



ASIA PACIFIC  
TRANSGENDER  
NETWORK

"For as long as you stay boxed within the binary,  
you are seen as staying in line"

CONVERSION THERAPY PRACTICES IN

# Sri Lanka

COUNTRY SNAPSHOT

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# About This Snapshot

**The Asia Pacific Transgender Network (APTN), together with its country partners, embarked on an ambitious yet much-needed research project earlier this year to study the various forms of conversion therapy practices being implemented against trans and gender diverse people in India, Indonesia, Malaysia and Sri Lanka. At the outset, this evidence-generating project aimed to explore how, through the documentation of their personal narratives and lived experiences, trans and gender diverse people in these countries have been subjected to conversion therapy practices.** Further, it sought to investigate how the existing national legal, policy, and programmatic frameworks create an enabling environment for these harmful practices to thrive. The study also aimed to explore how religion and socio-cultural values fuel or promote interventions aimed at changing an individual's gender identity and expression, or sexual orientation, and how these interventions manifest in familial or communal spaces. The evidence presented in this research initiative is informed by data and insights collected through key informant interviews with members of trans communities, health professionals, legal and policy experts, academic and religious scholars, and LGBTIQ human rights defenders. Details of the research methodologies are available in the regional report.

This snapshot features a summary of key findings of the research and offers a preliminary reflection on the driving factors and actors behind conversion therapy practices in each of the four countries. It also presents recommendations for relevant legal, policy and programmatic change to address conversion therapy practices and provide protection to trans and gender diverse individuals against these harmful interventions. A more detailed analysis of our research findings is presented in the regional report.

This snapshot aims to inform the discussions taking place at the national stakeholder meetings being held between December 2020 and January 2021 in each of the four countries. We expect additional recommendations and insights to come forward from these meetings and they will be incorporated in the regional report, due to be released in the second quarter of 2021.

# Country Context

**This research initiative focuses on conversion therapy practices (CTPs) experienced by transgender (trans) and gender diverse people in Sri Lanka, a country with a multi-ethnic, multireligious, multilingual, and multicultural population.**<sup>1</sup> Recovering from the scars of a 30-year secessionist war, the absence of a comprehensive strategy on reconciliation and transitional justice makes the existing relative peace extremely volatile. The decade that followed the end of the war in May 2009 has witnessed the lack of preparedness on the part of the authorities to develop a strong discourse on rights and mutual coexistence. Consequently, it has endured growing ethnonational tensions, including ethnoreligious rioting<sup>2</sup> and the terror attacks of Easter Sunday 2019.<sup>3</sup> A Commonwealth member state, British colonial laws, such as laws on sexual activities “against the order of nature”<sup>4</sup> and the Vagrants Ordinance,<sup>5</sup> are still in force in Sri Lanka. These 19th-century laws are deployed to harass and discriminate against LGBTI Sri Lankans. Trans and gender diverse citizens, as well as cisgender non-heteronormative citizens, especially those from underprivileged and socio-economically deprived backgrounds, face considerably high levels of transphobic and homophobic violence from law enforcement agencies.<sup>6</sup>

A country with a strong socially conservative cultural backdrop, trans and gender diverse citizens face multiple forms of systemic marginalisation and stigmatisation. CTPs, or efforts to prevent a trans and gender diverse person from affirming their gender identity, and instead make them conform to the gender assigned to them at birth, are widespread. While some CTPs are conducted within immediate and close-knit family circles, others often involve a range of external actors, from faith practitioners, astrologers, to medical doctors. CTPs adversely affect Lankan youth and represent an issue seldom addressed by human rights advocacy lobbies. The challenges presented by CTPs have thus far not received constructive attention from state and healthcare authorities. CTPs in Sri Lankan society are best understood by taking stock of the backdrop in which they take place—a society with high levels of gender-based violence.<sup>7</sup> Sri Lankan society normalises violence against children and youth, including corporal punishment in schools and family settings.<sup>8</sup> It is in this context of a “culture of impunity”<sup>9</sup> that practices such as CTPs are widely implemented.

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1 For a map with updated and detailed population statistics, please visit <https://worldpopulationreview.com/countries/sri-lanka-population>.

2 Rohan Gunaratna, “Sinhala-Muslim Riots in Sri Lanka: The Need for Restoring Communal History,” *Counter Terrorist Trends and Analyses* 10, no. 4 (2018): 1–4. See also, Tom Allard and Shihar Aneez, “Police, politicians accused of joining Sri Lanka's anti-Muslim riots,” Reuters, March 24, 2018, <https://www.reuters.com/article/us-sri-lanka-clashes-insight-idUSKBN1H102Q>.

3 Chamindra Weerawardhana, “The Day After,” *Colombo Telegraph*, April 22, 2019, <https://www.colombotelegraph.com/index.php/the-day-after/>.

4 See Sections 365 and 365A, Penal Code of Sri Lanka, 389E–389F, [http://hrlibrary.umn.edu/research/srilanka/statutes/Penal\\_Code.pdf](http://hrlibrary.umn.edu/research/srilanka/statutes/Penal_Code.pdf).

5 See Vagrants Ordinance, 1841, [http://hrlibrary.umn.edu/research/srilanka/statutes/Vagrants\\_Ordinance.pdf](http://hrlibrary.umn.edu/research/srilanka/statutes/Vagrants_Ordinance.pdf).

6 Andrea Nichols, “Dance, Ponnaya, Dance! Police Abuses Against Transgender Sex Workers in Sri Lanka,” *Feminist Criminology* 5, no.1 (2010): 195–222, <https://doi.org/10.1177%2F1557085110366226> and Damith Chandimal, “සමලිංගිකත්වය සංස්කෘතියේ කොටසක්? සැබෑ ජරණය සමලිංගිකයින් ගේ අයිතිවාසිකම් කලා දැමීමෙන් අපි ගොඩනගන්නට යන සංස්කෘතිය කුමක්ද යන්නයි! (1 කොටස) [Is homosexuality a part of our culture? What is the culture we purport to build by perpetuating homophobia, (part 01)],” *Lanka News Web*, November 24, 2020, <https://www.lankanewsweb.net/sinhala/127-general-news/73085-interview-with-damith-chandimal-on-lgbt-rights-in-sl>.

7 World Health Organisation, Country Office for Sri Lanka, Country profile on gender-based violence in Sri Lanka, (Colombo: World Health Organisation, Country Office for Sri Lanka, 2018) <https://apps.who.int/iris/handle/10665/273193>.

8 Iresha M. Lakshman, “Can Sri Lankan teachers afford to spare the rod? Teacher attitudes towards corporal punishment in school,” *Cogent Social Sciences* 4, no.1 (2018), <https://doi.org/10.1080/23311886.2018.1536316>. See also <https://www.stopchildcruelty.com>.

9 Sri Lanka’s culture of impunity has received considerable attention from analysts. See, for example, Gary Anandasangaree, “Sri Lanka’s culture of impunity leads to violence,” *Star*, March 7, 2018, <https://www.thestar.com/opinion/contributors/2018/03/07/sri-lankas-culture-of-impunity-leads-to-violence.html> and Yasmin Sooka and Frances Harrison, “Why has Sri Lanka’s transitional justice process failed to deliver?” *South Asia @ LSE (blog)*, February 6, 2019, <https://blogs.lse.ac.uk/southasia/2019/02/06/long-read-why-has-sri-lankas-transitional-justice-process-failed-to-deliver/>.

# Conversion Therapy — Practices (CTP) in Sri Lanka

## PERPETRATORS

This research initiative involved fifteen interviews and interactions with members of the trans community, including LGBTI community leaders, human rights professionals, and educators. This is the first research project that primarily focuses on the experiences of trans and gender diverse citizens with CTPs.<sup>10</sup>

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**CTPs conducted in family circles include emotional and physical abuse, and in some cases, correctional rape. The interactions with the interviewees also revealed that in Sri Lankan society, gender identity and expression is often conflated with sexual orientation. A young trans person's gender identity and expression, for instance, is often regarded as a manifestation of their non-heteronormativity. Irrespective of where one is positioned on the gender spectrum, trans and gender diverse people continue to face major threats of conversion practices.**

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CTPs outside family circles often involve faith-based approaches. This research initiative revealed that different religious faiths practised in the island, from Buddhism to the different denominations of Christianity (especially the Catholic Church, Sri Lanka's most powerful Christian denomination), offer CTPs in multiple forms. Many parents, guardians, and elders resort to astrology, horoscope reading, and a variety of supernatural beliefs when seeking external support to make trans and gender diverse youth conform to the gender assigned to them at birth.

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<sup>10</sup> Previous work on CTPs primarily focused on non-heteronormative citizens (see notably Damith Chandimal, *Analysing the Culture of Transphobia: The Situation Assessment on Stigma, Discrimination, and Violence Faced by Transgender Persons in Sri Lanka*, ed. Rosanna Flamer-Caldera, (Colombo: Equal Ground, 2016). [https://issuu.com/equalground/docs/trans\\_gender\\_report](https://issuu.com/equalground/docs/trans_gender_report)).

CTPs are offered both by practitioners of indigenous (Ayurvedic) medicine and western medicine. These involve the administration of medication, shock therapy, and masturbatory reconditioning. While most medics offering CTPs focus on non-heteronormativity and tend to include trans and gender diverse people within that umbrella, one particular medical doctor makes it clear that he caters to trans and gender diverse people, claiming that he is capable of making them cisgender. Repeated efforts to get in touch with him and a few other practitioners of medical CTPs have been unsuccessful. Advocates of CTPs in the medical sector face next to no repercussions because there are no monitoring mechanisms and policy guidelines that discourage and ban conversion therapy. Efforts made by many stakeholders, including the Human Rights Commission of Sri Lanka, to address this gap, have been unsuccessful. The lack of legal safeguards and monitoring mechanisms provide a *carte blanche* to individuals who use their position as medical professionals to give expression to their own homophobia and transphobia, by engaging in CTPs. Astrologers, purported adepts of supernatural practises like exorcisms, and medics offering CTPs earn a lucrative income out of the high levels of homophobia and transphobia in Sri Lankan society. As one interviewee noted:

*“I grew up in a village in central Sri Lanka. My father used to be very irate with me during my adolescent years, as I would always wear men’s clothes, and cut my hair short. In his eyes, I was an unruly [cis] girl, who brings shame to the family. My father used to severely beat me, and at times throw me out of the house at night time, as a punishment. I would sit under a tree in the backyard, chanting Buddhist prayers. At one point, my parents took me to a [Buddhist] temple near where we lived. The chief monk there was known to be an astrologer and horoscope reader. The monk read my horoscope, and told my parents, ‘this young person has been born at a male auspicious time. There’s no point in forcing this person to be a girl.’ (Sinhalese: ‘මේ ළමය ඉපදිලා නියෙනනේ පිරිමි නැකනකින. මේ ළමයට ගැණු දරුවෙක වගේ ඉනට කියල වැඩික වෙනනේ නෑ’). After this day, the beating reduced, but my parents would keep on telling me that I am a burden and a disgrace.”<sup>11</sup>*

<sup>11</sup> Interview with a trans man who spoke to the researcher on condition of strict anonymity.

Interviewees noted the reluctance of the medical sector to question, challenge, and take action against the practice of CTPs. Despite a public declaration that homosexuality is not a mental illness, the Sri Lanka College of Psychiatrists continues to remain opposed to many aspects of trans rights, including the implementation of a system of gender recognition based on informed consent and self identification. Their hostility remains a key factor that helps strengthen the hands of medics who openly practice CTPs.

As a result of the cultural practice of never questioning one's elders, the interviews helped shed light on the fact that there exists a great deal of reluctance among trans and gender diverse people affected by CTPs to file cases against their perpetrators. The fear of further violence from law enforcement, ill-treatment and systemic discrimination at the hands of the judiciary, and further repercussions and the transphobia that may follow if their stories were to become public, are among the reasons that keep many trans and gender diverse people from making complaints or taking legal action against perpetrators of CTPs. As one interviewee highlighted:

*"No trans person would ever seek justice by going against their family, or even against medical professionals or law enforcement bodies. Many young trans people even fear to approach [trans-led rights organisations] on such issues. In cases where things have been particularly violent, if not life-threatening, we have opted to ask young trans people if they would like to file a complaint, a fundamental rights case, or if they would like us to get a trans-competent lawyer to call their parents and discuss the issues involved. In all such cases, the response has largely been a resounding "no".<sup>12</sup>*

<sup>12</sup> Interview with T. Ranketh. The same perspective was also echoed in another interview with a leading LGBTI rights activist and commentator, Mr Thushara Manoj.

# — CTPs and Trans and Gender Diverse People

## DEEPLY NEGATIVE IMPACT

The dominant tendency in Sri Lankan society is to conflate trans people with people manifesting a form of non-heteronormativity. When it is clear that gender identity/expression forms a key element of someone's non-conformity to social strictures, severe "corrective" measures are adopted, first in the personal sphere of the immediate family circle, and subsequently with the participation of a variety of external actors, ranging from astrologers to practitioners of western medicine.

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This research initiative revealed how young trans and gender diverse people are left with lasting traumas caused by CTPs. The risk of high levels of violence from within family circles (especially correctional rape), remains a major concern for trans masculine and trans feminine people alike. CTPs involving astrologers, soothsayers, practitioners of local forms of exorcisms and black magic, as well as practitioners of western medicine also lead to physical injuries, lasting forms of mental trauma, and in some cases, severe side effects due to the administration of electroshocks and medication.

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The precedent set by CTPs for trans and gender-diverse people of future generations is extremely disturbing, as it perpetuates the dominant rhetoric in Sri Lankan society in 2020, which is that a non-cisgender identity/expression is a deviation, a non-conformity that has to be (and can be) corrected.

# — Legal Protections for Trans Citizens:

## A GAPING ABSENCE

Despite the lack of clear legislation that protects the rights of trans and gender diverse citizens, certain mechanisms, such as lodging complaints at the Sri Lanka Medical Council, remain open to trans and gender diverse people victimised by CTPs. Respondents repeatedly highlighted the clear need for protective legislation that identifies the harmful consequences of conversion practices and bans them. In tandem, strong awareness-raising campaigns and multi-pronged efforts to challenge transphobia, homophobia, and intersexphobia are an absolute priority in Lankan society. Homophobic and transphobic colonial-era laws are still being used to promote conversion practices among both non-het and non-cis citizens by instilling fear in them and by subjecting them to explicit threats of prosecution.<sup>13</sup>

Overall, major gaps remain in the legal protections for trans and gender diverse citizens.

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The existing circular of the Ministry of Health that facilitates legal gender recognition, for example, has not been ratified by an act of parliament. The absence of sound, if not tailor-made legal provisions against individuals and organisations engaged in CTPs continues to be a major barrier to mounting successful legal challenges against medics who practice CTPs. There is an urgent need to develop new legislation that protects trans and gender diverse people from systemic discrimination, transphobic violence, and CTPs by recognising their fundamental rights.

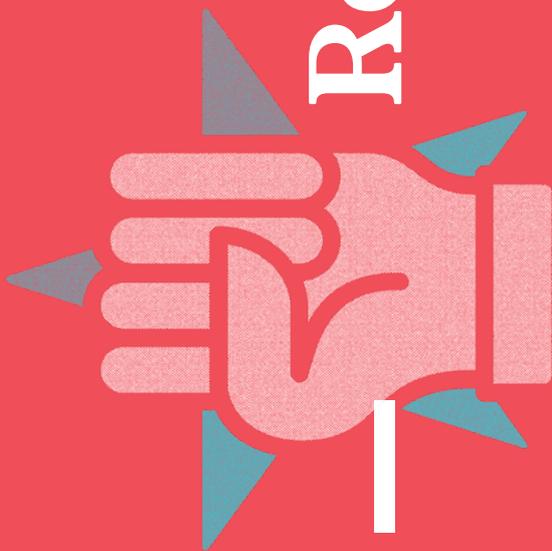
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<sup>13</sup> These laws notably include Sections 365 and 365A of the Penal Code of Sri Lanka and the Vagrancy Ordinance (section 399).

While trans people in Sri Lanka have been remarkably resilient in the face of such high levels of adversity, this research initiative identifies clear steps that must be implemented in order to strengthen the human dignity and the human rights of all Sri Lankans. These include adequate legislative provisions, strong training, monitoring, and best practice programmes for medical professionals (including mental health professionals), and awareness campaigns on LGBTI issues in a positive, and locally-grounded spirit. The work at hand requires the collective effort and participation of trans and gender diverse people, cis members of the LGBTI community, and progressive allies to proactively engage with the medical and legal sectors to develop more initiatives to address the high levels of transphobia, homophobia, and lack of awareness of intersex justice issues in Sri Lankan society.

This research initiative helped zoom in on a number of factors that concerns the wellbeing of the entire population. These notably involve a relative consensus on the necessity of large-scale reforms to Sri Lanka's system of primary and secondary education, a stronger focus on the rights of the child, and the strengthening of rights discourses in the medical profession.

# Recommendations

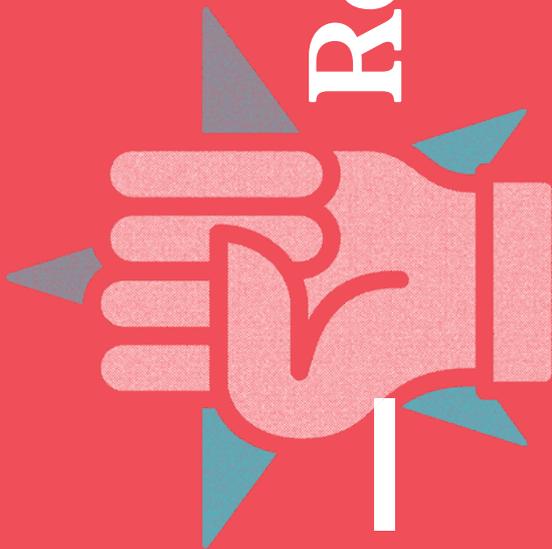


## TO GOVERNMENT BODIES

1. **Ministry of Health/Parliament** of Sri Lanka (all relevant subcommittees and select committees): Convene delegations of trans people and trans-led organisations, and obtain direct input on the adverse effects of CTPs.
2. Ministry in charge of the rights of the child<sup>14</sup>: Develop a national action plan on the rights of the child, making sure it has a strong course of action to tackle violence against children and youth.
3. Sri Lanka Human Rights Commission: Call upon the Sri Lanka Medical Council, the Ministry of Health, and the Minister of Health to ensure that updated knowledge and UN international human rights standards on conversion therapy are entered into policy frameworks that guide the country's medical sectors.
4. Parliament (all MPs, political parties represented in Parliament, select committees):
  - a) Support ongoing efforts to table a trans rights protection bill.
  - b) Develop a separate law reform project on violence against minorities. In that bill, ensure the inclusion of a comprehensive section on sexual orientation, gender identity, gender expression, and sex characteristics (SOGIESC), and clauses that criminalise i) CTPs inflicted on trans and gender diverse citizens and

<sup>14</sup> A defining feature of the political culture of Sri Lanka is that ministerial portfolios often change drastically from one government to another. A portfolio that happened to be under one ministry in the current cabinet, could well belong to a completely different ministry in the cabinet once there is a change of government. Hence the reiteration that this recommendation is intended to whichever ministry that holds the portfolio on the rights of the child.

# Recommendations



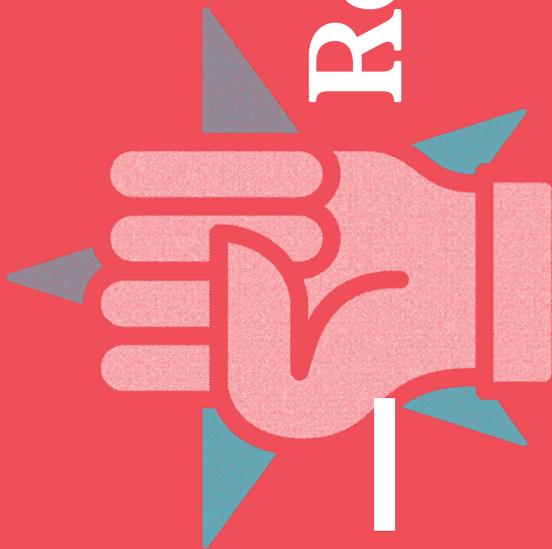
non-heteronormative citizens, as well as  
ii) non-consensual surgical interventions performed on underage intersex citizens.

5. Ministry of Health: Based on input from the LGBTI community, conceptualise, develop, and implement strong awareness-raising campaigns on conversion therapy/practices, the lasting damage they cause, and the futility of the notion that gender diversity, and for that matter, non-heteronormativity, require “correction”.
6. The Sri Lanka Medical Council: take a formal stance against all forms of conversion therapy/practices conducted by medical professionals.

## TO THE MEDICAL SECTOR

7. Sri Lanka College of Psychiatrists: Reiterate the previously upheld position on CTPs and implement a robust policy of monitoring psychiatrists and all mental health professionals who engage in CTPs in the guise of providing mental health-related medical care.
8. The Ministry of Health: Implement a National Action Plan (NAP) on curbing medical malpractices, and include medical CTPs as a key element of the NAP.
9. Ministry of Health: Provide training and clear guidelines to medical professionals, members of the Ministry of Health, protected health information (PHI) professionals, and educators on the trauma and lasting damages inflicted by CTPs.

# Recommendations

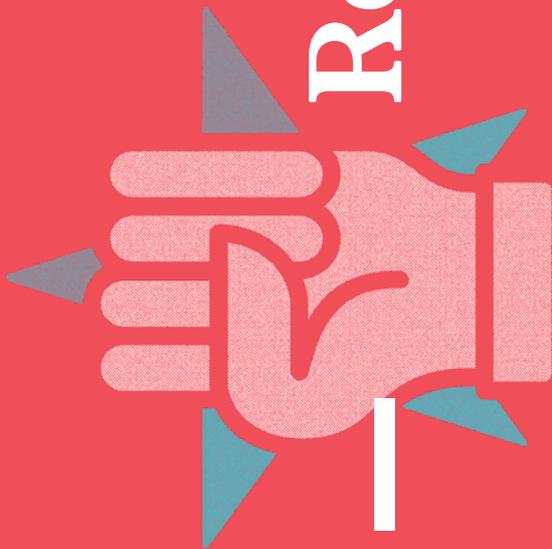


10. Faculties of medicine and indigenous medicine departments in universities and nursing and midwifery schools: Based on inputs from the LGBTI community, develop teaching programmes that encourage trainee medical professionals to challenge their own transphobic, homophobic, and intersex-phobic attitudes, highlighting the adverse effects of CTPs.
11. Ministry of Health: Take steps to develop a formal professional body that regulates mental health professionals.

## TO HUMAN RIGHTS ADVOCATES AND NON-GOVERNMENT ORGANISATIONS

12. Raise awareness among trans people, especially trans people in provincial areas, about the risks of CTPs, the importance of challenging them, and the existing ways of resisting them. Create support mechanisms to help trans and gender diverse CTP survivors who intend to file legal cases.
13. Raise awareness on CTPs within family circles and develop mechanisms and processes to support trans and gender diverse youth who face such challenges in their family circles.
14. Mobilise legal professionals on the importance of defending trans and gender diverse citizens who have been subjected to conversion therapy/practices and have had to deal with the resulting adverse consequences.

# Recommendations



15. Lobby Members of Parliament who are supportive of human rights issues to work towards a parliamentary debate that highlights the necessity of CTPs in both medical and informal sectors.
16. Develop strong trans and gender diversity inclusive policies, focusing on enhancing representation and diversity in the feminist movement.

## TO FEMINIST COLLECTIVES AND ORGANISATIONS

17. Facilitate and normalise the emergence of intersectional feminist leaders, who can be cis, trans, non-binary, or any other non-conforming gender identity.
18. Create platforms and policies focused on undermining the transphobic and intersex-phobic discourses propagated by some United Kingdom-based LGBTI collectives, which are now making inroads into anglophone countries in the global South.

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The Asia Pacific Transgender Network (APTN) is a regional trans-led network that is working towards the advancement of trans rights in the Asia Pacific region through research and evidence generation, legal, policy and programmatic advocacy, and public campaigning.

APTN engages with a range of partners across Asia and the Pacific to support, organise, and advocate for fundamental human rights including gender identity; access to justice and legal protections; and comprehensive gender-affirming healthcare and policies. For a decade, APTN has grown to become a credible platform and voice for transgender people in Asia and the Pacific, working to ensure that their needs and rights are represented politically, socially, culturally and economically. The network serves as a platform for transgender people to advocate for access to health, legal gender recognition, legislative reform, social justice and human rights, and to exchange information and strategies with each other.

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