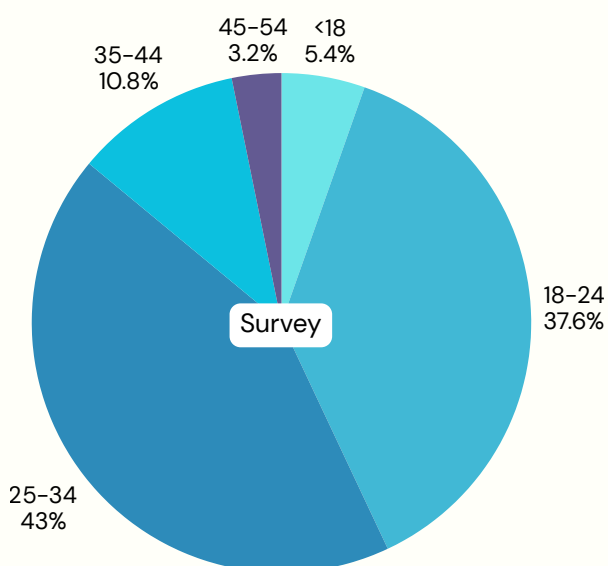
## Survey and FGD Demographics

### Age

In our survey, we identified six age groups of interest, namely: under 18, 18–24, 25–34, 35–44, 45–54, and 55–64. The majority of respondents fell within the 25–34 (43.0%, n=40) and 18–24 (37.6%, n=35) age groups.

Notably, there were no respondents from the 55–64 age group. This was likely because the survey was disseminated through social media and messaging apps, such as WhatsApp and Telegram.

**Figure 1. Age Group of Survey Participants (n=93)**



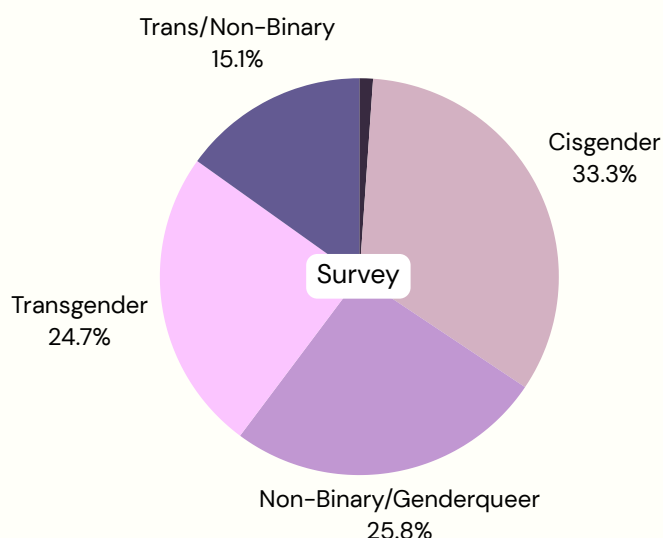
### Gender Identity

Gender identity and expression are complex and do not always fit within pre-established categories. Nonetheless, for the purposes of this study, participants' gender identities were classified under five broad categories: cisgender, transgender, trans/non-binary, non-binary/genderqueer, and agender.

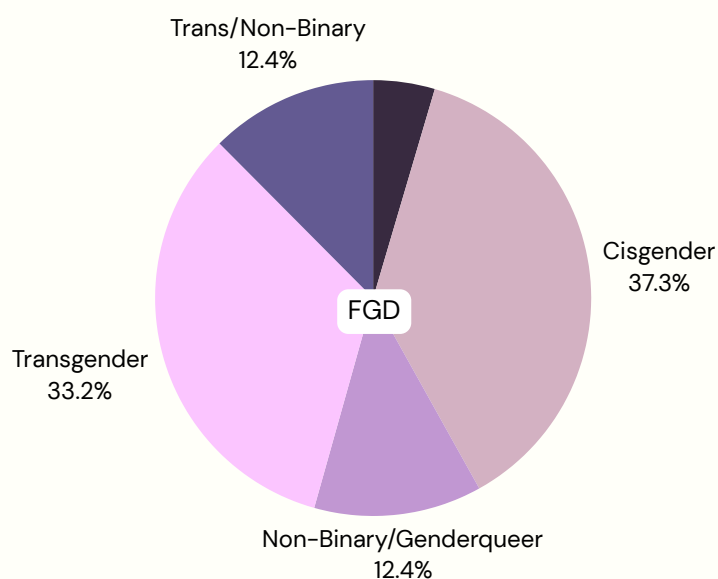
Two-thirds (n=62) of all survey participants identified as gender-diverse individuals, with the remaining one-third comprising cisgender individuals.

Similarly, over 60% of FGD participants identify as gender-diverse, indicating a strong representation of gender-diverse individuals in both samples. This diversity will contribute to rich and varied insights in our data analysis.

**Figure 2. Gender Identity of Survey Participants (n=93)**



**Figure 3. Gender Identity of FGD Participants (n=24)**

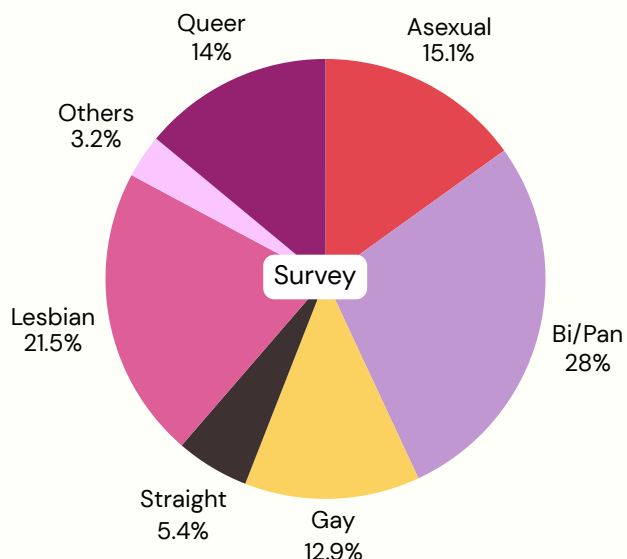


### Sexual Orientation

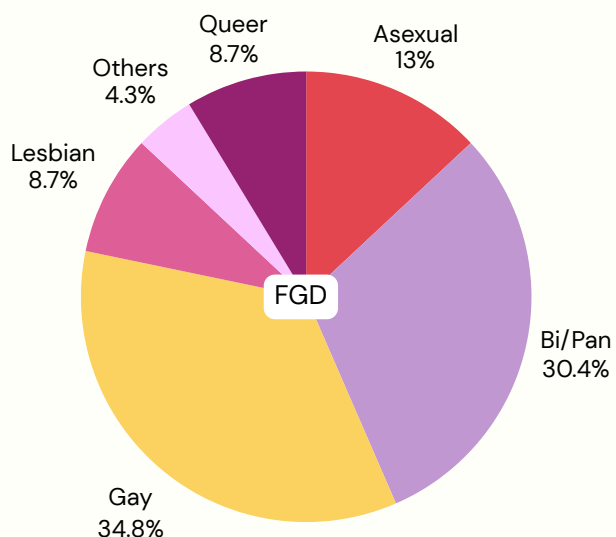
Participants' sexual orientations were classified into seven categories: asexual, bisexual/pansexual, gay, straight, lesbian, queer, and others. Respondents under the "Others" category included respondents who described their sexuality as unlabelled or identified as demisexual.

28% of survey respondents and 30.4% of FGD participants identified as Bisexual/Pansexual, showing a strong representation of fluid/multiple-gender attraction. With 27 respondents with Asexual (15.1%) and Queer (14%) identities, our survey sample captured a broad spectrum of orientations beyond traditional binaries.

**Figure 4. Sexual Orientation of Survey Participants (n=93)**



**Figure 5. Sexual Orientation of FGD Participants (n=24)**



## Ethnic Background

Respondents came from a diverse range of ethnic or racial backgrounds. Like gender identity, ethnicity/race is difficult to categorise neatly. For the purposes of this study, however, participants were sorted into the following categories: Chinese, Eurasian, Indian, Malay, Mixed, and Others.

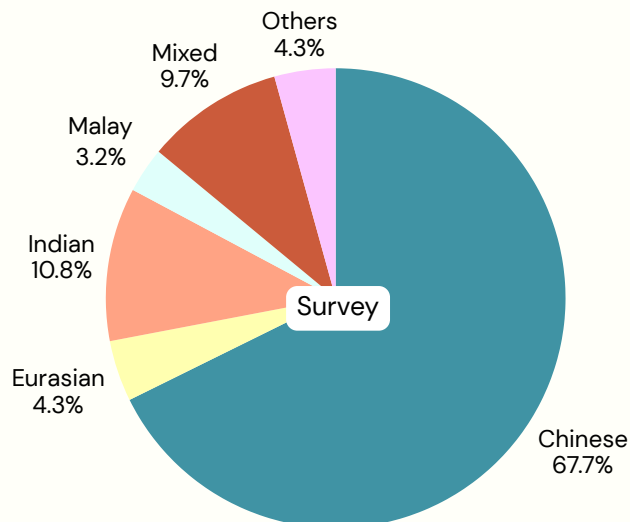
The first four categories reflect the most commonly recognised ethnic identities in Singapore. The "Mixed" category refers to participants who have a combination of ethnic identities from at least one of the main identities, such as Chinese-Indian. Meanwhile, the "Others" category includes participants from smaller ethnic minority groups, such as Burmese, Boyanese, Pakistani, and Filipino individuals.

The percentage of Chinese survey respondents (67.7%, n=63) is broadly consistent with Singapore's national demographic profile, in which approximately 74% of the population is Chinese, according to the latest government statistics<sup>6</sup>.

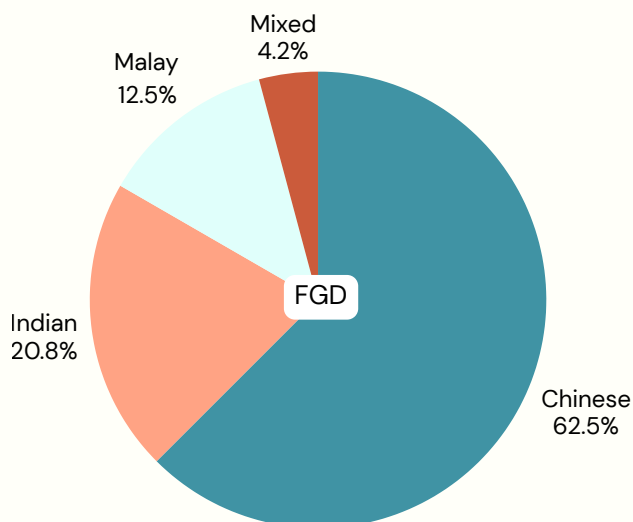
However, the representation of Malay participants in the survey sample was notably lower than expected. Malays make up about 13% to 15% of Singapore's population, but this proportion was not reflected in the study's sample. This may introduce a sampling bias, thus limiting the generalisability of the findings across all ethnic groups in Singapore. Future studies should consider stratified sampling or targeted outreach to specific ethnic groups to have a more balanced representation.

Although there is still a Chinese majority, the FGD have a higher representation of Indian and Malay participants compared to the survey, with 20.8% of participants being Indian (compared to 10.8% in the survey) and 12.5% being Malay (compared to 3.2% in the survey). This allowed us to uncover richer, diverse perspectives from minority groups in Singapore.

**Figure 6. Ethnicity of Survey Participants (n=93)**



**Figure 7. Ethnicity of FGD Participants (n=24)**



## Religious Affiliation

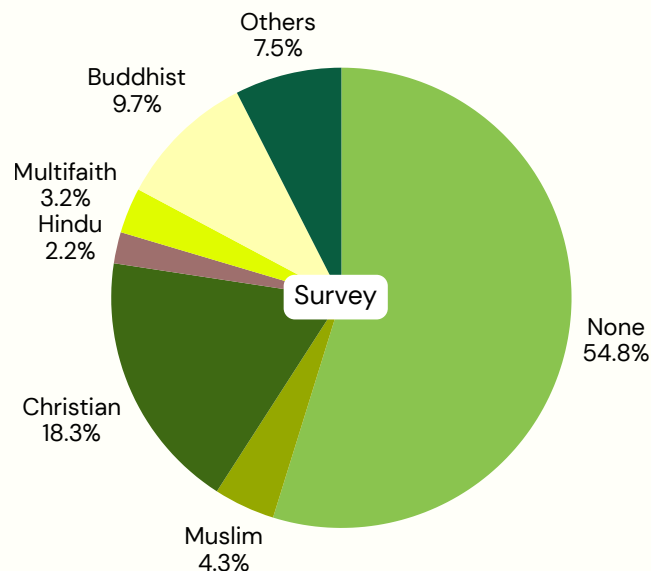
Participants' religious affiliations were categorised as follows: Buddhist, Christian, Hindu, Multifaith Practitioner, Muslim, None, and Others, reflecting the most common religious affiliations found in Singapore. Multifaith Practitioner refers to participants who practice more than one religion. Participants classified under "Others" included those who identified as Theists and those who preferred not to disclose their religious affiliation.

Over half of our survey participants (54.8%, n=51) reported having no religious affiliation, more than any other category. 18.3% (17 participants) identify as Christian, making it the largest religious group after "None". Meanwhile, Buddhists (9.7%), Muslims (4.3%), and Hindus (2.2%) are present but form relatively small proportions. There is greater religious diversity in the survey sample as 10.7% of participants are "Multifaith Practitioner" and "Others", reflecting blended and non-mainstream spiritual identities.

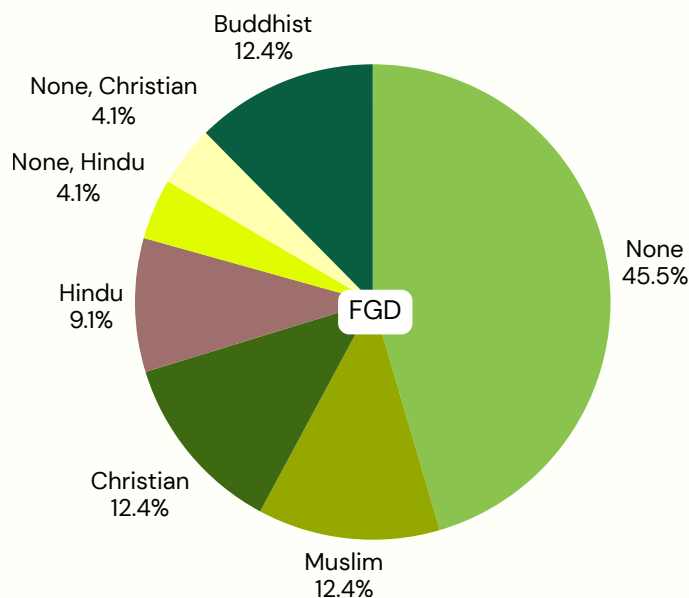
In our FGD, nearly half of all participants (45.5%) identify as having no religion. With the inclusion of "None, Christian" and "None, Hindu", 54% of FGD participants express partial or full secular identity. The presence of these hybrid religious affiliations suggests that 2 of our participants have a nuanced relationship with their faith. The FGD had a balanced mix of Christian, Muslim, and Buddhist participants each representing 12.4% of the group, with minor Hindu representation (n=2).

From the survey and FGD, we learnt that being secular or non-religious is the most common identity within the LGBTIQA+ community. This insight shifts our research approach, leading us to denote participants with "Christian", "Muslim", "Hindu", and/or other religious affiliations as religious minorities.

**Figure 8. Religious Affiliation of Survey Participants (n=93)**



**Figure 9. Religious Affiliation of FGD Participants (n=24)**

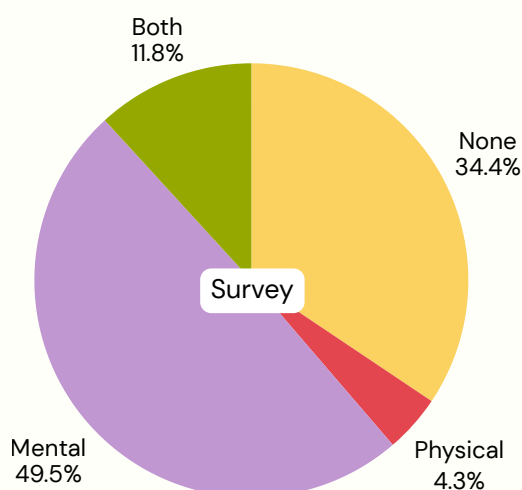


## Disability Status

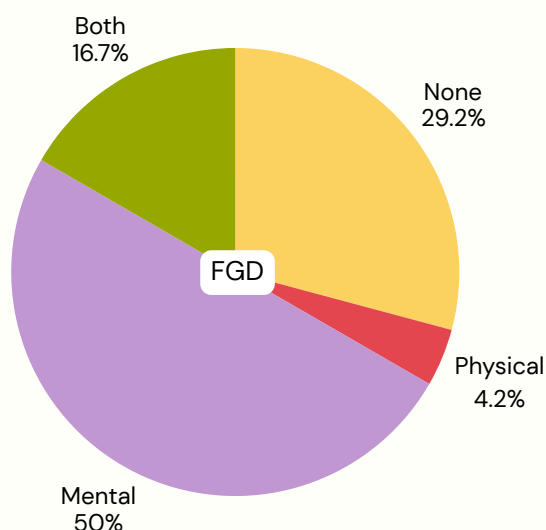
For the purpose of this study, we defined disabilities into three broad categories: mental disabilities, referring to mental disorders and/or mental illnesses, physical disabilities, and a combination of both. Notably, the majority of survey participants (61.3%, n=57) and FGD participants (66.7%, n=16) reported having at least one form of mental disability.

11.8% of survey participants (n=11) and 16.7% of FGD participants (n=4) live with both mental and physical disabilities, which underscores the necessity of intersectional support services that holistically consider both psychological and physical health. 4 participants in the survey and 1 participant in the FGD reported having physical disabilities only. While this group was less common in our survey sample, this does not take away that it is a crucial accessibility need.

**Figure 10. Disability Status of Survey Participants (n=93)**



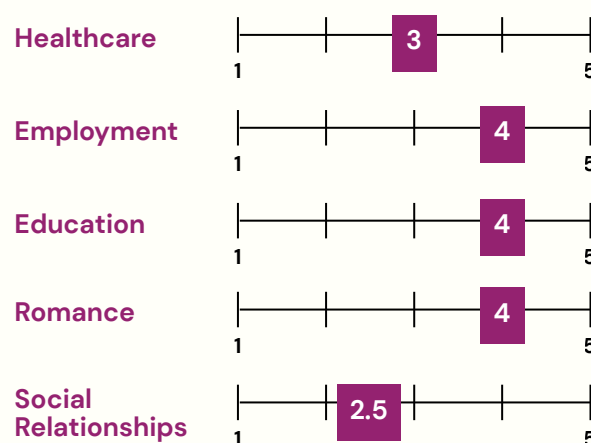
**Figure 11. Disability Status of FGD Participants (n=24)**



## Impact of Intersecting Identities

In our survey, we asked whether a participant felt that their intersecting identity creates unique challenges for them as an LGBTIQA+ individual in Singapore. 77.4% of respondents (n=72) affirmed this statement. Those who answered "yes" were then asked to rank which areas of their life are most affected by their intersecting identities, from a scale of 1 (least affected) to 5 (most affected).

**Table 3. Median Scores of Areas Affected by Intersecting Identities (n=72)**



Employment, Education, and Romance emerged as the most affected domains by LGBTIQA+ individuals' intersecting identities, each with a median score of 4. Healthcare was moderately affected, with a median of 3, indicating that some respondents face barriers, though less consistently than in employment, education, and romance. Social Relationships had the lowest median score (2.5), suggesting that this domain may be less impacted on average.

The results suggest that LGBTIQA+ respondents in our sample experienced greater institutional exclusions and barriers in the domains of employment, education, romance, and healthcare, compared to social relationships. The relatively lower reported impact on social relationships could be due to participants curating supportive social circles, thereby mitigating some of the negative effects of their intersecting identities in interpersonal settings.

As the next step, we attempted to examine whether the effects of our predictor variables on each area of life were statistically significant. To do this, we collapsed the predictor variables into binary groupings: for instance, cisgender vs. gender diverse, majority race vs. minority race, disabled vs. not disabled, and religious vs. not religious.



## No Reported Effects in Healthcare and Employment

Through our ordinal logistic regression analysis, we found that none of the predictor variables reached statistical significance at the 0.05 level for either healthcare or employment outcomes. However, gender identity ( $p = 0.11$ ) and religious affiliation ( $p = 0.10$ ) demonstrated marginal trends in relation to healthcare.

With a larger sample size, future research might reveal that: (1) Gender-diverse respondents might have higher odds of reporting that their intersecting identities affect their healthcare experiences compared to the cisgender respondents, and (2) LGBTIQ+ participants who identified as religious appeared to have lower odds of reporting greater impacts on their healthcare experiences than their non-religious counterparts.

## Limited Disruption in Education, Social Relationships, and Romance

In our model, gender identity, ethnicity, and disability status did not show significant associations with educational disruption as the  $p$ -values were greater than 0.05. Interestingly, religious affiliation was the only statistically significant predictor. Religious individuals were less likely than non-religious respondents to report severe disruption to their education ( $p=0.0045$ ).

There are a few possible reasons for this result such as the religious LGBTIQ+ respondents in our sample having a support system and the resilience to continue their education without disturbances.

Alternatively, non-religious respondents, especially those who left their faith due to religious trauma or anti-queer stigma, may have been more vulnerable to educational disruptions. A larger sample size would be necessary to determine whether this effect can be consistently replicated and statistically validated.

In comparison, disability status was the only statistically significant predictor ( $p=0.03$ ). LGBTIQ+ respondents who are not disabled had significantly lower odds of reporting disruption in their social relationships compared to those who are disabled.

The qualitative findings from our FGD support the finding that people who are disabled were more likely to experience negative impacts on their social relationships. For example, LGBTIQ+ participants reported how their physical and/or mental disabilities led to feelings of isolation and exclusion in their social circles.

When examining the effects on romance, the only significant predictor was gender identity. Cisgender individuals were significantly more likely to report that their romantic relationships were negatively affected compared to gender-diverse individuals. Gender-diverse individuals had significantly lower odds of reporting greater disruption in romantic relationships, compared to cisgender individuals ( $p=0.03$ ).

Meanwhile, ethnicity, disability status, and religious affiliation did not show significant associations with romantic relationship disruption. This finding suggests that gender-diverse individuals in our sample may have experienced greater relational stability, though further research would be needed to determine possible reasons.

## Study Limitation: Small Sample Size

One severe limitation is that our sample size only consists of 72 participants. This is an issue as it means that our ordinal logistic regression model has limited power to detect statistically significant effects.

This issue is further aggravated since our outcome variable has multiple ordinal levels and the model includes multiple predictor variables. The true effects of the predictor variables (gender identity, ethnicity, disability status, and religious affiliation) on the outcome variables might not appear statistically significant simply because there is not enough data.

Given the limitation of our quantitative study, our qualitative insights from the survey and FGD will be instrumental in deepening our understanding of how intersecting identities shape experiences across key domains such as healthcare, employment, education, social relationships, and romantic life.

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## Chapter 2

# Healthcare Services and Experiences

Lead Author & Analyst: Caitlin C. Fernandez

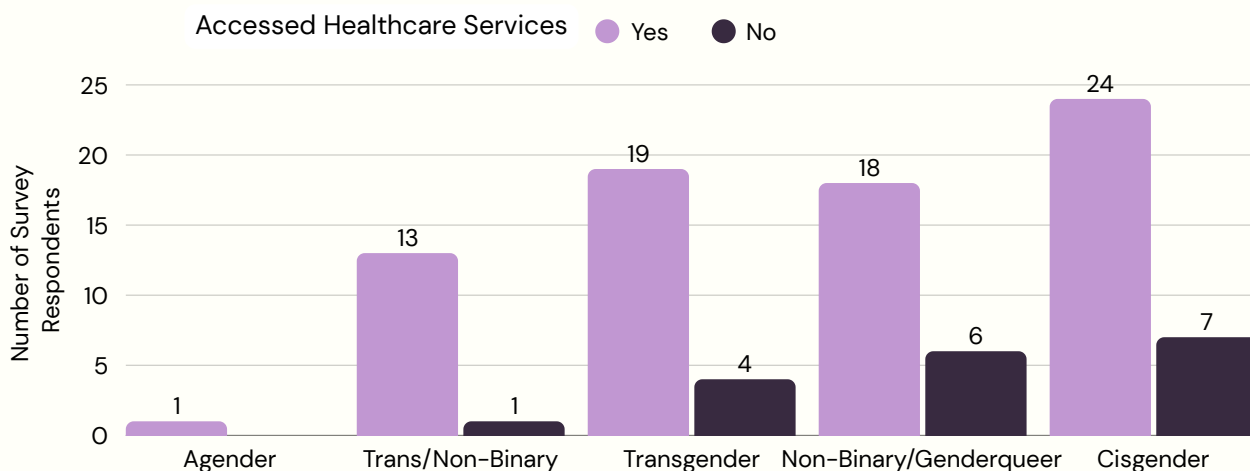
Contributing Analyst: Vanessa Khoo

The survey and FGD findings indicated that LGBTIQ+ people with multiple marginalisations felt that their healthcare needs were neither understood nor addressed within Singapore's healthcare system. Several systemic barriers contribute to this exclusion, such as financial inaccessibility, strict regulatory requirements for gender-affirming care, prejudice and bias among healthcare providers, and the absence of safety protocols and inclusive practices. Collectively, these factors then create an environment in which healthcare is frequently inaccessible and unsafe for those most in need of care.

### Quantitative Findings: Sociodemographic Characteristics and Access to Healthcare Services

Healthcare was the most common type of service accessed among our survey respondents, with 80.6% (n=75) reporting use in the past year.

**Figure 12. Access to Healthcare Services, by Gender Identity (n=93)**



To examine potential associations between our independent variables (categorical) and healthcare access (binary), we conducted Pearson's Chi-Square tests. Due to small cell counts (often fewer than five respondents per subgroup), categories were collapsed into binary groupings—for example, cisgender vs. gender diverse, majority race vs. minority race, disabled vs. not disabled, and religious vs. not religious.

Across all tests, no statistically significant associations were found between gender identity, ethnicity, religious affiliation, and disability status and healthcare access ( $p > 0.05$ ). This suggests that observed differences in healthcare access rates across LGBTIQ+ subgroups are unlikely to be caused by systematic effects. Notably transgender and transgender/non-binary survey respondents (92.9%) reported higher access rates than cisgender respondents (77.4%). However, higher rates of service use do not necessarily indicate more inclusive or affirming care.

Access does not guarantee adequacy, and many FGD participants described navigating healthcare environments marked by fear of disclosure, insensitivity, or outright discrimination. Furthermore, systemic factors like affordability and structural barriers affect the quality and inclusivity of care.

This reiterates that the lived experiences of LGBTIQ+ persons with intersecting marginalisations are complex, and cannot be fully understood through nominal categories or access metrics alone.

## Qualitative Findings: Survey Responses and FGD

### Financial Inaccessibility

Across both the FGD and online survey, participants with intersecting identities consistently identified the public healthcare subsidy model and exclusion from insurance coverage as key drivers of unaffordability with regard to healthcare in Singapore. For LGBTIQ+ individuals with chronic health conditions or multiple disabilities, existing subsidies were described as inadequate to meet recurring or long-term medical needs.

**D6**, a transgender participant with chronic health issues, explained that while subsidies exist, they often fail to cover the cumulative costs of repeated medical appointments, medications, therapies, and specialist consultations.

As a result, **D6** reported having to delay or forgo necessary care to manage the financial strain:

“

I don't think the subsidies for public healthcare is enough to really help, especially if you have a lot of medical appointments...Even with government subsidies...I just can't really afford to spend hundreds of dollars.

” **D6**

Another criticism of the subsidy model is the use of household means-testing to determine subsidy eligibility<sup>1</sup>. This policy presumes financial support from one's family, a presumption that is especially damaging for LGBTIQ+ individuals who experience familial estrangement or conflict due to their gender identity or sexual orientation.

Such patterns are well-documented in local research, which highlights the physical, emotional, psychological, and financial violence that many face within their households<sup>2</sup>. In such cases, the means-testing process effectively disqualifies LGBTIQ+ individuals from the aid they urgently require, despite having no access to familial resources.

Financial inaccessibility was further compounded for participants with disability or mental health challenges, who often face barriers to entering the workforce and achieving economic stability.

**A23**, an FGD participant, described how these barriers intersect with the cost of gender-affirming healthcare:

“

So I've been wanting to access, like getting, really getting testosterone, or getting any other type of [gender-affirming] surgeries... But it's just that my family is not very accepting... Although I'm from a middle-class family, money is very tight right now... even though I want all those things, money is the main barrier.

”

A23

Secondary literature reinforces these accounts, documenting how mental health stigma and negative perceptions of disability in Singapore hinder disabled queer individuals from securing full-time employment<sup>3, 4</sup>.

Without a stable income and lacking familial support, many LGBTIQ+ individuals are left to navigate the healthcare system alone and forced to delay essential medical treatments. This results in prolonged physical and emotional distress, widening health disparities, and increased vulnerability within an already marginalised population.

Insurance exclusion was also a significant concern contributing to the financial inaccessibility of healthcare services. Participants reported that transgender people are routinely denied coverage, as their identities and procedures fall outside of traditional policy definitions. **P25**, an FGD participant, explained:

“

Insurance is really hard because the moment you declare being transgender, or declare your sexual orientation, it does not fit within their policies. So because it's not within their policies, they will not grant you insurance...There is still a stigma that people like us [transgender people] have a mental disorder.

”

P25

Survey participant **SP14** echoed how no insurance policies cover transgender healthcare, which is instead categorised as “cosmetic” and paid out of pocket<sup>5</sup>.

“

In Singapore, trans healthcare is not in any way shape or form covered by insurance and is seen as cosmetic procedures that come out of your pocket...

”

SP14

LGBTIQ+ individuals living with HIV, mental health conditions, or disabilities also face difficulties in securing insurance coverage<sup>6</sup>. Survey participant **SP14** also explained how having a mental health condition excludes them from insurance coverage:

“

It is much more difficult to take up health insurance due to the stigma of mental disorders.

”

SP14

After a HIV diagnosis, people living with the condition are often denied insurance coverage. Furthermore, most policies also exclude claims for HIV treatment, often citing broad and vague definitions of “related complications” that can encompass a wide range of medical conditions<sup>7</sup>. In these cases, LGBTIQ+ individuals with mental health conditions and HIV are left without financial protection and must grapple with higher costs of medical care.

## High Regulatory Barriers to Gender-Affirming Care

Gender-affirming care in Singapore remains highly restricted, with significant psychological, physical, and financial consequences on transgender individuals. While certain interventions, such as hormone replacement therapy (HRT), are technically available, access is severely restricted by regulatory requirements and pervasive stigma. Additionally, the absence of key gender-affirming surgeries and lack of financial subsidies further compel many transgender people to seek treatment overseas.

Several FGD participants, particularly transgender individuals, identified the legal age threshold and multi-step consent process as major obstacles to gender-affirming care. In both public and private healthcare systems, patients must obtain approval from both a psychiatrist and an endocrinologist before HRT is initiated for them<sup>8</sup>.

Access to HRT is even more limited for those under 21. Public healthcare generally does not provide HRT to individuals in this age group, and although those aged 18 to 21 may pursue HRT through private general practitioners, both parents must consent. This requirement reflects a paternalistic approach to trans healthcare, undermining the autonomy of young adults to make informed decisions about their own bodies and health.

Additionally, many transgender youth lack parental support, forcing them to delay essential, and often life-saving, care—prolonging psychological distress and exacerbating gender dysphoria. One FGD participant, **P8**, shared their experience of facing delays due to age-based restrictions, compounded by the absence of parental consent:

“

At 20, I could have gotten it [HRT] if my parents were okay with it. Obviously, they were not going to be. So that was a whole extra year of misery that could have been avoided.

” **P8**

These systemic obstacles not only delay care but also frequently force individuals into medically unsafe pathways. **P8** elaborated on this point:

“

The public route is too slow, too [much] gatekeeping, and the private route is too expensive...so people just do it themselves.

” **P8**



As a result of these barriers, **P8** noted that some transgender individuals resort to obtaining HRT outside formal medical pathways. Online communities and informal networks may provide information and access to hormones, but without professional supervision, such routes carry heightened risks, including inappropriate dosages and significant health complications<sup>9</sup>.

Several participants who identified as transgender, gender-diverse, or living with disabilities reported experiencing patronising, condescending, and dismissive treatment from healthcare providers.

The psychological toll of continually having to prove one's legitimacy or "worthiness" to receiving gender-affirming care can be as damaging as the outright denial of treatment. FGD participant, **D23**, expressed their anxiety about returning to the public gender care clinic, fearing heightened scrutiny during the psychiatric evaluation:

“

I do wish that they offer [informed consent] in public health service, because it is quite stifling that I have to go to a medical review and a doctor's psychiatric approval to get gender care. That's why I've also been scared to go back to the gender care clinic or even to the doctor, because I'm scared that I'll get rejected.

” **D23**

Within the transgender community, participants living with disabilities reported that these intersecting identities often resulted in infantilisation during medical consultations. Infantilisation occurs when healthcare providers assume patients lack the capacity to understand or make informed decisions about their own care, leading them to speak in a condescending manner or override the patient's autonomy.

Survey participant, **SP77**, shared that they are often taken less seriously because of their disability:

“

Being disabled, I don't get taken seriously and I get infantilised all the time from healthcare to romance. It makes it even harder for me to be heard because of my queerness. People just think I'm weird or mentally ill.

” **SP77**

A survey participant (**SP68**) detailed a similar experience in which their autism was used as a pretext to deny them gender-affirming treatment:

“

[I] experienced gatekeeping and gaslighting by a psychiatrist when I asked to be certified in capacity for informed consent to transition. [They] used autism as the justification [to deny my request].

” **SP68**

Transgender FGD participant, **Q12**, recounted a distressing interaction with a psychiatrist at a public institution who dismissed and belittled their request for gender-affirming care:

“

He immediately insinuated that I'm expecting our hormones to change my chromosomes and gender reassignment surgery to give [me] a uterus... He was even gaslighting me, claiming that I do not clearly understand what I want and not understanding the potential complications that will come with hormone replacement therapy...

He asked me to go back to see him again eight weeks later, and I already know that by then, he will still gaslight me and refuse me capacity for informed consent to transition.

” Q12

These experiences illustrate how healthcare professionals may invoke disability or neurodivergence as pretexts to deny transgender people their right to bodily autonomy. Such actions become especially demeaning when healthcare professionals behave dismissively or antagonistically in front of others.

A survey participant (**SP14**) shared how an endocrinologist repeatedly undermined them during a consultation in the presence of their unsupportive parents:

“

I had visited an endocrinologist to discuss my future with transitioning (but as I am only 18 this year without parental consent, I cannot access HRT for 3 more years) and was consistently shut down and told I was wrong about the age of HRT in Singapore in front of my parents...

I felt greatly infantilised, a common form of anti-transmasculinity, and felt hopeless...

” SP14

Studies have shown that such negative encounters not only delay access to essential treatment but also exacerbate mental health challenges, fostering long-term distrust in the healthcare system<sup>10</sup>. Many transgender and gender-diverse individuals consequently approach healthcare with an anticipatory fear of rejection, which significantly reduces their willingness to seek care.

An important dimension of gender-affirming care involves surgical interventions, yet opportunities for such procedures in Singapore remain scarce—particularly for transgender women.

A trans woman FGD participant, **K8**, pointed out that vaginoplasty (a feminising “bottom” surgery) is unavailable locally. This absence of surgical infrastructure compels many transgender women to seek the procedure overseas (e.g., in Thailand), often incurring significant personal and financial costs<sup>11</sup>. **K8** elaborated on this conundrum:

“

Medical professionals [in Singapore] know how to do mastectomy. They know how to do hysterectomy. For trans women, top surgery still can lah, like breast augmentation. But for bottom surgery, right? There's virtually no services in Singapore that do it. So, like it's very much we have to do it outside.

” K8

The challenges extend well beyond the surgery itself. Vaginoplasty requires a minimum of three months of recovery, extensive aftercare, and regular follow-up appointments—services that become significantly harder to access when procedures are performed overseas<sup>12</sup>. The need for repeated travel introduces logistical complications, heightens financial burdens, and adds emotional strain.

In Singapore, genital reconstruction is also a legal prerequisite for changing the gender marker on national identification documents. Those unable to access such procedures face prolonged gender dysphoria and associated mental distress.

For transgender women with limited financial resources, mental health challenges, or disabilities, these barriers can be both isolating and overwhelming, compounding the inequities they already face within the healthcare system.

### Prejudice and Bias Among Healthcare Providers

**11.8% (n=11)** of survey respondents reported experiencing stigma in healthcare settings.

**80.6% (n=75)** of survey respondents had accessed healthcare services.

At first glance, it may seem that only about one in every seven LGBTIQ+ individuals with intersecting identities encountered stigma in healthcare settings. However, the open-text survey responses and qualitative findings from the FGD reveal a more complex reality.

Many participants described deliberately withholding their LGBTIQ+ identities—even from medical—as a self-protective strategy to guard against anticipated anti-queer or anti-trans stigma and discrimination. This concealment likely results in underreporting of stigma in quantitative measures.

Given these results, it is essential to complement survey data with the participants' lived experiences. The FGD accounts provide critical context, illuminating the subtle forms of stigma that pervades clinical encounters, often in ways invisible to aggregate statistics.

Participants reported that prejudicial attitudes among healthcare providers were common, particularly towards transgender or gender-diverse patients, those with stigmatised chronic illnesses like HIV, and individuals living with disabilities.

Survey and FGD data, corroborated by existing literature, indicate that medical professionals' stigma toward LGBTIQ+ patients—particularly those living with HIV—remains a significant barrier to healthcare access<sup>13</sup>.

For instance, **SP22** recounted how their general practitioner chastised them for having sexual contact with another man and for undergoing HIV testing. **SP87**, a person living with HIV, described the act of disclosing their HIV status to a family doctor as "*distressing*", an experience that left them wary of disclosing their HIV status to other medical practitioners.

In the FGD, one participant described how their physical symptoms were dismissed and misattributed to psychological causes, simply because of their documented mental health history. As **V8** recounted:

“

...I do have chronic illnesses, small fibre neuropathy and fibromyalgia...I have had symptoms for, like, the past seven years. I tried going through the public [healthcare] route...but because doctors see mental illnesses on my chart, they see antidepressants being prescribed in my medications list, and then they basically decide that this is all a mental health issue and refuse to assess further.

” **V8**

Such diagnostic bias can lead to delayed treatment, misdiagnosis, and worsening symptoms. Some participants added that repeated misdiagnoses in the public healthcare system eventually pushed them to seek private care—often at significantly higher costs—to obtain accurate diagnoses.

### Lack of Safety Protocols and Inclusive Practices

Beyond the conduct of individual medical professionals, many participants highlighted the systemic gaps in safety protocols and inclusive practices within healthcare settings. A recurring concern—also documented in other research<sup>14</sup>—was the absence of clear protocols for accommodating and treating transgender patients who are unable to change their legal gender marker.

Several participants explained how gender markers on their official documents, such as National Identity Registration Cards (NRICs), can expose them to risk in emergencies. In Singapore, one must undergo complete gender-affirming surgery to change their legal gender markers.

This policy leaves those unwilling or unable to undergo such extensive procedures in a vulnerable legal and social limbo, where their documented identity conflicts with their lived reality.

A transgender FGD participant, **K25**, shared their experience of being trapped in this legal limbo because although they were transgender, their NRIC still reflected their “dead” gender:

“

...I went to the A&E in a public psychiatric hospital...and they just left me in the waiting room to wait for like, a long time because they just didn't know what to do with me. Like, they don't know where to put me because the [public] wards...are segregated by gender.

” **K25**

International research has consistently shown that the absence of transgender-specific knowledge and care in healthcare settings compounds the psychological burden experienced by trans and gender-diverse patients<sup>15</sup>.

A survey participant, **SP80**, elaborated on their experience of this very issue:

“

This psychiatric hospital has gendered wards, which means that every time I require admission and can't afford to seek out a private ward, I have to deal with excruciating dysphoria on top of my mental health issues... it ends up doing more damage than good.

” SP80

Unclear and non-inclusive guidelines on the admission of transgender and gender-diverse patients often result in them being warded according to their sex assigned at birth, a practice that can trigger dysphoria and acute emotional distress.

Even in non-emergency contexts, such as regular appointments, inconsistencies in how gender markers are applied persist across public healthcare settings. Singapore's strict legal requirements for amending legal gender markers force many transgender and gender-diverse individuals to retain their “dead” gender on official documents. This mismatch between identity and documentation leaves them vulnerable to misgendering and administrative violations.

Two FGD participants recounted instances where their gender was altered without their knowledge or consent during medical consultations. **Q25** elaborated on their experience accessing therapy in a public hospital:

“

The hospital has this thing whereby they allow you to put your gender and salutation as unknown. It was between two sessions of seeing the therapist... somehow my gender was changed from unknown back to my dead gender. So I was hopping mad, because—why are they changing it back to my dead gender! It's unknown for a reason!

” Q25

**X12** encountered a similar experience when undergoing dental surgery in a public hospital:

“

I went [to the hospital] to get my wisdom teeth removed...So [the doctor] continued putting M. Later on, a nurse looked at the IC, and she just changed it. So, like, the system's gender marker changes based on what the nurse or doctor enters. And it's not something that you can control...

” X12

Beyond the absence of safety protocols, both survey and FGD participants agreed that inclusive practices remain inadequate in Singapore's healthcare settings. In particular, many medical professionals lack awareness of how to ask for and correctly use pronouns when speaking with transgender and gender-diverse patients.

Nine survey participants (**SP25, SP27, SP31, SP38, SP47, SP54, SP65, SP69, SP76**) reported that being misgendered undermined both the quality of their experiences and their access to healthcare. They highlighted that the onus often falls on non-cisgender patients to repeatedly correct providers while enduring persistent misgendering—a process **SP76** accurately summarised as “*exhausting*”.

Echoing these accounts, several FGD participants described instances of public misgendering that left them feeling markedly uncomfortable and judged. **K25**, for example, recounted being called by their “dead” name and salutation when receiving a COVID-19 vaccination, which intensified their discomfort in an already vulnerable setting:

“

When I got my COVID vaccine, they used a full name, and then they also insisted on using a salutation...couldn't you just, like, give us numbers?

” **K25**

**X12** explained that, because they are unable to legally change their name and gender, navigating the public healthcare system means enduring repeated misgendering and judgement for not conforming to the physical expectations of their assigned sex at birth:

“

I'm a trans man, so I have not changed my gender marker...they've been incessantly texting me on my phone with my dead name, telling me to go for the HPV vaccine...I did not want to go to the doctor's to do it...I'm going to be misgendered the whole time I go there and I look like this. And then they're like, “What are you doing here?” You know? Yeah, so it's really awkward.

When they call you for the medical stuff, they're like, Miss blah, blah, blah. Then I come there in-person at the doctor's, and then they stare at me, like are you collecting on behalf of your sister or something? And I'm like, “No, that's me.”

” **X12**

Like **X12**, **Q25** recounted a similar experience when accessing breast care services as a transgender woman:

“

I went to breast care...and they called for “Mr. Deadname”. So, I show up, put my IC on the counter and they ask, “Where's the patient?”

” **Q25**

**V8**, an agender person, spoke on how they were forced to conceal their gender identity as healthcare providers seem unwilling and uncomfortable with using their pronouns:

“

I prefer they/them pronouns, so there is a lot of discomfort around using pronouns based on my assigned gender at birth. But because I am afraid of conflict...I try not to say anything.

” **V8**

Inclusive protocols are also absent for LGBTIQ+ patients with physical disabilities, such as those who are deaf or hard of hearing, who face significant communication barriers in healthcare settings.

A deaf FGD participant, **B23**, described challenges such as being unable to hear name announcements in polyclinics and difficulties communicating with masked healthcare staff, *“In polyclinics, the nurses will announce our names. So when I'm sitting, the nurse would call “B23!”, but I wouldn't know that, right?...For doctors, especially when they wear masks, how am I supposed to read your lips and communicate?”*



On top of this, **B23** explained that many healthcare providers lack knowledge about accommodating deaf patients. During their COVID-19 vaccination, **B23** became frustrated when medical staff directed sensitive questions about their sexual history and health to their friend—who was present only to interpret—rather than addressing **B23** directly:

“

I told them to actually just communicate with me directly by writing on a piece of paper, not to ask that person to translate, as that's not nice. You're just ignoring me...We should not have outsiders [interpreting] that kind of information that's related to sexual health.

” **B23**

Given the sensitivity of sexual health, particularly for LGBTIQ+ individuals, who often face stigma and homophobia, **B23** felt disrespected when their privacy was breached in this way. What should have been a confidential interaction instead became infantilising, reinforcing both ableist and queerphobic assumptions that denied them autonomy over their own healthcare narrative.

## Making Healthcare Equitable for All: Recommendations

Drawing on the insights gathered from FGD and survey participants, we have formulated a set of recommendations for government bodies, medical institutions and professionals, as well as community actors.

### Government Interventions

#### 1 Enhance Financial Accessibility of Gender-Affirming Treatment

**Subsidy Models for Gender-Affirming Care:** There may be opportunities to examine whether existing healthcare subsidy schemes (e.g. Medisave, CHAS) could be reviewed to consider the inclusion of gender-affirming care such as hormone therapy or surgeries, taking into account both financial feasibility and clinical relevance.

**Consider International Approaches to Cost-Effectiveness:** International studies<sup>16</sup> suggest potential long-term benefits of gender-affirming care. These may serve as reference points for local research on healthcare outcomes and sustainability.

**Framing within Broader Public Health Goals:** Some perspectives view gender-affirming care not only as a medical service but also as part of public health strategies to improve mental health and well-being outcomes<sup>17</sup>.

#### 2 Review Age Guidelines for Hormone Replacement Therapy (HRT)

**Review Current Age Thresholds:** Singapore currently sets the minimum age for HRT at 21. A review of this threshold could involve examining global standards and ethical considerations in supporting young adults at age 18.

**Address Parental Consent Considerations:** Discussions on autonomy and informed consent for individuals aged 18 may be informed by national legal frameworks on adulthood and medical ethics.



**Consider Evidence-Based Flexibility for Adolescents Under 18:** Refer to guidelines from the World Professional Association for Transgender Health (WPATH)<sup>18</sup>, which support access to HRT for adolescents as young as 14 under specific conditions, including informed consent and demonstrated persistent gender dysphoria.

**Enhance Protections and Clinical Oversight for Early HRT Access:** Ensure that any lowering of the age of consent is accompanied by robust mental health assessments and medical supervision to safeguard the well-being of transgender youth during critical developmental years.

### 3 Considerations around Puberty Blockers for Transgender Youth

**Potential Psychological Benefits:** Some international literature indicates that puberty blockers may offer a temporary pause in development, allowing adolescents time to explore their identity<sup>19</sup>. These potential benefits could be further evaluated in local studies.

**Singapore-Based Research Opportunities:** There may be value in initiating local research to understand long-term effects and contextual relevance. Policymakers may consider findings from both local and global research when assessing future directions in clinical access.

**Review of Existing Guidelines:** Current Ministry of Health positions may be revisited in light of emerging research and clinical data.

### 4 Review Singapore's Means-Testing Subsidy Model

**Expand Criteria Beyond Household Income:** The current income-based means-testing model may not fully capture the needs of certain populations, such as at-risk transgender youth or LGBTIQ+ individuals with chronic illness or disability, whose experiences of financial insecurity are compounded by factors like housing instability, family estrangement, or employment discrimination. A refined approach could consider additional contextual indicators of vulnerability.

**Consider Psychosocial and Environmental Risk Factors:** Incorporating non-economic factors—such as the stability and safety of one's living environment—into eligibility assessments can help ensure that subsidies are better targeted to individuals facing compounded disadvantage.

**Pilot Targeted Schemes for High-Risk Groups:** A supplementary support mechanism, accessible via referrals from qualified health or social service professionals, could be explored for specific groups such as transgender youth facing heightened structural risk.

### 5 Add Optional Disability Disclosure on Official Records

**Voluntary Disability Status Indicator:** Some individuals with disabilities have expressed interest in having the option to indicate their status in identification or health systems to streamline access to services, allowing those who choose to disclose to access coordinated services without repeated explanation or documentation.

**Balancing Privacy and Accessibility:** Systems could be designed to offer discreet access to health data, particularly in emergency settings, while respecting confidentiality and dignity. Integrated systems may enhance healthcare delivery while minimising redundant or uncomfortable disclosure processes.

## Guidelines for Medical Professionals

### 1 Develop Inclusive Protocols in Public Healthcare Settings

**Ward Placement Considerations:** Institutions may explore options for gender-diverse warding practices that prioritise patient comfort and safety, especially in emergency scenarios<sup>20</sup>.

**Gender-Affirming Administrative Procedures:** Intake forms and hospital processes could be reviewed to assess whether they reflect inclusive practices across diverse gender identities. Alternatives such as numbered queue systems may reduce the risk of unintentional misgendering or deadnaming.

**Use Clear Face Masks to Support Lip Reading:** Provide transparent face masks for healthcare workers when interacting with deaf and hard-of-hearing patients who rely on lip reading, ensuring effective communication and equitable access to care.

**Introduce Patient Feedback Mechanisms:** Create accessible channels for patients to provide feedback on their healthcare experiences, supporting the ongoing service improvement and equity in care<sup>21</sup>.

### 2 Invest in Staff Training and Development

**Pronoun Use as a Care Standard:** Training on respectful language use, including correct pronoun usage, could be incorporated as part of broader professional development in healthcare<sup>22</sup>.

**Mental Health Stigma:** A more holistic approach may be considered in integrating mental health with general healthcare delivery to avoid marginalisation of psychosomatic experiences.

### 3 Facilitate Medical Research and Collaboration

**Multidisciplinary Models of Care:** Interdisciplinary collaboration across gender-affirming care providers (e.g., physicians, psychologists, endocrinologists) could support more cohesive care pathways. For example, there may be value in integrating training on minority stress into existing curricula, enhancing provider understanding of social determinants of health.

## Community Initiatives

**Support Peer-Led Resource Sharing:** Expanding community initiatives that promote shared knowledge of inclusive healthcare providers may serve as useful support tools, especially in hard-to-reach groups.

**Build Provider Review Platforms:** Platforms for safely sharing healthcare experiences can help inform individual choices and contribute to institutional accountability and transparency.

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## Chapter 3

# Mental Health Services and Well-Being

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The World Health Organisation (WHO) defines mental health as the “state of mental well-being that enables people to cope with the stresses of life, realise their abilities, learn well and work well, and contribute to their community”<sup>1</sup>. Mental health is therefore not merely the absence of mental illness, but a foundation for individual and collective capacity to make decisions, build relationships and shape our shared environment.

Against a backdrop of global decline in mental health, Singapore has taken proactive steps, with *HealthierSG* expected to broaden access through the launch of the National Mental Health and Well-Being Strategy<sup>2</sup>. However, these mainstream initiatives remain insufficient in addressing the complex and deep-seated struggles faced by queer individuals, particularly those with intersectional identities. Such individuals encounter unique stressors—including social rejection, systemic erasure and heightened vulnerability to discrimination—that often fall outside the scope of standardised mental health frameworks.

### Quantitative Findings: Sociodemographic Characteristics and Access to Mental Health Services

Our survey indicated that 64.5% (n=60) of respondents accessed mental health services in the last year, making it the second most common service accessed after healthcare services. Pearson’s Chi-Square and G-Test analyses were conducted to examine whether access to mental health services varied significantly across these key sociodemographic variables: gender identity, ethnicity, religious affiliation, and sexual orientation.

The results indicated that gender identity (cisgender vs. gender diverse), ethnicity (majority vs. minority racial background), and religious affiliation (religious vs. not religious) each did not have a statistically significant association with the use of mental health services (the p-value exceeded 0.05 in each case).

A G-test was employed to assess the relationship between sexual orientation and access to mental health services, which likewise revealed no significant association ( $p > 0.05$ ). Taken together, these findings suggest that, within our sample, access to mental health services did not differ meaningfully based on gender identity, ethnicity, religious affiliation, or sexual orientation.

On the other hand, we found an association between disability status (disabled vs. not disabled) and access to mental health services. Among disabled respondents, 78.7% (48/61) accessed mental health services. Among non-disabled respondents, only 37.5% (12/32) accessed mental health services. From the contingency table below, there is a much higher proportion of disabled individuals accessing mental health services compared to those without disabilities.

**Table 4. Disability Status and Access to Mental Health Services (n=93)**

Disability Status	Yes/ Did Access	No/ Did not Access	Total
Has disabilities	48	13	61
Does not have disabilities	12	20	32

A Pearson's Chi-Square test was conducted to evaluate whether there is a significant association between disability status and mental health service access. The result was statistically significant, with a  $p$ -value  $< 0.001$ . The statistically significant result ( $p < 0.001$ ) indicates a strong association between disability status and access to mental health services, with disabled individuals significantly more likely to access these services compared to those who are not disabled.

This disparity may reflect a combination of factors, including higher mental health needs among disabled individuals or greater awareness or recognition of available services within this group. It is critical to note, however, that the high number of participants who reported having a mental disability ( $n=46$ ) or both a physical and mental disability ( $n=11$ ) could drive the overall association between disability status and mental health service access. In contrast, only four participants in the sample reported having a physical disability without a co-occurring mental disability. As a result, it is unclear whether these findings can be reliably generalised to individuals with physical disabilities alone.

While quantitative analyses revealed no statistically significant relationship between most sociodemographic factors and access to mental health services – with the notable exception of disability status – these findings do not tell the full story. In reality, whether or not someone accesses care is only one dimension of mental health equity. Access does not guarantee quality, safety, or affirmation. The FGD revealed that many LGBTIQ+ individuals, particularly those with intersecting marginalisations, face deep structural, cultural, and interpersonal barriers within mental health care settings, even after accessing them.

Participants described challenges ranging from unsupportive family environments and intergenerational stigma to professional incompetency, fragmented care systems, and the emotional labour of self-advocacy. These narratives highlight that the issue is not merely about whether mental health services are used, but how they are experienced and by whom.

The later sub-sections unpack these layered realities, offering a closer look at how systemic gaps, cultural expectations, and personal circumstances intersect to shape the mental health journeys of LGBTIQ+ individuals in Singapore.

### Key Figures: Self-Reported Mental Health Challenges

We also asked survey participants to self-report mental health challenges experienced in the past year, allowing them to select *more than one challenge*. Table 5 below demonstrates the results, underscoring the breadth and severity of mental health concerns among respondents.



**Table 5. Self-Reported Mental Health Challenges (n=93)**

Self-Reported Mental Health Challenge	Number of Participants (n)	Percentage of Participants (%)
Stress/Burnout	76	81.7
Anxiety	63	67.7
Depression	58	62.4
Suicidal Thoughts	45	48.4
Self-Harm	22	23.7
Dysphoria	3	3.2

Stress or burnout emerged as the most common mental health challenge, reported by 76 participants (81.7%). Anxiety was reported by 63 participants (67.7%), followed closely by depression, noted by 58 participants (62.4%). 45 participants (48.4%) reported experiencing suicidal thoughts in the past year—affecting nearly half of all respondents. Self-harm was reported by 22 participants (23.7%), reflecting acute distress within the community. Dysphoria was the least frequently selected challenge, with 3 participants (3.2%) identifying it as an issue, though this remains significant for the subgroup it affects.

These results reveal a strikingly high prevalence of mental health challenges among LGBTIQ+ individuals with intersecting identities, in which stress, anxiety, and depression form the most common triad. The substantial rates of suicidal ideation and self-harm underscore an alarming pattern of severe psychological distress, reinforcing the urgent need for accessible, LGBTIQ+-affirming mental health services in Singapore.

**Table 6. Self-Reported Mental Health Challenges, by Gender Identity (n=93)**

Gender Identity	n	Depression	Anxiety	Stress/Burnout	Suicidal Thoughts	Self-Harm	Dysphoria
Agender	1	100%	100%	–	100%	100%	–
Cisgender	31	41.9%	74.2%	77.4%	41.9%	12.9%	–
Non-Binary/ Genderqueer	24	75%	79.2%	79.2%	50%	33.3%	–
Transgender	23	56.5%	39.1%	82.6%	43.5%	30.4%	8.7%
Transgender/ Non-Binary	14	92.9%	78.6%	100%	64.3%	14.3%	7.14%

Table 6 indicates that transgender and non-binary individuals with intersecting identities face the highest rates across nearly all mental health concerns—particularly, depression, stress, and suicidal thoughts. Non-binary/genderqueer respondents also show significantly elevated rates of anxiety, depression, and self-harm. Dysphoria appears only among respondents under the transgender umbrella, indicating it is specific to those whose assigned sex at birth does not align with their gender identity.

In contrast, cisgender respondents with intersecting identities report comparatively lower rates across all metrics. For example, 12.9% report self-harm, and 41.9% report depression or suicidal thoughts. This disparity suggests that cisgender respondents in our sample may encounter fewer mental health stressors than their gender-diverse counterparts.

Qualitative findings from our FGD and open-text survey responses shed light on these differences. Transgender and gender-diverse participants described navigating persistent transphobic stigma, repeated misgendering, and overt hostility, alongside significant barriers to accessing gender-affirming care in Singapore. These experiences compound everyday stressors, contributing to the disproportionately high rates of mental health challenges observed in this group.

## Key Figures: Experiences of Stigma

In our survey, respondents were asked to indicate the settings in which they had experienced stigma or discrimination in the past year, with the option to select multiple responses.

As shown in Table 5 below, the most commonly reported setting was within the family, followed by educational institutions, and then the workplace. These results highlight that, for many LGBTIQ+ individuals with intersecting identities, experiences of stigma are not confined to public or institutional spaces but often occur in intimate and personal contexts, where they can have particularly deep emotional impact.

**Table 7. Locations of Stigma Experienced (n=52)**

Location of Stigma Experienced	Number of Participants (n)
Family	30
Educational Institutions	21
Workplaces	20
Public Spaces	14
Healthcare Settings	11
Religious Spaces	10
Online	3
Peer Interactions	2

To assess the relationship between stigma or discrimination and mental health, we examined whether experiencing such events in the past year was associated with participants' self-rated mental health over the last six months. Using an ordinal logistic regression model, we found a statistically significant negative relationship between the two.

The regression coefficient ( $\beta = -0.834$ ,  $p = 0.03$ ) indicates that participants who reported experiencing stigma were approximately 56.6% less likely to report being in a higher mental health category compared to those who had not. This suggests that stigma and discrimination meaningfully reduce the likelihood of reporting better mental health.

For example, stigma from family—who are often expected to be a key source of support—or from educational institutions and workplaces—central to livelihood and future prospects—can profoundly undermine psychological well-being. We also tested whether the number of settings in which stigma was experienced affected mental health ratings.

The results revealed a significant cumulative effect: each additional setting in which stigma was reported (e.g., school, workplace, healthcare) was associated with a 31% decrease in the odds of being in a higher mental health category ( $\beta = -0.373$ ,  $p = 0.005$ ). In other words, multi-environment stigma compounds the negative impact on mental health.

Beyond illustrating how the cumulative impact of multi-environment stigma negatively impacts LGBTIQ+ participants' psychological well-being, these findings also underscores the need for a multi-pronged approach to stigma reduction; one that addresses discrimination in interpersonal, institutional, and systemic contexts simultaneously. The next section examines the specific issues affecting LGBTIQ+ individuals with intersecting identities and explores the underlying factors that sustain these challenges.

## Qualitative Findings: Survey Responses and FGD

### Poor Social and Family Support

Cultural norms and the stigma surrounding mental health remain significant barriers to seeking support in Singapore. For LGBTIQ+ individuals, these obstacles are compounded by unsupportive family and social environments, where acceptance of non-cisgender and non-heterosexual identities is still far from the norm.

This persistent lack of genuine societal affirmation contributes to chronic stress, emotional isolation, and a deterioration of mental well-being. As one respondent, **SP34**, described, the absence of supportive networks can lead to profound alienation within everyday life:

“

I don't have an outlet or adequate support network. There is no 'trusted adult' that I can go to for advice in fear of judgement of my queerness.

” **SP34**

**SP34's** narrative reveals how unsupportive personal environments can prevent the formation of crucial support systems due to fear of judgement or rejection from those around them. This fear can force LGBTIQ+ individuals to suppress their struggles, leaving them without essential emotional outlets. Another survey participant, **SP92**, echoed this, noting that *“not having people understand my unique problems except for a select group of people”* within their social environment intensifies feelings of isolation and distress.

Moreover, the act of remaining closeted—or selectively disclosing one's identity across different contexts such as the home, workplace, or among various social circles—imposes a substantial cognitive and emotional burden<sup>3</sup>. A survey participant, **SP4**, shared:

“

Actively hiding my queerness and partner from my parents has been stressful. And I can't really ask for advice with my relationship even when it can be affecting me negatively because either people don't know I'm queer or I just don't know how to bring something like that up.

” **SP4**

Such experiences reflect a broader pattern in which queer people remain closeted as a self-protective measure against its anticipated repercussions, even when this limits their access to meaningful emotional support. Beyond the immediate impact of concealment, a significant barrier to mental health access lies in intergenerational differences in the perception and acceptance of mental health conditions.

Among older generations, the need for professional or peer-led support is often unrecognised, shaped by misconceptions or dismissive beliefs that such challenges can be overcome through willpower or will simply resolve themselves over time. This disconnect leaves younger individuals—particularly those navigating multiple forms of marginalisation in addition to mental health stigma and LGBTIQ+ discrimination—feeling unsupported, isolated, and often compelled to seek help alone.

This gap in understanding is especially critical for LGBTIQ+ youth, who consistently report higher rates of emotional distress, mood and anxiety disorders, self-harm, and suicidal ideation compared to their heterosexual and cisgender peers<sup>4</sup>. One FGD participant, **B6**, voiced their frustration at their parents' lack of awareness regarding mental health:

“

...[what] could really help me to access services better would be focusing more on mental health... it should target the older generation, because my parents are like, "What's mental health? What's depression? Like? You know, this kind of thing doesn't actually exist in the world. You just need to be happy. Can already"... because of that, I myself have to go and seek help by myself...

” **B6**

Beyond generational divides, practical obstacles—such as financial constraints and parental consent requirements for those under 21 (or 18, depending on provider discretion)—further complicate access to mental health services. While there is ongoing advocacy to standardise the minimum age of consent at 18<sup>5</sup>, entrenched generational attitudes toward mental health may still result in withheld consent, even when policy changes occur.

This is particularly concerning in light of recent findings from the Institute of Mental Health's (IMH) survey on youth mental health, which showed that one-third of young people aged 15 to 35 did not seek help despite experiencing severe or very severe symptoms of depression, anxiety, or stress<sup>6,7</sup>. Such statistics highlight that structural barriers—like parental consent—are not mere bureaucratic formalities; they can actively deter vulnerable youth from accessing potentially life-saving mental healthcare, especially when compounded by familial stigma or misunderstanding.

### Disparities in Therapeutic Care and Disclosure

Findings from both our survey and FGD reveal a wide spectrum of mental health needs within the LGBTIQ+ community, alongside significant variation in how mental health professionals respond to those needs.

Importantly, the quality of care is shaped not only by a clinician's familiarity with LGBTIQ+ issues but also by their understanding of the intersecting identities—such as gender identity, disability, ethnicity, or religion—that can shape an individual's experience of mental health.

Participants described contrasting experiences with mental health services, illustrating how inclusive, affirming care is often contingent on the personal awareness, sensitivity, and competence of the individual clinician rather than embedded as a standard practice. Some participants recounted positive, validating interactions, as in the case of **P25**:

“

My experience with my psychologist was actually really nice. So...she addressed me by my preferred pronouns. She was very attentive to what I want, and this psychologist was specialised in gender-affirming care as well. So because of that, I think she's a very good ally.

” **P25**

Similarly, **M8** described being pleasantly surprised by the empathy and understanding shown by their therapist within the public healthcare system—an experience they had not initially expected:

“

I have broken bones in the right half of my body and like, I'm also diagnosed with a different form of depression. But the counsellor or therapist there, he was this wispy old man, but he was very understanding of the links between my physical issues and mental issues, as well as, you know, sometimes how my sexuality plays into my life. And then he's been providing quite good support for it over the past few months.

” **M8**

While some professionals are willing to work with LGBTIQ+ clients who have intersecting identities, gaps in knowledge and experience remain. One survey participant, **SP82**, described mixed feelings:

“

I have found helpful mental health services from my university counsellor (LGBTQ+ accepting) and a counsellor from my neighbouring Family Service Centre...whom I know is Christian and has been very professional, empathetic, and a good listener. The normalisation of LGBTQ+ experiences through their active listening and attempts to understand helps.

While I am appreciative that I am able to find such support in the mainstream sectors, including an understanding counsellor who happens to be Christian and can understand my point of view from that aspect, these are inadequate because they are inexperienced and do not have many LGBTQ+ clients...

” **SP82**

On the other hand, some participants shared experiences where mental health professionals were unequipped to provide appropriate care—particularly when navigating multiple marginalised identities. **V8**, an agender person living with multiple disabilities, explained:

“

When it comes to disability and mental health, I think a lot of times there is a threat in some sense of any sort of emotional instability that the medical professionals sense, and then they think that I am mentally unstable and require hospitalisation or an increase in medication to control things better.

” **V8**

**Q25** echoed a similarly dismal experience, describing how their intersecting identities as a trans woman with autism further limited her access to appropriate mental health services:

“

Second bad experience. In order to see my therapist right, the first thing that my psychiatrist told me was, “The therapist in the hospital might not be able to handle your case”...Because I’m neuroqueer. I’m autistic, and happen to be trans, and both intersect with each other.

” **Q25**

Such accounts illustrate the Catch-22 that many LGBTIQ+ individuals face when seeking mental health services. Even when they find a counsellor or therapist, that professional may lack familiarity with queer issues—or, more concerningly, may hold prejudiced views—undermining the sense of safety in therapeutic spaces. **L12** described this dynamic:

“

Because they have little to no knowledge about queer issues, (when) they encounter a queer patient, for example, they can’t understand where the person is coming from, and they may end up saying things that actually end up harming the person, even if it’s well-intentioned. Or they may end up actually, ironically promoting more homophobia on their own and also maybe inserting their own personal views into the matter...

” **L12**

Together, these testimonies point to an urgent need for mental health practitioners to be equipped with both cultural competence and intersectional awareness, so that therapy becomes a safe, affirming space rather than an additional site of harm.

Adding to this complexity, mental health treatments often emphasise a client’s right to share information at their own comfort level. Consequently, some individuals may choose to minimise their LGBTIQ+ identity when discussing other challenges for which they are seeking treatment. While this respects their autonomy, it may also limit the provider’s ability to fully understand the interconnected nature of their concerns. For example, **C25**—who was experiencing academic stress alongside gender-related stressors—shared:

“

Anyway, I saw a psychiatrist, a psychologist and a counsellor, and okay, to be honest, I didn’t really tell them about my trans identity, even though, at that point in time, it was kind of a big stressor for me. But then I also had bigger problems, like my grades.

” **C25**

Such non-disclosure can unintentionally obscure a comprehensive understanding of the potential interplay between their identities and mental health challenges. Participants, particularly transgender and gender non-conforming individuals, also described the emotional toll of having to repeatedly educate mental health professionals about their identities, from explaining pronouns to clarifying gender expression. This labour often compounded the very distress they sought help for, as **SP76** explained:



“

Psychologists that I've worked with to address my trauma disorder don't have strong education around the LGBTIQ+ community. This has affected my psychological wellness because I've had to become a teacher while trying to get help. I'm often misgendered despite explaining my identity and pronouns a number of times. It's exhausting.

” SP76

Similarly, **SP92** described how having to break down their layered psychological concerns—interwoven with identity-based stress—only deepened their sense of isolation:

“

Having problems that are overlapping is hard for psychologists to unwrap and understand, causing additional stress [because] having to explain things and circumstances always appears as defensive or over-worrying. This makes me feel alone in my problems.

” SP92

These accounts underscore a recurring pattern: the therapeutic space, intended as a site of safety and validation, can instead become another site of emotional labour. The repeated need to articulate and justify one's lived experience not only drains psychological resources but also reinforces feelings of being misunderstood or invisible.

### Fragmented Care Systems

A significant challenge for queer individuals seeking mental health support lies in the complex interplay of previously discussed factors: limited social and family support as well as fundamental differences in lived experiences. Given the sharp divergence of their lived realities from heteronormative expectations, these differences often render it less intuitive for many mental healthcare professionals to identify a starting point for treatment. This complexity is further amplified for queer individuals with intersecting identities, as shared by FGD participant, **K8**, who holds a white-collar job:

“

...I'm still undiagnosed for a lot of mental health conditions that I feel are quite relevant to me, ...it's not great to talk about mental health, especially in that space, there's a lot of stigma. So being undiagnosed, I don't know if, like, this service actually applies to me, like, queer and ADHD [Attention deficit hyperactivity disorder] resources. I can read them, but do they apply to me? I don't know...

” K8

Similarly, a survey participant, **SP43**, shared:

“

The national system is stacked against mental illness diagnoses and would cause so many issues (insurance is the most obvious). Intersectionally, my gender identity probably doesn't help the mental illness aspects. I absolutely appreciate all the good that the local LGBTIQ+ organisations do, it's just not viable to be fully out and find help in Singapore's national system without long-lasting consequences.

” SP43

In Singapore, the public mental health system also faces chronic provider instability<sup>8</sup>. Clinicians frequently leave the public sector for private practice, leaving patients to shoulder the financial and logistical costs of rebuilding therapeutic relationships. This sentiment was reflected by an FGD participant, D6:



The psychiatrists and psychologists keep switching out and leaving the public sector to go private...It's very prohibitively expensive to follow a doctor from public to private.

” D6

With each turnover, patients are forced to “start over” with new professionals—recounting their histories, re-justifying treatment plans, and renegotiating trust. This process is both emotionally draining and administratively inefficient.

While many turn to the private sector for more consistent care, the costs are often prohibitive. For LGBTIQ+ individuals, these disruptions carry an added burden: the repeated need to “vet” new providers for signs of acceptance, neutrality, or hostility toward queer identities. This constant uncertainty erodes trust in the public healthcare system and deepens existing mental health stressors, creating a cycle in which affirming, stable care becomes a privilege available only to those who can afford it.

## Building Inclusive Mental Health Care: Recommendations

Drawing on the insights gathered from FGD and survey participants, we have formulated a set of recommendations for government bodies, mental health institutions and professionals, as well as community actors.

### Government Interventions

#### 1 Expand Availability of Specialised Mental Health Services

**Community-Based Mental Health Initiatives:** Within the community, many individuals shared experiences about the availability and accessibility of mental health services. Some noted the value of community-based mental health initiatives that are peer-led and culturally sensitive, particularly for LGBTIQ+ individuals who may feel uncomfortable or unsafe engaging with formal services. These initiatives often serve as important sources of emotional support and connection.

**Specialised and Affirming Mental Healthcare:** Participants also expressed that specialised care in areas such as eating disorder recovery, trauma-informed approaches, and minority stress was sometimes difficult to access within public mental health settings. There was recognition that having more trained professionals knowledgeable about the specific needs of queer communities might contribute to better care experiences.

#### 2 Address Clinician Turnover and Improve Continuity of Care

**Public Sector Retention and Handover:** A recurring theme was the challenge posed by changes in clinical staff and the impact this had on continuity of care.

Some shared that frequent clinician turnover required them to repeatedly share sensitive personal histories, which was emotionally taxing. Experiences suggested that the use of warm handover practices and secure, consent-based sharing of client information could potentially ease transitions and reduce distress.

**Establish Public-Private Partnerships:** There were reflections on the potential role of public-private collaborations to supplement public services. In particular, such partnerships might help individuals with complex mental health needs maintain ongoing relationships with trusted clinicians, thereby supporting consistent care.

## Protocols for Mental Health Institutions and Professionals

### 1 Develop Professional Protocols for Inclusive Care

**Core Training:** Community members identified the importance of mental health professionals having training that goes beyond basic awareness of LGBTIQ+ identities. Training that covers intersectionality, trauma, and the nuanced experiences of diverse identities was viewed as valuable in supporting more competent and affirming care.

**Holistic Understandings of Gender-Affirming Care:** The idea of holistic, interdisciplinary care was discussed by some participants. They described the benefit of different specialists—such as psychiatrists, psychologists, endocrinologists, and voice coaches—working together to support individuals' overall well-being.

**Access to Ongoing Supervision and Specialist Consultation:** Pathways for mental health professionals in the public sector to access supervision or consultation with LGBTIQ+-affirming mental health professionals (either in local community health organisations or overseas specialists) could be helpful, particularly when navigating complex cases involving intersecting identities or trauma.

### 2 Creating Inclusive Clinical Environments

**Inclusive Language on Patient Intake Forms:** Participants noted the positive impact of inclusive language and practices in clinical settings. For example, intake forms that respectfully include diverse gender identities, sexual orientations, and pronouns were seen as signals of a welcoming environment that can build patient trust.

**Responsive Assessment Processes:** Assessment conversations that normalise discussions of identity and invite disclosure in gentle, client-led ways were appreciated. Clinicians introducing themselves with their pronouns, while allowing patients the choice to share theirs, was also recognized as a practice contributing to a respectful and safe atmosphere.

### 3 Strengthen Trust and Accountability in Public Mental Health Services

**Anti-Discrimination Policies:** Within the community, there were reflections on the importance of anti-discrimination policies and ongoing efforts to address unconscious bias in mental health services.

Some expressed a desire for clear feedback mechanisms where clients could share concerns about negative experiences without fear of reprisal.

**Institutional Accountability:** The value of institutional accountability—including transparent processes for addressing concerns raised by LGBTIQ+ patients—was also acknowledged as an important factor in building trust.

#### 4 Enhance Data Collection for Service Improvement

**Regular Collection of Disaggregated Data:** Participants recognised the potential benefits of collecting data on mental health service access and outcomes that reflect diverse sexual orientations, gender identities, and intersecting factors. Such data could inform the development and adaptation of services to better meet community needs.

**Data Transparency:** Inform the public on how data is collected, how decisions are made, and how services are adapted in response to community needs, including reports and white papers.

### Community Initiatives

#### 1 Establish Supportive Environments for Individuals with Intersecting Identities

**Establish Peer-Led Mental Health Support Networks:** Create and sustain peer support groups facilitated by trained LGBTIQ+ individuals with lived experience. These spaces offer low-barrier, identity-affirming emotional support and reduce isolation. They are especially crucial in contexts where family support is limited, access to clinical care is constrained, or trust in formal mental health systems has been compromised.

**Foster Collective Care Spaces:** Develop community events, such as group meditation, creative workshops, and storytelling circles, that centre collective care and promote long-term psychological well-being. The events should recognise the compounded impacts of systemic exclusion and prioritise the needs of LGBTIQ+ individuals with intersecting marginalised identities, including those related to gender diversity, race, disability, and neurodivergence.

#### 2 Strengthen Community Access to Affirming Care

**Establish a Trusted Directory of Mental Health Resources:** A trusted directory of affirming mental health providers knowledgeable about intersecting identities was mentioned as a helpful resource. Participants noted the emotional labor involved in repeatedly vetting providers, and saw value in discreet, regularly updated lists.

**Community Dialogues and Empowerment Workshops:** Community dialogues and empowerment workshops that explore mental health, self-advocacy in therapy, and identity navigation were described as beneficial spaces for shared learning and support. Practical activities like roleplays and resource-sharing were appreciated for equipping individuals to find affirming care and communicate their needs confidently.

**Culturally Relevant Psychoeducation Resources:** Participants mentioned a desire for co-created psychoeducational materials reflecting both mental health and LGBTIQ+ experiences within Singapore's context. Participants emphasised the need for resources that demystify therapy, affirm queer identities, and offer practical guidance on navigating common challenges such as stigma, family rejection, and internalised shame.

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## Chapter 4

# Employment Support and Workplaces

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Employment signifies an individual's participation in the workforce, providing not only financial security but also a platform for contributing skills and talents to a collective endeavour<sup>1</sup>. Building truly inclusive workplaces involves recognising and respecting employees' identities and backgrounds, ensuring employees feel secure and empowered to fully engage with their professional roles and the wider organisation<sup>2</sup>.

This is particularly crucial for LGBTIQA+ individuals who often exist in limbo as workplaces are still a site for stigma and discrimination related to their gender identity and sexual orientation<sup>3</sup>. For many, the decision to be "out" at work, especially for transgender individuals who present according to their gender identity or for gender non-conforming individuals, can amplify these challenges and raise serious safety concerns.

### Quantitative Findings: Access to Employment Support

In our online survey, 16.1% (n=15) of respondents reported seeking employment support in the past year, most commonly among Cisgender (n=6) and Non-binary/Genderqueer (n=6) respondents. Given the very small sample size of 15 respondents, we could not test whether there were associations present between sociodemographic characteristics—such as gender identity, race, religious affiliation, and disability status—and access to employment support. A larger sample size would be required to conduct statistically meaningful analyses. Given the limitations of the survey in generating analyses about LGBTIQA+ individuals' access to employment, we will use the insights gained from the FGD to highlight possible barriers.

### Key Figures: Experiences of Stigma in Workplaces

21.5% (n=20) of respondents mentioned that they experienced stigma in workplaces due to their identity, with a significant proportion identifying as Transgender (n=6) or Non-binary/Genderqueer (n=6). While the sample size limits statistical testing, insights from FGD provide context for these findings. Transgender and non-binary participants described facing transphobia and heightened scrutiny of their gender expression and attire, whereas these challenges are less frequently encountered by their cisgender peers. These dynamics will be further explored in the qualitative findings section below.

Similar to trends observed in healthcare access, experiences of workplace stigma may be underreported, as many participants deliberately avoid "outing" themselves due to fears of discrimination. This concealment likely leads to an underestimation of the true extent of stigma. Future research should aim to include a larger, more diverse sample and incorporate questions about participants' disclosure status in the workplace to enable a more robust and statistically meaningful analysis.



## Qualitative Findings: Survey Responses and FGD

### Gendered Expectations

Workplace environments may have restrictive policies that fail to account for gender diversity, such as dress codes or grooming standards dictating presentation based on assigned birth gender, directly marginalising transgender and gender non-conforming employees. An FGD participant, **P25**, shared this experience:

“

I recognise in my workplace that the code of conduct, [regarding] office attire, you are supposed to dress like the birth gender you are assigned to. So if you are assigned male at birth, you're supposed to cut your hair short...And to me, it's just you do not account for transgender individuals. So this form of really labelling your employees, is just very wrong...

” **P25**

These inflexible rules not only impose a burden but also signal an organisational culture that does not acknowledge or affirm diverse identities.

### Concerns around Disclosure, Harassment, and Discrimination

Several participants highlighted a key issue, which is the deep need to conceal one's identity to avoid prejudice in the workplace. A survey participant, **SP71**, shared:

“

I stay closeted as much as I can, in order to avoid discrimination. But when I reveal my identity, it usually ends up being the scapegoat for everything. Your mental health is poor? It's because you chose the queer lifestyle.

” **SP71**

The lack of explicit legal protection and effective accountability often forces LGBTIQ+ individuals to engage in protective mechanisms such as self-censorship within the workplace, as shared by **SP82**:

“

I tend to choose not being out at work, although I will share that I am Christian when asked...Also the fear of presenting as queer or trans-masculine [when] you are AFAB (Assigned Female at Birth), and closing off or leaving job opportunities because of the profiles of the work team or organisation background.

” **SP82**

Something as fundamental and apparent as an individual's identity can, unfortunately, become a subject of blame, thereby creating immense pressure to remain closeted. This insidious form of prejudice, while sometimes unaddressed, often persists due to a lack of perceived imperative for intervention or accountability. Workplace environments can become sites of significant discrimination and harassment, manifesting in various forms that target an individual's identity. Discrimination may play a factor even before employment. **D23** gave an example from a recent interview:

“

I think the last time I applied for work, I came out as myself. [The company] actually denied me the second interview, I suspect they denied me the second interview at the office because I'm transgender.

” **D23**

This account highlights how bias can shape not just workplace culture, but also hiring decisions. This limits access to opportunities for transgender individuals and reinforces systemic exclusion before a job even begins. **SP47** shared a similar experience:

“

Employment is one of the most pressing matters for me right now. Though I'm still in school, sometimes I do apply for part-time jobs, and I get discriminated [against] there. I have to hide a lot of information about myself to secure a job, at the risk of my [mental and psychological] health.

” **SP47**

Furthermore, **SP47** added:

“

The working environment, both in terms of people and culture, does not feel safe, and constantly stresses me out because I fear being outed, and what comes after.

” **SP47**

Rooted in the fear of being “outed” and the potential repercussions that follow, an unsafe working environment emerges, leading to chronic stress and anxiety. These experiences collectively illustrate how prevailing workplace norms and interpersonal dynamics can create an unwelcoming atmosphere. In such environments, individuals often feel compelled to hide their true selves to avoid discrimination, ultimately compromising their well-being and potentially hindering their career prospects<sup>4</sup>.

Beyond formal policies, colleagues' attitudes and behaviours can create a hostile environment. Below are some of the responses gathered:

“

I will also say right that the colleagues...they'll judge the moment they realise that you are different. This kind of perception, they'll just start to not talk to you, or they start to create their own assumptions.

”

**P25**

“

I just feel like people don't respect me...it feels like I'm constantly getting talked down to and I'm not really sure why. I mean, a lot of these people probably think I'm a woman, so that could be part of it.

”

**K25**

Another way this hostile environment can present itself is through microaggressions, even if they are unintentional, such as in the following experience shared by an FGD participant, **B6**:

“

In my workplace, there was this, at least one colleague who sort of thought that I was gay she was like, oh, “you are gay ah”...I just totally kept 100% silent without saying anything, just hoping that she'll get bored of it. But then she kept, like, advertising it to the whole company, like everybody that she talks to with me there...it doesn't affect how I do my work or whatever, or whether I am or not (gay) is not (your) business.

” **B6**

Participants voiced how when such microaggressions persist, they can escalate into a form of workplace harassment, creating a hostile environment that undermines an individual's sense of belonging and psychological safety.

In more hostile situations, this can lead to overt acts, such as bodily violence, inappropriate staring, or commenting on an individual's body. A participant shared a traumatising workplace incident that caused profound discomfort:

“

One of the things that happened was that I walked past a colleague from another department. He [is] a Malay male. He very distinctly stared at my chest and use[d] the word 'tengok' or 'to look', so I felt extremely uncomfortable. Why are you passing comments on my chest?

” Q25

Such an incident highlights how a lack of understanding or outright prejudice can translate into direct forms of harassment, boundary violations, and othering, leaving affected individuals feeling extremely unsafe and unsupported.

In addition to the aforementioned concerns, privacy concerns about disclosing mental health diagnoses are pervasive. This was highlighted by an FGD participant, **K8**:

“

If I get a diagnosis...Do I need to disclose it to my employer? And how well are they going to take that diagnosis and will it impact my progression in the future?

” K8

Companies frequently offer incentives, such as allowances, to their employees. Yet, these benefits can inadvertently create new concerns, particularly regarding privacy. **J8** shared an experience from their own workplace:

“

There's this policy where, if you were to seek help for mental health issues or whatsoever, you can actually claim to a certain extent the cost...But the claim goes to your payroll, and when you submit the claim, it has details about what you seek help for...So in a sense that there are people who can view it, but it's also called confidential, so there was a bit of a privacy concern.

” J8

While companies aim to support employee well-being, employees may be deterred from utilising such benefits. This is especially true when sensitive personal information, such as details of mental health treatment, becomes visible through payroll or HR portals, undermining trust and creating privacy concerns. This fear of professional repercussions creates a significant disincentive for employees to seek and openly acknowledge mental health support, a concern that is particularly pronounced in high-stress work environments<sup>5</sup>.

### Poor Employee Protection and Accountability Failures

The current landscape of employee protection in Singapore reveals significant challenges, particularly concerning accountability and the issue of institutional complacency. This often leads to a discernible disparity in workplace experiences, as evidenced by an FGD participant noting:



From what I hear on the ground, a lot of queer people just instantly straight up apply to MNCs [Multinational Corporations], because they know that, hey, these are not local firms. It's more likely that they're accepting.



A key challenge lies in the current legislative landscape, which demonstrates institutional complacency towards specific forms of discrimination. While recent discussions surrounding Singapore's workplace fairness legislation, such as the Tripartite Guidelines on Fair Employment Practices (TGFE) and the Workplace Fairness Act (WFA), represent progress, they simultaneously highlight existing limitations. The WFA is designed to combat workplace discrimination by prohibiting adverse employment decisions based on five key categories of protected characteristics: age; nationality; sex, marital status, pregnancy status, and caregiving responsibilities; race, religion, and language; and disability and mental health conditions<sup>6</sup>.

Critically, the WFA did not include mentions of sexual orientation, gender identity, and gender expression as protected characteristics. This legislative omission leaves LGBTIQA+ individuals vulnerable to discrimination without clear legal recourse. While the TGFE will continue to cover workplace discrimination based on other characteristics and complement the WFA to ensure fair and merit-based practices in Singapore, the absence of explicit legal protection for LGBTIQA+ individuals means that fostering inclusive workplaces in this area remains largely dependent on an organisation's voluntary commitment rather than legal obligation<sup>7</sup>.

This gap extends to accountability mechanisms. Whistleblowing channels, designed to facilitate anonymous reporting of workplace misconduct, including sexual harassment, are intended to trigger investigations and appropriate disciplinary measures<sup>8</sup>. However, for LGBTIQA+ individuals, the efficacy of these channels is often compromised. As highlighted by an FGD participant, **P25**:



For LGBTIQA+ people, when you feedback towards the whistleblowing channel, they don't think your problem is an actual problem.

**P25**

This lack of explicit legal protection and effective accountability mechanisms has significant ramifications. It not only perpetuates an environment where LGBTIQA+ individuals may face discrimination without adequate recourse but also compels many to engage in self-censorship and lead "double lives" in their professional spheres. This can lead to increased stress, reduced productivity, and a diminished sense of belonging, ultimately hindering their full participation and potential within the workforce<sup>9</sup>.

For organisations, this means potentially losing out on diverse talent and fostering an environment that is not truly inclusive, impacting overall innovation and employee morale. The perceived need for LGBTIQA+ individuals to seek employment specifically within Multinational Corporations (MNCs) underscores a systemic issue where local legislative frameworks and corporate cultures may not be perceived as equally safe or equitable<sup>10</sup>.

## Employment Precarity

Systemic barriers significantly hinder the ability of transgender and gender-nonconforming individuals to secure and maintain stable employment, placing them in precarious situations. A major contributing factor is the inability to change one's legal gender marker to align with their gender identity. As one participant, **K25**, expressed:

“

It is essentially putting gender non-conforming and like transgender people in danger by not allowing them to change their gender marker...and making it harder for them to access a job or school...It's like this horrible Catch-22, where either you suck it up and deal with your gender marker not matching what you would like. So you have to "out" yourself at every opportunity...

” **K25**

This creates a severe dilemma whereby these individuals are effectively coerced into undergoing medical procedures they may not desire or can afford, simply to ensure their safety and access to fundamental opportunities such as employment or education. The profound psychological toll of this dilemma was underscored by this same participant's personal experience:

“

For a long time in my life, I just didn't do anything like, I didn't feel safe going to school, I didn't feel safe getting a job, so I just spent a whole bunch of years just sitting around, waiting for something to happen...I was just scared.

” **K25**

This demonstrates how restrictive legal frameworks can directly lead to long-term unemployment or underemployment, as individuals prioritise their safety over pursuing educational or career paths in environments they perceive as unsafe.

For LGBTIQ+ individuals, employment precarity is further amplified by a distinct lack of support and understanding for neurodivergent or disabled employees. This intersectional vulnerability often results in significant difficulties navigating education and integrating socially into the workplace, profoundly impacting their ability to secure consistent jobs. **SP32** recalls this compounding challenge as such:

“

I was forced to drop out of secondary school due to worsening mental health exacerbated by an inability to fit in with my peers due to my queer and neurodivergent identity. Because of my lack of academic qualifications, I have struggled to find gainful employment, and when I do manage to get a job it is difficult to integrate myself socially into the workplace. As a result I have been employed very inconsistently and often fail to stay more than a few months at any specific job.

” **SP32**

The long-term impact on career stability and financial security is pervasive. Another participant, **SP78**, expressed deep concern about future employment once they leave their current, highly accommodating role:



It was difficult to get through university. I don't know if I'll be able to find a job after my current position which is highly accommodating of my neurodivergence and queerness. Healthcare costs are a huge burden.

SP78

## Safeguarding Queer Livelihoods: Recommendations

LGBTIQ+ participants in this study highlighted a range of challenges encountered in accessing and sustaining employment—especially for those at the intersection of multiple marginalisations, including trans individuals, persons with disabilities, and racial or religious minorities. These lived experiences offer valuable insights into how employment systems might evolve to become more inclusive, sustainable, and affirming. The following considerations are intended to inform government bodies, employers, and community organisations exploring pathways toward greater equity in work.

### Government Interventions

1

#### Clarifying Anti-Discrimination Protections in Employment

**Clarify SOGIE Protections in Anti-Discrimination Frameworks:** Existing policies such as the Tripartite Guidelines on Fair Employment Practices (TGFE) and the Protection from Harassment Act (POHA) offer general avenues for redress, but do not explicitly address discrimination based on sexual orientation, gender identity, or gender expression (SOGIE). Clarifying the scope of protection under these frameworks—and including SOGIE explicitly in future legislation, such as the proposed Workplace Fairness Act—could provide clearer, enforceable protections for queer individuals.

2

#### Promoting Inclusive Hiring and Employment Practices

**Access and Support under Inclusive Employment Schemes:** Schemes like the Enabling Employment Credit could be expanded to include targeted support for neurodivergent individuals and people with disabilities. Some participants shared that subsidies or training for employers may help to build safer, more inclusive work environments.

**Long-Term Employment Pathways for Queer Communities with Intersecting Needs:** Participants described the challenges of navigating employment with prior experiences of trauma, discrimination, or marginalisation. Government partnerships with inclusive employers—particularly for internships, mentorships, and supported placements—may help bridge access for jobseekers facing systemic exclusion.

### Workplace Protocols and Programs

1

#### Develop Queer-Affirming Workplace Cultures

**Enhance Learning and Development Opportunities:** Respondents highlighted the importance of sustained training for all staff, especially managers. Suggested content includes reducing intersectional bias in hiring and promotions, promoting inclusive communication, and recognising everyday stigma.



**Improve Access to Safe Reporting Mechanisms:** Concerns around retaliation, disbelief, or inaction were frequently raised. Employers may wish to review how anonymous, impartial, and accessible their whistleblowing systems are, and whether personnel handling such reports receive adequate training.

**Review Dress Code Policies to Support Gender Expression:** Rigid or binary dress codes were cited as a source of discomfort. Some organisations may consider revisiting these policies to ensure they accommodate diverse gender expressions while maintaining professionalism.

**Support Employee Resource Groups (ERGs):** Some participants found community and support in informal peer networks. Where possible, workplaces could support the development of LGBTIQ+ ERGs to provide structured spaces for feedback, mutual support, and representation—especially for staff with intersecting marginalised identities.

## 2 Expand Access to Confidential and Flexible Wellbeing Support

**Flexible and Accessible Wellness Schemes:** Claim-based wellness benefits were described as burdensome or inaccessible by some respondents. Direct wellness stipends, with minimal restrictions on usage, may better support employees' varied needs—including mental health care, gym access, or home workspace improvements.

**Access to Queer-Affirming Counselling and External Support Services:** Some participants expressed a preference for external, confidential resources to avoid internal stigma or surveillance. Partnering with queer-affirming professionals and making these supports visible may improve uptake and employee wellbeing.

## Community Initiatives

### 1 Build Inclusive Employment Pathways

**Targeted Career Support Workshops:** Participants called for more targeted support for queer jobseekers with intersecting identities (e.g. race, religion, disability, transgender and gender-diverse). Community organisations may consider offering job-readiness resources that reflect these lived realities.

**Inclusive Job-Matching Platforms:** Some respondents suggested creating job boards or matching systems that connect LGBTIQ+ individuals to vetted, inclusive employers. Platforms that protect anonymity and offer flexible job types (e.g. part-time, remote) were especially welcomed.

### 2 Expand Opportunities for Networking and Peer Learning

**Strategic Mentorship Programs:** Younger participants often sought affirming mentors in conservative or high-stakes industries. Where possible, mentorship programs could prioritise diversity across sectors and lived experiences—including mentors who are racially minoritised, neurodivergent, or religiously active.

**Community Career Dialogues and Panels:** Community-led events spotlighting LGBTIQ+ professionals across sectors—such as healthcare, education, finance, and tech—can provide visibility, support career exploration, and reduce the isolation experienced by some participants navigating the workplace.

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## Chapter 5

# Housing Services and Support

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Access to safe, stable and affirming housing is a basic need<sup>1</sup>. Yet, many LGBTIQ+ individuals in Singapore face significant barriers, especially those with intersecting identities such as transgender and gender-diverse people, persons with disabilities, as well as racial and religious minorities.

Beyond affordability, housing insecurity among the LGBTIQ+ community stems from the compounding effects of discriminatory policies, social rejection, and a lack of inclusive support systems. For individuals estranged from unsupportive families, experiencing stigma in the rental market, or navigating gender affirmation, the housing system in Singapore offers limited pathways for safety and autonomy<sup>2</sup>. Insights from both our survey and FGD reveal the urgent need to address policy gaps and develop more inclusive, affirming, and community-centred housing services.

### Quantitative Findings: Access to Housing Support

14.0% (n=13) of survey respondents reported accessing housing services in the past year. Given the very small sample size, it was unsurprising that we did not find any meaningful associations between each intersecting identity and access to housing support. Rather, the absence of statistically significant patterns highlights how housing challenges faced by LGBTIQ+ individuals often remain hidden or unaddressed within existing systems.

To shed light on these gaps, we draw on focus group discussions. These qualitative accounts reveal how structural exclusion and social precarity converge—especially for those living at the intersections of queerness, disability, class, and race—producing critical barriers to safe and sustainable housing.

### Qualitative Findings: Survey Responses and FGD

#### Gatekeeping and Institutional Violence in Tertiary Institutions

For transgender and gender-diverse students, university dormitories are not simply spaces of residence; they are sites of bureaucratic gatekeeping, institutional invalidation, and invisible forms of violence. Participants described a sharp dissonance between local universities' reputations as progressive environments and their lived experiences navigating outdated gendered housing systems which often lacked clear policies and relied on informal discretion, leaving students vulnerable to misrecognition and exclusion.

Many FGD participants shared that securing safe and affirming university housing required navigating opaque, arbitrary, or invasive administrative processes. Despite the fact that most dormitories are gender-segregated by design, policies around trans inclusion are neither standardised nor publicly communicated, leaving students vulnerable to inconsistent treatment and re-traumatising gatekeeping<sup>3</sup>.

One FGD participant, **L25**, reflected on how their gender identity resurfaced as an issue precisely at the moment when they attempted to enter institutional university housing:

“

I started university, and then, like, I moved on to campus. Then, like, suddenly the trans thing became an issue again.

” **L25**

This moment of tension where *“the trans thing”* re-emerges as a problem highlights how institutions can re-pathologise or re-politicise queer identities in ways that inflict psychological harm on LGBTIQA+ individuals. Here, their transness is not inherently destabilising; rather, it is the institutional systems that treat it as exceptional or disruptive.

The same FGD participant, **L25**, noted the lack of transparency around university housing policies, particularly with regard to trans students:

“

I think what bothers me is...the lack of clarity, because if they put in black and white, like, what is the policy here, then I'll be less pissed. Because, if not, it feels dodgy...It's like, [they're trying to] ignore the existence...of these problems.

” **L25**

This quote reveals an institutional strategy of avoidance, where the absence of a formal policy becomes a mechanism of exclusion. By not explicitly addressing gender diversity, universities maintain plausible deniability while effectively denying recognition to trans students. This ambiguity leaves students to advocate for themselves in uncertain terrain, subject to discretionary decision-making by administrators who may lack the training or will to affirm trans identities. Another FGD participant, **L12**, drew attention to the tension between public-facing progressivism and internal conservatism in universities:

“

With universities, like just the irony that they are supposed to be the most progressive sort of institutions, but with their administration and their way of working, it seems almost really dated at times. Even when the faculty or professors can really be supportive of you, but because they are not the ones ultimately making the decisions...it feels like you have to be at the mercy of the administrative process or institution's language.

” **L12**

Here, the participant surfaces a key insight: that individual support from faculty cannot override structural barriers. Decisions about enrollment, housing, or student life are often mediated through administrative bodies that rely on outdated, binary frameworks. As a result, even supportive and queer-affirming educators are powerless to intervene, and students must navigate a system where their inclusion is contingent, inconsistent, and ultimately subject to institutional whim.

“

There can be actual change on that, but it feels like nobody bothers or nobody just wants to rock the boat...I guess for many people, getting access to university is still highly sought after, and I think they don't want to jeopardise that system.

” **L12**

L12's observation points to the politics of compliance and silence where trans and queer students may refrain from pushing back on unjust systems for fear of losing educational opportunities. This is a form of coercion that forces students to choose between their identity and their access to higher education.

These accounts reveal that trans exclusion in university housing is not the result of a single policy failure but a systemic design problem. The absence of gender-affirming housing options is rooted in institutional risk aversion, discretionary gatekeeping, structural opacity and power asymmetry. The burden of navigating these systems falls hardest on those with multiple axes of marginalisation. Students from religious or culturally conservative families may be unable to come out or request gender-affirming accommodation without risking family rupture<sup>4</sup>.

Neurodivergent or disabled students may not have the executive functioning or emotional bandwidth to repeatedly advocate for themselves in uncertain or hostile conditions. For students with intersecting identities, university housing becomes a site of emotional labour in the face of strategic institutional silence.

When institutional systems fail to acknowledge their existence, it causes harm and injustice to students with intersecting identities who are left to either endure misgendering and unsafe living conditions or forgo housing entirely.

### Structural Sacrifices: Navigating Housing, Health, and Survival

Participants across the FGD described how systemic gaps in housing, healthcare, and legal protection create a reality of hard trade-offs for LGBTIQ+ individuals – especially for older queer people, trans individuals seeking gender-affirming care, and those without familial support. Housing insecurity for queer individuals in Singapore does not merely stem from financial concerns but is entangled with other causal factors such as access to healthcare and legal recognition. These seemingly parallel issues converge in the lives of those with intersecting identities, forcing them to make difficult choices in a policy environment that offers limited support.

One FGD participant, **A6**, reflecting on the cumulative burden of affordability and structural neglect, shared:

“

To me, I believe the biggest impact of policy—systemic impact—is the lack of affordable housing in Singapore, as well as the lack of discrimination protection explicitly in the recent laws that passed.

” **A6**

Being deprived of anti-discrimination protections in housing and employment, as well as access to subsidised housing options, leaves LGBTIQ+ individuals structurally exposed to a double bind: they risk being priced out of homeownership while simultaneously left unprotected from discrimination in the private rental market<sup>5</sup>. In particular, trans participants and older queer individuals explained how the burden of long-term financial planning for housing often forced them to defer gender-affirming healthcare, therapy, or support services.

**A6** elaborated that the experience of structural exclusion and Singapore's unaffordable housing landscape had shaped their peers' and their own thinking around migration:

“

It's no secret that housing is very, very expensive in Singapore. It's one of the factors whether we, members of the community, would consider staying in Singapore or just migrating somewhere...cheaper. So obviously, if we're excluded from heavily subsidised public housing, we might as well just leave the country.

” **A6**

While housing affordability is a well-known concern across the general population<sup>6</sup>, it is further compounded for LGBTIQ+ individuals by the absence of any targeted safety nets or support mechanisms. The reliance on family-based eligibility criteria, age restrictions for single applicants, and the exclusion of same-sex partnerships from public housing schemes places queer individuals, especially those estranged from family or single by necessity, outside the default pathways to stability.

This impact is especially pronounced for individuals with intersecting vulnerabilities, where financial decisions about housing cannot be separated from access to healthcare, legal recognition, and emotional well-being. For older queer adults, the absence of marriage equality or cohabitation protections means having to plan for old age without shared legal or financial infrastructure. One FGD participant, **J8**, articulated the everyday effects of this structural exclusion:

“

It'll be better if some of the legal aspects can be amended as well, because, as we all know, same-sex marriage is not legalised, right? So a lot of the benefits that come along with it are also not available, like housing, hospitalisation visits...all of these are barriers for you to live your daily life.

” **J8**

Here, the absence of legal recognition<sup>7</sup> directly limits access to shared housing pathways, emergency caregiver rights, and life planning. These limitations become particularly acute in later life stages when stability and interdependence are essential. Another FGD participant, **K8**, reflecting on the compounded effects of economic precarity and health concerns, described how housing costs influenced not just where they lived, but how they approached mental health and medical care:

“

I don't get medicated for ADHD...primarily because of the affordability concerns. Considering that being an older queer person, I am concerned about, like, getting a house in future...So I cannot set aside this money for surgeries that might affirm my gender.

” **K8**

This quote highlights the ongoing dilemma between basic financial stability and self-determination. For this participant, the cost of future housing precludes both access to psychiatric support and gender-affirming medical care. These insights elucidate how multiple areas of concern are structurally entangled, particularly for disabled queer individuals, where one unmet need, such as affordable housing cascades into others: untreated neurodivergence, delayed transition, and long-term stress.



These sacrifices are not incidental. They are structural outcomes of a system that provides no recognition or redress for the lives it excludes. Without legal protections, housing subsidies, or queer-specific support services, LGBTIQ+ individuals, especially those who are older, trans, disabled, or neurodivergent, are left to absorb the full cost of systemic exclusion in private. No mechanism currently exists to mitigate these burdens or acknowledge the disproportionate toll they take.

### **Safety, Surveillance and the Cost of Leaving: Legal Exclusion and Housing Inaccessibility**

One of the most glaring policy barriers raised by participants was Singapore's age-based restriction on public housing access. Under the current Housing Development Board (HDB) policy, individuals under 35 years old are not eligible to apply for public housing unless they are married<sup>8</sup>—effectively locking out many LGBTIQ+ people who are single, closeted, or legally unable to marry. While this rule applies to all Singaporeans, its impact is not felt evenly. For queer individuals who are estranged from their families or unable to live safely at home, the restriction creates an extended period of housing precarity where no viable or affirming options exist. One survey respondent (**SP46**) captured this double bind clearly:

“

I am closeted. I want to move out to live my life more freely. BTO [Build-to-Order] laws means buying my own place is out of the question. I can't rent like other queer people because accessible accommodations for rent are rare, if they even exist at all.

” **SP46**

This speaks to a dead zone in the housing system for queer individuals under 35: public housing is inaccessible due to age and marital status, private rental housing is often unaffordable or unsafe, and family homes may be emotionally or physically harmful. While the law appears neutral, its assumptions are deeply heteronormative, that young adults live safely with their families until they marry, and that marriage itself is a universal, attainable good. For many LGBTIQ+ people, especially trans and disabled individuals, this assumption simply does not hold. Another survey respondent (**SP6**) noted this in a more concise but no less telling way:

“

Housing—have to purchase solo.

” **SP6**

“*[Purchasing] solo*” has significant implications, including absorbing all the financial burden of deposits, mortgage payments, renovation costs, and ongoing expenses without the benefits that married couples receive. It means navigating a housing system that structurally privileges heterosexual partnerships while treating queer individuals as permanent exceptions.

As noted in earlier sections, housing inaccessibility affects more than just where one resides, it fundamentally determines whether one can live freely. For many closeted individuals, remaining in the family home requires concealing their identity, deferring autonomy, and enduring environments that are psychologically unsafe. And yet, because no alternatives are accessible, they stay.

An FGD participant, **A6**, went on to reflect on a broader failure of the state to provide adequate legal protections for LGBTIQ+ people, not just in housing, but across social life:

“

The Workplace Fairness Bill itself...they don't explicitly [include sexual orientation and gender identity] because they say there are 'low reporting cases'...that's just not representative of what we feel as a community.

” **A6**

The rationale that protections are not warranted due to low reporting reflects a pattern where exclusion is justified by invisibility, while ignoring the climate of fear, exclusion and isolation that stops people from reporting in the first place. Ultimately, responsibility for systemic gaps is displaced onto the community itself through a system that builds its own excuse for inaction.

## Imagining Alternative Futures: Recommendations

While participants described a wide range of institutional failures, from exclusionary housing policy to legal invisibility, many also spoke about what might be possible with a different approach. What emerged was a desire for structural alternatives to housing, models that do not assume nuclear families, heterosexual marriage, or independent wealth. Participants articulated a vision for shared, affirming, and accessible housing built around care, safety, and autonomy. Some imagined queer dormitories or cooperative housing, similar to those found in cities abroad, as a vital intervention:

“

It would be really nice if we had like, dormitories or like apartments where, like, it's specific to people who need it and can't get it in a traditional way.

” **SP6**

This vision reframes housing not simply as property, but as infrastructure for care. It points to the need for plural, community-based housing models that are accessible to structurally marginalised groups excluded from both family-based housing and the private market.

Survey data reinforced this need, with suggestions such as “queer housing support”. The longing for safe communal spaces reflects a critical gap in services for affirmative, alternative housing. The insights and visions shared by participants suggest a clear set of recommendations for government, institutions, and community actors.

## Government Interventions

### 1 Review BTO Eligibility Frameworks

**Age-35 Minimum for BTO Eligibility:** Some participants highlighted that individuals facing family rejection, domestic violence, or estrangement may struggle to access public housing under current age restrictions. It may be worth exploring if additional flexibility in eligibility could better accommodate such circumstances.

**Definitions of 'Family Nucleus' in Public Housing:** Expanding interpretations to include chosen families, long-term cohabitants, and caregiving partnerships could reflect a wider range of lived realities in contemporary Singapore.

**Vulnerability in Housing Allocation:** There may be scope to examine whether housing allocation frameworks could more consistently take into account non-financial vulnerability factors such as disability, mental health needs, or identity-based family conflict.

## 2 Expand Supportive and Transitional Housing Options

**Emergency and Transitional Housing for Marginalised Groups:** Insights from participants pointed to the potential value of temporary housing options for individuals facing unsafe domestic environments, particularly for youth, transgender persons, and persons with disabilities.

**Rental Assistance and Housing Support Grants:** Some community members may face difficulties securing stable housing due to exclusion from family support networks or challenges in formal employment. Targeted rental assistance could be a helpful supplement in addressing these gaps.

## 3 Include Legal Protections in Housing Access

**Inclusion of Anti-Discrimination Safeguards in Housing Policy:** Participants noted that explicit legal safeguards related to sexual orientation, gender identity, and expression may be beneficial within housing policy and tenancy frameworks.

**Access to Recourse Mechanisms:** There may be merit in ensuring that tenants have accessible and transparent avenues to address potential discrimination in the private rental market, particularly where visible gender diversity is involved.

## Community Initiatives

### 1 Support the Development of Alternative Housing Models

**Community-Based or Cooperative Housing:** Cooperative housing arrangements designed around shared values or identities—such as for LGBTIQ+ persons, single parents, or older adults—were discussed as promising models by participants, particularly for those seeking social connection and mutual care.

**Capacity Support for Grassroots Organisations:** With appropriate resources and infrastructure, LGBTIQ+ organisations may be well-positioned to manage safe housing projects informed by lived experience, particularly for those facing intersecting forms of marginalisation.

**Cross-Sector Partnerships:** Stronger collaboration between public housing agencies, health and social services, and queer-led community groups could enhance the coordination and responsiveness of support systems.

These reflections emerged through the narratives of LGBTIQ+ individuals navigating housing systems in Singapore. Rather than requesting special treatment, participants expressed a desire for systems that more accurately reflect their lived realities. In this context, inclusive housing frameworks may play a critical role not only in affordability and accessibility, but in supporting long-term mental health, safety, and community belonging.

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## Chapter 6

# Educational Services and Experiences

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In Singapore's education system, where school culture is often shaped by conservatism, moral regulation, and policy ambiguity<sup>1</sup>, LGBTIQ+ students frequently encounter environments that deny, pathologise, or erase their identities<sup>2</sup>. Across our survey and focus group data, participants described a range of harms: from peer bullying and institutional silence to active punishment for gender non-conformity. Transgender and non-binary students were particularly vulnerable to misgendering, disciplinary action, and exclusion, with few meaningful avenues for redress or support.

These challenges were compounded by other axes of marginalisation, including disability, race, and class. Participants shared how their identities were either ignored or treated as disruptions to the normative order of schooling, leading to emotional distress, alienation, and in some cases, educational disengagement.

This section explores the structural failures of Singapore's educational institutions, while also spotlighting moments of affirmation—both local and abroad—that demonstrate the transformative potential of inclusive, affirming educational practices.

### Key Findings: Experiences of Stigma in Educational Institutions

22.5% (n=21) of survey respondents mentioned that they experienced stigma at educational institutions, making it the second most frequently cited setting for such experiences. It is necessary to point out that experiences of stigma in educational settings may be underreported, as many participants avoid "outing" themselves due to fear of bullying and discrimination. This then leads to an underestimation of the true extent of stigma.

Due to the small sample size, it is not surprising that no significant patterns or associations could be identified between specific intersecting identities and experiences of stigma in educational settings. To address this gap, we draw on insights from our FGD, which highlight the barriers that LGBTIQ+ individuals with intersecting identities face in accessing inclusive and supportive educational environments in Singapore.

### Qualitative Findings: Survey Responses and FGD

#### Learning Conformity: Queer Harm in Schools

Several participants described not only a lack of protection in schools but also the active mobilisation of institutional authority to enact harm. In some cases, the harm was explicit—anchored in educators' use of power to punish queer and trans students for deviating from normative expectations. One trans participant (D6) shared two incidents that reveal how gender nonconformity was not only unwelcome but constructed as a disciplinary infraction. In the first, their co-form teacher publicly humiliated them:

“

I don't know why my co-form teacher was angry at me...she brought me to the back of the hall and just chanted my full dead name at me for several minutes while I got more and more agitated. And then when she saw me getting agitated, she told me that I just had to get used to it, because I had to live with it for the rest of my life.

” D6

This was not a moment of individual insensitivity—it was a deliberate act of erasure, enacted through institutional power. The teacher's use of the deadname was a method of control, reinforcing the message that trans identity was not only invalid but also a disruption that must be contained. The weaponisation of identity through repeated deadnaming as a disciplinary chant underscored that recognition in school was conditional upon conformity. In a second incident, **D6** recalled a panic attack triggered by being forced to wear a gendered uniform that did not align with their identity during a school outing:

“

When we got back, I got pulled aside by the year master and another teacher, and they started screaming at me about being trans, saying I caused so much trouble.

” D6

Again, the participant's distress was not met with care, but with escalation. In these incidents, the school environment became sites of surveillance and discipline for trans students—where institutional authority was used not to uphold safety, but to enforce conformity to cisnormative expectations.

These systemic norms enable educators to wield their institutional authority to deny trans students basic safety and dignity without consequence because queerness is seen as a problem to contain. Where safeguards such as pastoral care or reasonable accommodations should have existed, participants instead had to endure emotional coercion, public censure, and even outright hostility.

What is most striking in these accounts is not just the individual cruelty, but the absence of any checks, safeguards, or alternatives. There were no grievance procedures, no accountability mechanisms, not even pastoral frameworks to offer support<sup>3</sup>. These harms did not occur in spite of the school system but within its ordinary functioning. As such, they reveal a wider condition of institutional permissiveness, in which the safety and dignity of trans students are contingent, precarious, and frequently denied.

These failures are further compounded when students hold multiple marginalised identities. **D6**, for example, was also neurodivergent and noted that their emotional distress was frequently misread or dismissed. Others shared that being both visibly queer and neurodivergent heightened their vulnerability to being pathologised or punished. One participant (**K25**) reflected:

“

I was queer, I was autistic, and I was really struggling. Not academically, but in the environment of school. I didn't feel safe. And... ever since I was a kid...I was like, I've got to get out of Singapore...This place is not conducive to me. I cannot thrive here.

” K25



These experiences underscore how school environments often fail to provide even the most basic conditions for psychological safety for students living at the intersection of queerness and disability. The absence of trained staff, affirming spaces, and appropriate accommodations left many feeling trapped, surveilled, and pathologised for being different—without any pathway to dignity or care. Even when students reached out for support, help was rarely neutral. **D6** shared how, after coming out to a teacher in Primary 5, they were referred to the school counsellor—not for affirmation, but for conversion:

“

When I came out to my teacher in Primary Five, she sent me to the school counsellor. But later I found out she did it not to support me, but to convert me and make me cisgender.

” **D6**

Here, the institution's designated support mechanisms were mobilised as tools of disciplinary control to enact harm. This mirrors a broader institutional pattern in which mechanisms ostensibly designed to support students are often repurposed to enforce cisnormative standards and suppress queerness.

Other participants described similar mistrust in school-based mental health systems. For many, school counsellors were not safe resources, but agents of institutional compliance—undertrained, under-informed, and ill-equipped to support LGBTIQ+ youth. **X12** explained:

“

As someone who sought school counsellor help as a kid, they're not trained at all... A lot of the teachers are actually pulled out to become psychologists, and they're not probably trained in this aspect. Not just about gender or sexuality, but about what it means to be a kid figuring things out—just being human in society. You can't have psychologists who don't even know this.

” **X12**

The consequences of this gap are far-reaching. In the absence of trained, affirming professionals, queer youth are often forced to self-regulate their emotional distress in isolation, with no assurance of safety even when they reach out.

What emerges across these accounts is a picture of systemic neglect, where schools fail not only in what they teach but also in how they care. The erasure of LGBTIQ+ realities is not limited to curriculum—it permeates the very structures meant to protect. Pastoral care, mental health support, disciplinary frameworks, and administrative processes all reflect a pedagogy of erasure: a system that treats queerness as a risk, transgression, or pathology to be managed, rather than a reality to be affirmed.

Other participants spoke to how these norms extended beyond formal counselling or classroom discipline. One participant (**X12**) described how gendered moral expectations were used to shame and control students' bodies and behaviour:

“

We had sleeveless dresses, and if your sports bra showed a little, teachers would say things like, 'Do you want to be a common whore?'...They'd say things like, 'What if the boys from [the neighbouring boy's school] see you?'

” **X12**

Such remarks did more than enforce a dress code. They imposed a heteronormative gaze, casting assigned female at birth (AFAB) students as both hypervisible and responsible for managing the desires of others. The non-conformity of queer bodies to prescribed gender expectations was not only inappropriate but also a danger to the moral order of the school.

Here, modesty policing, slut-shaming, and heteronormativity converged to produce a disciplinary environment in which queer and gender non-conforming students were made hypervisible, while simultaneously being denied recognition and support. These dynamics show how surveillance and control were enacted not only through formal rules, but through everyday language, assumptions, and expectations—all of which contributed to a hostile and unsafe schooling experience.

Taken together, these accounts reveal a broader pattern where LGBTIQ+ students, particularly those who are trans, gender non-conforming, or live with disabilities, are not just excluded in school but are systemically failed by it. Educators are undertrained, policies are reactive or absent, and institutional cultures provide little guidance for prevention or redress.

Support structures are either nonexistent or are misused to correct queerness rather than affirm it. The result is a school environment where exclusion and trauma are routine, and where ensuring one's safety often necessitates remaining silent or invisible.

Even when teachers did not directly perpetrate harm, many failed to intervene when students were targeted by their peers. Reports were brushed aside, follow-up avoided, and accountability mechanisms absent. This pattern of inaction signalled to students that queerphobic behaviour would be tolerated, if not quietly sanctioned. In such environments, asking for help often led not to protection, but to further exposure, retaliation and enforced silence.

Alongside the harm inflicted by school staff, many participants described persistent bullying and harassment from peers. These experiences often began as early as primary school and continued into secondary education. What stood out was not just the frequency of these incidents, but how rarely they were addressed. In most cases, peer hostility did not exist in isolation—it was sustained by school environments that ignored, excused, or quietly accepted homophobia and transphobia as part of the culture.

One participant (C23) recalled how homophobic slurs were commonplace at their international school, long before they had the language to understand their own identity:

“

The amount of homophobic slurs I heard before I even knew what they meant or how I felt about it! They were just being thrown around like it meant nothing, which obviously wasn't a very nice thing to hear before I even realised that I was queer and that this was personally attacking me.

” C23

C23 also added:



I was introduced to homophobia before I understood what homosexuality was.

” C23

For many participants, bullying was not a response to coming out—it was an early and formative introduction to queerness, delivered through insult and exclusion. Without any affirming messages in the curriculum or meaningful intervention by staff, students learned that queerness was something to fear, reject, or suppress. The absence of supportive adults or protective mechanisms meant that young people were left to navigate these experiences alone, often internalising the shame and hostility they received.

Trans and gender non-conforming students were especially vulnerable to peer policing around gender presentation—particularly in environments where visibility itself became grounds for exclusion. One participant (X12) described how being perceived as masculine-presenting in a girls' school shaped their experience in the performing arts:



I never identified as a lesbian, but a lot of people thought I was. And because of that, I could not land any roles [in their dance CCA]...I was more muscular than some of the guys, so they couldn't lift me. I could dance with girls, but I looked too much of a guy to dance with the girls. So I was excluded...only put backstage. It was really sad. And as a performer, you just want to be on stage, right?

” X12

At face value, this might appear as a practical concern—one of casting, lifting, or stage logistics. But beneath the surface is a system of gendered legibility that refused to make space for bodies that did not neatly align with normative femininity or masculinity. The participant's body was not read as a neutral site of ability but as a disruption to the gendered aesthetics expected by the school's culture. Their queerness—real or presumed—became a liability.

This account captures how schools often displace students who do not conform, relegating them to the margins of visibility and participation. The stage, in this case, is a site of recognition—a space where belonging can be affirmed publicly. In contemporary Singaporean culture, no such space exists. To be consistently positioned backstage is to be rendered peripheral, regardless of one's desire to take part.

These forms of exclusion are not loud or violent, but they are consequential. They shape what students believe they are allowed to be seen doing, which spaces they are invited into, and whose presence is celebrated. In this case, exclusion was justified through physicality, yet rooted in perceptions of gender and sexuality—reminding us that, beyond direct hostility, queer exclusion often operates through aesthetic, spatial, and embodied logic.

In other cases, the internalisation of hostility did not begin with direct harassment, but with how queer representation was silently framed as shameful. One participant (X12) recounted their reaction to encountering a gay character in a well-known book series:

“

The first instance of queer media I met was in Rick Riordan. He wrote about Will Solace, which is a gay character...When I read it, in my environment, I was in a conservative, homophobic and transphobic school. They were saying how it was wrong...I dropped the series like a bunch of hot coals...because of internalised homophobia. You don't have healthy contact with that.

” X12

What is striking is that no teacher or peer explicitly told this participant to stop reading. The pressure did not come in the form of a rule or confrontation, but from ambient disapproval—the collective messaging of a school culture in which queerness was understood as wrong before it was ever discussed. The participant's metaphor —“like a bunch of hot coals”—evokes urgency, danger, and even contamination. The instinct was not merely to put the book away, but to reject it completely. To protect oneself, the participant had to disavow what the text reflected back.

This is how queerphobia works in many schools—not solely through slurs or exclusion, but through the absence of affirmation. In environments where LGBTIQ+ identities are never named, supported, or represented with dignity, students come to learn what is permissible and what is punishable. This learning often happens long before they have words for their own identities. Without any “healthy contact”, as described by the participant, queerness is framed as something to be avoided—even in fiction or in private.

What these stories make clear is that peer bullying cannot be treated as a series of isolated incidents. It is deeply shaped by the broader school climate—what is said, what is left unsaid, and what is actively denied. Hostility thrives in silence: In the absence of inclusive curricula, staff training, or visible adult allies, students absorb the message that queerness is deviant and unmentionable, and some come to fear it even within themselves.

This makes the need for systemic intervention all the more urgent. It is not enough to discipline individual bullies after harm has occurred; schools must also attend to the conditions that make that harm possible, permissible, and enduring. This includes developing inclusive policies, incorporating LGBTIQ+ representation across subjects, equipping staff with adequate training, and most of all, committing to a culture where queer students are not just tolerated, but protected, affirmed, and seen. Without this, peer harassment will remain the default outcome—not the exception.

### **Lack of Queer-Inclusive Education**

Across the FGD, participants consistently highlighted the absence of inclusive and affirming education as a central driver of harm. For many, their earliest interactions with queerness were marked not by representation or support, but by silence, shame, and moral policing. The failure of the education system to reflect LGBTIQ+ realities shaped not just what students learned, but how they saw themselves—and whether they could imagine futures where they belonged.

Several participants spoke about sex education in particular, describing it not simply as inadequate, but as a space of active exclusion and shame. One participant (K25) described it bluntly:

“

Sex education in schools is terrible. It's like, it's honestly just like garbage.

”

K25

Another participant (X12), who attended a conservative girls' school, reflected on the ways sex education was shaped as much by silence as by surveillance:

“

They just talked about basic secondary school biology only for the girls. I never learned a single thing about guys, like assigned male at birth. Like biology. I had to figure that out myself later in life.

”

X12

In this account, what is withheld is as significant as what is said. The curriculum's omissions forced students to learn about their own bodies and those of others elsewhere, often through fragmented, pathologised, or shame-laden channels. This absence reflects a deeper structural condition in which LGBTIQ+ youth are denied access to the frameworks that make their identities intelligible.

The curriculum did not just exclude queer content—it also instilled a set of norms that disciplined students into heterosexual, cisgender, and gender-conforming identities. As X12 recounted:

“

They don't teach us about safe sex. They teach you to be chaste and not to attract male attention...because you shouldn't...

They're like, 'What happens if something happens to you and you get pregnant? It's because you were wearing that.' That's how they taught us sex ed.

”

X12

This participant's reflection reveals the gendered and moralising structure of sex education, particularly in all-girls schools. The body becomes a site of risk, responsibility, and surveillance—especially for students assigned female at birth. Rather than supporting bodily autonomy or sexual health, the curriculum reinforced a politics of blame, shame, and modesty<sup>4</sup>. This is a form of affective governance, where students learn to fear desire, discipline expression, and internalise guilt for attracting attention.

Moreover, as X12 highlighted, even these narrow messages were inconsistently delivered:

“

Sex education was not standardised in Singapore...in my school, everyone could opt out of it if they wanted to. And the majority of the population did, because the parents were like, oh, you know, you shouldn't be teaching our daughters this. They're so young and innocent blah blah blah.

”

X12

This points to a wider infrastructure of evasion, where curriculum delivery is shaped by parental conservatism, institutional avoidance, and political anxiety.

Even when students were permitted to attend these lessons, they were given only a sliver of knowledge—framed in ways that reinforced cisheteronormative ideals and ignored the diversity of sexualities, genders, and family structures.

In these accounts, “education” becomes less about information and more about discipline—an institution that polices femininity, enforces heteronormative moral codes, and renders queerness unmentionable. For trans and non-binary students, this lack of visibility compounds feelings of isolation. **X12** reflected:

“

It'll be nice if we could learn that trans people exist. Because I didn't know that trans people existed until, like, what, 15 years old. I was like, what the hell is this?

” **X12**

What is striking here is not just the informational gap, but the shock of recognition denied. To reach adolescence without language for one's own existence is one of the many harms enacted by institutional refusal to provide the epistemic tools that make life legible. One participant (**K25**) described this as a kind of epistemic injustice—a situation where the very knowledge required for self-understanding is rendered inaccessible:

“

It took me a very long time to figure out who I was, as I never saw anyone like me anywhere. It almost felt...prohibited to even talk about the things I was feeling.

” **K25**

This institutional silence produces more than confusion—it produces shame. Without language, representation, or adult affirmation, many LGBTIQA+ youth described feeling that their identities were not only invisible but impermissible. Their queerness was not debated or acknowledged; it was simply excluded from the realm of the sayable. In that void, shame filled the space where understanding should have been.

While the absence of queer-inclusive education is often understood as a content gap, participants highlighted how this absence is actively produced through a culture of institutional fear, censorship, and moral regulation. Teachers, administrators, and even library staff were often constrained not by formal prohibition alone, but by a broader environment of anticipatory self-censorship<sup>5</sup>—driven by the perceived risks of transgressing unspoken norms.

As one participant (**P25**) observed:

“

There are a lot of varied spectrums to this, and the teachers are afraid to talk about it... In fact even the teachers themselves, right? If they are in such communities as well, they have to silence themselves.

” **P25**

This fear reflects a larger set of structural conditions where teachers are held accountable for any perceived overstep. Acknowledging queerness, even compassionately, is framed as a reputational, professional, or political liability. As a result, even LGBTIQA+ teachers feel compelled to perform neutrality or detachment, lest they be seen as “bringing in their agenda.” As **P25** noted:



“

They have to somehow set a so-called 'standard'...this image to have for students. It's really weird. To have a so-called sensing of what is normal, or what is perceived as the ideal kind of person.

” P25

Here, queerness is not only unacknowledged—it is positioned as incompatible with professionalism, maturity, or pedagogical authority. The construction of a “normal” student or teacher identity, held up as neutral and universal, relies on the silent exclusion of those who do not conform to heteronormative and cisnormative ideals.

This silence extends across the educational ecosystem—beyond classrooms and into libraries, co-curricular activities and anywhere queer youth might find information, solidarity or care. One participant (B6) reflected:

“

There's a lack of LGBTQ+ media...Usually none of them or very little exists on bookshelves...They are also censored.

” B6

This institutional environment leaves queer youth vulnerable not just to erasure, but to moral panic. Participants described how queer visibility—even theoretical—was constructed as dangerous, perverse, or corruptive. One noted:

“

I'm surprised they still haven't gotten on to [queer-inclusive education]. We pride ourselves on being pragmatic, but when it comes to queer issues, we're not being pragmatic at all...If they actually thought about it in a pragmatic way, they'd find logic and sense in supporting queer education. In the long term, it makes sense—it actually strengthens family values.

”

Here, the participant identifies a tension: the state's pragmatic governance ethos is suspended when it comes to queerness, which is instead treated through ideological rigidity and emotional panic<sup>6</sup>. The fear of “promoting” queerness supersedes the practical value of equipping youth with knowledge, consent literacy, or self-understanding.

This tension surfaced again in conversations around sex education, where participants highlighted how risk was framed through shame and abstinence, rather than empowerment or safety. Several recalled being taught that sex was dangerous, morally fraught, or entirely off-limits—particularly for girls. Participants (L12) consistently challenged this framing, calling instead for honest, comprehensive, and harm-reducing education:

“

They just teach you to abstain... but that doesn't really protect you. In cases where you may actually be seriously harmed or exploited by someone, the current sex education doesn't do anything to support you—which should actually be a priority.

” L12

Others (P25) noted that withholding knowledge creates more danger, not less:

“

The whole point of education is to bring awareness to mitigate the risks and dangers. If they're not able to find resources like that, they may just go and experience it themselves. I think that's more dangerous.

” P25

The irony is that in the name of protecting youth, schools are leaving them unprepared. Fear-based, heteronormative frameworks do not reduce harm; rather, they amplify vulnerability. Students grow up not only misinformed, but also ashamed, isolated, and unsure of where to turn when they need help. What participants called for was not the wholesale transformation of cultural values overnight—but a commitment to honesty, safety, and dignity. As L12 put it:

“

Everybody should know about everything, and you should have an open mind about exposing them without worrying about just the sexual sort of perverseness about it...There's nothing perverse in sex when it's natural and organic.

” L12

Ultimately, the harm lies not only in the exclusion of queer content but also in the implicit pedagogy that such exclusion produces. By framing queerness as unteachable—too controversial, too dangerous, too deviant—the system communicates that certain forms of knowledge are illegitimate, and certain lives unrecognisable within the moral and epistemic order of schooling.

This framing becomes part of the hidden curriculum: an implicit set of values and silences that shape what is knowable, sayable, and livable in the school environment. In doing so, the erasure of queer content is not a passive omission, but an active process of socialisation—teaching students, queer and non-queer alike, which identities are intelligible, which questions are permissible, and which subjects must remain unspeakable.

### Barriers to Affirmation and Structural Misrecognition

Beyond exclusion from the curriculum or peer spaces, many participants described the bureaucratic and institutional violence embedded in Singapore's education system—where even mundane administrative processes became sites of outing, erasure, and constraint.

A central theme was the denial of identity recognition unless it aligned with rigid state and institutional definitions. Several participants (K25) raised the distressing dilemma faced by transgender individuals, who were often forced to undergo medical interventions simply to be institutionally acknowledged:

“

So you're forcing transgender people, right, who might not want or might not be able to afford these surgeries, to seek them anyway, just so they can change their gender marker and, like, apply to the job safely, or, like, go to school safely, right?... It's this horrible catch-22...You either out yourself and put yourself in unsafe situations...or get surgery you might not want or can't afford.

” K25

The consequences of this “Catch-22” were not abstract—they altered life trajectories. **K25** recounted how the pervasive fear of rejection, misgendering, and surveillance pushed them into long-term disengagement from school and work:

“

So for a long time in my life, I just didn't do anything. I didn't feel safe going to school, I didn't feel safe getting a job, so I just spent a whole bunch of years just sitting around, like waiting for something to happen...I was just scared.

” **K25**

This systemic fear extended to name and identity markers in school systems. Participants (**C25**) recounted policies that restricted students from using names not reflected on their legal documents—even when those names were cisnormative or anglicised.

“

There's a policy implemented in schools where you're not allowed to go by anything but your legal name. Even cisgender girls trying to go by English names weren't allowed. So obviously, I couldn't either.

” **C25**

These policies not only ignored the social and emotional significance of chosen names but also forced trans students to relive identity-based trauma in daily institutional interactions. **X12** described being repeatedly outed by their university system:

“

I applied as a guy. They sent me an offer letter using 'Mr.'—a week later, it changed to 'Miss.' I wrote in, and they said, 'We have to follow your IC.' So now every document, every salutation, outs me.

” **X12**

The logic behind these constraints is clear: identity is valid only when legible to the state. Trans people must submit proof—often medical, sometimes surgical—to be seen. And in the meantime, they are structurally misrecognised by systems that claim neutrality but enforce conformity. For students with intersecting marginalisations, these bureaucratic constraints deepen existing precarity. **C25** reflected on the emotional and economic toll of constantly needing to prove their worth in an unsupportive system:

“

Like, I'm likeable and I'm fun and I'm a worthy student...but I also feel like I have to be exceptional in terms of grades or whatever, because I want to go overseas. And that's also because I'm queer, and Singapore is so hostile. I don't know if that counts as systemic discrimination, but it's real.

” **C25**

**L12**, trying to pursue postgraduate study, was blindsided by hidden institutional costs that threatened their access altogether:

“

I got an acceptance offer, but they didn't tell me there was this thing called an acceptance fee. It's a hefty amount for me, and now I honestly don't know if I can make it in time...No point calling yourself progressive if the internal structures don't reflect that.

” **L12**

What emerges across these accounts is a deep misalignment between institutional rhetoric and lived experience. Even when queer students excel or comply, they are met not with affirmation, but with suspicion, scrutiny, and silence.

### Lessons from Elsewhere: Glimpses of Affirmation

In stark contrast to the harms described within Singapore's education system, several participants shared experiences from overseas or alternative local institutions that offered glimpses of what affirming education could look like. These were not utopian or free from challenge—but they offered vital contrasts that demonstrated how dignity, inclusion, and belonging can be embedded into everyday institutional life.

At universities abroad, many participants described cultures of quiet normalisation, where queerness was neither hidden nor spotlighted, but simply acknowledged as part of the fabric of student life. **C6**, reflecting on their time in Melbourne, shared:

“

They ask your pronouns at the start of every class. One class I had, everyone was queer. It wasn't pointed out—it was just a thing. It felt very inclusive. In my university, all the teachers ask you what your pronouns were, and it was just automatic...People could openly talk about being queer without it being a big thing. There were also gender-neutral bathrooms, and it was just normal. The university had its own issues, but I really appreciated how open and unbothered people were about it.

” **C6**

Within Singapore, a few participants also encountered moments of affirmation in alternative educational settings. **D6** contrasted their traumatic experience in mainstream schools with a far more inclusive culture at a private school:

“

I have [had] pretty good inclusive education... it's not really 'pointed out' inclusivity—it's just a thing that isn't really taken into account anymore, which I guess is very nice because in primary school and secondary school, I had a very bad time in MOE...then I went to international school...where teachers would go out of their way to be accommodating.

” **D6**

Institutional structures in international schools also reflected this shift in values. For **D6**, accommodations around bathrooms, names, and transitions were handled with quiet dignity—not as exceptions, but as extensions of safety:

“

When I first joined school, the board of directors had a meeting about me—about what bathroom I should use. In the end, they gave me access to the teachers' bathroom and a pass for the lift. It's not perfect, but it was so different from local schools, where teachers went out of their way to antagonise me.

” **D6**

For **D6**, simple acts of respect and administrative flexibility transformed their experience of being seen:

“

I hadn't changed my name legally yet. On the first day, teachers would call my deadname, I'd correct them, and they'd just go, 'Okay,' and never say it again. Quiet acceptance like that—that's what I wish existed in Singapore.

” D6

It was not only interpersonal affirmation but also institutional signals that mattered. The presence of Pride clubs listed on official CCA rosters, Pride flags in counselling offices, and inclusive signage across campus signalled to students that they did not have to fight for legitimacy and belonging. D6 concluded:

“

In Singapore, everything is homophobic and transphobic by default, and you have to fight to make it not. There, it's the opposite—systemically, things are not homophobic or transphobic. So if someone is, you can actually get justice.

” D6

These comparisons are not meant to idealise foreign systems, which come with their own challenges. But they reflect a possibility imagined—and sometimes lived—by queer students where affirmation need not be exceptional, but quiet and infrastructural. For those who have spent years navigating invisibility, a baseline of respect and visibility are transformative.

## Toward Inclusive and Affirming Education: Recommendations

The testimonies gathered in this study reveal not only individual experiences of harm but systemic patterns of institutional failure. To address these failures, educational reform must move beyond piecemeal inclusion and toward structural transformation—rethinking what is taught, how it is taught, and whose realities are made legible in school environments.

### 1 Develop Inclusive and Comprehensive Education Protocols

**Comprehensive Sexuality Education:** Some participants noted the potential value of age-appropriate, medically accurate sexuality education that includes content on sexual orientation, gender identity, consent, and bodily autonomy<sup>7</sup>. Mixed-gender delivery may reduce stigma and promote shared understanding across student populations.

**Public Health and Harm Reduction Approaches:** Rather than relying primarily on abstinence-based frameworks, some respondents reflected positively on approaches that emphasise informed decision-making, safety, and emotional wellbeing.

### 2 Supporting Educators

**Professional Development and Training:** Ongoing training for educators and counsellors in trauma-informed and inclusive practices may enhance their ability to support a diverse student body, including LGBTIQA+ youth. Such training could cover areas like institutional microaggressions, gender diversity, and respectful handling of disclosures.

**Supportive Workplace Environments:** Some respondents expressed concern that educators who support queer students or introduce inclusive content may feel vulnerable to backlash. Internal clarity around roles, protections, and support may help address this uncertainty.

### 3 Consider Better Representation and Visibility

**Curriculum and Library Resources:** Participants spoke about the absence of queer and gender-diverse representation in school media and curricula. Reviewing internal policies on censorship and inclusion may help ensure that all students see their identities reflected and respected.

**Community Collaboration:** Engagement with educators, students, and community organisations could support efforts to make curriculum development more attuned to lived experiences and local contexts.

### 4 Reforming School Culture and Student Support

**Grievance and Feedback Mechanisms:** Anonymous and accessible pathways for reporting school-based discrimination or harassment may offer students a greater sense of agency and safety.

**Peer and Ally Support:** Peer groups, student-led allyship initiatives, and informal care networks were frequently mentioned as helpful by participants, particularly for those feeling isolated or misunderstood.

**Visibility and Narrative Framing:** Some participants reflected on how queer visibility is often portrayed as controversial or risky. School leaders may wish to explore how diversity is framed in institutional messaging and pedagogy.

**Belonging and Inclusion:** The potential to foster a school culture where LGBTIQ+ students feel genuinely recognised—rather than merely accommodated—was a recurring theme across focus groups and survey responses.

While not exhaustive, these reflections highlight areas where schools may benefit from deeper attention to the safety, dignity, and inclusion of all students. Many participants called for the same care, legitimacy, and support extended to their cisgender, heterosexual peers. A more inclusive educational environment, grounded in empathy and equity, has the potential to enhance student wellbeing and enrich the learning experience for all.



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## Chapter 7

# Religious Spaces and Experiences

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While Singapore presents itself to the world as multicultural and secular, dominant religious discourses continue to reinforce the stigmatisation or marginalisation of sexual and gender minorities. This often causes queer people of faith to articulate intra-psychic conflict, guilt, and disconnection from their religious communities. Survey and FGD participants spoke about experiences of religious trauma, in that attempts to be genuine were met with judgement, coercion, and sometimes outright rejection from religious leaders, family, and friends.

At the same time, queer religious persons also experience isolation within LGBTIQ+ communities. This is especially amplified for individuals located in the intersection of two or more marginalised groups—e.g., queer, trans, and religious. Many participants advocated for more affirming, open spaces and resources that honour both their queer and spiritual selves as well as heal past religious trauma.

### Key Figures: Stigma in Religious Spaces

10.7% (n=10) of respondents mentioned that they experienced stigma in religious spaces due to their LGBTIQ+ identity. Given the small sample size, we were unable to assess whether certain religious affiliations were associated with higher levels of stigma. Future research would benefit from a larger and more diverse sample, as well as the inclusion of questions exploring whether participants have disaffiliated from their religion as a result of their LGBTIQ+ identity.

As the survey did not delve deeper into participants' experiences in religious settings, we draw upon the qualitative insights from the open survey responses and FGD to better understand the key challenges that LGBTIQ+ individuals face in religious spaces—and how these experiences have shaped the relationship with their respective faiths and the broader queer community.

### Qualitative Findings: Survey Responses and FGD

#### Facing and Navigating Identity Conflicts

Being both religious and LGBTIQ+ can feel like an identity crisis. A few possible reasons include the historical precedence of most traditional religious teachings rejecting or condemning sexual and gender diversity, as well as the modern-day dearth of LGBTIQ+-affirming religious leaders, teachers, and spaces in Singapore.

For individuals who are trying to adhere both to their faith and to their authentic trans/queer selves, they often struggle with inner turmoil, guilt, and the fear of rejection by their religious communities or personal connections.

It's conflicting as my religion (as a Muslim) denounces being gay and does not support [my] mental health.

SP1

When people look at me being more comfortable around girls, they will start to say things "eh you gay is it?"...trying to also navigate life with this good Muslim boy image, I would often say, like, "no, no."...So this is another part of me that's like, trying very hard to accept these two things.

G8

Living authentically queer and Christian means being shunned by a community you were once loved in. You lose friends and support in the process. There's also anxiety and guilt when it comes to accepting oneself as queer, when you associate yourself with a [religious] community that often works against it.

SP5

I have a very close friend who transitioned...I don't know how it happened, but she detransitioned, she kind of doesn't know what to do now. And it's very, very sad to watch somebody live like that and like torture herself because she thinks that this is a religiously good thing to do.

P8

**G8** and **SP1** described how the sense of belonging that Islam can provide often feels conditional and could be invalidated by their sexual orientation. This manifests into a prolonged identity crisis, where they grapple with the painful reality of having to choose between two essential parts of themselves.

Additionally, **P8's** anecdote vividly detailed the identity struggle of being both trans and religious (Muslim). In their friend's case, it was a source of intense emotional distress, since both identities have long been treated as incompatible and there is no official religious guidance provided on how to embrace both aspects of oneself. Within the same vein, survey respondents pointed out that despite the high demand for it, there is very little religious counsel on how to navigate being trans/queer.

There is no service/support for neuroqueer individuals, especially those who identify as religious.

SP27

There is a need for religious counsel that comes from the communities they're already in.

SP17

I think in terms of religion, there are a lot of hurdles for support for [LGBTIQ+] Muslims due to engagement with religious authority being difficult to navigate.

We need counselling for religious queer people.

SP72

SP51

Another survey respondent, **SP41**, pointed out that *"there are LGBTQ+ groups for different religions as well as community organisations that provide counselling and other support"*. This does not necessarily contradict earlier sentiments, as such supportive networks for religious, queer people may be few in number and relatively unknown.

SP51's statement highlighted a key difference in how religious communities are governed in Singapore. Unlike other religious communities, such as Buddhists, Hindus, and Christians, Singapore's Muslim community is guided by a formal legal structure. Specifically, the Majlis Ugama Islam Singapura (MUIS)<sup>1</sup>—also known as the Islamic Religious Council of Singapore—serves as the official religious authority for Muslims and operates under the Administration of Muslim Law Act (AMLA)<sup>2</sup>, playing a central role in overseeing the spiritual and social affairs of the Muslim community.

Although MUIS has stated a non-confrontational stance<sup>3</sup> towards queer Muslims, many individuals within the LGBTIQ+ Muslim community continue to feel excluded or unsafe<sup>4</sup> in their families and mosques, which still adhere to more conservative interpretations of Islamic values.

Without broader institutional change, such marginalisation is unlikely to change. Transgender Muslims face additional challenges, particularly because gender determines how one should perform Islamic rituals such as prayer. This creates a dilemma<sup>5</sup>: should they pray according to their assigned sex at birth or their gender identity? Some have turned to MUIS for guidance, though this remains complex and unresolved.

### Fear, Ostracism, and Religious Trauma

Several survey and FGD participants who were raised as Christians, Muslims, and Hindus described experiences of ostracism, trauma, and a general lack of safety related to their gender identity and/or sexual orientation. Findings from the FGD indicated that their places of worship and religious schools are often associated with religious trauma:

“ I went to religious schools when I was younger...there was a teacher who was very open about his homophobia a little bit. He was kind of like, oh, I don't support Starbucks because they donate to LGBT causes...we had a lot of pastors come in and tell us, like, we shouldn't be queer.

C6

“ They would have the boys sit on one side and the girls on the other side. But then they'd always force me to sit with the girls, so I'd sit all the way at the back...I met a secondary school friend who had first seen me in that Sunday school, and she told me that her thought upon seeing me was, “Why is this boy sitting in the girls section in Sunday school?”

D6

“ My (ex-)church leader said that being in a same-sex relationship is lust. Then they will say a lot of negative things about being LGBT...I left that church because I felt that they were very hateful and judgmental.

E12

“ I am Muslim, but I'm Shia Muslim. And the Shia Muslim community in Singapore is super, super small. And it's so small that like, if I get outed at this one Masjid, like, at this one mosque, there is no other mosque for me to go to.

P8

For FGD participants, **C6** and **E12**, their Catholic and Christian religious leaders and teachers were primary sources of religious trauma. Their anti-LGBTIQ+ views left an indelible impression that being queer was wrong, sinful, and incompatible with their faith.

These negative experiences in religious spaces contributed to later struggles in understanding and accepting their sexual orientation. In **D6's** case, any gender euphoria of "passing" as a boy was quickly destroyed when their religious teachers in their Sunday school forced them to sit with the girls. In doing so, they became the focus of their peers' confusion and unwanted attention.

As a Shia Muslim in Singapore's Sunni-majority Muslim community, **P8** is a minority within a minority. Consequently, they are under greater pressure to hide their trans identity in the mosque as coming out would risk losing their spiritual home. This reflects the dynamics present in religious trauma whereby the possibility of exclusion or fear of rejection from one's community creates emotional and spiritual distress for the LGBTIQ+ person.

The FGD further revealed that religious trauma is also inflicted outside of churches, mosques, and temples. Households, family gatherings, conservative care centres, religious youth groups, and even the army were pinpointed as alternative sites of religious trauma. In several participants' households, conservative religious beliefs were a source of strain. Many had not yet disclosed their gender identity or sexual orientation to their families, fearing that their identities would be treated as incompatible with their families' religious beliefs or, even worse, trigger volatile confrontations.

I have to, at some point, tell my family. I haven't yet, and religion is the biggest factor that's going to affect their reaction...They are worried that I'm going to go to hell lah...I don't think that being trans contradicts being religious in any way...I wouldn't agree with my family that this is a sin.

**P8**

I'm out to almost everyone except people who have known me since birth and are also Roman Catholics...I'm scared to tell them, because I don't want to cause a scene, and I don't know how they will react.

**C6**

My mum gets very naggy about me not going to the temple enough, or following them for religious functions...Sometimes she'll force me to do some things...don't think my family will understand. I'm not out to my family.

**L12**

I was brought up very religious and stuff. And I think, like most queer people do, I had my own religious trauma.

**C23**

Participants who decided to come out to their religious families were subjected to pushback, judgement, and rejection.

As a queer Muslim, I receive a lot of side-eyes from my family. They often make judgemental comments about my sexuality when they think I'm not listening and even express those same comments to me when they talk about another queer person. Some members also believe that my queerness is a result of my disabilities and my parents blame [each] other for "not loving me enough" and thus, "causing me to become gay".

**SP86**

“

I told my mom before, but I don't think she is really accepting of it...don't be like that lah, you know, that's her response. So I don't really push it anymore with her...

” G8

**SP86's** deeply negative experiences with conservative family members reflect a common and profound fear shared by many LGBTIQ+ individuals from religious backgrounds—being cast out and becoming the subject of gossip among their own loved ones. Beyond family, participants also recounted how their conservative peers and colleagues frequently reproduce anti-LGBTIQ+ prejudices. The fear of being judged, misunderstood, or even verbally abused by peers and colleagues often leads to emotional distancing and self-censorship in social situations and the workplace:

“

[I had] one negative incident in an Anglican care centre...those with mentally special needs don't understand why gay and lesbians exist, lah. Because they live a conservative life where marriage is between one man and a woman. Some don't know about gays, then some hate gays and they make homophobic slurs...

“

“Oh, you are a Muslim. You shouldn't do this. So you have a choice. You shouldn't do this.” Yeah, so I think that kind of mentality and stigma makes me feel more fearful to share with them and be honest and open up to them.

”

G8

E12

“

[I have] religious colleagues and a religious employer...I tend to choose to not be out at work, although I will share that I am Christian when asked. This requires juggling different personas like behaving as a cis straight Christian person and being careful in personal conversations with other religious people.

”

**SP82**

Other participants reflected on feeling out of place not only for their sexual or gender identities, but also for not conforming to their religious community's expectations regarding spiritual practices, appearance, or romantic involvement.

“

I think Friday prayers is the day that you are supposed to book out,...they punish[ed] the whole squad because I didn't go to the mosque...[This was] because the manager was also a Malay-Muslim...after that, I was ostracised since the whole squad was like, “oh, I need to do punishment because of you”.

” Z12

“

I did experience a lot of pushback, just from not fitting in...like not being in a relationship because I'm also aromantic and asexual...and not wearing feminine clothes, not really acting feminine.

”

V8

“

My mum's desperately trying to get all of us married...it feels like without the marriage, everything else we do in life is like, there's no value, or you're seen as a failure because you ultimately haven't gotten married.

”

L12



**Z12's** experiences highlight how being both a racial and religious minority in Singapore made them even more visible in the army, resulting in heavier policing by others from similar racial or religious backgrounds. The failure to embody the traits of a "good Muslim" during their National Service resulted in the collective punishment of their unit and contributed to **Z12's** ostracism.

Despite coming from different faiths, both **V8** and **L12** shared similar experiences of being pressured to conform to heteronormative expectations. **L12** noted that, in many religious communities, marriage is still seen as a key determinant of success—a standard that quickly marginalises those who do not follow traditional paths.

Although **V8** identifies as agender, their family and peers often policed their behaviour and gender expression, pressuring them to conform to gender norms tied to their assigned sex at birth. As a result, **V8** felt isolated and diminished, particularly in comparison to peers within their religious community.

### Isolation within the LGBTIQ+ Community

Queer individuals of faith—particularly Muslims and Christians—often find themselves isolated within queer spaces because of their religious affiliation. Many participants shared that religion can be a difficult, or even uncomfortable topic to bring up in LGBTIQ+ communities, where their faith is occasionally met with silence, misunderstanding, or tension.

One survey respondent (**SP5**) expressed the difficulty of reconciling faith and identity in intimate relationships, *"It's tough finding fellow queer people who also value Christian values and life outlook in dating and marriage"*.

This sense of disconnect extends beyond dating and into broader social interactions. **SP23** reflected on the layered complexity of being both queer and religious:

“

Being religious and queer makes both dating and certain social interactions within the queer minority a bit awkward. Sometimes, it feels like having to 'come out' about my religion in these spaces.

” **SP23**

When asked to explain this, **SP5** pinpointed the history of religious trauma inflicted upon the LGBTIQ+ community as a possible explanation, *"often understandably, the queer community may be hurt by the Christian community which makes it less of a common, acceptable topic to share about"*.

For those at the intersection of multiple marginalised identities, such as transgender Muslims, the isolation can be even more profound. **SP51** described the loneliness that stems from the lack of community and shared understanding:

“

Being a trans-Muslim feels very lonely. My friends who are either non-Muslim or not trans can sympathise, but the lack of community and peers with similar intersecting identities means that there's not many people to talk about very unique challenges and struggles with.

” **SP51**

These narratives highlight an important yet often overlooked reality: queer spaces, while designed to be inclusive, do not always provide a safe or supportive environment for individuals whose identities include both queerness and faith.

## Building Inclusive Spiritual Spaces: Recommendations

### Government Interventions

#### 1 Protect LGBTIQ+ Individuals within Faith-Based Contexts

**Establish Legal Protections and Ethical Safeguards in Faith-Based Settings:** Some participants raised concerns about practices—such as conversion therapy—that frame queerness as curable or morally deviant<sup>6</sup>. In light of these experiences, there may be value in examining how national policies could evolve to acknowledge and address potential harm experienced by LGBTIQ+ individuals in certain religious contexts.

**Creating Pathways for Safe Reporting and Recourse:** Some respondents noted the absence of confidential and culturally sensitive reporting mechanisms for those experiencing stigma within faith-affiliated organisations. Exploring mechanisms that balance religious autonomy with inclusive safeguards could contribute to improved well-being for queer individuals of faith.

**Provide Mental Health Resources for Faith-Affiliated Trauma:** A number of participants expressed emotional and psychological distress stemming from religious rejection or coercive practices. This suggests potential value in exploring trauma-informed mental health support tailored to those navigating the intersection of queerness and faith.

**Collaborative Public Awareness Efforts:** Participants also highlighted the importance of broader dialogue between the state, religious institutions, and civil society. Inclusive campaigns developed in consultation with progressive faith leaders and community stakeholders may help increase understanding of diverse identities and reduce stigma in religious settings.

### Religious Institutions and Organisations

#### 1 Foster Inclusive Dialogue and Engagement

**Facilitating Interfaith and Intra-Community Dialogue:** Participants shared that misunderstandings between religious institutions and queer communities are often reinforced by a lack of dialogue. Some saw potential in structured, respectful exchanges that allow queer people of faith and religious leaders to better understand one another's lived experiences.

**Co-Creation of Educational Materials:** Collaborations between religious institutions and LGBTIQ+ community members may offer opportunities to develop inclusive resources that reflect compassion, accuracy, and a broader understanding of gender and sexual diversity<sup>7</sup>. These materials could support pastoral care, religious education, or youth mentorship.

**Exploring Theological Diversity and Interpretation:** A number of respondents spoke to the diversity of theological views around sexuality and gender. Some religious communities may wish to engage with queer people of faith to re-examine doctrinal interpretations and explore more inclusive theological frameworks that speak to contemporary lived realities.

## Community Initiatives

### 1 Enhance Religious Inclusion in the Queer Community

**Creating Faith-Inclusive Spaces Within the LGBTIQ+ Community:** Several respondents noted the absence of spiritually inclusive programming within queer spaces. Where capacity allows, community groups may consider the benefits of making space for religious inclusion, particularly for queer individuals seeking to reconcile faith and identity.

**Supporting Smaller, Intersectionally-Led Groups:** Smaller grassroots organisations that centre faith, race, or disability in their work may benefit from greater visibility and resourcing. Participants highlighted how such groups often fill gaps left by mainstream initiatives.

**Expanding Capacity for Religious Inclusion in Community Work:** Some LGBTIQ+ organisers and facilitators expressed uncertainty about how to support religious members of the community. Training opportunities that address interfaith dynamics and spiritual diversity may help build capacity for more inclusive practices.

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## Chapter 8

# Social Interactions and Relationships

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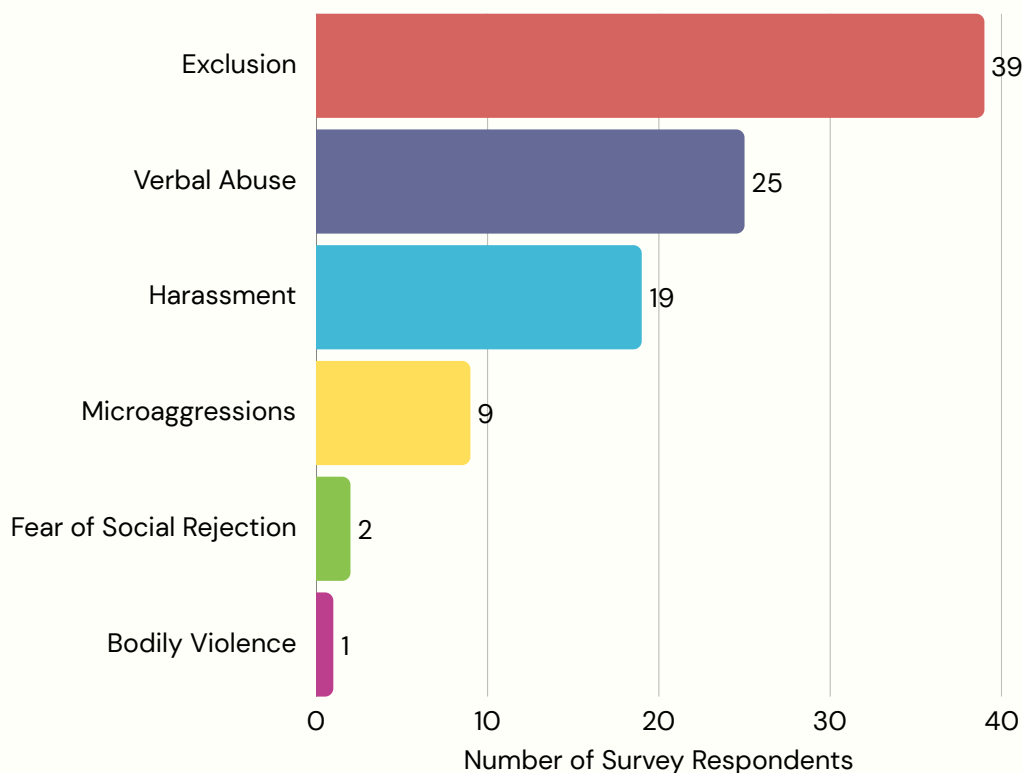
Contributing Analyst: Vanessa Khoo

In our discussions, many LGBTIQ+ participants with intersecting identities reported that society's attitude towards the queer community has moved at a snail's pace; where anti-queer sentiment in Singapore persists through public discourse, institutional policies, and the censorship of queer narratives. The lack of visibility often manifests into real-life social misconceptions and interpersonal stigma against queer people. Added to the stigma and discrimination perpetuated by general society, queer spaces themselves also reinforce and replicate multiple forms of marginalisation. This results in a fractured community where inclusion is uneven as those with intersecting identities feel unseen and unsupported.

### Key Figures: Experiences of Stigma and Discrimination in Social and Public Settings

Among our survey participants, 55.9% (n=52) experienced social stigma or discrimination due to their identity in the past year, while 44.1% (n=41) did not. Figure 13 below illustrates the types of stigma and discrimination experienced by the 52 survey participants in the past year. Participants were allowed to select more than one type of stigma or discrimination.

Figure 13. Type of Social Stigma or Discrimination Experienced (n=52)



Exclusion was the most commonly reported experience, cited by 39 respondents (75%), suggesting that many LGBTIQ+ individuals face social isolation or marginalisation.

Microaggressions<sup>1</sup>—statements that communicate prejudiced, dismissive, or hostile attitudes—were noted by 9 respondents (17.3%). Some examples of microaggressions given were misgendering, snide or unwarranted comments, policing of gender expression, and homophobic comments. Fear of Social Rejection was selected by 2 participants (3.8%), suggesting that while fear alone may be less frequently reported, it remains a factor for some.

Verbal Abuse was the second-most reported experience, with 25 participants (48.1%). Harassment was experienced by 19 respondents (36.5%), which highlights the disturbing prevalence of derogatory language and hostile environment for our participants.

Bodily Violence was the least reported, with 1 respondent (1.9%) in our sample. It is important to point out that our sample is not representative given its small size, however the results can be a useful insight into the everyday discrimination faced by LGBTIQ+ individuals with intersecting identities in Singapore.

As shown in Table 7 (Chapter 3), public settings, online platforms, and peer interactions are also sites of stigma and discrimination for our participants in the last year. 15.1% of all respondents (n=14) reported experiencing stigma in public spaces.

Among those who experienced any form of stigma in the past year, 26.9% encountered it in public spaces, making it a relatively common site for discrimination outside of private or institutional contexts. This suggests that visibility in public, such as appearance, gender expression, or behaviour, may expose LGBTIQ+ individuals to stigma from the broader public.

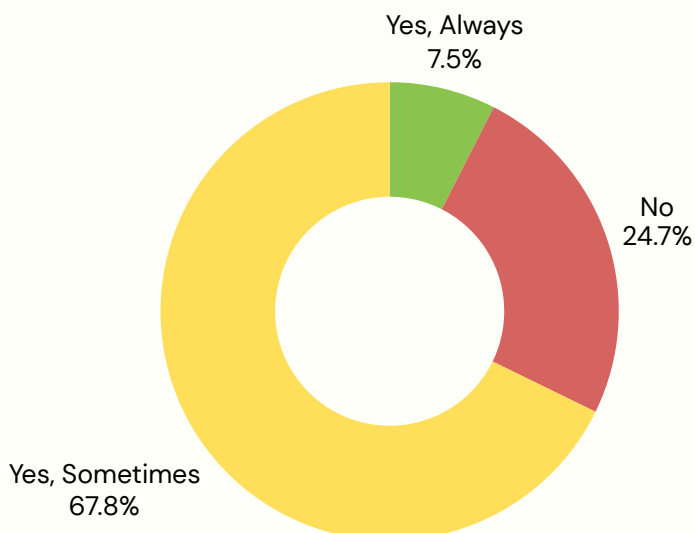
Only 3.2% of respondents (n=3) reported experiencing stigma on online platforms, with just 5.8% of those who experienced stigma in the past year indicating the internet as a source. This low figure may reflect our participants not being publicly “out” online.

However, it is worth noting that online harassment remains concerning, given how quickly digital spaces can amplify hostility. Stigma from peers was reported by only 2.2% of all respondents (n=2), and 3.8% among those who faced stigma in the last year. This may suggest stronger peer support networks within the LGBTIQ+ community or chosen friend groups where stigma is less likely to occur.

## Key Figures: Safety in Daily Life

The pie chart below illustrates how 93 LGBTIQ+ participants with intersecting identities in Singapore responded to the question: “Do you feel safe expressing your LGBTQ+ identity in daily life?”

**Figure 14. Safety in Expressing LGBTQ+ Identity in Daily Life (n=93)**

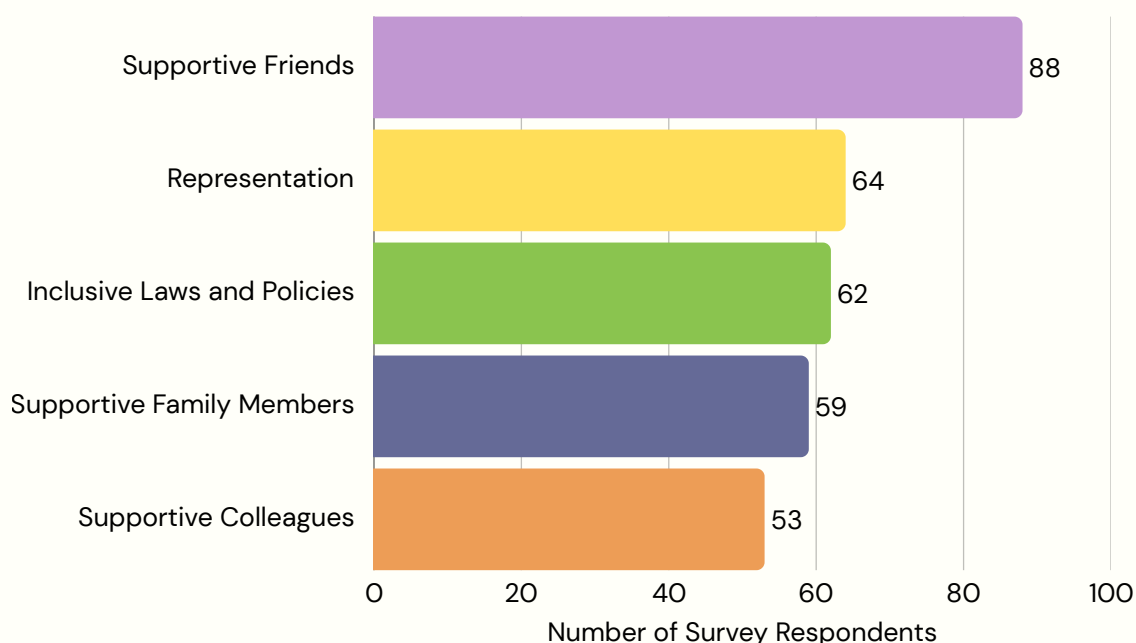


67.8% of respondents said “Yes, Sometimes” (n=63), indicating that while many participants can express their identities in certain contexts, they do not consistently feel safe doing so. For example, participants may feel safe among supportive friends but conversely, feel unsafe in less-affirming environments like their educational institutions or workplaces.

24.7% said “No” (n=23), suggesting that nearly one in four respondents never feel safe expressing their queer identity in daily life. This reflects significant social barriers such as stigma, discrimination, or fear of rejection. Only 7.5% of participants (n=7) reported “Yes, Always”, demonstrating that very few consistently experience environments where they feel safe to be fully themselves.

As a follow-up question, we asked participants, “What factors contribute to you feeling safe or unsafe as a LGBTQ+ person in your daily life?”

**Figure 15. Factors Affecting Safety in Daily Life (n=93)**





Supportive Friends were the most commonly cited factor by 88 respondents (94.6%). Since nearly every respondent chose it, this suggests the critical role of peer support in fostering everyday safety and emotional well-being for LGBTIQA+ individuals.

Supportive Family Members were selected by 59 respondents (63.4%), thus demonstrating the importance of familial acceptance. While slightly lower than friendship support, this figure still points to the strong emotional impact of family relationships on a person's sense of safety in Singapore. It is possible that some participants omitted to choose family members as a factor if there is existing familial strain. Supportive Colleagues were chosen by 53 respondents (57%), indicating that workplace environments still play a substantial role in influencing daily safety.

Representation in the cultural sphere such as media, education, and public life was selected by 64 respondents (68.8%), suggesting that visibility and normalisation of LGBTIQA+ identities significantly impact perceived safety and social acceptance. Inclusive Laws and Policies were important for 62 participants (66.7%). This highlights how legal protections and policy measures (such as anti-discrimination laws and inclusive workplace policies) are vital for structural safety.

These observations underscore that both interpersonal networks (family members, friends, co-workers) and systemic forces (policy and representation) are central to how LGBTIQA+ persons' feelings of safety in everyday life. Our qualitative findings explain in greater detail how and why these factors affect queer individuals' safety and well-being in society.

## Qualitative Findings: Survey Responses and FGD

### Social Misconceptions of Queer Identities

Without adequate, visible representation or queer-inclusive education, most people grow up with minimal knowledge of the LGBTIQA+ community. As a result, there is widespread ignorance, fear, and even hostility towards queer identities, particularly against transgender and nonbinary people.

“A lot of times we are made to be invisible, and being invisible also adds to the enigma that people don't really understand us. Queer people become that boogeyman that everybody is afraid of...And yeah, that enigma is what needs to be eliminated in order for queer people to get more acceptance.”

K8

“Fear is so strong in cis people. Most of them don't even want to talk to us, even though we can really resolve things by just having a conversation...”

P25

Transgender and gender non-conforming individuals are frequent targets of verbal abuse and misunderstandings in Singapore. They are regularly denied empathy, with their identity being viewed as something fantasised or chosen, rather than something valid and real. This denial of empathy creates a culture in which transphobia can run rampant.

“

What if a trans woman wants to apply for a job or wants to go to school but can't without outing herself and putting herself in danger... no one actually thinks about what the actual experience is to be a transgender person... To most people we are an abstract concept that, like, happens elsewhere.

”

“

In Chinese, there's a slur for them called, Ren Yao 人妖, which is like a human demon. It's mostly used to refer to trans women. It's horrible. I hate it.

”

X12

K25

On top of this, there is a ubiquitous and dangerous myth of queer grooming. This insidious myth accuses the LGBTIQ+ community of being inherently predatory or recruiting impressionable children into their “agenda”. Most concerning is how routinely this unsubstantiated stereotype is invoked to justify the moral panic and erasures directed at the queer community.

One incident highlighted by a participant, X12, was the controversy over ‘And Tango Makes Three’ in 2014<sup>2</sup>, which was over a children’s book about a male-male penguin couple, *“Like that debate about the penguin, the gay penguin. I don’t know whether y’all have heard of that book... And then they were like, oh my god, the book is turning our kids gay”*.

The decision to pull the book from our local libraries was a missed opportunity to hold in-depth, enriching conversations on queerness with the general public. The use of censorship to placate conservative groups was done at the expense of the LGBTIQ+ community, while once more reiterating that queer identities are taboo and unwelcomed in public spaces.

In Singapore, anti-queer stigma and discrimination are often justified as part and parcel of preserving “traditional Asian values”, leading to the manifestation of several public flare-ups. In 2021, a man verbally abused staff at SMOL Singapore's Lau Pa Sat outlet over their Pride flag<sup>3</sup>, going as far as throwing the flag at an employee.

In the 2025 General Elections, Goh Meng Seng, the leader of the People’s Power Party (PPP), publicly opposed the potential candidacy of LGBTQ+ activist Deryne Sim in Nee Soon GRC, claiming it was part of an “LGBTQ agenda”. He subsequently withdrew his party from contesting the constituency, claiming his objective was achieved when Sim was not fielded<sup>4</sup>. These incidents reflect only a fraction of the ongoing anti-queer discrimination in Singapore.

Concerningly, the vagueness over what exactly constitutes these “traditional Asian values” allows for selective interpretations that reinforce heteronormative family arrangements, conservative moral values, and the erasure of queer representation—all of which unfairly target queer individuals. Our FGD participants actively challenged this narrative of “traditional Asian values” by drawing upon the lived experiences of queer communities in other Asian societies.

“

There are separate (jail) wards and everything for trans people in India. In Northern India, there are communities where trans women go and live, and they help them transition. They help them be safe, united, stuff like that.

” A23

“

I went to a place called Rainbow Tokyo. They're professionals who work with the LGBT community, and that includes children. They have a library of books and stories about how Japanese parents find out that their children want to transition, or if they're gay or lesbian. Parents will also go to that specific center and ask for help. So they will have professional counselling to explain how this [being queer] is really very normal...and how LGBT people are also successful in Japan...

When I was in Tokyo looking for books in the Rainbow Center, I saw a book that mentioned the penguin family [And Tango Makes Three], and I was shocked because it was translated into Japanese language and I was asking, "hey, you can actually read this for children?" And they're like, "Yeah".

” B23

Southeast Asia is also home to culturally rich and historically gender-inclusive communities, such as the Bugis people from Sulawesi who recognise five distinct genders<sup>5</sup>. One FGD participant, **D23**, who is part-Bugis, spoke movingly about this heritage during their session.

They shared, *"I want to keep the heritage and the traditions of my people alive"*, underscoring the importance of preserving and honouring gender diversity that has long existed in this region. Their reflection serves as a powerful reminder that gender diversity is not a novel Western import but deeply rooted in Southeast Asian cultural traditions.

These accounts highlight how other seemingly traditional or conservative Asian societies have historically engaged with gender and sexuality in more nuanced and inclusive ways. They reveal that "Asian values" are neither monolithic nor inherently incompatible with LGBTIQA+ inclusion. Yet, Singapore risks falling behind its regional peers as long as it continues to invoke "Asian values" to justify limiting public discourse and delaying the implementation of legal protections for its marginalised LGBTIQA+ communities.

### Censorship of LGBTIQA+ Identities

One of the principal causes of social ignorance is the continued, wide-scale censorship of diverse gender identities and sexual orientations in media, education, and public discourse. In Singapore, this censorship takes the form of banning or heavily censoring LGBTIQA+ material in schools, libraries, and broadcast media<sup>6</sup>—all of which sustains the public belief that such identities are dangerous or taboo.

“

There's actually a lack of LGBTQ+ media, especially in Singapore and on shows...they are usually very censored...In books, usually none of them [queer media] exist on bookshelves, except for one that I found, which was a book hidden in a mini series.

B6

“

I think the queer literature in Singapore, it's not that it doesn't exist...it's just that it is not in the mainstream media. A lot of the time they have to publish independently or go to small publishers, so we're definitely not going to find them in the public libraries.

C23

”

“ We still have to deal with censorship [in theatre], especially when you have to send your script to IMDA, and you have 1001 questions when it comes to queer related scenes. I don't think anybody has really been able to show outright showcases of intimacy or affection...Like a queer sex scene has to probably be written about as an interpretive dance.

“ IMDA has regulated many films that are also queer related...I think films and movies are a great way to learn about the world...but you are labelling gay movies and lesbian movies as 18+, even though there's nothing close to any mature scenes involved. It sets a very negative tone.

” P25

L12

FGD participants **B6**, **C23**, and **L12** shared examples of how LGBTIQ+ stories are often heavily regulated, sanitised, or excluded completely from mainstream platforms such as local TV shows, films, theatres, and public libraries. This persistent media invisibility reinforces the harmful notion that queer people do not need, or should not have representation in Singapore<sup>7</sup>.

**P25** also rightly pointed out that queer media is disproportionately rated as adult content, regardless of the subject matter at hand. The “negative tone” mentioned by **P25** refers to how the unfair use of mature ratings also contributes to the general public's misconception that queerness is inherently inappropriate.

“ It's a cycle. Queer people are not represented, so society feels that queer people don't exist, and when society feels that queer people don't exist, queer people don't get media representation...

” Q25

**Q25** accurately points out that the phenomenon of media invisibility in Singapore is both a symptom and cause of societal erasure. The lack of representation facilitates societal denial of queer existence, which in turn justifies the community's continued exclusion. This self-perpetuating cycle ultimately silences and delegitimises the social and structural inequalities facing the LGBTIQ+ community.

In addition to media absence, participants dejectedly highlighted the abundance of negative representation across both mainstream and non-traditional platforms, such as social media. They concluded that without equal and positive representation, stigma and misrepresentation will continue to proliferate.

“ On social media, there tends to be this overly negative portrayal of those in the LGBTQ+ community. So like, there is a certain group who maybe might misrepresent the entire community. They would film themselves getting misgendered, and then they would just go all out and scold people. And so now everyone thinks that the community is like that.

” J8

“ I think we do need positive representation in order for it to be normalised and accepted...It's already putting a perception that being of this sexuality is inherently negative.

” L12

“

I wish that local media has better representation, more human representation of queer people. So it's not just reliant on what you see on Instagram, what you see on Netflix. Because I think people connect with things more if they are more grassroots [local] or closer to them.

” M8

**J8** pointed out the alarming trend in which just one or two videos about queer people behaving aggressively in public overseas are enough to cast a shadow over the entire LGBTIQ+ community in Singapore. Other participants in the same session as **J8** speculated whether the people in the videos were actually part of the LGBTIQ+ community.

**K8**, a transgender woman with ADHD, articulated why these online incidents are risky, *“There are definitely misrepresentations of the community, especially overseas, where people play on the caricatures where they assume that is what we do and it just gets amplified by media outlets that have a certain kind of agenda”*.

Ultimately, these issues in representation have devastating consequences on queer youth, as it severely limits access to authentic and affirming stories. Young LGBTIQ+ individuals with intersecting identities often struggle to find visible role models or narratives that reflect their lived experiences. **K25**, a gender non-conforming participant with autism, reflected poignantly on the loneliness, fear, and confusion that defined their teenage years.

“

It took me a very long time to figure out who I was, because I never saw anyone like me anywhere...If I had figured out what my deal was much younger, I think my life would have been very, very, very different, and I'm never gonna get that back...

” K25

**K25's** experiences demonstrate the destructive effects of media erasure and invisibility. The absence of a queer-affirming environment worsened their overall mental health and caused them to retreat from a society that felt incredibly hostile to people like them.

## Everyday Interpersonal Stigma and Discrimination Outside of Queer Spaces

Until now, the discussion has illustrated how broad societal policies and norms have adversely impacted the LGBTIQ+ community's position in society. The following sections examine how these systemic influences affect queer people with intersecting identities and their interpersonal relationships—both in interactions with the wider, non-queer community as well as in queer spaces. Survey respondents and FGD participants described experiencing fear, disrespect, and ridicule in their interactions with social peers and friends outside of queer spaces:

“

I was in school uniform but I was wearing one extra layer of this less conventional jacket, right? And then I just heard this group of guys, talking amongst themselves, like, pointing towards me. “Oh, that one is a guy or girl?”...These kinds of passing remarks are the ones which make you feel a bit smaller.

” M8

“ Every time I want to change the way I present myself...whether it is extremely feminine, or extremely masculine, or in somewhere in between, there are so many opinions that I did not ask for from people who I expect to support me...just so that's easier for them to digest and understand you...It's very annoying, honestly.

C23

“ When talking to people, if I out myself that I have any of the marginalised identities, people will disrespect me for sticking myself out of the norm of the society.

SP69

“ Being queer kind of increases some of the difficulty in making friends because I have to hide parts of myself around certain people, and it's a constant anxiety that I will mess up and it'll end up coming up anyway.

SP4

**M8** and **C23** described how peers and friends often police any deviation from conventional gender norms, such as expressing their gender in ways that challenge heteronormativity. Their experiences underscore how being different can invite unsolicited and often hurtful judgments, even within spaces that first seem supportive.

Similarly, **SP69** and **SP4** recounted how their everyday interactions with non-queer individuals are marked by fear and discomfort, shaped by the persistent societal prejudice against the queer community. Furthermore, likeability is a key consideration in how our participants navigate social situations. They mentioned feeling the need to be a “model queer person” in the presence of cisgender, heterosexual people to avoid aggravating existing prejudice against the queer community.

“ As a queer person, I have to try to be very friendly towards everyone, because if I don't, then that's... There's already a reason for people to dislike me because I'm queer. So I have to go above and beyond and make myself likable.

” Q25

Another common thread across participant accounts is the heavy burden of emotional labour placed on queer individuals to consistently explain, justify, and educate others about their identities and lived experiences. This theme highlights the enduring expectation that queer people should serve as informal educators in both personal and social settings, often without consent and at the cost of their own well-being.

“ The fatigue is real when we meet one group of people, and we share our experiences. But then when we meet another group of people, we have to share that amount as well. As we go on right, there's a lot of the built up exhaustion with how much you're sharing.

K8

“ I've heard the people around me, especially cousins my age or even younger, have very detrimental opinions about queer and transgender people. I personally have had to educate people, by sending links and stuff...

A23



Participants' experiences point out the unsustainable expectations placed on queer people: they must remain polite while repeatedly exposing personal parts of themselves in environments that may not be safe or receptive. **D23**, a Bugis-Minangkabau FGD participant, shared the emotional toll of coming out as trans and non-binary to their conservative family, only to have their identity dismissed and misunderstood:

“

“You're a boy. You're raised a boy. Oh, you're non-binary, but you're still a boy.” It scares me, because Hari Raya is coming too, and then I have to deal with the family again.

” **D23**

Similarly, survey participant **SP80** described the exhausting role of being treated as a stand-in educator on gender diversity:

“

As a genderqueer person, I am often put into the position of educator on gender diversity to the people I encounter in my day-to-day life, despite the fact that I am not an expert and just one genderqueer person, with a unique and personal experience. Sometimes, these interactions get aggressive and sometimes, it's difficult to not internalise that.

” **SP80**

Such experiences illustrate an unsettling dynamic—queer people are forced to render themselves intelligible on somebody else's terms, and often denied space for their own complexity and safety. Although these effects may be intangible, they are deeply damaging to one's safety and mental well-being.

### Intersecting Oppressions Within Queer Social and Romantic Relationships

Through our survey responses and FGD, we learnt how social interactions and romantic relationships within the queer community mirrored broader societal inequalities. Participants expressed frustration over the implicit idealisation of a specific kind of queer identity: someone who is able-bodied, cisgender, Chinese, and gay.

Individuals who fit this profile tend to be more visible, enjoy greater social capital, and are more readily accepted within the community. In contrast, those who do not embody these attributes often experience marginalisation, invisibility, or exclusion, even within queer circles.

Participants living with mental disabilities, neurodivergence, and mental health conditions shared their struggles in building meaningful social connections due to ingrained ableism. Those on the autism spectrum voiced struggles in navigating unspoken social rules<sup>8</sup>, nonverbal cues, and the implicit expectations embedded in everyday social interactions. Meanwhile, queer individuals may already feel out of step with heteronormative norms.

When these identities overlap, neurodivergent queer people can be misunderstood both by neurotypical LGBTIQA+ people and by the cishet, neurodivergent community. This dual marginalisation often results in profound isolation, heightened emotional strain, and a lingering feeling of not “fitting in”.

“ I struggle with social interactions and articulating myself clearly, when my mental health is not doing well. This affects my relationships (platonic, professional and romantic) as I'm unable to mask as well. No one wants to hang around a depressed bundle of nervous energy, so I usually isolate myself since the mental load of masking is tougher and more draining.

SP71

“ I came out as trans last year, and it was difficult to know who to come out to as I could not read social interactions very well with my ASD [Autism spectrum disorder].

SP57

Being on the autism spectrum, **SP57** described difficulties with reading social cues and managing interpersonal boundaries. This made disclosing aspects of their identity—being trans and autistic—especially challenging and stressful. A common coping mechanism is “masking”<sup>9</sup>, which involves consciously suppressing or altering behaviour to fit into neurotypical standards.

**SP71** explained how the act of “masking” becomes unsustainable during periods of mental health distress, leading to withdrawal and deeper isolation. Participants with developmental disabilities and mental health conditions, such as dissociative identity disorder and social anxiety, spoke about loneliness and mental strain arising from social interactions.

“ I don't feel understood and I keep having to explain my intersecting identities to people be it in romance or trying to find a job. It stresses me out and makes me feel lonely. I get blamed that things would be better if I wasn't disabled and queer. This affects my mental health as well.

SP77

“ As someone with developmental disabilities, I feel like everyone thinks we're aro-ace [aromantic asexual].

SP3

“ My DID [Dissociative identity disorder] affects my relationship with my girlfriend and I have few people I can talk to about it.

SP45

**SP3** shared how they had to contend with stigma and incorrect assumptions about their sexuality because of their developmental disability. This highlights how the queer community can infantilise and even desexualise those living with disabilities.

Similarly, **SP77's** experiences underscore how individuals at multiple margins are often burdened with the responsibility of educating others in both personal and professional settings. This emotional labour inflicts a significant psychological toll on the marginalised individual and reinforces their sense of being misunderstood or excluded.

**SP45** revealed the need to hide their struggles to avoid mental health stigma and the reinforcement of harmful stereotypes against queer people. The fear of being misunderstood and excluded ultimately prevents them from building deeper connections.

Across these varied experiences, a consistent thread emerges: queer neurodivergent individuals not only find themselves unintelligible to wider society but also feel excluded from both queer and disabled communities. While both physical disabilities and mental health conditions fall under the broader umbrella of disability, they are experienced and socially interpreted in distinct ways. Participants with physical disabilities often spoke about visible markers of difference that lead to them being perceived as undesirable, burdensome, or not fully autonomous.

“

I couldn't move any of my toes in my right foot and had to learn to pick tissue with my right foot. It was, in that moment I asked myself, who would want to date a physically disabled, gay man like me?

”

**SP56**

“

On our [dating] apps, there is always a stigma against deaf people. So when I tell them, “Hey, I'm deaf”, then the chat just stops. When I first met people, they found it troublesome to communicate through writing.

”

**B23**

For **SP56** and **B23**, their dating expectations and experiences within the queer community were significantly affected by ableist norms. In **SP56**'s case, dominant beauty standards fueled internalised ableism, leaving them feeling unlovable and undesired within the gay community.

**B23**, who is deaf, described the persistent stigma and communication barriers that made dating and socialising difficult. This manifested in them treating their own deafness as an inconvenience rather than making an effort to connect. Such interactions reflect a broader pattern of ableism in queer dating as those who require alternative forms of communication are routinely dismissed in favour of communicatively “easy” romantic prospects.

“

Due to my disabling conditions, I am a trans man who medically cannot bind and also have trouble working out. I have been extremely disheartened by all the trans male resources online made by able-bodied trans men whose advice boils down to “just bind/tape” and “just go to the gym”.

”

**SP14**

“

With my disability, the body is limited to the hours that you can meet your friends till tube feeding and also not being able to eat out with friends is another problem to engage fully in my social life.

”

**SP52**

Others, **SP52** and **SP14**, spoke about exclusion in everyday queer life. **SP52** described how their disability limited their social engagement. From their account, it appears that **SP52**'s social circle may not consistently accommodate their tube-feeding requirements when planning gatherings. **SP52**'s experience could highlight a broader issue where disabled individuals are frequently excluded from social spaces not out of spite, but because their access needs are frequently overlooked.

In trans spaces, ableist assumptions about transition also marginalise persons with disabilities. **SP14**, a trans man living with disabilities, expressed disillusionment with mainstream trans health and identity advice which centres on the “healthy, able body”. Such advice enforces a limiting and ableist construction of what it means to be masculine and trans.

These experiences show how able-bodied norms are deeply embedded in everyday queer social life. Such norms quietly set the boundaries of queer membership where one has to be physically pleasing, communicatively “easy”, or medically “normal” in order to fit in.

Ethnic minority identity also emerged as a key reason why several of our racialised participants felt a sense of disconnection, exclusion, and social distance—both in general society and with queer people of the majority race. This study revealed how racial bias bleeds into social relationships in Singapore.

Survey respondent **SP90** voiced their *“frustration with casual discrimination as an ethnic minority”*. Similarly, **SP16** shared how they felt like *“an easier target for homophobia because I am more visible as an Indian”*. They also explained it is also *“harder to connect with queer people who are Chinese and to find community”*.

**SP94** echoed these sentiments, *“I feel like being gay and Indian is harder and I’m less likely to be accepted and supported by people in the community and outside”*. These accounts illustrate that racism in Singapore does not occur in isolated incidents but is part of a broader pattern of marginalisation.

Queer racial minorities often experience profound loneliness within queer spaces. This isolation is amplified when individuals also hold other marginalised identities, such as being transgender, non-binary, or living with disabilities.

**SP14**, a transgender and non-binary survey participant, revealed more about living with layered marginalisations, *“I have been told by able-bodied white Western trans men that I should man up and that I don’t have it that bad, when my disabilities and racial identity make me feel much more isolated among my peers”*.

The cumulative emotional toll of repeated microaggressions and experiences of being othered have eroded many racialised individuals’ trust in the broader queer community. As a result, many feel unsafe, unsupported, and less willing to participate or be vulnerable in spaces that are supposedly meant to offer belonging.

Queer social and dating spaces are another arena where racial prejudice plays out. Across survey responses, racial exclusion and discrimination emerged as a recurring theme in participants’ romantic lives.

“People judge you for being queer/Indian/Muslim and refrain from being friends. Romance is also difficult due to many queer people not having intersecting tastes in their significant other.”

SP62

“I’ve had some pretty racist experiences while interviewing...also dating kinda sucks.”

SP6

“My race had also taken various opportunities from me in the romantic aspect and made me feel unwanted and undesired.”

SP15

Findings reveal that queer dating apps are among the most visible spaces of overt racial discrimination, often disguised as “personal preference”. **SP22** described the explicit racial and body-based exclusion on queer dating apps, such as “*Chinese only*” and “*only dating fit man*” in online users’ profiles.

**SP22** further expanded that there was significant “*anxiety about dating and finding a partner as a racial minority*”. They also noted that such discriminatory encounters inflamed their “body image issues as someone with obesity” and stymied their feelings of self-worth in pursuing romantic connections.

Together, these varying experiences reiterate that racialised queer individuals are often grappling with double exclusion: they face racial prejudice in broader society while also being sidelined within queer spaces that frequently centre majority racial and cultural norms.

Finally, the online survey and FGD uncovered the politics of intra-community exclusion and normative pressures within queer spaces, specifically related to sexuality, romantic attraction, and identity legitimacy. Despite the assumption that queer communities are inherently inclusive, participants highlighted how rigid expectations around sexuality and romantic expression affect who is seen as “queer enough”.

“ Even within the queer community...I’m trans, I’m lesbian, and like, people just make assumptions about who I am sexually involved with...I’ve gotten comments, why are you so afraid of... why am I so afraid of, like, adopting the bisexual label? And it’s weird, having to defend why I choose certain labels. ”

**K8**

“ Within the LGBTQ+ community, some people don’t view aromantic or asexual people as part of the queer community, so it feels like I constantly have to prove that I belong there. ”

**C6**

Asexual, aromantic, and fluid identities are often sidelined or dismissed, leading individuals to feel they must constantly defend their place in the community. As **C6** shared, not being viewed as part of the LGBTIQ+ community due to being aromantic or asexual creates ongoing pressure to “prove [their belonging]”.

Similarly, **K8** described facing judgments tied to their sexual histories or label choices, especially when their transness challenges binary or normative understandings of queerness. These experiences reflect how the unspoken “ideal” queer person is often imagined as gay or lesbian, cisgender, and sexually active.

As a result, those who do not fit this recognisable mould are dismissed or invalidated. These experiences showcase how internal hierarchies and normative expectations in queer spaces can reproduce exclusion. Ironically, this dynamic replicates the very systems of exclusion and invalidation that queer communities are meant to resist.

## Fostering Belonging and Understanding: Recommendations

Drawing on the insights gathered from FGD and survey participants, this section outlines several directions that may be of interest to government bodies, public institutions, and community actors seeking to cultivate more inclusive and empathetic social environments.

## Government Interventions

### 1 Exploring Inclusive and Accurate Media Representation of the LGBTIQ+ Community

**Review of IMDA Content Guidelines:** Participants observed that portrayals of LGBTIQ+ individuals are often subject to more stringent content restrictions than non-queer counterparts. There may be value in examining how current rating frameworks could evolve to distinguish between identity-based representation and mature content.

**Encouraging Plurality in Storytelling:** Some respondents highlighted the importance of representation that reflects the full diversity of queer lived experiences. Platforms that enable storytellers from LGBTIQ+ communities—particularly racial minorities, persons with disabilities, and others facing intersectional barriers—may help to address gaps in current media landscapes.

**Widening Access to Queer-Inclusive Materials in Public Institutions:** Survey and FGD responses point to the importance of age-appropriate queer-inclusive media in schools, libraries, and community spaces. Institutions could explore ways to include such materials while remaining attentive to broader curricular or regulatory frameworks.

### 2 Enhancing Public Education and Awareness to Build Social Cohesion

**Nationwide Campaigns on Gender and Sexual Diversity:** Participants pointed to a need for accurate, inclusive public education that challenges misinformation and stigma. Public communication campaigns—when developed in consultation with relevant stakeholders—could contribute to wider cultural understanding.

**Affirming Public Messaging During Moments of Tension:** Participants noted the role public officials can play in shaping social norms. Thoughtful, inclusive messaging—particularly in response to public misinformation or moral panic—may contribute to building trust and shared values.

**Supporting Inclusive Resource Networks:** Some responses pointed to the importance of community-based centres offering holistic support (e.g., housing, employment, and counselling services). There may be value in exploring how inclusive resource hubs could address overlapping needs, especially among multiply marginalised groups.

## Community Interventions

### 1 Create Mentorship and Leadership Pathways

**Intergenerational and Inclusive Mentorship:** Participants expressed a desire for visible queer role models across different identities and life paths. Programs that link younger or marginalised queer individuals with affirming mentors—especially those with lived experience of racial, disability, or neurodivergent marginalisation—could contribute to greater belonging and resilience.



**Participatory Planning for Underrepresented Groups:** Insights from this study suggest that queer individuals with intersecting marginalisations are often consulted late or not at all. Community planning processes may benefit from actively involving these voices earlier and more meaningfully.

## 2 Support Sustained Community-Led Workshops

Several participants highlighted the impact of open, ongoing public conversations on LGBTIQ+ inclusion. Community-based dialogue spaces—designed to build empathy, address common myths, and share lived experience—may be an avenue worth developing further.

## 3 Strengthen Internal Accountability and Equity in Queer Spaces

**Articulating Anti-Oppression Community Commitments:** Some participants voiced concerns about exclusionary dynamics within queer spaces. Clearly communicating internal guidelines or principles around anti-racism, accessibility, and trans inclusion could foster more transparent and accountable organising cultures<sup>10</sup>.

**Developing Peer-Guided Restorative Practices:** Intra-community harm was another recurring theme. Instead of relying solely on punitive models, some community groups may wish to explore restorative approaches<sup>11</sup>—facilitated by trained mediators—that centre healing, equity, and mutual responsibility. This is especially pertinent when navigating harm across intersecting lines of difference, such as race, disability, or gender identity.

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## Chapter 9

# Legal Services and Experiences

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Legal systems in Singapore continue to operate within a framework that erases, marginalises, or inadequately recognises the realities of LGBTIQ+ individuals—particularly those who are transgender, nonbinary, disabled, or economically marginalised. While the repeal of Section 377A marked a symbolic shift<sup>1</sup>, it did not translate into substantive protections or recognition<sup>2</sup>. Participants in this needs assessment repeatedly identified the law not as a neutral or protective mechanism, but as a source of vulnerability, surveillance, and exclusion.

Far from being incidental, the harm experienced by LGBTIQ+ individuals is often structured into the design of legal and bureaucratic systems: rigid gender markers, inflexible identity documentation<sup>3</sup>, housing eligibility predicated on heteronormative family norms<sup>4</sup>, and the absence of anti-discrimination protections<sup>5</sup>. These systems are further compounded by frontline staff who lack training or discretion in navigating diverse identities—leading to everyday encounters that are dehumanising, invasive, or dismissive.

This section draws on both FGD and survey responses to illustrate the legal and administrative challenges LGBTIQ+ individuals face in Singapore. It focuses on four core areas: legal recognition, misgendering and documentation, absence of legal protections, and bureaucratic costs of survival. These findings highlight how law and policy not only fail to protect, but actively structure inequality for LGBTIQ+ communities at the intersection of gender, class, and other forms of marginalisation.

### Key Figures: Access to Legal Services

Only 6.5% (n=6) of respondents reported accessing legal services in the past year, with Transgender (n=3) and Non-Binary/Genderqueer (n=2) being the majority. Compared to other services like healthcare, mental health, employment, and housing support and services, a person's engagement in legal services is typically infrequent.

This combined with the limited recall period, as the question only covered experiences within the past year, could have contributed to such a low response rate. It is noteworthy to point out that there are few formal legal protections for the LGBTIQ+ community which in itself limits the community's access to legal services. The scarcity of legal avenues is echoed in both our open-ended survey responses and FGD, highlighting significant gaps in legal support for the community.

### Qualitative Findings: Survey Responses and FGD

#### Bureaucratic Barriers to Legal Recognition and Protection

A recurring theme across the FGD was the institutionalised erasure embedded in Singapore's legal and administrative systems, particularly for transgender and gender-diverse participants. Despite the symbolic repeal of Section 377A, the legal framework continues to deny LGBTIQ+ individuals the basic right to be accurately recognised on official documents.

Most notably, Singapore requires several (top and bottom) gender-affirming surgeries for any change to legal gender markers<sup>6</sup>, placing an immense physical, financial, and psychological burden on those who cannot—or do not wish to—undergo such procedures.

This gatekeeping not only violates the principles of bodily autonomy but also actively produces material vulnerability. Participants described how incongruence between legal documents and lived gender identity exposes them to constant risk of outing, misgendering, and exclusion from essential opportunities such as education, employment, and healthcare. These bureaucratic hurdles are moments of acute social exposure that pose serious consequences for safety and dignity.

“

And the reason I didn't do anything with my life is because just about everything important—like going to school or getting a job—it requires you to hand over your IC [Identity Card]...I'm really mad about this still. You're essentially putting transgender people in danger by not allowing them to change their gender marker. So it's literally scary and dangerous, and can put you in very unsafe situations to out yourself at every opportunity like that.

” K25

K25's account reveals how legal non-recognition structures systemic exclusion. The inability to amend gender markers without surgical intervention forces trans individuals into a cycle of forced disclosure—undermining their privacy, autonomy, and access to safe participation in society. This issue extended beyond gender markers to other structural forms of erasure.

K25 also spoke of the psychological toll of constantly encountering drop-down menus that recognise only “male” or “female” identities—a reminder of the systemic lack of recognition for non-binary people, *“I dread the drop-down selector—you know, like ‘Gender’—and you click on it, and it's always only male and female”*.

These patterns of institutional erasure were echoed in other contexts. For instance, D6 described being placed in a female ward at a public psychiatric hospital due to not having undergone bottom surgery. While nurses made some efforts to accommodate their needs—bringing clothes from the male ward and allowing them to shower separately—the experience underscored the vulnerability that arises when legal identity does not align with lived gender. Even in healthcare settings, trans individuals often navigate a precarious patchwork of informal accommodations rather than systematic, affirming protocols.

“

Even though the wards were made so that you don't have a lot of privacy, the nurses took the initiative...But I haven't had bottom surgery, so I got put in the female ward.

” D6

Beyond the challenges of documentation, participants also highlighted a broader absence of legal protection for LGBTIQA+ people. Several called for the introduction of anti-discrimination laws that would explicitly safeguard queer individuals in employment, education, and healthcare settings. One participant linked the lack of legal reform to the failure of state institutions to mandate even basic awareness among service providers:

“

If a healthcare worker knows what queer people are, it's not because it's mandated by the government. It's because they just know themselves. There's absolutely no baseline standard of awareness and education in the healthcare sector.

”

Taken together, these accounts point to a systemic pattern of what might be termed administrative violence—the routine, cumulative harm that arises when legal and bureaucratic systems refuse to recognise the existence and legitimacy of certain identities. In this context, legal erasure is not merely symbolic; it actively limits access to education, healthcare, employment, and physical safety.

These impacts are especially acute for younger trans individuals seeking to enter the workforce or enrol in school. The compulsory presentation of identity documents in these settings often functions as a barrier to entry, leading some to withdraw from education or formal employment altogether. The legal system, rather than offering protection or inclusion, then becomes a site of risk that reinscribes the very marginalisation it purports to ignore.

### Gender Markers, Misgendering, and Invisibility

Across multiple FGD, trans participants such as **X12** described how rigid bureaucratic systems in Singapore—particularly those tied to national identification documents—fail to recognise or accommodate their lived realities, *“Now you need to undergo a full, complete, I’m quoting, change in your genitalia... there’s only a small list of doctors... people now, it’s very hard for us to get the marker changed, which is what people are struggling with”*.

Legal gender markers remain binary, immutable without full genital surgery, and deeply tied to one’s eligibility for recognition in areas as fundamental as marriage, housing, and healthcare. This institutional inflexibility results in a landscape where daily administrative tasks carry the risk of exposure, humiliation, or denial of services.

This rigidity has cascading effects. **X12** also reported being misgendered by frontline service workers—from doctors and nurses to government officers—because institutional records and system defaults override self-identified gender or appearance.

“

When they call you for the medical stuff, they’re like, Miss, blah, blah, blah. Then I come there to the doctor’s, and they stare at me, like, what are you collecting on behalf of your sister or something? And I’m like, ‘No, that’s me.’

” **X12**

These misalignments shape how individuals are perceived, treated, and ultimately, whether they feel safe in institutional spaces. The consequences also extend to housing placements, marital status, and kinship recognition. **Z12** mentioned how a trans resident was placed in a male shelter based solely on their IC marker, in contradiction to their lived identity.

“

Resident is a female, but then is being put in a male home because they follow the IC.

”

**X12** also described how others were forced to contort their appearance to comply with state expectations of gender in order to access key services.

“

My senior...has to present as male to get married to [her] nonbinary partner who's AFAB [Assigned female at birth]. That's the only way ROM [Registry of Marriages] will recognise [them in order for them to] get a BTO...Same is said for me...If I want to get married to a cis man, I need to present as a girl...and I will be married as a Mrs someone else...there's no support for that.

” **X12**

These accounts highlight how the binary nature of legal recognition not only erases non-cisgender identities but also demands conformity to state-sanctioned norms, reinforcing stigma and making visibility a liability. Participants spoke of wanting small but powerful changes, such as recognition of foreign queer marriages and the right for trans individuals to marry without state-imposed gender presentation rules, as critical steps toward reducing harm.

### Legal Vulnerability and Lack of Anti-Discrimination Protections

Beyond gender recognition, participants across FGD emphasised the absence of legal protections as a major gap in LGBTIQA+ rights in Singapore<sup>7</sup>. While the repeal of Section 377A marked a turning point in Singapore's queer rights movement, it has not translated into affirmative protections. Instead, participants described a legal “grey zone” in which their identities are no longer criminalised but remain legally invisible<sup>8</sup>.

This invisibility generates material consequences—particularly in employment, housing, and access to justice. Trans and neurodivergent survey respondents shared their experiences of being passed over for jobs, dismissed by legal aid services, or disregarded by Members of Parliament, which they attributed attributing these experiences to their gender identity, disability, and class background.

“

I felt like the pro bono lawyer wasn't interested to help me because I'm trans and poor. Even my MP didn't really care, and I felt it was due to my gender identity.

”

**SP77**

“

Gender identity isn't legally protected. I'm worried hiring managers won't hire me or will pass me over for opportunities because of my chronic anxiety or because I'm trans.

”

**SP58**

**K25** linked this lack of protection to a broader sense of state neglect, where there is no obligation for institutions to provide affirming care, accessible legal redress, or structural safeguards:

“

There is no baseline standard of...awareness and education for [handling queer people] in the healthcare sector [and] in the legal sector, and none of this in education [sector]. There's no baseline standard that everyone has to adhere to.

” **K25**



In sum, participants were not merely describing the absence of legal recognition; they were speaking to a broader structure of administrative violence, where institutions default to cisnormative, heteronormative, and ableist assumptions. These experiences create a form of legal precarity that compounds existing social vulnerabilities, especially for trans people of lower socioeconomic status or those navigating mental health challenges.

In the following section, we outline key recommendations informed by these lived experiences—highlighting concrete legal and policy reforms that can begin to address the gaps identified, and move society toward a rights-affirming future for LGBTIQ+ individuals in Singapore.

## Towards Legal Visibility: Recommendations

Drawing from participant experiences, this section outlines possible directions that government institutions and legal actors may explore to enhance procedural clarity, administrative equity, and legal recognition for gender-diverse and LGBTIQ+ individuals.

### Government Interventions

#### 1 Strengthen Legal Gender Recognition and Administrative Practice

**Revisiting Requirements for Legal Gender Recognition:** Several participants described challenges tied to current legal gender recognition procedures. One area that could be reviewed is the requirement for surgical or psychiatric intervention. Some jurisdictions have adopted administrative models—such as statutory declarations—that offer non-medicalised pathways to update legal gender markers. These approaches may offer points of comparison for ongoing policy development.

**Inclusion of Non-Binary and X Marker Options:** Participants noted that existing systems often offer limited options for gender designation. Expanding the availability of non-binary or X-gender markers<sup>9</sup>—particularly across NRICs, passports, and key digital platforms—could reduce the frequency of administrative misgendering and may improve institutional navigation for gender-diverse individuals.

#### 2 Enhance Procedural Equity Across Public Systems

**Frontline Training and Implementation Mechanisms:** Participant accounts suggested that experiences at agencies like ICA, HDB, or hospitals can vary significantly depending on staff understanding. It may be useful to explore ways to sensitise frontline personnel to gender diversity, and to provide internal mechanisms such as ombudsperson roles or advisory support that can guide inclusive practice within and across institutions.

**Use of Affirmed Names in Administrative Records:** Some systems already allow for preferred name usage in non-legal records. Broadening this practice where appropriate (e.g., in school portals, health records) could help improve service accessibility while preserving institutional integrity.

### 3 Promote Access to Legal Support and Information

**Expanding Inclusive Legal Services:** Participants described difficulties accessing legal assistance aligned with their needs. Exploring how existing community legal clinics or pro bono schemes can better support issues such as name change, family law, or workplace discrimination may help bridge access gaps. Collaborations with community organisations could also support trust-building and outreach.

### 4 Support Recognition of Diverse Family Structures

**Broadening Legal Definitions of Family:** A number of participants indicated that their family forms—such as long-term cohabiting partners, caregiving relationships, or families formed through overseas marriage—are not fully recognised under current frameworks. Future policy discussions on family law or adoption frameworks may benefit from examining how legal protections can reflect a wider range of lived realities.

These considerations underscore the complexity of navigating legal and bureaucratic systems without clear recognition. Participant reflections suggest that while symbolic inclusion holds value, the structure and operation of state systems—how forms are processed, how people are addressed, and how records are updated—play a critical role in everyday experiences of legitimacy and dignity.

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## Chapter 10

# Community Support

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Community support refers to the resources and support available to individuals within a community, encompassing both informal support from social networks and formal support from organisations and services<sup>1</sup>. When referring to community support, we specifically focus on the resources and networks available within the Singapore LGBTIQA+ community.

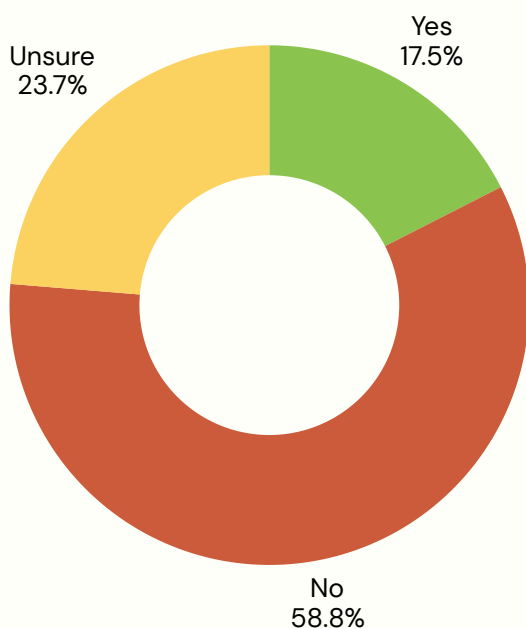
In this section, we examine in detail the kind of support and connection within the Singapore LGBTIQA+ community. One of the key themes that arise is the imperative for more visible, diverse, and inclusive community spaces and programs—ones that can suitably respond to the multifaceted needs of LGBTIQA+ individuals with intersecting identities.

### Key Figures: Local Community Spaces and Events

When asked whether they felt there were adequate community spaces or events in Singapore that provide a safe environment for LGBTIQA+ individuals, 58.8% of respondents answered “No”. Among our survey respondents, there is a widespread perception that Singapore’s existing community spaces and events fall short of offering safety and inclusivity for LGBTIQA+ people with intersecting identities.

Only 17.5% of survey respondents indicated that they felt there were sufficient safe and inclusive community spaces or events available, while 58.8% responded “No” and 23.7% were “Unsure.” This reflects a widespread perception that existing offerings in Singapore fall short of meeting the needs of LGBTIQA+ individuals, particularly those with intersecting identities.

Figure 16. Opinion on Adequacy of Community Spaces or Events (n=93)



While the survey offers a useful snapshot of perceptions around availability and inclusion, it does not fully capture the depth of experiences, barriers, and aspirations that shape how LGBTIQ+ individuals interact with community support systems. To understand these nuances, we turn to qualitative findings from our FGD and open-ended survey responses, which provide a more textured look at what inclusive community support could look like and what is currently missing.

## Qualitative Findings: Survey Responses and FGD

### Lacking in Diversity: Expanding Community Spaces for Socialising

Participants in the online survey and FGD repeatedly showed the desire for dedicated third spaces, outside of home and work, where LGBTIQ+ people with intersecting identities could spend time in and with the option of socialising. For example, **K25** expressed how valuable such community spaces are to meet other neurodiverse people like themselves:

“

I guess that you use the term third space...that's something that will be really beneficial for me, specifically, to meet my needs...like neurodiverse people that I can just go hang out in and meet new people on a day-to-day basis.

”

**K25**

**K25's** call for a permanent, inclusive space to connect with others was echoed by several participants. **SP31** reiterated that there is a *“growing need for third spaces for queer folk to gather”* and how there are very few third spaces available for queer people with intersecting identities. **SP34** spoke about how accessible, physical social spaces *“are super important as it's a platform for what may be scattered or isolated queer people and groups to bond and find a community, as well as to facilitate face-to-face discussions about queerness”*.

These reflections underscore how such spaces serve mental well-being, especially for queer individuals feeling isolated within broader queer spaces. Yet, finding a space that is both affirming and safe is a difficult task in Singapore. The scarcity of dedicated community spaces especially in the last decade can be traced to rising costs in the rental market, with most existing queer establishments dedicated to entertainment and nightlife<sup>2</sup>. When it comes to accommodating the spectrum of intersecting queer needs such as queer neurodiversity, several visible and long-standing queer establishments see this as complicated to implement and tend to default to dominant norms of ability and identity.

Participants voiced that current queer events are overly focused on nightlife activities. Several survey and FGD participants expressed a desire for long-term sober spaces for community bonding. **SP76** captures this wish by asking for *“regular and consistent events that aren't solely related to drinking or partying”*. **SP9** similarly notes a preference for *“events that aren't exclusively nightlife”*, while **SP78** emphasises the need for *“sober spaces and spaces for young adults”*.

Their responses reflect a broader sentiment of wanting to build meaningful and long-term connections with queer people in low-pressure, alcohol-free environments. **SP29** gave some examples of non-nightlife activities that they would like to see as community events:

“

I think there should be more events to bring together the LGBTQIA+ community such as walks, movie get-togethers, board game nights, etc.

” SP29

Another survey respondent, **SP56**, spoke on how having company to physical activities would have been helpful for their recovery:

“

I think, having a moral support system to ride through physical rehabilitation for prolonged physical injury is absolutely essential...The number one thing I would have appreciated is a friend that would go the extra mile, to accompany me to the gym, something like a befriender.

” SP56

The examples from **SP29** and **SP56** demonstrate the wide variety of possibilities for community events and gatherings. Creating alternatives to bars and nightlife establishments would diversify the spaces available for community building. At the same time, it would encourage community members who may struggle with sensory overload from noise<sup>3</sup> and crowds or those with substance addiction (i.e. alcohol dependency) to actively participate<sup>4</sup>.

### Who Gets Left Out? Underrepresented Groups in Queer Spaces

The queer community is not a monolith. Individuals of the same sexual orientation can have different experiences, values, and needs due to factors like race, gender identity, and disability etc. This fact is obfuscated in the struggle between different groups within the community to advocate for their own unique needs. Consequently, racial, religious, sexual, and gender minorities within the LGBTIQ+ community face significant difficulties with visibility, representation, and inclusion in community spaces and events.

A significant theme is the lack of neurodiversity and disability inclusion in queer spaces and events. Neurodivergent LGBTIQ+ participants voiced how existing events are inaccessible for those with sensory issues.

“

Many events are really loud and over stimulating, and some venues are not wheelchair accessible...I feel there is a lack of support for neurodiverse individuals and those with physical disabilities, both visible and hidden.

SP41

”

“

As someone who is autistic and extremely introverted, I would not participate in any community spaces or events. I am just too introverted and sensitive to loud sounds. I only went to Pink Dot once with my friends.

SP38

”

“

But when I went there [Pink Dot], it was quite difficult, especially even with just to go in, needing to check everything, I needed to take my headphones out, and it was a complete overload inside as well. I'm not sure if there are ways in order to make it more accessible in that sense.

V8

”

“

I find it difficult to attend because I have quite severe anxiety, and I freak out when I'm in a crowd... I actually find things like Pink Dot really hard to attend because it's like, so crowded and very noisy, everything.

C6

”

While digital spaces have increased accessibility, neurodivergent and disabled individuals still wish for physical, in-person community events. As **D6** shared, *"I prefer in person in general, but especially if we're talking about things like workshops and socialising events, definitely in-person"*.

**SP46** called upon the community to *"make queer spaces less ableist"* such as picking event venues with *"step-free entrances and accessible washrooms"*. This is the bare minimum for allowing community members with mobility issues to participate in community events. **SP46's** comment highlights a deeper issue plaguing queer and perhaps general community spaces in Singapore—there is no formal enforcement on space requirements to accommodate persons with disabilities.

While the Building and Construction Authority (BCA) in Singapore has released an updated Building Code on Accessibility in April 2025 requiring new buildings to have barrier-free access<sup>5</sup>, older buildings often do not have the required retrofitting to make them accessible. Moreover, spaces that do accommodate disability may not be aligned with queer inclusivity and be safe spaces, thus dwindling the options available for easily accessible, queer-friendly event spaces.

As mentioned in chapter 8, racism is a prevalent issue in the LGBTIQA+ community. This can manifest in the racial homogeneity of queer spaces and events, where racially minoritised individuals are underrepresented or rendered invisible. One participant, **L12**, illustrated this disconnect by drawing on their first impression of the LGBTIQA+ community:

“

I guess representation starts from the community itself...The main representation always seems to be cisgender, Chinese, gay males. And that's why part of me also...felt a bit hesitant about wanting to explore queer spaces or queer events.

” **L12**

**L12's** sharing highlights how many minority queer individuals often feel hesitant to attend queer events. The overwhelming presence of majority-race (Chinese) people and absence of diversity in community representation can make spaces feel unwelcoming<sup>6</sup>. As a result, many ethnic minorities choose not to participate, reinforcing a cycle of underrepresentation and invisibility.

Survey respondent, **SP71**, further challenged the superficial approach to diversity that some queer spaces adopt, stating: *"Polite distant tolerance should not be the benchmark for intersectionality"*. They stress that those who hold more privileged identities should engage more deeply, empathise, and become active allies to multiply marginalised LGBTIQA+ community members.

### Supporting Marginalised Populations through Targeted Programs

Many participants stressed the need for community spaces and advocacy efforts that meaningfully acknowledge and celebrate intersectional identities. Rather than assuming that one-size-fits-all program is enough, respondents called for targeted initiatives that reflect the real gamut of queer lives and experiences. Targeted events and programs for marginalised groups can help those with intersecting identities more easily enter and participate in community events without intimidation.



For example, **SP26** mooted the idea of “support groups for various ethnic minorities, mixed-race individuals in particular, due to different life experiences involving community”. **SP26**’s suggestion is a reminder that ethnic minorities are not a monolith and different ethnicities navigate disparate social realities.

**SP14**, a transgender survey respondent with disabilities, emphasised the importance of creating programs that intentionally centre the needs of multiply marginalised queer people:

“

There needs to be more sensory friendly and trans-centric events. Cisnormativity and ableism are abundant in Singapore, even within the queer community. I feel like I don't fit in the few spaces queer people here do have because they feel so dominated by cis and abled culture.

” **SP14**

Their reflections highlight the need to move beyond token inclusion and toward spaces that actively challenge dominant norms of ability and gender. For queer organising to be truly inclusive, it must meaningfully account for the intersecting experiences of those at the margins. This includes cultivating spaces where people with shared racial, cultural, and embodied experiences can come together for mutual support, visibility, and belonging.

Our participants also highlighted that it is not always easy to access LGBTIQ+ spaces as they are not widely known and can require a concerted effort to find, especially for queer youth. Furthermore, active participation in these spaces often requires the individual to be of adult age. An FGD participant, **C25**, observed:

“

Maybe they are restricted only for people over 18, because I know that when I was under 18, there were a lot of opportunities that were like, I couldn't go to Pinkdot as a volunteer, for example...But I feel like once you hit 18, you immerse yourself into these networks, there actually are a lot more opportunities.

” **C25**

This causes queer minors below the age of 18 to fall through the cracks. They cannot actively participate in most LGBTIQ+ events and lack access to an affirming community during these crucial, formative years. The necessity of youth-centered spaces and services was reiterated by many respondents. **SP64** explained how they felt lost in existing events with older attendees, *“[Need] services and support specifically for youths, as sometimes I do feel slightly intimidated and uncomfortable socialising with people a lot older than me”*.

Additionally, **SP20** underlined the urgency of creating tangible material support for queer youth in unsafe situations:

“

Access to material resources seems most crucial, especially for when queer youths are cut off by their family...Some sort of crisis or emergency response hotline or contact could be very useful.

” **SP20**

Beyond socialisation, participants articulate that there is a pressing need for mental health, legal, and emergency aid geared towards younger LGBTIQ+ individuals, who may be trapped in non-affirming and potentially dangerous environments.

## Paving the Way for Sustainable Community Building: Recommendations

Insights from FGD and survey participants suggest several pathways that could strengthen inclusion, sustainability, and accessibility in LGBTIQ+ community spaces. These considerations may be useful for government agencies and community-based organisations seeking to support and serve diverse queer communities more effectively.

### Government Interventions

#### 1 Supporting Grassroots and Community-Based Initiatives

**Exploring Targeted Funding Streams for Underserved Communities:** Many grassroots queer organisations serve as vital support systems for communities facing intersecting marginalisation. It may be valuable to explore how targeted grants could enable such groups to continue offering essential services—particularly for under-resourced subgroups such as underprivileged transgender youth or queer persons with disabilities. Flexibly administered funding could support honorariums that help reduce volunteer burnout, strengthen capacity, and enhance long-term sustainability.

### Community Initiatives

#### 1 Building Inclusion Through Dialogue and Consultation

**Developing Feedback Mechanisms with Marginalised Subgroups:** Community organisations may wish to examine how their programmes are currently experienced by different segments of the queer population. Setting up structured, consultative feedback loops—particularly with communities such as disabled queer individuals or racial minorities—could help enhance the inclusivity of programming and foster deeper trust.

**Considering Accessibility and Neurodivergence from the Outset:** Accessibility planning can be integrated into all stages of event organisation. Examples include selecting venues with step-free access and accessible restrooms, providing quiet or sensory-friendly areas, and clearly communicating accessibility features in event materials. These practices may support greater inclusion of neurodivergent individuals and persons with disabilities.

**Promoting Racial Representation and Anti-Racism Practice:** Participants noted a need for more meaningful racial inclusion. This could include ensuring racially diverse representation across visual materials, speaker line-ups, and decision-making roles. Some organisations may benefit from structured anti-racism training or reflection processes to identify and address internal bias.

#### 2 Expanding and Sustaining Safe Third Spaces

**Collaborating with Queer-Friendly Venues:** Larger LGBTIQ+ organisations might explore partnerships with queer-affirming cafes, co-working spaces, or studios to co-host low-barrier events or offer regular drop-in hours. These spaces could serve as affirming touchpoints for community members seeking informal connection.

**Integrating with Broader Inclusive Hubs:** There may be potential for partnerships between queer organisations and existing inclusive hubs (such as disability centres, youth spaces, or arts collectives). Shared third spaces could support intersecting needs and foster cross-community solidarity.

### 3 Encouraging Peer-Led and Youth-Initiated Organising

**Reducing Barriers to Leadership and Participation:** Community organisers may consider how to support identity-specific organising by providing microgrants, logistical guidance, or capacity-building support. Skill-building workshops in event planning, facilitation, or community organising may lower the barrier to entry for new organisers.

**Creating Enabling Conditions for Queer Youth Under 18:** Existing groups could explore how to support youth-led peer networks—both online and offline—through mentorship, training, or co-hosting initiatives. These efforts may help younger queer individuals develop confidence, leadership skills, and mutual support networks in affirming environments.

Rather than prescriptive solutions, these considerations reflect the insights and imaginations of participants envisioning a more accessible, collaborative, and caring community infrastructure. A sustainable future for LGBTIQ+ organising is one rooted in shared ownership, intersectional inclusion, and continual reflection.

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## Conclusion

This report represents an initial step in systematically mapping the unmet needs of LGBTIQ+ individuals with intersecting identities in Singapore. While the study spans a broad range of domains—education, healthcare, housing, legal services, and community support—it remains a scoping exercise rather than an exhaustive account. The breadth of this inquiry allowed for cross-cutting themes to emerge, but also revealed critical gaps that warrant deeper investigation.

Our findings suggest that structural barriers ranging from institutional neglect to discriminatory social norms continue to marginalise the most vulnerable members of the LGBTIQ+ community. However, the report also highlights pathways for reform and resilience, like emerging community initiatives, policy windows, and promising practices from other contexts.

Future research should consider deepening this inquiry by focusing on specific axes of marginalisation (e.g. disability, race, class, religion), expanding the sample size for greater representativeness, and applying intersectional analytical frameworks with greater precision. Researchers could also examine other cross-cutting identities such as incomes status, migration status, and so on.

To strengthen the evidence base, future studies should improve methodological rigour through larger, more diverse data samples and the development of testable hypotheses. This would enable a more robust analysis of patterns across sub-groups, identify associations, and inform targeted policy interventions.

At the same time, participatory and qualitative methods should remain central, as they surface lived realities that are often obscured in aggregate data.

Policymakers, funders, service providers, and civil society actors have a critical role to play in translating these insights into tangible change.

This includes not only addressing immediate service gaps, but also revisiting the normative assumptions that underpin current policies.

The lack of data on LGBTIQ+ populations in national statistics, the exclusion of queer realities from sexuality education, as well as the underrepresentation of marginalised groups in community spaces are not isolated issues; rather, they are symptoms of a larger systemic erasure that must be redressed.

Far from being definitive, this report is the groundwork for more evidence-based policymaking, participatory research, and inclusive programme design. By centering the voices of those most impacted, we aim to support a longer-term agenda of justice and equity—one that affirms the dignity, safety, and self-determination of LGBTIQ+ individuals across all dimensions of life.

# Appendices

## Appendix A. Survey Questions

### Section 1: Identity Demographics

#### 1. What is your age?

- Under 18
- 18–24
- 25–34
- 35–44
- 45–54
- 55–64

#### 2. What is your gender identity?

- Cisgender
- Transgender
- Non-Binary/Genderqueer
- Other: \_\_\_\_

#### 3. What is your sexual orientation?

- Gay
- Lesbian
- Straight/Heterosexual
- Queer
- Asexual
- Pansexual
- Bisexual
- Other: \_\_\_\_

#### 4. What is your ethnic or racial background?

- Chinese
- Malay
- Indian
- Eurasian
- Other: \_\_\_\_

#### 5. What is your religious affiliation, if any?

- None
- Buddhist
- Christian
- Hindu
- Muslim
- Others

#### 6. Others (Religious Affiliation)

- Open Response

#### 7. Do you identify as having a disability?

- Yes, I identify as having a physical disability
- Yes, I identify as having a mental disability
- Yes, I identify as having both a physical and mental disability
- No

#### 8. If yes, please describe the nature of your disability.

- Open Response

### Section 2: Intersectional Challenges

#### 9. Do you believe that having intersecting identities (e.g., disability, religious minority status, ethnic minority status) creates unique challenges for you as an LGBTQ+ individual in Singapore? If you do not have intersecting identities, select the NA option

- Yes
- No
- Not Applicable

#### 10. If yes, please indicate which areas are most affected by your intersecting identities (e.g., disability, religious minority status, ethnic minority status)

- 1 (Least affected), 2, 3, 4, 5 (Most affected)
- Healthcare
- Employment
- Education
- Social Interactions (friends, colleagues)
- Romance

#### 11. Based on your previous response, please briefly describe one of these areas that are most affected by your intersecting identities (e.g., disability, religious minority status, ethnic minority status)

- Open Response

#### 12. In your experience, are there any services or supports in Singapore that you feel adequately address the unique needs of LGBTQ+ individuals with intersecting identities?

- Yes
- No
- Not Applicable

#### 13. If your answer to the previous question was yes, can you specify which services or supports and how they helped? Do specify if they are physical or online support services.

- Open Response

#### 14. What services or supports do you think are missing in Singapore for LGBTQ+ individuals with intersecting identities?

- Open Response

### Section 3: Mental Health & Wellbeing

**15. Please rate your mental health over the past six months on a scale from 1 (Very Poor) to 6 (Excellent)**

- 1
- 2
- 3
- 4
- 5
- 6

**16. Have you experienced any of the following mental health challenges in the past year? (Select all that apply)**

- Depression
- Anxiety
- Stress or burnout
- Suicidal thoughts
- Self-harm
- None of the above
- Other: \_\_\_\_

**17. In the past year, have you experienced mental health challenges that you believe are directly linked to your intersecting identities? If you do not have intersecting identities, select the NA option**

- Yes
- No
- NA

**18. If your answer was yes, please elaborate on how your intersecting identities have impacted your mental health?**

- Open Response

### Section 4: Access to Services

**19. What services have you accessed in the past year? (Select all that apply)**

- Healthcare (general)
- Mental health services
- Housing services
- Legal services
- Employment support
- None of the above

**20. Have you experienced discrimination or stigma when accessing these services due to your LGBTQ+ identity?**

- Yes
- No

**21. If your answer to the previous question was yes, please elaborate how these discrimination or stigma faced affect your access to these services?**

- Open Response

**22. What other barriers (besides discrimination or stigma) do you face when accessing these services? (Select all that apply)**

- Cost
- Lack of Information
- None
- Other: \_\_\_\_

### Section 5: Social Stigma & Community Support

**23. Have you experienced social stigma or discrimination due to your LGBTQ+ identity in the past year?**

- Yes
- No

**24. If yes, where did these experiences occur? (Select all that apply)**

- Verbal abuse
- Harassment
- Exclusion
- Bodily Violence
- Other: \_\_\_\_

**25. Where did these experiences occur? (Select all that apply)**

- Family
- Workplace
- Educational institutions
- Healthcare settings
- Religious spaces
- Public spaces
- Other: \_\_\_\_

**26. Do you feel safe expressing your LGBTQ+ identity in your daily life?**

- Yes, always
- Yes, sometimes
- No

**27. What factors contribute to you feeling safe or unsafe as LGBTQ+ in your daily life? (Select all that apply)**

- Supportive family members
- Supportive friends
- Supportive colleagues
- Inclusive policies
- Representation in the cultural sphere
- Other: \_\_\_\_

**28. Do you feel that there are adequate community spaces or events in Singapore that provide a safe environment for LGBTQ+ individuals?**

- Yes
- No
- Unsure



## Appendix B. Focus Group Discussion (FGD) Questions

### Introduction & Icebreaker

1. Please share a bit about yourself and why you decided to join today's discussion. (Icebreaker)

### Topic A: Experiences with Services

2. Can you share a good experience when you felt supported or included when using a service?

3. Could you share a bad experience of when a service did not meet your needs?

4. Follow-up question: What made this experience a good or bad experience for you?

*Examples: Interactions with a healthcare provider, legal support, social services, mental health services*

### Topic B: Barriers to Access

5. As a LGBTQ+ person with other identities, can you describe some of the difficulties you experienced when accessing a service?

*Examples: Lack of resources e.g. information, affordability, or policy restrictions or Personal barriers e.g. shame, fear of discrimination*

6. What made that experience particularly difficult or challenging for you?

7. What kind of changes do you think would help you to access services?

### Topic C: Social Stigma and Community Support

8. Have you ever felt left out or judged because of who you are? If so, in what kinds of spaces did you experience this in?

*Examples: School, work, religious spaces, or public places*

9. How do you think your experience with feeling excluded differs from that of others?

*Examples: Someone who is not a racial minority, someone who is cisgender, someone who does not have a mental health condition, a person who is not disabled, and so on.*

### Topic D: Ideal Services and Support

10. What kind of services or support do you wish existed for individuals like you?

*Examples: Your wishlist, your observations from other countries*

### Topic E: Collective Solutions

11. What do you think organisations and communities can do to better support LGBTQ+ people with different backgrounds and needs?

*Examples: Type of services offered, marketing of workshops or events, event venues and spaces, language used*

12. (Optional) How can Rainbow Asia build on or work with the current strengths or support systems that you already have?

## Appendix C. Mental Health Resources Provided to FGD Participants

### Counselling & Psychological Services

#### Oogachaga's Counselling

Whatsapp Counselling:  
[8592 0609](tel:85920609)

Email Counselling:  
[CARE@oogachaga.com](mailto:CARE@oogachaga.com)

Whatsapp Counselling Hours:  
Tue & Thu: 7pm-10pm; Sat: 2pm-5pm

Email Counselling Hours:  
Daily

Find out more:  
<https://oogachaga.com/contact>

Alicia Community Centre

Email:  
[contact@thetprojectsg.org](mailto:contact@thetprojectsg.org)

Contact:  
+65 8181 7584

Transgender, nonbinary & gender-diverse clients are prioritised.

By appointment only

Address:  
11 Prinsep Link,  
Singapore 187949

Find out more:  
<https://www.thetprojectsg.org/contact-us>

#### Heart Knocks Counselling

Email:  
[enquiries@heartknocks.org](mailto:enquiries@heartknocks.org)

Find out more:  
<https://heartknocks.org/contact-us/>

Address:  
The Octagon  
105 Cecil St, Singapore 069534

#### Mind What Matters

Email:  
[info@mindwhatmatters.com.sg](mailto:info@mindwhatmatters.com.sg)

Contact:  
+65 8907 9590

Business hours: Mon – Sun, 9am to 8pm

Find out more:  
<https://mindwhatmatters.com.sg/contact/>

Address:  
121 Devonshire Road S239882

#### Safe Space

List of Therapists:  
<https://safespace.sg/meet-our-therapists/>

Email:  
[contact@safespace.sg](mailto:contact@safespace.sg)

Address:  
1 North Bridge Rd, #08-08 High Street Centre, Singapore 179094

Opening Hours:

Weekdays: 8:00AM – 10:00PM  
Weekends: 9:00AM – 6:00PM

#### Sofia Wellness Clinic

Booking Website:  
<https://www.sofia.com.sg/lgbtq-counselling-singapore/>

Clinical Hours  
Mon to Fri – 9 a.m. to 8 p.m., Sat – 9 a.m. to 5 p.m., Closed on  
Public Holidays  
By appointment only

Address: #02-07 Singapore Shopping Centre, 190 Clemenceau  
Avenue, Singapore 239924

## **Counselling & Psychological Services**

### **Mindwise Counselling & Training**

Email:  
[enquiry@mindwise.sg](mailto:enquiry@mindwise.sg)

Contact:  
+65 6527 0526

Find out more [here](#).  
Address:  
Mindwise Counselling & Training Pte Ltd  
10 Anson Road, International Plaza, #24-09  
Singapore 079903

### **Family Violence and Sexual Assault Services**

#### **Sexual Assault Care Centre (SACC) at AWARE**

Support Hotline:  
6779 0282

More info below:  
<https://sacc.aware.org.sg/get-help/talk-to-us/#helpline>

Email Support:  
[sacc@aware.org.sg](mailto:sacc@aware.org.sg)

### **Suicide Prevention Services**

#### **Samaritans of Singapore (SOS)**

24-hour Hotline:  
1767

More info below:  
<https://www.sos.org.sg/our-services/#tab-one>

24-hour Whatsapp:  
+65 9151 1767

Email:  
[pat@sos.org.sg](mailto:pat@sos.org.sg)

### **Healthcare Services**

#### **Dr Tan Medical Centre**

Contact  
+65 6513 0359

Address:  
10 Sinaran Drive #09-30, Novena Medical Centre, Singapore 307506

Send an enquiry  
<https://www.drtnmedicalcenter.com.sg/>

Opening Hours:  
Monday to Friday: 8:30 AM to 6:30 PM  
Saturday: 9:00 AM to 2:00 PM  
Closed on Sundays and Public Holidays

#### **Dtap Medical Centre**

Book an appointment:  
<https://www.dtapclinic.com/book-appointment/>

Location of clinics:  
<https://www.dtapclinic.com/location/>

Teleconsult  
<https://www.dtapclinic.com/teleconsult/>

#### **Pulse Clinic**

Book an appointment:  
<https://www.pulse-clinic.com.sg/booking>

Address:  
118A Neil Road, Singapore 088854

WhatsApp contact:  
+65 8945 1492

## Healthcare Services

For transgender persons

Read more at

<https://transgendersg.com/healthcare/>

## Mental Health Services

### CHAT (Community Health Assessment Team)

Drop-in:

\*Scape, 2 Orchard Link,  
#04-01A, Singapore 237978

Contact:

+65 6493 6500 / 6501

Public Healthcare

Opening hours:

Tue – Sat: 12pm – 9pm  
(excluding Public Holidays)

Email:

CHAT@mentalhealth.sg

### Nobel Medical Group

Book an appointment [here](#).

Private Healthcare

Contact:

+65 6459 2630

Address:

Blk 452 Ang Mo Kio Ave 10 #01-1773 Singapore 560452

### Promises Healthcare

Contact:

+65 6397 7309

Address:

#09-22/23, Novena Medical Center,  
10 Sinaran Drive, Singapore 307506.

Enquiry Form:

<https://promises.com.sg/contact-us/>

Opening Hours:

Mon to Fri: 9am – 6pm  
Sat: 9am – 3pm (Clinical Services Only)

## HIV & Sexual Health Services

### Action for AIDS (AFA)

Booking Website:

<https://afa.org.sg/what-we-do/hiv-sti-testing-and-linkage-to-care/anonymous-testing-service-ats/>

Anonymous testing services for HIV & other infections.

Non-profit

Address:

31 Kelantan Lane (DSC Clinic)  
Singapore 200031

Contact:

+65 6254 0212

Email:

info@afa.org.sg

### DSC Clinic

Contact:

+65 6293 9648

Public healthcare

Address:

31 Kelantan Lane (DSC Clinic)  
Singapore 200031

Counselling hotline:

1800 252 1324

## Appendix D. Access to Healthcare Services, Graphs with Sub-Group Breakdown

Figure D1. Gender Identity

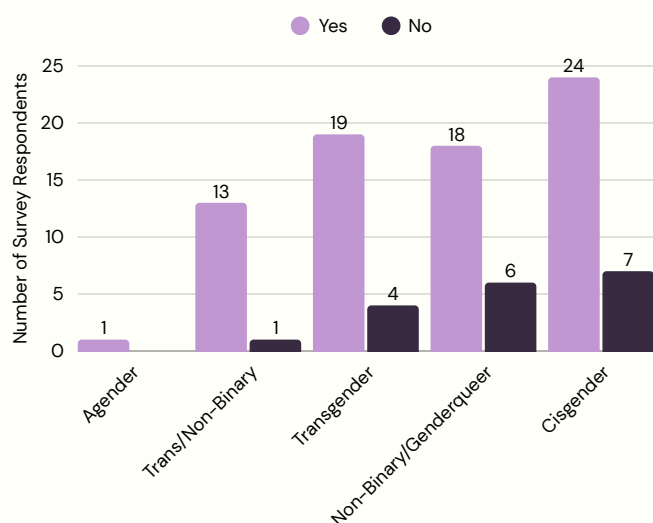


Figure D2. Ethnicity

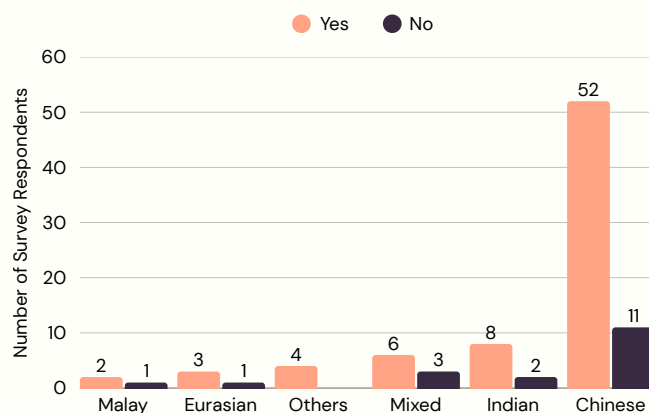


Figure D3. Disability Status

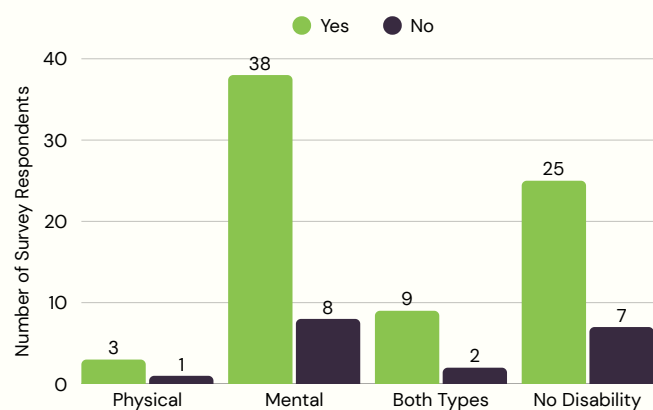


Figure D4. Religious Affiliation

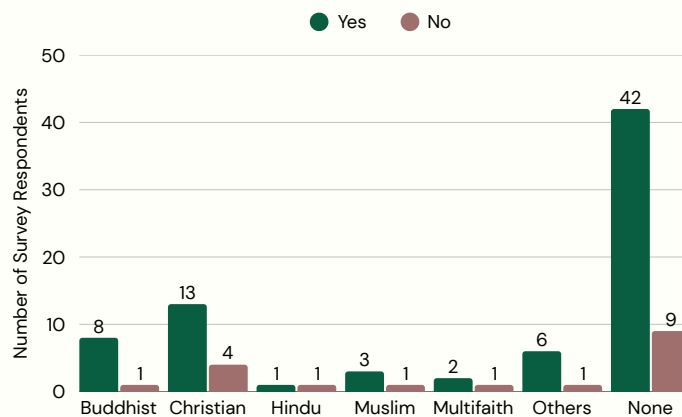
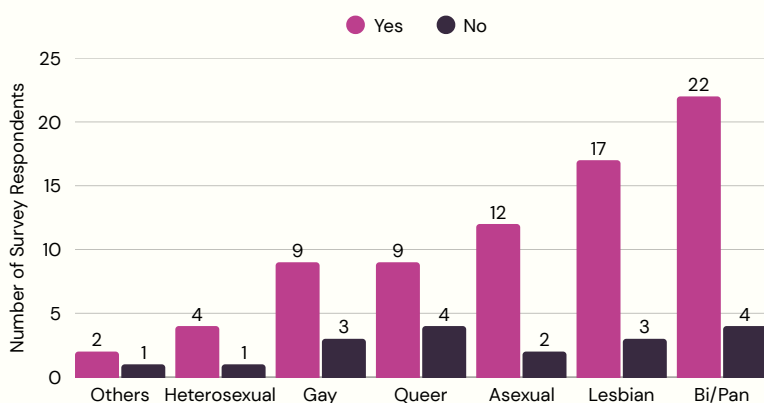


Figure D5. Sexual Orientation



## Appendix E. Access to Mental Health Services, Graphs with Sub-Group Breakdown

Figure E1. Gender Identity

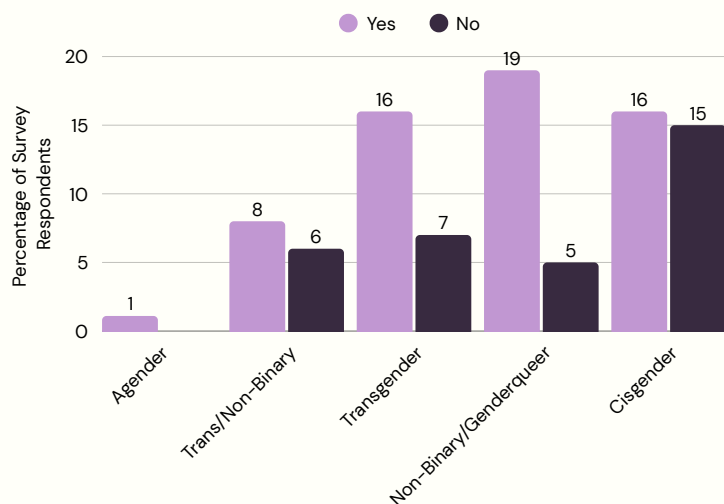


Figure E2. Ethnicity

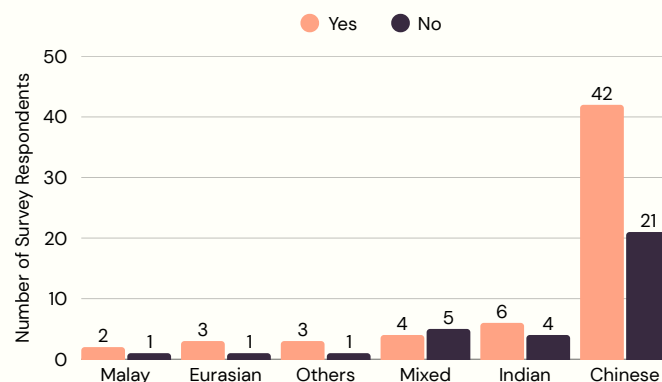


Figure E3. Disability Status

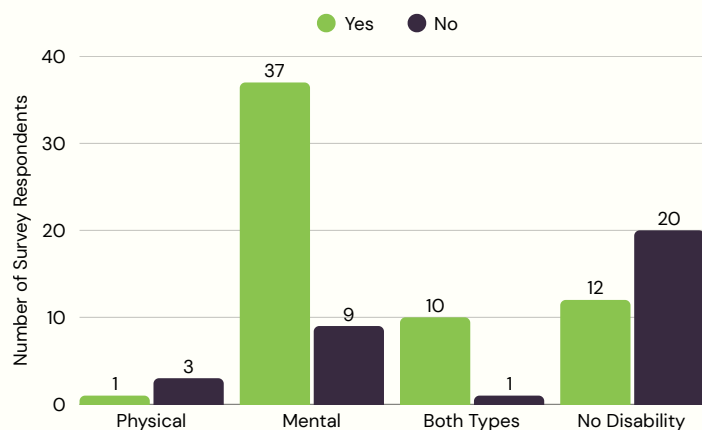


Figure E4. Religious Affiliation

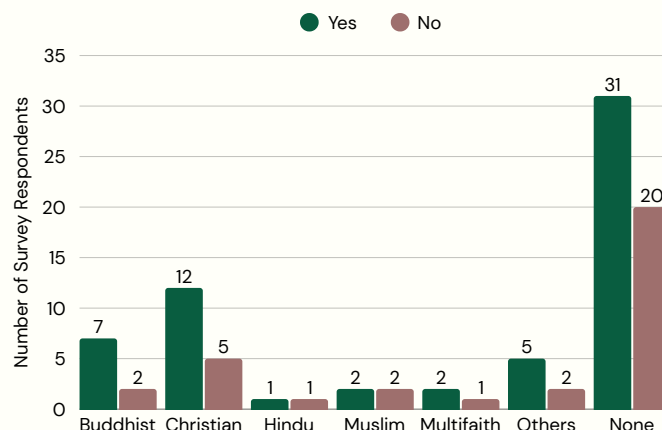
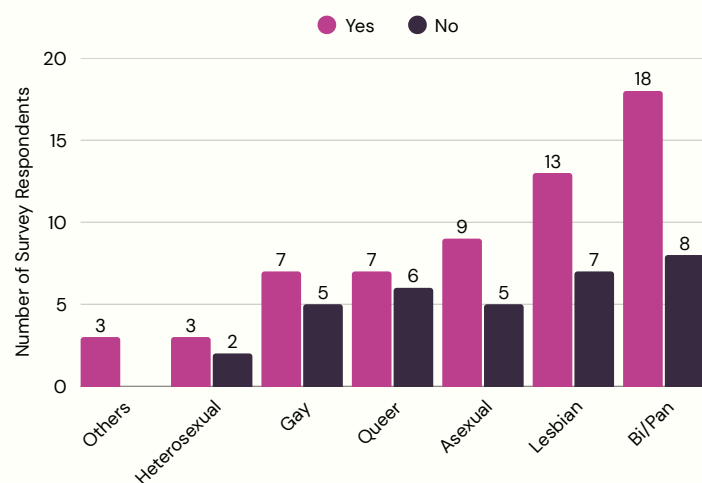


Figure E5. Sexual Orientation





## Appendix F. Access to Employment Support, Graphs with Sub-Group Breakdown

Figure F1. Gender Identity

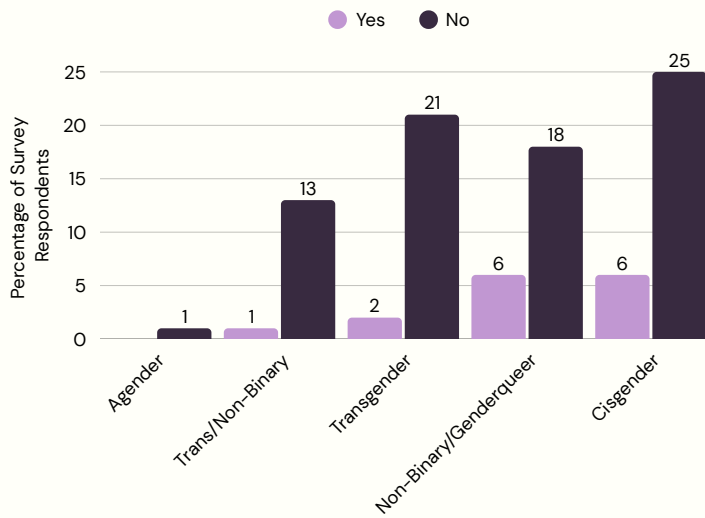


Figure F2. Ethnicity

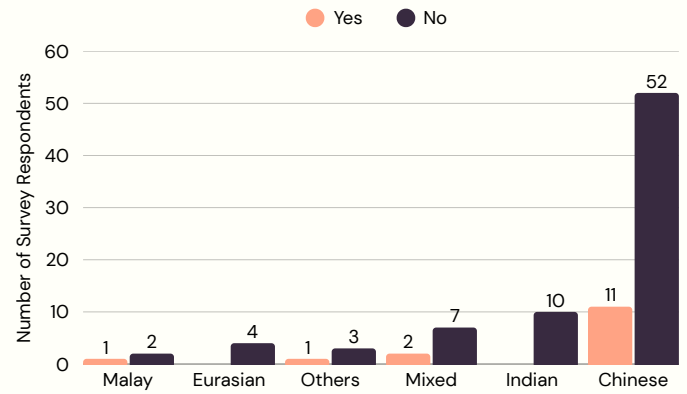


Figure F3. Disability Status

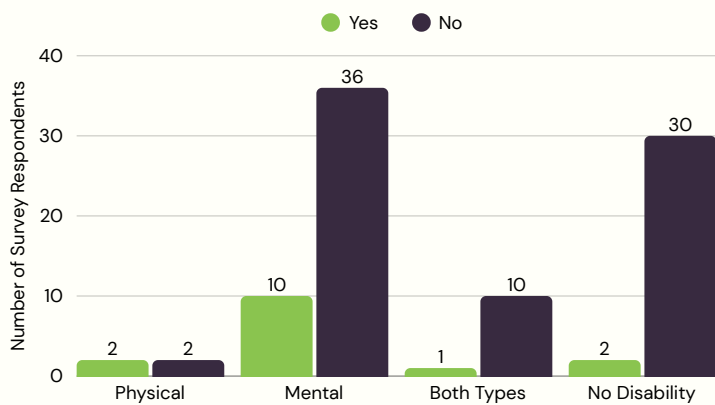


Figure F4. Religious Affiliation

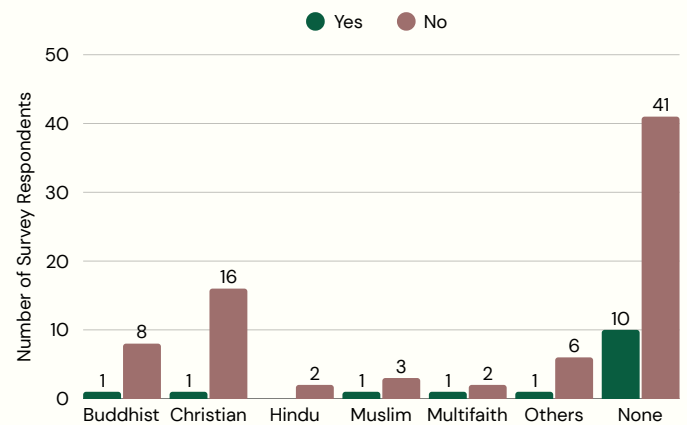
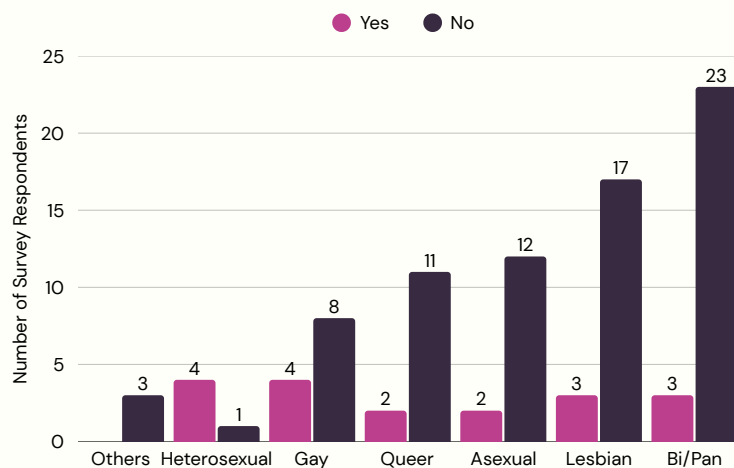


Figure F5. Sexual Orientation



## Appendix G. Access to Housing Services, Graphs with Sub-Group Breakdown

Figure G1. Gender Identity

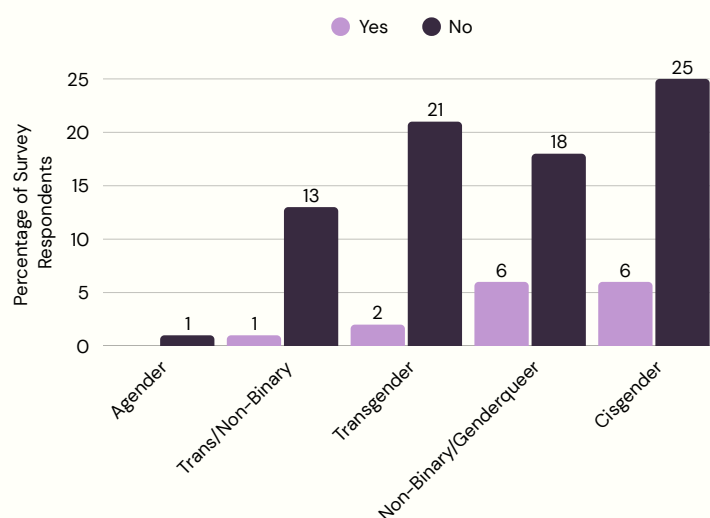


Figure G2. Ethnicity

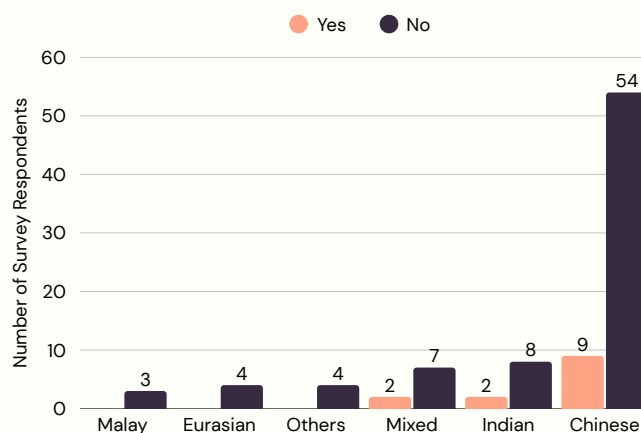


Figure G3. Disability Status

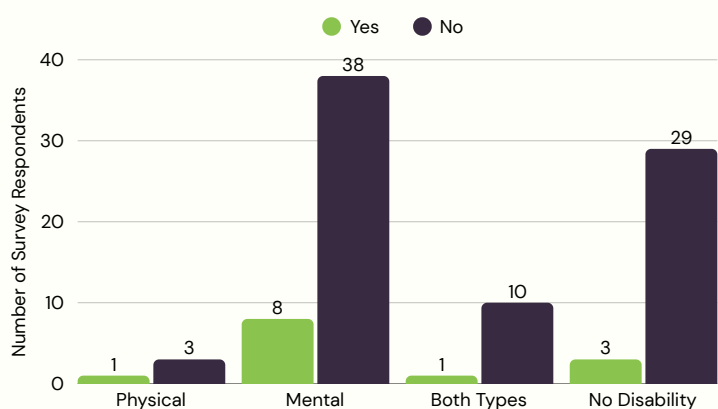


Figure G4. Religious Affiliation

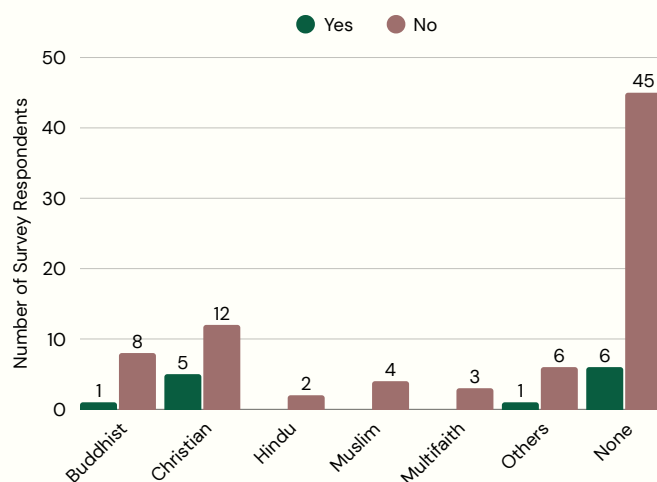
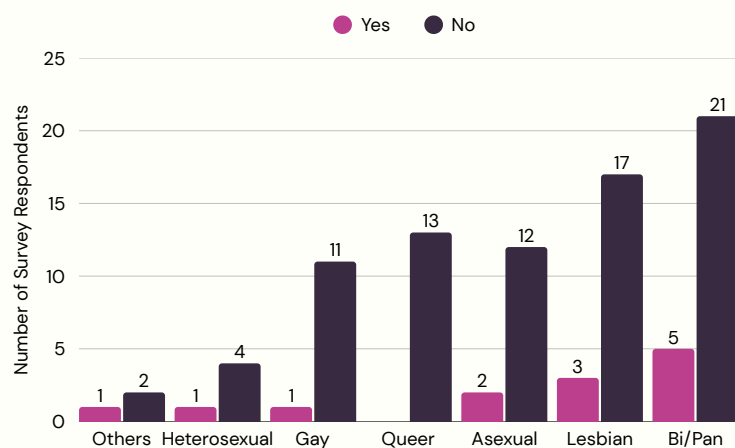


Figure G5. Sexual Orientation



## Appendix H. Access to Legal Services, Graphs with Sub-Group Breakdown

Figure H1. Gender Identity

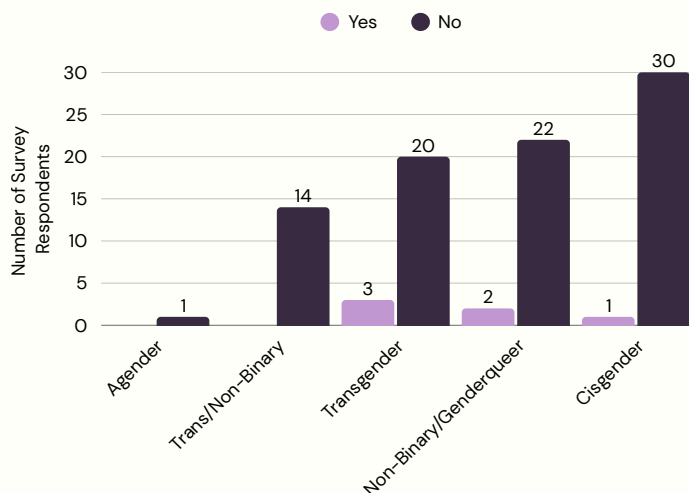


Figure H2. Ethnicity

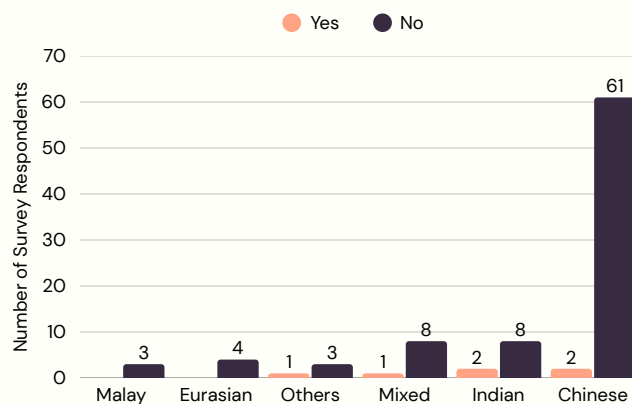


Figure H3. Disability Status

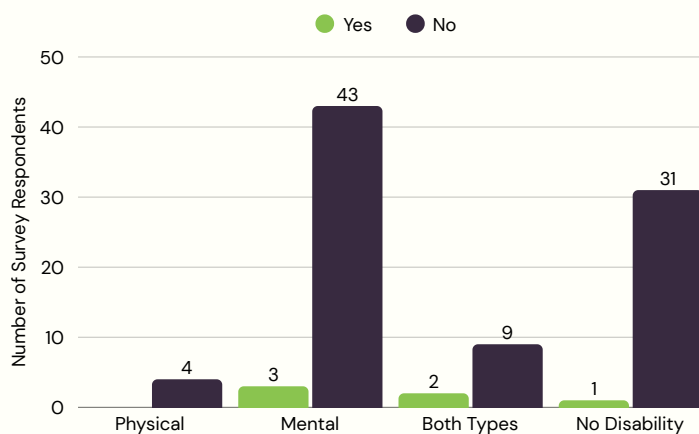


Figure H4. Religious Affiliation

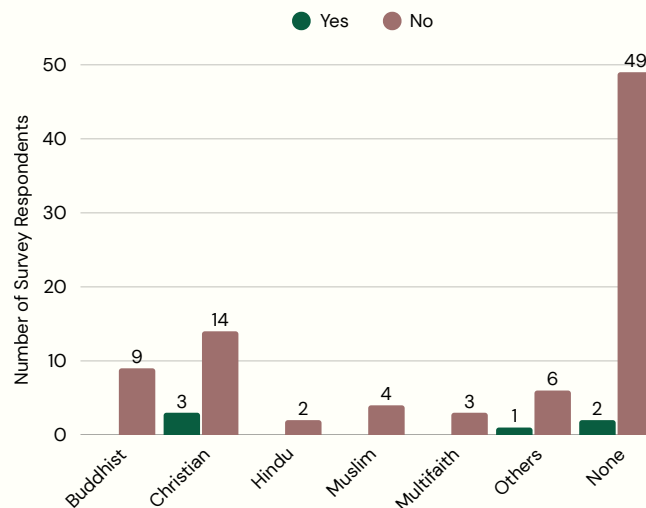


Figure H5. Sexual Orientation

