



Mean Streets: Identifying and Responding to Urban Refugees' Risks of Gender-Based Violence

LGBTI Refugees



Research. Rethink. Resolve.

The Women's Refugee Commission improves the lives and protects the rights of women, children and youth 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.

Acknowledgments

This report is taken from a longer report produced by the Women's Refugee Commission, *Mean Streets: Identifying and Responding to Urban Refugees' Risks of Gender-Based Violence*. The full report, along with stand-alone sections on women; children and adolescents; refugees engaged in sex work; persons with disabilities; and men and boys, including male survivors of sexual and gender-based violence, is available at <http://wrc.ms/1KccsHt>.

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Cover photograph: Syrian transwomen refugees in Beirut participate in an art therapy project. © MOSAIC

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Acronyms and Abbreviations

CBO	Community-based organization
GBV	Gender-based violence
HIAS	Hebrew Immigrant Aid Society
LGBTI	Lesbian, gay, bisexual, transgender and intersex
NGO	Nongovernmental organization
SWIT	Sex Worker Implementation Tool
TRANSIT	Trans Implementation Tool
UNHCR	United Nations High Commissioner for Refugees
WRC	Women's Refugee Commission

Introduction

An increasing majority (nearly 60 percent) of refugees live in cities, a figure that will continue to rise as camps become an option of last resort. This new reality necessitates a monumental shift in humanitarian response, requiring policy makers, donors, and practitioners to develop new programming that addresses the protection concerns of refugees in urban contexts.

Urban refugees face gender-based violence (GBV) risks as a result of multiple and complex unmet social, medical, and economic needs, as well as intersecting oppressions based on race, ethnicity, nationality, language, class, gender, sexual orientation, and disability. Misperceptions further contribute to discrimination toward refugees, which in turn heightens their vulnerability.

Throughout 2015, the Women's Refugee Commission (WRC) conducted research in urban settings, the first phase of a multi-year project to improve the humanitarian community's understanding of and response to GBV risks in urban contexts. Quito, Ecuador; Beirut, Lebanon; Kampala, Uganda; and Delhi, India, were chosen because they are host to diverse refugee populations, have different policy environments for refugees, and are at different stages of humanitarian response.

The project looked separately at the GBV risks of different urban refugee subpopulations: women; children and adolescents; lesbian, gay, bisexual, transgender, and intersex (LGBTI) individuals; persons with disabilities; and men and boys, including male survivors of sexual violence. Refugees engaged in sex work were added as a subpopulation, due to their invisibility and the heightened GBV risks they face.

For findings from the research and recommendations, read the full report at <http://wrc.ms/1KccsHt>.

The Urban Model: Challenges and Opportunities for Mitigating Urban GBV Risks and Strengthening Community-Based Protection

Traditional humanitarian response – where UNHCR and its partners create a new infrastructure of services for refugees – is a poor fit for urban contexts. Instead of trying to transplant programs that have worked in camps to cities, programming must focus on promoting refugee integration into the host community. Doing this requires thinking differently across the board. Whereas humanitarian actors are used to working mostly with each other, in cities they must broker linkages with numerous other partners, public and private, across all sectors, and sometimes for the benefit of only one or two refugee subpopulations.

Protective peer networks must also become a cornerstone of urban protection. These peer networks can be among refugees, for instance, in the form of support groups hosted by UNHCR partners.

Yet protective peer networks can also exist, and need to be supported, between refugees and members of the host community. The important point is giving space for refugees to voice and cultivate the peer networks that are relevant for them, and offering them support – referrals, introductions, transportation costs, seed funding for a safe space – that will enable these peer networks to germinate.

LGBTI Refugees

It is by now well known among humanitarian actors that LGBTIⁱ refugees face particular risks of violence, in both camps and urban contexts. In general, because of their diverse sexual orientation, gender identity or presentation, or bodily diversity, LGBTI refugees face higher levels of discrimination and violence than that experienced by the larger refugee population. Yet most existing official guidance for serving at-risk LGBTI populations centers on how LGBTI status should affect asylum claims, refugee status determination, and resettlement case processing.¹ Far less attention has been paid to the protection concerns of LGBTI refugees, let alone urban LGBTI refugees, including the GBV risks they face daily and what humanitarian actors can do to help mitigate those risks.^{ii 2}

Among humanitarian field staff, there is an emerging consensus that current guidance, such as UNHCR's *Need to Know Guidance: Working with Lesbian, Gay, Bisexual, Transgender and Intersex Persons in Forced Displacement* (2011),³ while an important step in LGBTI mainstreaming, offers limited practical suggestions for protection staff operating in the field, including in urban areas where many LGBTI refugees reside. More detailed directives and guidance – standardized, yet adaptable for local contexts and offering a range of potential operational approaches and sample interventions – is needed.ⁱⁱⁱ

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- i The WRC uses the LGBTI acronym throughout this report as shorthand for “lesbian, gay, bisexual, transgender, and intersex” persons. For a Glossary of Sexual Orientation and Gender Identity-related Terms, see IASC GBV Guidelines, Annex 2, p. 319. <http://gbvguidelines.org/> However, as others have noted, the rising dominance of such acronyms, which presumptively pool diverse identities under the same banner, poses conceptual and practical problems. For example, it contributes to the conflation of the two analytically distinct concepts of sexual orientation and gender identity. It also fails to adequately distinguish between the different realities faced by, say, transgender individuals compared to bisexual or intersex individuals. Moreover, in many countries throughout the world, individuals with diverse sexual orientations or gender identities do not themselves identify with the LGBTI monolith, or even as being “gay” or “queer.” They might identify as MSM, *hijras*, *metis*, or any number of locally specific terms. Caveats aside, many human rights advocates and humanitarian actors, including the WRC, use ‘LGBTI’ as practical shorthand. Most of the sexual orientation and gender diverse refugees the WRC consulted during the urban assessments self-identified as LGBTI, and many of the host community organizations the WRC consulted – from CBOs to municipal agencies – also use and have a common understanding of the term.
- ii In December 2015, UNHCR published the findings of a global survey it conducted among UNHCR field operations to assess their current efforts to protect LGBTI asylum-seekers and refugees. The resulting report, which is based on the self-reporting of 106 country and regional operations, reinforces that LGBTI individuals face heightened risks in their countries of asylum and that enhancing their protection will require a multi-dimensional approach that is at once agile and attune to local contexts. The report, *Protecting Persons with Diverse Sexual Orientations and Gender Identities* (hereinafter UNHCR 2015 Protecting Persons), is available at <http://www.refworld.org/docid/566140454.html>
- iii UNHCR's recent report also calls for the development of more concrete guidance, including sample inter-

Fortunately, there is an emerging body of knowledge and resources aimed at improving protection for LGBTI refugees.^{iv} But existing gaps in evidence and programming make it especially challenging for field staff who lack subject matter expertise to embark upon improving protection for them in meaningful and tangible ways. Moreover, in the field, discourse around LGBTI refugees' protection tends to be listed under GBV, or housed within GBV response, which further limits the scope of specialized services to these communities.

As a practical matter, the majority of LGBTI refugees may never be resettled to a third country. Rather, they will remain in situations of protracted displacement for months, years, or even decades. For this reason, it is imperative that humanitarian actors begin to develop a body of best practices and guidance that can help LGBTI individuals fleeing conflict and persecution live safely in the cities where they have sought refuge. Many LGBTI refugees also experience abuse prior to arriving in these cities and are suffering related trauma, further underscoring the need for specialized services.

Use of the “LGBTI” acronym. Although the WRC uses the acronym throughout this report, we recognize that while it is often useful shorthand, it can obscure important distinctions between the L, G, B, T, and I subgroups, including differences in their experiences and needs in accessing services, and differences in appropriate protection strategies. Across all four cities, LGBTI refugees and service providers acknowledged that within the LGBTI refugee population, those whose outward appearances suggests a diverse (i.e., non-heteronormative) sexual orientation or gender identity are most at risk of violence. This is especially true of transgender women, or transwomen.

Since LGBTI refugees are not a homogeneous group, considering each letter separately is essential to shining a light on the nature of their respective vulnerabilities and protection needs. For instance, transphobia may exist where homophobia does not, including among members of the LGBTI refugee community. Trends in experiences may also be different: for instance, although gay men in Beirut shared that they do not feel safe walking around certain areas of the city and fear being stopped by the police, they do not, on average, experience anywhere near the level of daily violence faced by transwomen.

ventions and contextually adaptable standard operating procedures for field offices on various aspects of protection work, such as identifying shelter options and engaging in targeted outreach. UNHCR 2015 Protecting Persons.

iv In December 2015, the International Organization for Migration and UNHCR made public a comprehensive five-module training package for all staff who work with refugees, migrants, displaced persons, stateless persons, and other emergency-affected individuals. Available in two versions free of charge (*Working with LGBTI Persons in Forced Displacement* and *Working with LGBTI Persons in the Humanitarian Context*), the package includes a wide range of training materials and webinars for both participants and facilitators. The materials can be downloaded at www.usrap.iom.int/training or www.unhcrexchange.org/topics/15810



Lesbians are a particularly hidden population, often targeted for violence within their families and subjected to “corrective” measures such as rape and forced marriage. These distinctions, and those further discussed below, highlight that enhancing protection for L, G, B, T, and I refugees, respectively, will often require different entry points, tailored action plans, and targeted, proactive outreach.

During field assessments, the WRC met with 74 LGBTI refugees: seven in Quito and San Lorenzo, Ecuador; 49 in Beirut and 18 in Kampala.^v All were gay men, transwomen, bisexual, and lesbian; none self-identified as transmen. Nor did the WRC meet any refugee who identified as intersex, although we spoke with service providers about their experiences serving intersex refugees, their understanding of the term ‘intersex,’ and their awareness of the rights of intersex individuals.^{vi} Notwithstanding these limitations, our findings here apply to intersex refugees since they are present in all of the regions where we collected data and because it is well established that they face similar types of persecution and discrimination.^{vii}

In this section of the report we have attempted to draw out differences, wherever relevant, in the perspectives offered by the gay men, lesbians, and transwomen refugees with whom we consulted.^{viii}

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- v In Beirut, the WRC conducted two transwomen-only group discussions, with 14 and seven participants, respectively, as well as one group discussion with four lesbian women and another with 24 gay men. In the border city of San Lorenzo, Ecuador, the WRC met with four transwomen (three were in a group discussion); in Quito we met with one lesbian woman and two gay men. In Kampala, the WRC conducted two group discussions with 10 and eight participants, respectively; they were a mix of L, G, B, T, and I and were not asked to self-profile.
- vi Most service providers reported never having met an intersex individual, or someone whom they knew to be intersex. Few knew precisely what intersex meant or had ever received training on how think about, or respond to, the rights and needs of someone who is intersex.
- vii Given that 1 in every 2,000 children born is intersex (see Organisation Intersex International <https://oii.org.au/16601/intersex-numbers/>), it is essential for all field staff to have basic information on the rights of intersex individuals and to be able to refer them to trained, rights-respecting medical and counseling practitioners. This is true not only for intersex adults but also intersex infants and children, who are often at risk of receiving unnecessary surgical interventions to which they have not consented or cannot consent, due to parents’ and service providers’ limited understanding of what being intersex means and what types of responses are appropriate, possible, and rights-respecting.
- viii The WRC did not consult directly with any LGBTI refugees in Delhi, although service providers shared their experiences serving LGBTI individuals. The LGBTI refugee population in Delhi remains largely hidden due to a convergence of factors, including high levels of stigma and discrimination against diverse sexual orientation and gender identities in both refugees and host communities. Information in this section that relates to LGBTI refugees in Delhi comes from service providers who relayed information LGBTI refugees had shared with them previously.

Understanding the Rights of Intersex Adults and Children

In Kampala, the WRC met with the parent of an intersex girl, who shared that when her daughter was born with intersex traits, she did not know what to do or what kind of genital surgery, if any, was called for. She turned for advice to the director of a refugee service provider she trusted who, fortunately, knew that empirical evidence and intersex rights advocates counsel against performing cosmetic surgeries on children born with intersex variations. He advised her to simply let her daughter grow up, so that one day she would be able to decide whether she desired any surgical intervention. This story, coupled with general prevalence rates for intersex variations (approximately 1 in 2,000),* underscores the need for all staff to have basic training on the rights of intersex individuals and for appropriate referral pathways to be in place.

* Organisation Intersex International <https://oii.org.au/16601/intersex-numbers>

Preferring cities to camps. Although some LGBTI refugees continue to live in camps, those with whom the WRC spoke believe that cities are far safer places for them. Many had originally fled to camps, but experienced discrimination, violence, and even rape there, and subsequently moved to a city where they could have greater anonymity and control over their social interactions. A number of LGBTI refugees reported that while they were in transit or at a camp, they had heard through word of mouth or social media of an LGBTI community in the city, which further motivated their urban migration. In Beirut and Delhi, for instance, LGBTI refugees knew of local LGBTI organizations in advance and had sought them out upon arrival. In Kampala, members of an LGBTI refugee community-based organization (CBO) said they came to the city because they had heard rumors of a support group for LGBTI refugees existing there. The vast majority of LGBTI refugees reported having fled to a city alone, without friends or family members, because they had either lost their family to violence in their country of origin, been disowned by their family for being LGBTI, or come separately because they believed their LGBTI status would put their family members at risk.

“We have so many people from the camp coming here...because their house [in the camp] was burnt, because they were beaten in the camp...”

– Leader of Angels Refugee Support Group Association,
an LGBTI refugee support group, Kampala



GBV Risks Facing Urban LGBTI Refugees

LGBTI refugees across cities reported facing heightened GBV risks because their sexual orientation and/or gender identity or presentation does not conform to mainstream expectations. The violence they reported ranged from verbal abuse on public buses, to being denied housing and employment, to physical abuse and rape by members of the host community and other refugees, to instances of fellow LGBTI refugees being killed. It is widely agreed that transgender refugees are most at risk, given their visibility and the strong transphobia that exists in many host countries and countries of origin. Transgender refugees highlighted that having gender markers on their identity documents that do not match their gender presentation creates additional risks of violence for them, especially from service providers and police.

“You cannot get a job as an LGBTI refugee. And some of us can survive by some small skills, either hairdressing, or art...but you cannot go anywhere where you can sell your things or your art to survive. We’re just living by begging and if those streets were safe we would be there, everywhere.

There are some of us, they survive by going to be sex workers, but really what they experience there it’s hell. Because you discuss it with one person, but you get a group of people and they don’t pay you.

Really, apart from loneliness, and sometimes the idea of suicide, a lack of hope for tomorrow, no self-confidence, there is no dignity of human beings. It’s just our lives. So we cannot go to the settlements or camps because in those tents, what we [as LGBTIs] experience, is also bad. We are just here in the closed drum without even a small place to escape.”

– Member of Angels, a refugee-led LGBTI CBO in Kampala

GBV risks interlinked with access to basic necessities. Many of the GBV risks LGBTI refugees face in urban areas are inherently tied to their access to basic necessities, including food and shelter. Discrimination against LGBTI refugees often severely constrains this access, which in turn heightens their risk of GBV.

Housing

LGBTI refugees across cities reported experiencing discrimination, and sometimes physical violence, when trying to rent an apartment or secure employment. In addition to being denied housing if they are “visibly” gay in any way, LGBTI refugees feel pres-

sure to move in situations where they have been “found out”: as one gay man in Kampala put it, “When they discover that you are LGBTI they throw you out.” LGBTI refugees also reported being pressured for sexual favors by landlords, as well as being beaten by landlords and forcibly evicted from their housing overnight, leaving them homeless.

“I don’t have a home, I often don’t have food to eat...even at [a friend’s home] it is so crowded. There are nights without food, I don’t know what to do.”

– Transwoman refugee in Kampala

Employment and livelihoods

LGBTI refugees shared that if they are in any way visibly LGBTI or known to be LGBTI, it is nearly impossible for them to get a job. LGBTI refugees who were currently or previously employed reported experiencing sexual harassment at work, being pressured to have sex with their employer, and not feeling safe at work. When they are “found out” to be gay, their employment is terminated.

Transwomen in Beirut, Kampala, and the Ecuadorian border city of San Lorenzo, reported that realistically, there are only two livelihood options available to them: working in hair salons or sex work. In Uganda, where legal and social norms essentially sanction homophobia and transphobia, keeping a job is especially challenging given an employer’s fear of outsider reprisal (for hiring someone who is LGBTI); this means that jobs, even in small salons, are short-lived. Without access to safe, consistent, and reliable employment, many LGBTI refugees are at risk of losing their homes and going hungry.

Sex work^{ix}

More than half of all LGBTI refugees consulted in Beirut, Kampala, and San Lorenzo

ix This report adopts the definition of ‘sex work’ and ‘sex worker’ used by the WHO, UNFPA, UNAIDS, the Global Network of Sex Work Projects and The World Bank, in *Implementing Comprehensive HIV/STI Programmes with Sex Workers: Practical Approaches from Collaborative Interventions* (also known as the *Sex Worker Implementation Tool* or the *SWIT*) (2013). As set forth there, ‘sex workers’ are “female, male, and transgender adults and young people (over 18 years of age) who receive money or goods in exchange for sexual services, either regularly or occasionally.” Ibid. at xiii (internal citation omitted). The authors go on to clarify that “sex work may vary in the degree to which it is ‘formal’ or organized. It is important to note that sex work is consensual sex between adults, which takes many forms, and varies between and within countries and communities.” Neither that publication nor this report addresses the sexual exploitation of minors.

Although recent reports acknowledge that LGBTI refugees engage in sex work and incur related GBV risks, policy recommendations consistently emphasize preventing sex work and offering services for individuals who have “previously engaged” in it, overlooking the needs, risks, and stigmatization of those currently doing it. See, e.g., UNHCR 2015 Protecting Persons at 31.



reported doing sex work, either currently or in the past, in order to earn enough money to survive in the city. For example, 95 percent of transwomen consulted in Beirut identified as current or former sex workers. In Kampala, of 18 LGBTI refugees consulted, 10 identified as current sex workers, and another two identified as former sex workers.

Most of these refugees cited a lack of alternative livelihood options as a key factor in doing sex work. “If I don’t sleep with people I cannot get money to feed myself,” said one LGBTI sex worker in Kampala. (See section on Refugees Engaged in Sex Work for more discussion of the GBV risks and service gaps experienced by refugee sex workers.)

Many LGBTI refugees, including nearly all transwomen, also reported having been in situations where they were coerced to exchange sex for food or shelter.

“A lot of us are beaten up and robbed in the street or even raped just by random people and they destroy our life and move onto the next transperson.”

– Syrian transwoman refugee in Beirut

Violence from host community members and from other refugees. LGBTI refugees feel at risk of GBV not only from members of the host community, but also other refugees, including family members.

Those consulted experience GBV when taking public transportation, especially buses, but also when taking private modes of transport, such as taxis or motos. They are at risk of verbal and physical assault whenever they leave their homes, and transwomen especially reported that every public space is a site of violence for them; they are likely to be verbally harassed or attacked simply when going into a shop to buy cigarettes or crossing an intersection. Transwomen in Beirut, Kampala, and San Lorenzo reported physical violence being a regular, if not daily, occurrence. Transwomen in Beirut and Kampala shared that, within their communities, rape occurs regularly, perpetrated by neighbors, strangers, police, and sex work clients.

Nearly all of the LGBTI refugees consulted expressed fear of being attacked by other refugees, or of being “outed” by refugees who know they have a diverse sexual orientation or gender identity. Depending upon gender norms within refugee communities, certain LGBTI subgroups may be more at risk than others. In Beirut, for instance, Syrian lesbians reported that some of their biggest risks lie within their families, including “corrective” rape and forced marriage; these risks are higher in Beirut than they were in Syria, where they had more mobility to attend university or otherwise put distance between themselves and their families.

Even where diverse sexual orientation and gender identity is not criminalized, like in Ecuador, refugees reported fearing the police and being verbally abused by police on the streets. When asked whether they would ever report any incident of violence to police, the answer was a universal “no”; on the contrary, refugees try to avoid drawing attention to themselves at all costs, lest they be detained and harassed for being a refugee as well as LGBTI.

“They don’t take care of you because they see you as abnormal.”

– Transwoman refugee in Kampala, describing her experience trying to get medical treatment at a local hospital

Violence when attempting to access services. LGBTI refugees in Beirut, Ecuador, and Kampala reported being discriminated against and experiencing verbal abuse when attempting to access services – from both humanitarian actors and host community service providers – as well as overall feelings of being at risk of GBV whenever visiting providers. Service providers in Delhi reported that LGBTI refugees with whom they have engaged in the past shared similar experiences.

LGBTI refugees shared that based upon their own experiences, as well as stories from peers, they perceive certain UNHCR staff and staff at UNHCR partner organizations to be homophobic and/or transphobic. For these reasons, they are reluctant to visit these organizations, even if they need services; some no longer wish to try. They recounted stories of being harassed and stigmatized while in waiting rooms, in line for services, and interacting with staff, including security guards. Gay men in multiple locations shared that they and/or their peers have been asked to “prove” their gayness for purposes of claiming asylum, with it being suggested (in seriousness or in jest) that they prove this by submitting to anal exams. Gay men looking for safe and low-cost housing reported that service providers suggested they move into group living situations with straight men, or into conservative neighborhoods where gay refugees knew they would be unsafe.

“When you go to services you are asked questions that reduce your dignity. You move around the office and every person looks to see who you are. It’s a shame to move around. Me, I’m wondering if it’s not something I’ve created myself, but this is my nature. So I don’t see where to go. Even if it can be possible to take me out from here, just outside where I can be safe, it would be my wish.”

– Transwoman refugee in Kampala

Transwomen in particular feel stigmatized and vulnerable when accessing mainstream refugee services, especially those at UNHCR’s major implementing partners, both by



staff and other refugees. Transwomen also reported being referred to services and housing for straight men. Due to the combination of GBV risks they face – namely, risks in transit and at points of service – they are extremely reluctant to visit refugee service providers, whether for registration purposes, or to apply for cash assistance, or even to report rape or other GBV: “For what?” one transwoman in Beirut said, cynical about service providers’ motives in serving transwomen. “It’s dangerous, and they only want to intervene after we have been beaten up and raped.” Another transwomen in Beirut said that a counselor at a partner organization chastised her for not “getting a job like a man,” while a transwoman in Kampala reported being told by staff at UNHCR’s main implementing partner: “I can’t help you because you don’t want to leave that life.”

“They will negate your experience because they accuse us and tell us that the problems we have – we are the roots. ‘You can change, you can change your manners, your dress code’... They say this is the solution – to shift. There is no prevention.”

– Transwoman refugee in Kampala

Host community legal frameworks as risk factors. Nearly 80 countries still criminalize consensual same-sex relationships between adults,⁴ and host nation laws and social norms around sexuality and gender play a critical role in LGBTI refugees’ exposure to violence.

Even where having a diverse sexual orientation or gender identity is not explicitly criminalized or proscribed by statute, laws of general application are often used to detain, prosecute, and penalize LGBTI persons. Transgender people, for instance, are often targeted under laws around impersonation, loitering, or public debauchery, while sodomy laws are used disproportionately against gay men.

These restrictive legal and social frameworks can make strengthening protection for LGBTI refugees all the more challenging. At the same time, however, because LGBTI refugees fall under UNHCR’s protection mandate, they also make it all the more essential.

In Kampala, for instance, even though the notorious “kill the gays bill” had been nullified by the time of the WRC’s assessment, both LGBTI refugees and service providers reported it was still being semi-enforced. LGBTI refugees remain at risk of being stopped, detained, and arrested by police on account of their sexual orientation or gender identity. They experience physical and sexual violence at the hands of police and/or while being held in jail. Transwomen, in particular, shared stories of being physically and sexually abused while in custody. In Beirut, where same-sex sexuality is, in

practice, largely treated as a crime,⁵ gay men, lesbians, and transwomen told stories of being targeted by police on account of their gender presentation or their presence near locations known to be popular among LGBTI people. They reported being detained and, in some cases, physically and sexually assaulted while in custody. Transwomen in Beirut shared that police at checkpoints often ask them to “prove” they are women, for instance by taking their shirts off, and that individuals who refuse are taken to prison.

Not all LGBTI refugees know their legal rights in their host country, or know “what to say” to police in case of arrest; nor do they have “someone they can call” for legal assistance if they are arrested. Service providers in Kampala and Beirut shared that there are no effective protocols or referral systems in place to address these urgent cases, even though it is well known that LGBTI refugees face especially high risks of sexual violence while in custody – a risk that increases the longer they are detained. In Beirut, a local LGBTI organization, Helem, has cultivated relationships with lawyers whom they enlist to represent LGBTI refugees who have been arrested, either for free or for a discounted fee. Helem receives no financial or other support from the humanitarian sector to do this work.

“There is no one to turn to and no one to go to.”

– Lesbian woman in Quito

LGBTI refugees may also face higher GBV risks than LGBTI host community members. This is because of intersecting vectors of discrimination: in addition to homophobia and transphobia, LGBTI refugees are targeted for violence because of their race, ethnicity, disability and nationality. In Beirut, for instance, refugees and service providers understand that Syrian LGBTI refugees are more vulnerable to violence than LGBTI Lebanese, given the fraught history between the two countries and negative stereotypes of Syrians.

Urban isolation as a risk factor. LGBTI refugees feel isolated from larger refugee communities. At best they feel alienated from other refugees; at worst they see or have experienced other refugees as aggressors. In Beirut and Kampala, where the WRC consulted LGBTI refugees who had been identified through local LGBTI organizations and a refugee-run support group, respectively, refugees shared that having an LGBTI peer network is essential to their survival. Transwomen in San Lorenzo, Ecuador, who are part of an informal peer support network, feel similarly. By contrast, in Quito, refugees shared feelings of deep isolation; service providers in Delhi reported this on behalf of their LGBTI clients as well. They know no other LGBTI refugees – “there is nobody else like me” – nor any local LGBTI organizations. Lesbian and gay refugees in Quito reported suffering depression as a result of always having to keep their sexual



orientation a secret, even from other refugees.

Not being tapped into host community LGBTI networks can limit refugees' access to important security information. In Beirut, for instance, the local organization Helem acts as a clearinghouse for protection-related information. Through its online platform and social networks, Helem learns which police checkpoints are known to detain LGBTI individuals or confiscate cellphones to look for "telltale" LGBTI apps on people's phones. They then conduct outreach swiftly and widely on social media platforms, to communicate this information throughout the LGBTI community, including to refugees.

LGBTI refugees are often hidden within larger urban refugee populations, since many choose to keep their sexual orientation or gender identity a secret out of fear. In Quito, for instance, there was a consensus among refugee service providers that although there are "many" LGBTI refugees living in urban areas throughout Ecuador who are especially vulnerable to GBV, they remain invisible: *"Ellos son bastante invisibles y vulnerables."*

Risk mitigation strategies. LGBTI refugees try to reduce their risks of violence in various ways, some of which are negative coping strategies. For instance, they take taxis to avoid public transportation even though taxis cost more than they can afford; they travel together; they do not talk in public; they isolate themselves; they cross the street to avoid police; they tap their informal networks to find housing for each other in dire situations; and, where they have peers, they only socialize in each other's homes, rather than in public.

"We live in fear and anxiety and we don't leave the house very much."

– Syrian transwoman refugee

Another risk mitigation strategy some LGBTI refugees employ is hiding their sexual orientation or gender identity; in other words, trying to "pass" or "stay in the closet." These strategies come with high personal costs. Most transwomen consulted indicated that on an emotional and psychosocial level, it is actually safer for them to risk physical violence on the street than to dress as they are "supposed to," repressing their true identity and pretending to be someone they are not.

Additional Service Gaps Affecting Urban LGBTI Refugees

Lack of coordination between host community LGBTI organizations and humanitarian actors. Across cities, LGBTI refugees' awareness of host community

LGBTI organizations was uneven. In Beirut, for instance, some LGBTI refugees had heard of some organizations but not others. In Quito, no LGBTI refugee consulted had heard of any local LGBTI organization, even though Quito has a rich tapestry of LGBTI CBOs (including a lesbian collective and a trans health center, both of which expressed interest in being referral pathways for refugees). Likewise, in Quito, as well as in other cities, refugee service providers were unfamiliar with these organizations. In some cities, misinformation abounds, such as in Quito where one refugee service provider remarked that “there is no place to be openly gay in Quito” despite the existence of several LGBTI organizations and at least one LGBTI community center.⁶

Integrating Local LGBTI Organizations into Urban Humanitarian Response

Depending upon their own needs and capacities, host community LGBTI organizations may be able to play a variety of roles in the protection of LGBTI refugees. They may fall anywhere along a spectrum of participation. For instance, some organizations may prefer to limit their involvement to providing information or expert guidance to humanitarian actors, such as tips for handling urgent cases. This is the case for a Kampala-based organization that hosts a safe space for gay women; given the organization’s struggles to serve their core membership, they have little room to expand to serve refugees as well.

In Beirut, by contrast, several local LGBTI organizations are key providers of direct services for LGBTI refugees, including Helem, whose staff accompany LGBTI refugees upon request to UNHCR appointments and help them navigate asylum claim procedures; MOSAIC, which provides structured psychosocial support to LGBTI refugees; and Marsa, which provides free, specialized health services to all LGBTI individuals and has expertise working with transwomen.

In the middle, between consultants like the organization in Kampala and direct service providers like those in Beirut, are LGBTI organizations that are open to serving as referrals for LGBTI refugees. In Quito, for instance, multiple local LGBTI organizations expressed interest in serving as referrals, including Asociación AL-FIL, which offers a trans health clinic; Fundación Ecuatoriana Equidad, an LGBTI community center and advocacy organization; and Fundación Causana, a lesbian collective.

This lack of exposure goes in both directions. A number of LGBTI-friendly host community organizations, such as trans-friendly health service providers, had never before considered becoming referral pathways for LGBTI refugees in their communities.



During consultations, however, nearly all expressed interest in learning more about refugees and exploring ways of including them in their work.

These gaps, especially the lack of referral pathways and reciprocal information-sharing between humanitarian and host community actors, compound the isolation LGBTI refugees already experience. They also impede LGBTI refugees' access to information that could empower them to better mitigate GBV risks, such as information about local safe spaces, specialized service providers, and potential peer networks.

A number of LGBTI refugees who were not currently linked with an LGBTI CBO expressed a desire to be introduced, but also showed reticence about making themselves known to strangers. They expressed uncertainty over whether they would be accepted, as well as fear that linking up with a local CBO and participating in their activities might, in some way, jeopardize their asylum claim or legal status as a refugee. Confusion over what may be prohibited by law leads some LGBTI refugees to err on the side of isolating themselves. This underscores the importance of humanitarian actors establishing referral pathways in the first instance and ensuring that LGBTI refugees have accurate information about their legal rights in their host country.

Lack of emergency protocols and emergency funds. In most contexts there are no tailored protocols in place to guide practitioners in addressing urgent issues facing LGBTI refugees. No refugee service provider knew of resources they could refer to – global or locally-specific – that could help organize their thinking, or lay out various possibilities, for how to respond when an LGBTI refugee is evicted and rendered homeless overnight, arrested, or evading a threat of violence.

Local LGBTI organizations can become de facto rapid response in these situations – staff at Helem in Beirut, for example, give out their personal mobile numbers for LGBTI refugees to call in cases of emergency, then they scramble in the moment to find informal stop-gap solutions. The president of Angels, in Kampala, is the go-to point of contact for LGBTI refugees throughout the city.

A handful of LGBTI refugees shared that they had received, or were receiving, emergency cash assistance from a UNHCR partner organization – and that these funds had been essential to their survival. Mindful that such funds for cash-based interventions are scarce, it bears noting how important these emergency funds have been to individual LGBTI recipients. The current lack of shelters for LGBTI individuals (the WRC identified no LGBTI-friendly shelters in any target city), combined with discrimination faced in employment and housing, and estrangement from traditional networks of support (including familial), leaves high-risk LGBTI refugees with few options. “It’s how I get by,”

one gay Syrian woman told us, speaking of emergency cash assistance she was receiving from UNHCR; since moving to Beirut, she had been disowned by her family for being gay.

In some locations, UNHCR partners are providing housing assistance to LGBTI refugees, but this happens in an ad hoc and inconsistent manner. Little to no guidelines or referral protocols exist for assisting LGBTI refugees in procuring shelter, either in the first instance or in emergency situations, and little to no vetting of options is done in advance of a problem arising. In addition, all service providers, including UNHCR, noted a severe lack of funds for addressing the emergency needs of LGBTI refugees.

“There is no place to host us. I was like a stray dog on the street.”

– Transwoman in Kampala, speaking about having been abruptly kicked out of her apartment and not having anyplace safe to go, even temporarily

Lack of activities and programs considered safe, inclusive, and responsive to the needs of LGBTI refugees. LGBTI refugees reported not feeling safe or welcome attending job training sessions, language skills classes, or other programming for refugees. Participation risks discrimination and violence from service providers as well as other refugee participants. Moreover, because job placement and other activities do not account for the particular discrimination LGBTI refugees face, these initiatives are often largely irrelevant for them.

While there are some LGBTI-specific activities hosted by service providers, refugees reported feeling these activities are being organized more for the service provider’s benefit – so the provider can “tick the LGBTI box” and report that back to UNHCR – than for their own benefit. More specifically, in certain locations, refugees reported that despite their hosting LGBTI activities, service provider staff remained outwardly homophobic and/or transphobic. Refugees feel that efforts to tailor activities toward their needs have been superficial and perfunctory, where “filling the room” or meeting a donor’s quota is prioritized over hosting something meaningful. LGBTI refugees in two locations, for instance, reported feeling “taken advantage of,” as though humanitarian partners had little genuine interest in serving them: “They get paid because we exist but they don’t work for us.” “They are taking money from funders for our cause but do nothing.”

Such frustration and anger arises, in part, where LGBTI programs or activities are designed from without: refugees are not asked to provide input, so resulting interactions fail to address the needs and concerns most important to them. In addition, programming is rarely hosted in a place LGBTI refugees feel is safe and easy to get to; nor is it always run by staff whom refugees consider trustworthy or committed. And in some cases, although organizations have voiced their willingness to have LGBTI-friendly programs, they clearly lack the capacity to implement them.



Ultimately, these sentiments underscore the critical importance of meaningfully engaging LGBTI refugees in designing, implementing, and monitoring interventions for LGBTI refugees. Humanitarian actors must use a participatory approach whereby LGBTI refugees contribute ideas and help set the conditions – the who, the why, and the where – of programming designed to empower their community.

Good Practices⁷

Contributions host community LGBTI organizations are making to refugees' protection. Host community organizations in various cities have become an important part of LGBTI refugees' protection environment; often this happens organically, without engagement by humanitarian actors.

Helem, for instance, is well known by LGBTI Syrians and has a strong online presence and outreach network. “We only exist because Helem exists,” one transwoman from Syria said, speaking of the role Helem plays in facilitating risk mitigation and enabling a protection environment for trans refugees. Helem provides informal peer support to refugees, helps them connect with each other and with Lebanese LGBTI people, and provides assistance to LGBTI refugees looking for housing and guidance in accessing services. Sometimes staff at Helem, who are Lebanese, accompany transwomen, at their request, to the offices of refugee service providers, including registration centers and case management partners. This staff person waits in the waiting room during a refugee's interview, serving as a combination moral supporter, system navigator, and potential witness or deterrent to discrimination or violence.

Also in Beirut, an organization called MOSAIC is mapping ways to improve LGBTI refugees' access to employment and vocational training, for instance by making calls to investigate potential job placement opportunities for transwomen. This is an example of the type of targeted, specialized role that host community LGBTI organizations can play in filling protection gaps.

Strengthening linkages between humanitarian actors and LGBTI organizations. Humanitarian actors in every target city expressed a commitment to strengthening relationships between the humanitarian sector and local LGBTI organizations. In all locations, however, uncertainty about how to achieve this, or about whose responsibility it is to build these relationships, exists and impedes progress. Steps are being taken in some locations to build these linkages. In the fall of 2015, UNHCR Lebanon, for instance, hosted a roundtable with all LGBTI NGOs in Beirut.

Strengthening and sharing resources with LGBTI refugees' peer support groups. LGBTI refugees find peer support through formal and informal channels. Transwom-

en refugees in San Lorenzo, Ecuador, for instance, form a tightly knit group of friends, confidants, and coworkers. They do not belong to any organization, although they expressed a desire for a safe space, somewhere they could hold activities not only for themselves, but also for Ecuadorian LGBTI and other city residents. They ventured that such a place could help “legitimize” their presence in the community.

Elsewhere, more formal peer support groups exist, and after consulting with their members it is difficult to understate the positive impact that belonging to such a group can have on an individual LGBTI refugee’s psychosocial well-being and physical protection. (See box, page 19.)

Public awareness raising. A handful of refugee service providers consulted proactively signal that their office is open and welcoming to refugees, for instance by making a rainbow flag or brochure visible in their waiting rooms. This not only signals to LGBTI refugees that they are in a safe space, but also communicates a message of respect for LGBTI rights among the broader refugee population.

It bears mentioning, however, that this was not true of all service providers or UNHCR partners, and even in cases where a rainbow flag or brochure was visible, it often stood alone. Given that the rainbow flag is not a universal symbol all LGBTI people recognize – especially those who are older, younger, less educated, or from rural areas – inclusion and safe space signaling requires more nuanced and multi-faceted efforts. Recent IOM/UNHCR training materials include various ideas for disseminating messages that can reach a diversity of LGBTI populations, including those who cannot read or are differently abled.^x

x The recent IOM and UNHCR manual contains a unit on creating safe spaces. See IOM/UNHCR (2015); Module 1 Participant Workbook, note iv, page 4.



Angels Refugee Support Group Association in Kampala

Members of Angels Refugee Support Group Association in Kampala (Angels) called the group “essential to our survival.” It was also described as having its own “internal security protection system,” in reference to the informal protection trainings members do for each other, for instance, on what streets of the city are safer than others, how to dress for interviews, who it is safe in the city to “come out to,” and what types of work are safe. “The only family we have is [this group], the biological family is not there,” one member said. “It’s like a place where you find others and you can make unity which helps to you face problems,” said another.

Angels is open to all L, G, B, T, and I refugees and has an official headquarters in the city – an “office” that ends up housing upwards of ten LGBTI refugees at a time who would otherwise have nowhere to sleep. The group has had to change the location of its office/shelter three times in the past four years due to police raids. It currently sleeps eight people in a room built to fit two, and many more than that are desperate for shelter.

Leaders of Angels proactively reach out to LGBTI refugees who have recently arrived in the city, whom they learn about mostly through word of mouth, to let them know about the organization and offer them emergency food or housing. (Refugee service providers also know about Angels and refer LGBTI refugees there, and many refugees come to the group after learning of it through word of mouth.) In cases of emergency, members of the group contact each other and come to each other’s aid, whether that means accompanying a GBV survivor to a hospital, or raising funds to pay their medical bills. In addition, the organization provides peer counseling, limited medical services, including HIV testing, as well as its own internal cyber café so that members can stay in touch with friends and family in their countries of origin without having to use public cafes, where they face GBV risks.

Angels was begun by refugees themselves, and while it initially had only two to three members, it now has 109, most of whom are in their early twenties. It is still led by refugees, but they receive various kinds of in-kind support from the Refugee Law Project. This support includes access to a meeting space where they can hold workshops or trainings, guidance in navigating legal or administrative requirements, and fundraising assistance. Nonetheless, Angels struggles to stay afloat, to afford its office/shelter in the city, to provide food rations for those going hungry, and to pay members’ emergency hospital bills. The group has had partial success securing small grants from international and bilateral donors, but gets no financial support from UNHCR.

Angels’ leaders envision that with additional funds they could engage in more livelihood activities for members, since many currently do sex work and would like alternative or supplementary options for generating income, not least because of the GBV risks encountered doing sex work (see section on Refugees Engaged in Sex Work). Among the livelihood activities they would like to start are opening a unisex hair salon and producing specialty goods like soaps and candles. “If our members face issues of insecurity,” Bibé, the president, said, “it’s because they need money for food and shelters. So this would reduce those risks.”

Recommendations for Mitigating GBV Risks Faced by Urban LGBTI Refugees

The WRC recommends that humanitarian actors actively pursue a twin-track approach to addressing the GBV risks and protection gaps affecting LGBTI refugees in urban settings, one that supports both long-term LGBTI mainstreaming and immediate risk reduction. Doing so will ensure that humanitarian actors continue building their knowledge, skills, and programming to better serve LGBTI refugees, while also ensuring that urgent risks are addressed – even as service providers’ capacities and competencies to work with LGBTI refugees are strengthened over time.^{xi}

Short-term risk reduction

- **Investigate and evaluate a range of potential safe shelter and livelihood options for LGBTI refugees.** Field staff should be tasked with compiling a range of potential safe housing alternatives, be they LGBTI-friendly neighborhoods, apartment buildings, landlords, or possible shared housing. The same should be done with potential formal or informal employment options. LGBTI refugees and local LGBTI groups should be consulted in this process, with the needs and potential risks facing L, G, B, T, and I refugees considered separately. The result of this process will be an ever-evolving menu of potential referral options or suggestions, updated regularly.⁸
- **Map local LGBTI organizations as well as all LGBTI-friendly service providers (those with particular expertise, training, or experience) in urban areas.**^{xii} Learn what engagement they currently have, if any, with LGBTI refugees living in their community, and what role they may be willing or able to play going forward. Some organizations or service providers may only have the capacity to share information related to LGBTI protection (e.g., safe neighborhoods, landlords, or job placements for LGBTI refugees), whereas others may be willing to serve as referrals or provide services to LGBTI refugees.

Depending upon their capacity, interest, and contextual feasibility, humanitarian actors should work to facilitate and enable connections between host community LGBTI and LGBTI refugees, for instance through joint activities or mentorship-type programs that encourage LGBTI host community members to share information about LGBTI living in a particular city (safe places to go, preferred neighborhoods,

xi The WRC is currently piloting Urban GBV Risk Assessment Guidance that includes breakout sections for assessing the heightened GBV risks faced by L, G, B, T, and I individuals in urban settings. This guidance is intended to supplement existing all-purpose GBV assessment tools, such as UNHCR’s Heightened Risk Identification Tool, 2010.

xii The WRC is currently piloting an Urban Mapping Tool that includes guidance on mapping local LGBTI actors.



etc.). As part of the mapping exercise, humanitarian actors should also inquire about what types of resources (e.g., information, training, and cost-sharing) local LGBTI organizations and LGBTI-friendly service providers may need in order to include refugees in their work.

- **Bring local LGBTI organizations or LGBTI-friendly service providers into urban humanitarian response in a way that works for them.** Not all local organizations will be familiar with humanitarian response, let alone “cluster systems,” and not all of them will have the program capacity to meet the administrative burdens normally required of UNHCR partner organizations. Finding accommodations wherever possible and removing unnecessary obstacles to local organizations’ participation in urban response will ensure that their potential contribution to LGBTI refugees’ protection is given space to grow and is not stymied from the start.
- **Convene meaningful dialogues between local LGBTI organizations and humanitarian actors,** including UNHCR and its partners, through roundtables or other in-person meetings. If these dialogues are initiated through existing humanitarian infrastructure, for instance, through the cluster system or as part of a task force initiative, note that local LGBTI organizations may not be familiar with these structures and/or may need additional support (such as information, translation services, or preliminary meetings at their own headquarters) in order to engage meaningfully and participate equally alongside experienced humanitarian actors.

These dialogues should prioritize (1) referral pathways for LGBTI refugees, both formal and informal, and mechanisms for ensuring that referral pathways are two way, so that humanitarian actors can refer LGBTI refugees to local organizations and vice versa; (2) entry points for accessing services, including LGBTI-friendly counseling and medical services; (3) outreach strategies for LGBTI refugees, including through social media and local LGBTI networks, and through outreach volunteers who are selected in consultation with LGBTI refugees.

- **Design comprehensive referral pathways that give LGBTI refugees options in accessing services.** This includes options to: access a particular service at an implementing partner’s office or in an alternative safe space; access psychosocial counseling from staff at an implementing partner or from/co-led by a trusted LGBTI-friendly service provider. This will put LGBTI individuals at the center of their own protection, enabling them to rely upon their own knowledge, experience, and self-assessment of risk to protect themselves from stigmatization and violence when accessing services they need. Consistent with a rights-based approach, LGBTI refugees should be consulted in the development of

these referral pathways.

Since many LGBTI refugees, especially transwomen, face risks every time they leave their home, consider ways of bringing activities and services to them, rather than requiring them to travel to implementing partners' office. This will also mitigate risks LGBTI experience from other refugees or from staff persons at partners' offices.

- **Develop safe and anonymous feedback mechanisms for LGBTI refugees, so they can communicate protection gaps to UNHCR and its partners in ways that foster accountability while preserving refugees' confidentiality.** Although mechanisms like LGBTI focus groups already exist in some cities, including one of the four assessment cities for this project, LGBTI refugees shared that because these focus groups were hosted by one of UNHCR's implementing partners, they did not feel they could speak openly about service gaps they experienced or discrimination they faced at the point of service. To avoid such conflicts of interest and to encourage participation, feedback opportunities should be developed in consultation with LGBTI refugees and held in locations they feel to be safe spaces.
- **Conduct a preliminary assessment of LGBTI refugees' preferences regarding whether they are comfortable being grouped together or whether separate activities for lesbians, gay men, bisexual, trans, and intersex persons would be more appropriate.** Sexism and transphobia exist within LGBTI communities, and where they do, organizing activities for all LGBTI people together may not be appropriate. In extreme cases, it could put some individuals at risk.
- **Where possible, conduct assessments through group discussions with gay men, lesbians, bisexual, intersex, and transgender persons separately, in locations they have identified as being safe and comfortable for them, with facilitators from the LGBTI community.** Holding group discussions separately will also encourage gay, lesbian, and trans refugees to express needs and concerns they may not be comfortable sharing with all LGBTI refugees, including risks of violence or discrimination they face from other LGBTI refugees.
- **Conduct a preliminary assessment to learn whether LGBTI refugees are currently part of formal or informal peer support groups, and how humanitarian actors can support LGBTI refugees in strengthening their protective peer networks.**

In some cities, LGBTI refugees may find that it makes sense for them, or is desirable, to have their own support group, made up solely of refugees. In other cities, like Beirut, LGBTI refugees may find support in host community LGBTI organizations, such that they feel no need to create a stand-alone group. In still other cities, like Quito or Delhi, where there are currently no linkages between LGBTI refugees



and host community LGBTI organizations, and LGBTI refugees reported⁹ feeling alone and doubtful there is “anybody else like them” in their community, the first step toward establishing peer support networks may be asking LGBTI refugees if they are interested in meeting each other.

Whatever form an LGBTI peer support network takes, experience suggests that to survive and be effective, it will need various types of institutional support from humanitarians. Depending upon the needs and interests of the group, types of support they may need include funds to assist members in emergencies (e.g., with food or hospital bills) or to set up an informal shelter for members facing violence or homelessness, funds to engage in their own livelihood support activities, or a meeting place or another safe space.

- **Whenever convening feedback sessions or group discussions with LGBTI refugees, maximize the benefits to their participating by also offering them services, information, activities, and peer support opportunities.** Since many LGBTI refugees encounter GBV risks whenever they leave their home or take public transportation, providing multiple services at once is another way to mitigate their overall GBV risk.
- **Develop protocols for urgent cases and emergency situations, for instance when an LGBTI refugee is arrested or evicted or faces an immediate threat; set aside funds for this purpose.** Given LGBTI refugees’ heightened risk of being arrested in some cities, and of being evicted and targeted for violence in many cities, special guidance for engaging LGBTI refugees in emergencies is needed. This is all the more true because LGBTI refugees are often unable to access protective resources available to other refugees in emergency situations, such as the police, churches, or women’s shelters.
- **Ensure that existing referral pathways are safe and LGBTI-friendly. In more than one city, LGBTI refugees were referred to service providers where they were made to feel not only unwelcome, but also at risk of physical and/or verbal abuse because of their diverse sexual orientation or gender identity.^{xiii} None of these service providers had expertise or training in serving LGBTI individuals, or had visible signs in their waiting rooms that they were LGBTI-friendly.**

xiii All of these referrals were to faith-based organizations, but by no means does this suggest that faith-based organizations, as a rule, discriminate against LGBTI individuals. However, humanitarian actors should be on notice that many faith-based organizations are not grounded in cultures of tolerance toward persons of diverse sexual orientation and gender identity, so name-checking organizations with host community LGBTI organizations can help illuminate which local service providers may be known within the community to be LGBTI-friendly or unfriendly.

Longer-term LGBTI mainstreaming

As was recognized by all UNHCR field office staff consulted during these assessments, much remains to be done to ensure that all individuals working in urban response have the appropriate training and guidance to serve LGBTI refugees. Just as homophobia, transphobia, and rigid gender norms persist in many urban communities that are also hosting LGBTI refugees, these biases can exist among staff at refugee service providers. The WRC stands with UNHCR's commitment to mainstream the needs and participation of LGBTI refugees in urban protection,¹⁰ and offers the following recommendations for carrying those efforts forward.¹¹

- **Expand discourse and programming for LGBTI refugees outside the GBV context.** To the extent that LGBTI issues are currently being addressed in urban response, it is typically within a GBV frame and, in some locations, considered or even expressly deemed the purview of GBV working groups. This is too narrow. It short-circuits important conversations and specialized services that must be taken up across protection and urban response writ large, as part of a holistic approach to reducing LGBTI refugees' GBV risks.
- **Ensure that the recent UNHCR/IOM training materials are used globally and the learning is implemented.**
- **Develop a short, practical guidance note for field missions on operationalizing various aspects of LGBTI protection.** The protection-specific content in the recent UNHCR/IOM training package offers a useful starting point for a directive that can be circulated quickly and widely. Appropriate responses to protection concerns will of course depend upon local contexts, but a broad blueprint of what steps to take – such as mapping and reaching out to LGBTI-friendly host community organizations, adapting sample interventions, and vetting shelter options – is needed.
- **UNHCR should dedicate a staff person or consultant to spearhead efforts around strengthening LGBTI protection at the field level.** This person can be deployed to urban and non-urban missions to ensure programs, services, and working group dialogues are LGBTI inclusive. They can make recommendations about pursuing targeted actions for LGBTI refugees (disaggregated for the L, G, B, T, and I) and developing tailored protocols that account for local contexts. This should be a subject matter expert who can also conduct sensitivity and operational trainings for field staff using a “training of trainers” model.
- **LGBTI sensitivity and operational training should be compulsory for all gender, protection, and GBV focal points.**



- **It is time for humanitarian actors, including UNHCR, to participate more in high-level, inter-agency policy conversations about interventions and programming that engage at-risk populations.**¹² This includes recent conversations among WHO, UNDP, UNAIDS, UNFPA, and civil society around the development and implementation of the *Trans Implementation Tool (TRANSIT)*^{xiv} and the *Sex Workers Implementation Tool (SWIT)*,^{xv} which offer guidance for engaging transpersons and sex workers, respectively.
- **Continue efforts to disseminate practical tools, pool good practices, and share sample interventions among humanitarian field staff.** Operational trainings are essential here. Sensitivity trainings alone will be inadequate, especially where staff are working in settings where legal and social norms discriminate against diverse sexual orientations or gender identities. Conversations with staff who have participated in LGBTI trainings suggest that trainings will be most effective where they emphasize practical guidance and communicate clear standards of conduct and professionalism, rather than focus on changing people's minds or uprooting personal biases.

Moreover, it is not enough for one or two staff members to attend an LGBTI training session – all staff members of all assisting organizations, from case managers to administrative personnel to security guards – should be required to receive LGBTI training. Another service provider suggested “not just a training, but a forum where [staff] can clarify their doubts...not everyone is a social worker, and a lot in the organization are ignorant” about what it means to be LGBTI. Operational training sessions should be delivered by trainers with expertise in LGBTI cultural competency and LGBTI issues in the context of forced displacement, and refreshers should be held annually.

- **Where possible, consult with local LGBTI organizations in developing sensitivity and capacity-building trainings for humanitarian actors,** to ensure they are locally relevant and include city or community-specific information that national or international LGBTI organizations may not know. Some local LGBTI

xiv The TRANSIT, which is slated for release in early winter 2016, is a practical guide to implementing policies and programs around the specific health needs of transgender populations. A consultative meeting around the content of the TRANSIT was held in Bangkok in July 2015, supported by USAID, UNFPA, UNDP, and the International Reference Group on Trans* and Gender Variant and HIV/AIDS Issues. <http://cliniq.org.uk/2015/08/23/bangkok-transit-consultation-trans-people-hiv/>

xv In 2013, the World Health Organization, UNFPA, UNAIDS, the Global Network of Sex Work Projects, and the World Bank jointly authored this resource manual for designing and implementing programming that engages sex workers. The manual includes separate chapters on promoting community empowerment; addressing violence against sex workers; community-led services; and good practices. See note ix, page 8.

organizations may already have experience doing capacity-building, but even those that do not may have knowledge or materials that can be folded into trainings, or be interested in collaborating to adapt global materials for local contexts.

- **Map and consult host community LGBTI organizations at the onset of a crisis, during the earliest stages of establishing any sort of urban humanitarian infrastructure.** Do not wait until there has been a visible influx of LGBTI refugees.

Bringing these groups into the early stages of response, along with their expertise and social capital, can not only help mitigate GBV risks faced by LGBTI refugees, but also help build trust and relationships of reciprocity between local LGBTI organizations and humanitarian actors. Waiting months or years to establish these dialogues, by contrast, can make it much more difficult for them to take hold.

- **Develop qualifications and criteria for hiring service providers, including GBV case managers, and ensure they receive proper operational training around engaging LGBTI refugees before engaging any refugees.** Since any refugee that walks through the doors of a UNHCR partner could be LGBTI, it is imperative that every single case manager be prepared to provide at least basic response and assistance to LGBTI refugees. Some can then be trained to provide more comprehensive or specific support, including GBV case management or guidance around a range of referral options or options for accessing friendly services. In addition to promoting an open and tolerant office culture, UNHCR partners must be held accountable for ensuring that UNHCR's non-discrimination and Age, Gender, and Diversity policies are taken up and enforced at the field level. This means all partner staff understand that discrimination against LGBTI beneficiaries expressly violates UNHCR policy, as do all verbal and physical displays of homophobia and transphobia.
- **Invite local LGBTI organizations with capacity and interest to participate not only in conversations around LGBTI protection, but also in implementation.** This will enable urban response to leverage not only LGBTI organizations' expertise, but also their LGBTI community networks, social capital, and technical skills around LGBTI protection.
- **Consult with LGBTI refugees and local LGBTI organizations to identify alternative safe spaces for LGBTI refugees to receive support and case management, where usual locations are not suitable.** In Beirut and Kampala, for instance, LGBTI refugees reported feeling at risk of GBV when visiting the offices of UNHCR's main implementing partners and/or community centers where GBV case management takes place.
- **Maintain open dialogues with local LGBTI organizations to facilitate informa-**



tion sharing, to ensure that humanitarian actors stay informed of developments in the host community that may affect LGBTI refugees, as well as gaps in service provision being observed by host community LGBTI organizations.

- **Where desired by local LGBTI organizations or LGBTI-friendly service providers, convene a training to support them in understanding and participating in the mechanisms of humanitarian response**, such as working group and cluster systems.
- **Mainstream LGBTI protection issues into all urban response programming and discourse, including within the cluster system**, rather than housing them in one particular working group, such as the GBV or gender working group. Not all LGBTI refugees may identify as GBV survivors or be interested in GBV case management, and not all gender programming is appropriate or useful for LGBTI refugees, but all LGBTI refugees face protection issues. Similarly, because protection and health sectors are often siloed, gaps in information sharing exist between protection and health actors. In Beirut, for instance, the WRC consulted with staff at Marsa, a sexual health clinic with expertise in trans health. Marsa staff reported that while they often attend health sector working groups overseen by UNFPA, they had never participated in any other working groups even though, given the populations they serve, they have knowledge, ideas, and expertise relevant to LGBTI protection more broadly.
- **Implement inclusive workplace policies, strengthen existing workplace diversity policies, support LGBTI staff members, and regularly communicate the organization's commitment to an office environment free of discrimination. Wherever possible, hire people who are openly LGBTI to be on staff at UNHCR field offices and partner organizations.** Signal that a service provider is LGBTI friendly by displaying symbols such as rainbow flags and other safe space indicators, such as posters, videos, and literature, in waiting rooms and in counselors' and case managers' offices.¹³ As noted above, however, given that the rainbow flag is not a universal symbol all LGBTI people recognize – especially those who are older, younger, less educated, or from rural areas – inclusive messaging requires nuanced, multi-faceted efforts tailored to reach diverse LGBTI populations.^{xvi}

During field visits, the WRC spoke with a wide range of institutional actors on the topic of mitigating GBV risks and bridging service gaps affecting LGBTI refugees. A common theme across these conversations was the expression of heartfelt inter-

xvi See IOM and UNHCR (2015); note xi, page 70, Module 1 Participant Guide.

est in doing more to protect LGBTI refugees. There was also wide acknowledgment that greater dialogue and collaboration between humanitarian actors and host community LGBTI organizations and LGBTI-friendly organizations will be essential to these efforts.

Enhancing the protection space for urban LGBTI refugees is a problem as urgent as it is important, both because of the gravity of the risks and rights violations they experience daily, and because humanitarian principles demand a proactive response.



A Syrian transwoman refugee in Beirut participates in programs run by MOSAIC. ©MOSAIC



Notes

1. See, e.g. UNHCR, *Guidelines on International Protection No. 9: Claims to Refugee Status based on Sexual Orientation and/or Gender Identity within the context of Article 1A(2) of the 1951 Convention and/or its 1967 Protocol relating to the Status of Refugees* (2012), <http://www.unhcr.org/50ae466f9.html>
2. HIAS, ORAM, and Heartland International are among a handful of organizations leading the way in researching and advocating around the protection gaps affecting LGBTI refugees. See, e.g., ORAM, *Blind Alleys: The Unseen Struggles of Lesbian, Gay, Bisexual, Transgender and Intersex Urban Refugees in Mexico, Uganda, and South Africa* (2013); HIAS, *Triple Jeopardy: Protecting At-Risk Refugee Survivors of Sexual and Gender-Based Violence* (2014); HIAS, *Invisible in the City: Protection Gaps Facing Sexual Minority Refugees and Asylum Seekers in Urban Ecuador, Ghana, Israel, and Kenya* (Yiftach Millo for HIAS) (2013); Heartland Alliance International, “No Place for People Like You” (2014).
3. UNHCR, *Need to Know Guidance 2: Working with Lesbian, Gay, Bisexual, Transgender & Intersex Persons in Forced Displacement* (2011), <http://www.refworld.org/pdfid/4e6073972.pdf>
4. Some calculations put this number at 76, others at 79. See Erasing 76 Crimes, <http://76crimes.com/2012/07/16/76-countries-or-78-where-homosexuality-is-illegal/>
5. Although the Lebanese Penal Code does not explicitly criminalize homosexuality, Section 534, which prohibits “sexual intercourse contrary to the order of nature,” is often used as a basis for arresting and prosecuting LGBTI individuals. See Amnesty International, Country Report: Lebanon, <https://www.amnesty.org/en/countries/middle-east-and-north-africa/lebanon/report-lebanon/>
6. In Quito, a refugee service provider reported referring LGBTI refugees to a faith-based organization because that organization specializes in serving “vulnerable populations.”
7. Given the rarity, on a global level, of targeted interventions to enhance LGBTI refugees’ protection and reduce GBV risk, the “good practices” profiled herein may be more suitably cast as minimum standards for all field operations. Similarly, once the “best practices” profiled in UNHCR’s recent report have been proven effective, they may be incorporated into an evolving suite of minimum standards or operating procedures for promoting LGBTI refugees’ protection. UNHCR 2015 Protecting Persons, note ix, page 69.
8. UNHCR does not, as a matter of practice, rent premises for housing refugees.
9. LGBTI refugees in Quito and Delhi reported this either to the WRC during an individual interview, or to a refugee service provider, who then communicated it to the WRC.
10. See UNHCR, *Age, Gender and Diversity Policy* (2011) and *Age, Gender and Diversity Mainstreaming Forward Plan 2011-2016* (2011).
11. These recommendations are made alongside, and are intended to be complementary to, those recently put forward by IOM/UNHCR in their comprehensive training package, see note iv, page 4, as well as those put forward by Heartland Alliance, HIAS, and ORAM. See, e.g., Heartland Alliance International, *No Place for People Like You: An Analysis of the Needs, Vulnerabilities, and Experiences of LGBTI Syrian Refugees in Lebanon* (2014); HIAS, *Triple Jeopardy: Protecting At-Risk Refugee Survivors of Sexual and Gender-Based Violence* (2014); and ORAM, *Blind Alleys: The Unseen Struggles of Lesbian, Gay, Bisexual, Transgender and Intersex Urban Refugees in Mexico, Uganda and South Africa* (2013).
12. Recently, UNHCR joined with 11 other UN entities to call on states to act urgently to end violence and discrimination against LGBTI adults, adolescents, and children. *Ending Violence and Discrimination Against Lesbian, Gay, Bisexual, Transgender and Intersex People* (September 2015), http://www.unicef.org/media/files/Joint_LGBTI_Statement_ENG.pdf
13. ORAM recently published a toolkit for actors providing services to LGBTI refugees and/or processing their asylum claims; the kit including posters and other products for creating a safe, LGBTI-friendly space. ORAM, *Credibility and Assessment and Protection Suite – SOGI* (2015), http://oraminternational.org/en/?option=com_content&view=article&id=382



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