

## Report Summary

### Background

Up to 150,000 refugees live in the urban centers of Nairobi and Mombasa, Kenya. Globally, more than 60 percent of refugees now live in urban settings. Many, including those in Kenya, live in precarious conditions, at risk of exploitation and abuse. They often have limited access to humanitarian aid.

Most refugees in Kenya are from the Democratic Republic of the Congo (DRC), Somalia, and South Sudan, having fled brutal armed conflict, human rights violations, and persecution. Widespread sexual violence against women and girls has characterized the conflicts in these countries, and women and girls also suffer extensive sexual violence within their families and communities. Less is known about sexual violence against men and boys, including those with diverse sexual orientation, gender identity and expression, and sex characteristics (SOGIESC), in these contexts or as refugees in urban settings in Kenya.

The Women's Refugee Commission (WRC) conducted a qualitative exploratory study to examine the nature and characteristics of sexual violence perpetrated against Congolese, Somali, and South Sudanese refugee men and boys (including those with diverse SOGIESC) and trans women in their home countries, during flight, and in Nairobi and Mombasa. Intersections with violence against women and girls were also examined. WRC undertook fieldwork in Nairobi and Mombasa in April and May 2019. Methods included key informant interviews with 40 humanitarian responders and human rights experts and 24 focus groups with 149 refugees and asylum seekers. The University of New South Wales and the Kenya Medical Research Institute granted ethics approval for this study.

### Key Findings

- 1. Conflict-related sexual violence against men and boys appears commonplace in eastern DRC and South Sudan. In Somalia, some men and boys are subjected to sexual violence by community members, armed groups, and members of other tribes; however, the magnitude remains unclear.** Research participants reported that common forms of sexual violence against men and boys in DRC and South Sudan include forced witnessing of sexual violence, rape, genital violence, and enforced rape of others. Refugees with diverse SOGIESC who participated in this study reported being at increased risk of violence, including sexual violence, from family and community members rather than armed groups.
- 2. In Nairobi and Mombasa, all refugee research participants with diverse SOGIESC spontaneously disclosed suffering sexual violence after arrival in Kenya, frequently on multiple occasions.** In Mombasa, sexual exploitation of adolescent refugee boys and young men appears prevalent. Trans women, trans men, adolescents with diverse SOGIESC, unaccompanied boys and young men, refugees selling sex, and detainees appear particularly vulnerable to sexual violence, exploitation, and abuse.
- 3. Sexual violence against men and boys is perpetrated in ways that intersect with violence against women and girls. Sexual violence against men and boys also impacts the lives of female family and community members.** In the countries of origin, sexual violence against women and girls is widespread. In eastern DRC and South Sudan, refugees said that forcing men and boys to rape and/or witness sexual violence against women and girls is common. The wives and children of male survivors may be ostracized, survivors' daughters may be perceived as unmarriageable, and some survivors' inability to sustain an income due to the mental and physical impacts of sexual violence may contribute to familial poverty and divorce.
- 4. The mental health, physical, social, and economic repercussions of sexual violence are far-reaching.** Service providers reported that the observed mental and physical impacts of sexual violence include post-traumatic stress disorder, anxiety, depression, and somatization, as well as rectal trauma and sexually transmitted infections. Survivors may be shamed and ridiculed, and the marriage prospects for single men may be compromised. Boys may be blamed for the assault, cast out from their families, or struggle to perform in school.

**5. In Nairobi, some good quality, sensitized services are available for female and male refugee survivors of sexual violence, including survivors with diverse SOGIESC; however, service providers are unable to meet the extensive protection- and sexual violence-related needs of the urban refugee population. In Mombasa, few post-sexual violence services were identified.** Funding cuts to humanitarian organizations have constrained service provision. Comprehensive, good quality mental health services for survivors are scarce.

**6. Multiple barriers impede urban refugee survivors' access to care, although a number of enablers were identified that facilitate service uptake.** Barriers include limited access to urban refugee documentation, scarce livelihood opportunities, legislative barriers, negative provider attitudes, poor awareness of service availability, and socio-cultural barriers. Enablers include legislation mandating free post-sexual violence care at government health facilities, the lack of mandatory reporting for service providers, and an inclusive definition of sexual assault under the Kenyan Sexual Offences Act (2006).

## Our Top Recommendations

### To the Government of Kenya:

- Expand timely access to refugee documentation, including registration, renewal of alien cards, and refugee status determination processes.
- Rescind policies restricting refugees' right to movement and work, and ensure refugees have the right to legally reside outside of designated camps.
- Abolish sections 162 and 165 of the Penal Code and institute comprehensive protections for persons with SOGIESC.

### To the UN High Commissioner for Refugees and other urban protection actors in Kenya:

- Continue to support the Refugee Affairs Secretariat to expand urban refugee protection, including refugee documentation, particularly for refugees with diverse SOGIESC.
- Continue to expand safe shelter options for refugees at risk of sexual violence and vulnerable refugee survivors.

### To urban service providers in Kenya:

- Initiate or expand engagement with refugee communities to develop targeted communication strategies to raise awareness about sexual violence, dispel myths, and clarify how, where, and why to access post-sexual violence services.
- Support the technical capacity development of health providers to improve clinical management of sexual assault for all survivors.

### To donors:

- To donor governments: Increase resettlement of refugees with diverse SOGIESC.
- To all donors: Provide funding to support, expand, and scale effective local service delivery models for urban refugee sexual violence survivors, including in urban centers beyond Nairobi and Mombasa.

## Women's Refugee Commission

The Women's Refugee Commission improves the lives and protects the rights of women, children, and youth who have been displaced by conflict and crisis. We research their needs, identify solutions, and advocate for programs and policies to strengthen their resilience and drive change in humanitarian practice.

The full report in English, the executive summary in Kiswahili, and a summary for community contributors in Arabic, Dinka, Kiswahili, Lingala, and Somali are available at <https://www.womensrefugeecommission.org/svproject>.

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