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“We Have a Broken Heart”: Sexual Violence against Refugees in Nairobi and Mombasa, Kenya

*The Experiences of Congolese, Somali, and
South Sudanese Men, Boys, and Trans Women*

October 2019



The Women's Refugee Commission (WRC) 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.

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****Note that this report contains graphic descriptions of sexual violence.****

Cover photo: In Ongata Rongai, near Nairobi, home to many South Sudanese refugees.
Photo © Sarah Martin



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Executive Summary

“We have a broken heart here. We feel insecure. No one wants to help us.” – “Aisha,” trans refugee woman from Somalia.¹

Up to 150,000 refugees and asylum seekers reside in the urban centers of Nairobi and Mombasa, Kenya.² Most refugees³ 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 suffer extensive sexual violence within their families and communities as well. Less is known about the sexual victimization of 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 cisgender⁴ gay men, trans men, and others with diverse SOGIESC) and trans women in their home countries, during flight, and in Nairobi and Mombasa. Intersections between sexual violence against men and boys and 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, including adolescent boys, young men, adult men, adult women, men with physical disabilities, and refugees with diverse SOGIESC.⁵ Data were coded and analyzed thematically using NVivo 12, a qualitative data

- 1 Names of refugees who participated in this research were neither requested nor recorded. For quotes included in this report, names were randomly assigned.
- 2 As of May 2019, UNHCR reports that around 75,000 refugees and asylum seekers reside in Nairobi. However, unofficial estimates suggest that the true figure is up to 100,000, in part due to the large number of long-term Somalis who never officially registered. Official figures for Mombasa were not identified; the Danish Refugee Council estimates that 50,000 refugees reside in Mombasa. UNHCR, *Statistical Summary: Refugees and Asylum Seekers in Kenya as of 31 May 2019*, (2019), <https://www.unhcr.org/ke/wp-content/uploads/sites/2/2019/06/Kenya-Statistics-Package-31-May-2019.pdf>. UNHCR, *Navigating Nairobi: A Review of the Implementation of UNHCR's Urban Refugee Policy in Kenya's Capital City* (2011), para 26. Danish Refugee Council, Kenya, <https://drc.ngo/where-we-work/east-africa/kenya>.
- 3 Although asylum seekers are not officially recognized by the national government as refugees, this report refers to them as such for ease of reading and because many meet the definition of a refugee as defined in the 1951 UN Refugee Convention and 1967 Protocol.
- 4 Cisgender means having a gender identity that matches one's assigned sex. See Key Definitions at the end of the report.
- 5 The refugees with diverse SOGIESC who participated in this study were assigned male at birth (including cisgender gay men, men who have sex with men, and trans women). This report uses the language “refugees with diverse SOGIESC” because some of the refugees who participated in this research were assigned male at birth but did not explicitly identify as gay, bisexual, transgender, nonbinary, or other well-known categories. Data on trans men (that is, men who identify as men and were assigned female at birth) were collected through key informant interviews and the literature review; however, no focus groups with trans men were convened due to an inability to access this population. (See Research Limitations in the Appendix.) The sample included at least one intersex person who was assigned male at birth.



management software. The University of New South Wales and the Kenya Medical Research Institute granted ethics approval for this study. Permits and approvals were also received from Kenya's National Commission for Science, Technology, and Innovation, the Government of Kenya's Refugee Affairs Secretariat, and the Nairobi and Mombasa County Commissioners.

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 other tribes; however, the potential 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. Across settings, conflict-related sexual violence is perpetrated during home raids, village attacks, flight, and in captivity or detention. 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; all refugee research participants with diverse SOGIESC (26 in total) spontaneously disclosed having suffered sexual victimization in their countries of origin.
- 2. In Nairobi and Mombasa, all refugee research participants with diverse SOGIESC also 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 to be 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.⁶ Livelihood barriers contribute to increased vulnerability to sexual exploitation among refugee youth and refugees with diverse SOGIESC.
- 3. Sexual violence against men and boys is perpetrated in ways that intersects with violence against women and girls. Male sexual victimization 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 victimization may contribute to familial poverty and divorce. Research participants—refugees and key informants—drew links between men's and boys' sexual victimization and their perpetration of intimate partner violence and other forms of violence against women and girls.⁷ This needs further investigation.
- 4. The mental health, physical, social, and economic repercussions of sexual violence on men and boys (including those with diverse SOGIESC) and trans women are far reaching, as they are for cisgender women and girls.** Service providers reported that the mental and

6 See Key Definitions at the end of the report for definitions of sexual violence, sexual exploitation, sexual abuse, and other terms used in this report.

7 It is important to refrain from stigmatizing men who have survived various forms of violence and from assuming that they will perpetrate additional violence; the linkages between victimization and perpetration are complex (see Intersections with Violence against Women and Girls section).



physical impacts of sexual victimization on cisgender male and transgender refugees in the study sites include post-traumatic stress disorder, anxiety, depression, sexual dysfunction, and somatization,⁸ as well as rectal fissures and fistulae, hemorrhoids, and sexually transmitted infections, including HIV, among others. 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. Survivors with fecal incontinence frequently encounter difficulties in maintaining their livelihoods due to malodorous leakage, the inability to perform physical labor, and time spent pursuing medical care.

- 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, and some refugees—particularly those with diverse SOGIESC—are struggling to meet their basic needs, such as food and shelter. Comprehensive, good quality mental health services for survivors are scarce. Access to refugee documentation has become increasingly difficult for urban refugees, and unaccompanied children and persons with diverse SOGIESC in particular have significant unmet protection needs.
- 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 (particularly for refugees with camp-based documents); economic hardship and scarce livelihood opportunities (especially for refugees with diverse SOGIESC and unaccompanied adolescents); legislative barriers, particularly the criminalization of same-sex sexual activities; negative provider attitudes and practices; poor awareness of service availability among the studied refugee communities; and socio-cultural barriers. Enablers include significant governmental and civil society efforts to advance care for survivors in Kenya as a whole, such as the development of national guidelines and protocols that are inclusive of male survivors; 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 Sexual Offences Act (2006).⁹

8 The presentation of physical symptoms that cannot be fully explained by the presence of a medical condition, often associated with stress, anxiety, or other psychological factors. American Heritage Medical Dictionary, <https://www.yourdictionary.com/somatization#americanheritage>.

9 Government of Kenya, The Sexual Offences Act (2006).



WRC's work with men and boys is feminist in its approach and prioritizes accountability to women and girls. We do this by:

- exploring the ways in which sexual violence against men and boys impacts the lives of women and girls;
- exploring the ways in which sexual violence against men and boys intersects with violence against women and girls;
- advocating for services for and attention to male and female survivors, including those with diverse SOGIESC;
- working to dispel the myth that post-sexual violence services are widely available for women and girls but not for men and boys: across humanitarian settings, they frequently weak and require strengthening for all survivors; and
- including experts on violence against women and girls and persons with diverse SOGIESC on our Global Advisory Committee.

Recommendations

These recommendations are specific to the urban refugee response to sexual violence and serve to complement existing recommendations related to strengthening urban refugee protection and sexual violence-related prevention, mitigation, and response efforts in Kenya overall.¹⁰ It is essential to ensure that efforts to address sexual violence against men and boys (including those with diverse SOGIESC) complement and reinforce services for women and girls, who are exposed to multiple and repeated forms of gendered violence, discrimination, and service access barriers. Targeted efforts should be undertaken to enhance protection, expand service provision, and enable access to services for all survivors—women, girls, men, and boys, including those with diverse SOGIESC, as well as persons who do not conform to the gender binary.

To the Government of Kenya:

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

¹⁰ See, for example, recommendations set forth in: Carol Ajema et al., "Challenges experienced by service providers in the delivery of medico-legal services to survivors of sexual violence in Kenya," *Journal of Forensic and Legal Medicine* 18:4 (2011), p. 162-166; Anne Gatuguta et al., "Missed treatment opportunities and barriers to comprehensive treatment for sexual violence survivors in Kenya: a mixed methods study," *BMC Public Health* 18:1 (2018), p. 769; Norwegian Refugee Council and International Human Rights Clinic at Harvard Law School, *Recognising Nairobi's Refugees: The Challenges and Significance of Documentation Proving Identity and Status* (November 2017); RefugePoint, *Disaggregating LGBTIQ Protection Concerns: Experiences of Displaced Communities in Nairobi* (2018); and Cynthia Khamala Wangamati et al., "Post-rape care services to minors in Kenya: Are the services healing or hurting survivors?" *International Journal of Women's Health* 8 (2016), p. 249-59.

**To UNHCR 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, such as community-based foster care for heterosexual, cisgender child survivors and discreet safe houses for refugees with diverse SOGIESC, including specific safe houses for trans women, cisgender gay men, and unaccompanied adolescents with diverse SOGIESC, as appropriate.
- Continue to engage adolescent boys and girls, as well as persons with diverse SOGIESC, in the development of prevention and risk mitigation strategies for sexual exploitation, such as appropriate livelihoods initiatives, cash-based interventions, and increased access to schooling, especially in Mombasa.
- Develop a comprehensive strategy to support refugee-led and other community-based organizations serving urban refugee communities, such as through promoting networks, supporting leadership skills development, providing technical assistance with fundraising and grant-writing, and strengthening financial accountability systems.
- Continue to expand sensitization trainings of service providers, the police, the judiciary, and others to improve respectful, appropriate responses to cisgender female and male survivors, transgender and nonbinary survivors, child and adolescent survivors, and survivors who sell sex, all of whom may have diverse sexual orientations and/or sex characteristics.
- Ensure efforts employ disaggregated approaches to address the unique protection needs of refugees with diverse SOGIESC, including targeted approaches for trans women, trans men, gay men, lesbians, and others, as well as the specific protection needs of different nationalities, in coordination with other agencies, including community-based organizations.

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, including sensitized services for cisgender female and male survivors, transgender and nonbinary survivors, child and adolescent survivors, and survivors who sell sex, all of whom may have diverse sexual orientations and/or sex characteristics.
- Increase engagement of refugee outreach workers and peer educators, including Congolese, Somali, and South Sudanese refugees with diverse SOGIESC.
- Support the technical capacity development of health providers to improve clinical management of cisgender female and male survivors, transgender and nonbinary survivors, child and adolescent survivors, and survivors who sell sex, all of whom may have diverse sexual orientations and/or sex characteristics.
- Provide ongoing sensitization and training of staff on the gender-based violence guiding principles and on human right-based approaches to improve respectful, appropriate responses to cisgender female and male survivors, transgender and nonbinary survivors, child and adolescent survivors, and survivors who sell sex, all of whom may have diverse sexual orientations and/or sex characteristics.
- Ensure the availability of sensitized female and male counselors, therapists, and social workers so that survivors have a choice regarding the gender of the staff they work with.
- Promote clinical supervision and provide mental health support, including assistance with self-care and management of vicarious traumatization, for frontline staff.

- Support survivors' access to rectal and vaginal repair surgeries and offer a consistent supply of free incontinence products for survivors who require them.
- Prioritize HIV prevention, testing, awareness-raising, and referrals to services, including the development of targeted strategies to reach vulnerable populations, such as refugees selling sex (including adolescent boys and young men) and persons with diverse SOGIESC.
- Explore engagement with sensitized, sympathetic religious leaders (such as local imams and pastors) to support the recovery of cisgender female and male survivors, transgender and nonbinary survivors, child and adolescent survivors, and survivors who sell sex, all of whom may have diverse sexual orientations and/or sex characteristics.

To donors, including donor governments:

- To donor governments: Increase resettlement of refugees with diverse SOGIESC.
- Provide much-needed 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.
- Support the capacity development of existing structures and systems to improve prevention, mitigation, and response to sexual violence for all survivors.
- Fund local and community-based organizations serving urban refugee communities to help strengthen community-based protection, improve awareness-raising on sexual violence, and promote service uptake among survivors.
- Fund organizations serving urban refugees with diverse SOGIESC, particularly refugee-led organizations, and ensure inclusive support for less visible populations and nationalities, such as trans men and trans women, lesbian and bisexual women, and refugees with diverse SOGIESC from Somalia, South Sudan, among others.
- Sufficiently fund livelihood initiatives, including tailored programs for trans women, trans men, lesbians, gay men, and others with diverse SOGIESC, as well as adolescent girls and boys, young men, and young women.
- Support provision of comprehensive mental health and psychosocial support for sexual violence survivors and their families, including individual and group counseling (as appropriate) and sensitized, disaggregated support for survivors with diverse SOGIESC.
- Support safe shelter for refugees at risk of sexual violence and vulnerable refugee survivors, including survivors with diverse SOGIESC.
- Fund comprehensive HIV prevention, treatment, and care programs targeting urban refugees, including material and psychosocial support for those living with HIV.
- Fund medical care and material support for survivors with complex health impacts, including rectal and vaginal repair surgeries, and a consistent supply of free incontinence products for survivors who require them.
- Urgently fund material support and cash-based interventions for vulnerable populations, particularly trans women, trans men, unaccompanied minors, and young people selling sex, including funding to extend the timeframe for cash assistance for newly arrived refugees with diverse SOGIESC.



Introduction

Kenya has long served as a host country for refugees¹¹ fleeing war and persecution in the region. Around 400,000 refugees reside in two major camps—Dadaab and Kakuma—and up to 150,000 more live in Nairobi and Mombasa.¹² Thousands more reside in other urban centers around the country. Close to 90 percent of refugees in Kenya originate from three countries: Somalia, South Sudan, and the Democratic Republic of the Congo (DRC), which have suffered devastating armed conflicts for decades.¹³ These conflicts are marked by widespread atrocities and human rights violations, including extensive sexual violence. Although Kenya provides relative safety, refugees in urban settings continue to face significant challenges. Since the passage of a 2014 government directive that effectively criminalized refugees living outside of designated camps without official permission, many urban refugees lead a precarious existence, punctuated by anxiety, exploitation, and economic struggles.

Refugee women and girls are often targeted for multiple forms of sexual violence and abuse in their countries of origin, during flight, and in Kenya. For refugee women living in urban settings in Kenya, barriers to accessing post-sexual violence services remain high. Refugee men and boys, including persons with diverse SOGIESC, are also vulnerable to sexual violence in their home countries and during the various stages of displacement, yet less is known about their experiences and their access to care in Kenya.

This exploratory study aimed to garner deeper insights into sexual violence experienced by Congolese, Somali, and South Sudanese refugee men and boys (including those with diverse SOGIESC) and trans women in the urban settings of Nairobi and Mombasa. It is part of a broader three-country¹⁴ study being undertaken by the Women's Refugee Commission (WRC) examining sexual violence against refugee men and boys, which includes investigating the ways in which this violence intersects with violence against women and girls and impacts the lives of women and girls.¹⁵

Overview of Methods

This exploratory study examined the nature and characteristics of sexual violence¹⁶ against refugee and asylum-seeking men and boys (including those with diverse SOGIESC) and trans women residing in Nairobi and Mombasa. The study also explored the availability of post-sexual violence services in these two cities and cisgender male and transgender survivors' access to these services. Congolese, Somali, and South Sudanese refugees were prioritized given that they make up the majority of refugees in Kenya¹⁷ and because there is limited information on refugees with diverse

11 See note 3

12 See note 2.

13 UNHCR, *Statistical Summary*.

14 The other two countries are Bangladesh and Italy.

15 For more information on the Women's Refugee Commission's Sexual Violence Project, see <https://www.womensrefugeecommission.org/svproject>.

16 See Key Definitions at the end of the report for definitions of sexual violence, sexual exploitation, sexual abuse, and other terms used in the report.

17 According to UNHCR, as of May 2019, the top countries of origin for refugees and asylum seekers in Nairobi are, in order of population, Somalia, DRC, Ethiopia, and South Sudan. For Kenya as a whole, the top countries of origin are Somalia, South Sudan, DRC, and Ethiopia. UNHCR, *Statistical Summary*.



SOGIESC within these communities.¹⁸ The study focused on individuals who identify as men or boys or were designated as male at birth.¹⁹ The purpose of this study is to gain insights into sexual violence against refugee men, boys, and trans women in order to inform humanitarian practice to strengthen responses for all survivors, including those with diverse SOGIESC. The aim is not to document human rights abuses for legal accountability purposes. Although refugees were not asked about personal experiences of violence, some refugee research participants spontaneously disclosed victimization during focus group discussions. It was beyond the scope of the study to corroborate each account.

In-country data collection was conducted in Nairobi and Mombasa from April 29 to May 10, 2019. Three methods of data collection were employed:

- **Document review** was undertaken prior to in-country data collection to identify and summarize existing data related to sexual violence against urban refugees in Kenya.
- **Semi-structured interviews with 40 key informants representing 29 agencies were undertaken with international and local humanitarian responders, service providers, and human rights experts.** Key informants were purposively selected based on their roles and their agency's mandate. Chain referral sampling, in which purposively selected informants refer other potential study participants, was used to identify additional key informants.
- **24 focus group discussions (FGD) with 149 refugees were held:** four FGDs with persons with diverse SOGIESC (18+), four FGDs with adolescent boys (age 15-17), four FGDs with young men (age 18-24), four FGDs with adult men (age 24-60), four FGDs with men with physical disabilities (age 18+), and four FGDs with cisgender women (age 24+). Focus group discussion participants (refugees) were recruited by community leaders (identified by UNHCR) and UNHCR's and HIAS's community mobilizers. Participants were identified based on age, nationality, gender identity, gender assignment, and sexual orientation.

The University of New South Wales and the Kenya Medical Research Institute granted ethics approval for this study. Permits and approvals were also received from Kenya's National Commission for Science, Technology, and Innovation, the Government of Kenya's Refugee Affairs Secretariat, and the Nairobi and Mombasa County Commissioners. A Global Advisory Committee and a National Reference Group were established to provide additional guidance and ethical oversight. Data were thematically coded and analyzed using NVivo 12, a qualitative data management software.

Limitations included non-representative sampling, possible translation error, and lack of participation of trans men and persons with intellectual disabilities. See Appendix A for further details on research limitations, ethical considerations, methods, participant recruitment, informed consent, translation, analysis, and validity.

18 More is known about refugees with diverse SOGIESC from Uganda. See: RefugePoint, *Disaggregating LGBTIQ Protection Concerns*.

19 See note 5.



Figure 1: Sites of Data Collection in Kenya



Findings

Sexual Violence in Countries of Origin

“Sexual violence in conflict is meted [out] on women and men—it’s the worst form of humiliation. When we engage with refugees from conflict contexts, we find men who have been sodomized, forced into violations of cultural practices by militias and others.” -Gender-based violence program officer.

In focus groups, refugees shared disturbing accounts of sexual violence against women, men, and children in their home countries. Heterosexual, cisgender refugees primarily described sexual violence against men and boys in the context of conflict, with some noting that it was a push factor to flee. Sexual abuse within families or by community members was also reported, although to a lesser extent. This was in contrast to refugees with diverse SOGIESC, including those from settings heavily affected by armed conflict, who mainly described being targeted for sexual violence by family and community members due to their SOGIESC status. In addition, all refugees with diverse SOGIESC (26 in total) spontaneously disclosed having personally suffered sexual violence, among other forms of violence, in their countries of origin.

Democratic Republic of the Congo



Box 1. Context: DRC

The Democratic Republic of the Congo (DRC) has been embroiled in conflict since the mid-1990s, which has claimed the lives of an estimated 5.4 million people between 1998 and 2007. Although the Second Congo War ended in 2003, violence and instability continue to plague the eastern provinces. In 2016, violence also erupted in the south-central region of Kasai, killing more than 3,000 people and displacing 1.3 million. Different regions throughout the country have struggled with chronic food insecurity, widespread human rights violations, and outbreaks of the Ebola virus. In 2018, DRC ranked 176 out of 189 countries on the Human Development Index, with almost 13 million people in need of urgent humanitarian aid.

Sexual violence by armed groups and civilians is pervasive in eastern DRC.²⁰ Millions of women and girls have suffered rape and other forms of sexualized violence.²¹ Some studies have assessed conflict-related sexual violence against men and boys in eastern DRC as well. For example, of 399 male respondents surveyed for a 2010 population-based study in selected settings in eastern DRC, 23.6 percent disclosed having suffered sexual violence—which translates into an estimated 760,000 men in the sample area.²² Of these, 64.5 percent reported that this violence was conflict related.²³ A 2012 survey of 708 men living in and around Goma found that 5.4 percent of civilians and 16.8 percent of combatants disclosed having suffered conflict-related rape or forced rape of others.²⁴ In a different 2012 survey of 889 men in North and South Kivu, 15.1 percent disclosed having experienced intimate partner sexual violence.²⁵ Other researchers and humanitarian organizations have documented sexual violence against men and boys in eastern DRC as well.²⁶

20 See: Kristen Johnson et al., "Association of Sexual Violence and Human Rights Violations with Physical and Mental Health in Territories of the Eastern Democratic Republic of the Congo." *JAMA* 304:5 (2010), p. 553-562; Amber Peterman et al., "Estimates and determinants of sexual violence against women in the Democratic Republic of the Congo," *American Journal of Public Health* 101:6 (2011).

21 Ibid.

22 Among women, 39.7 percent disclosed sexual victimization, of which 74.3 percent was conflict related. Kristen Johnson et al.

23 Kristen Johnson et al.

24 Henny Slegh et al., *Gender Relations, Sexual Violence and the Effects of Conflict on Women and Men in North Kivu, Eastern Democratic Republic of the Congo: Preliminary Results from the International Men and Gender Equality Survey (IMAGES)* (Sonke Gender Justice Network and Promundo-US, 2013).

25 Of 1,052 women, 25.1 percent reported suffering intimate partner sexual violence. Intimate partner sexual violence was defined as having been ever forced to have sex by a current or former spouse/partner. Stella Babalola et al., "Prevalence and Correlates of Experience of Physical and Sexual Intimate Partner Violence among Men and Women in Eastern DRC," *Universal Journal of Public Health* 2:1 (2014), p. 25-33.

26 Arche d'Alliance, *Rapport d'enquête et d'assistance aux hommes victimes des violences sexuelles à Fizi/Province du Sud-Kivu en République Démocratique du Congo* (Exercice 2003-2004) (n.d.); Maria Eriksson Baaz and Maria Stern, *The Complexity of Violence: A Critical Analysis of Sexual Violence in the Democratic Republic of Congo (DRC)* (Nordiska Afrikainstitutet, May 2010), p. 44; Mervyn Christian et al., "Sexual and gender based violence against men in the Democratic Republic of the Congo: effects on survivors, their families and the community," *Medicine, Conflict and Survival* 27:4 (2011), p. 227-246; Médecins Sans Frontières, Ituri, "Civilians still the first victims": *Permanence of Sexual Violence and Impact of Military Operations* (October 2007), p. 18; United Nations Secretary-General, *Report of the Secretary-General on Conflict-Related Sexual Violence, S/2018/250* (Geneva, 2018), para. 37.



For this study, Congolese refugees confirmed that men are subjected to conflict-related sexual violence in DRC; they also reported that women and girls are predominately targeted. Male respondents (adult and adolescent) commented that sexual violence against men and boys “happens a lot in the war in the Congo” and “is normal,” and that before the conflict, “men were not raped but most of them are now.” Among Congolese women, all reported that men and boys were targeted for conflict-related sexual violence, but respondents varied in their perception of the extent. Some commented that “it is common for men and boys to be raped in the war,” and that “they rape all of us, even the men,” whereas others said that men and boys were more likely to be killed than targeted for sexual violence.

Refugees reported that forcing men and boys to witness and perpetrate sexual violence against female family and community members is widespread in eastern DRC. (See Intersections with Violence against Women and Girls section.) Refugees also described armed groups raping entire families or raping the father in front of family members. For example, “Jeremy,” a 42-year-old Congolese man, shared: “[The Interahamwe (a Hutu paramilitary organization)] came to Bunia. They were raping some of the families. They knock on the door and break in. They rape the girls, the mother, and then the father in front of everyone. I saw that happen.” “Oliver,” a 23-year-old man from Goma, described an attack in Rutshuru near the Uganda and Rwanda borders, where other researchers have previously documented sexual violence against men and boys²⁷:

“In Rutshuru in North Kivu, I didn’t see it, but I heard about it from the family. There were rebels there and they were doing sexual violence and then killing people. At that time, there were some young boys who were sexually assaulted by the rebels. The whole family was fleeing [along with] other families, and people were looking for some place to be protected. ... The rebels raped all people—including men, women, boys, and small girls, everyone. Afterwards the family told us about this.”

Others discussed sexual violence and abuse in the context of imprisonment and captivity. “David,” 23, explained that the Interahamwe captured his neighbor in Goma, who later told him that: “They arrest the young guys. They oblige you to make sex between you and your fellow prisoners. They make you become a wife of someone.” The euphemism of a “being made someone’s wife” is commonly used to describe being forced into sexual relations with another prisoner. “Emmanuele,” 19, mentioned both penile- and object-anal rape by the Democratic Forces for the Liberation of Rwanda (FDLR): “From Goma to Walikale, the FDLR rebels came into the Congo. If they arrest you, they rape the men. Those rebels, if they are not able to rape you, they will take a stick and put it in your anus.” Some refugees described rape by guards and fellow prisoners in official Congolese prisons. One reported that wealthier men sometimes pay the guards to allow them to rape the male prisoners; however, it was beyond the scope of the study to corroborate this claim.

In addition to rape, key informants discussed genital violence, such as penile amputation and tying of the genitals, which other human rights investigators have also documented.²⁸ In one focus group, a young man from Goma explained how rebels catch people walking through the forest, where they “cut off your sex [penis] and take your photo.” In another group, “Serge,” a 49-year-old man, spontaneously shared:

27 International Alert, *“The War is Not Over”: Community Perceptions of Sexual Violence and its Underpinnings in Eastern DRC* (November 2010).

28 Amnesty International, *Amnesty International Report 2004 - Congo (the Democratic Republic of)* (May 2004); Katy Glassborow, “Call for Lubanga Charges to Cover Rape,” *Institute for War & Peace Reporting* (May 12, 2008), <https://iwpr.net/global-voices/call-lubanga-charges-cover-rape>; Human Rights Watch, *“You Will Be Punished”: Attacks on Civilians in Eastern Congo* (December 2009); International Alert, *“The War is Not Over.”*

"When there is the war in Congo, the Ugandan soldiers would come and make you drink ten liters of water. Then they beat you in your abdomen and then they cut your sex [penis] off. ... They tried to do it to me. There is not another story. In war, you are waiting for everything—you expect raping, killing, and everything bad to happen."

"Pierre," a 35-year-old man with a disability, explained how witnessing genital violence contributed to his decision to flee:

"I saw men being harassed sexually by [the M23 (rebel military group)] in Goma. It was the war in 2012, when they took Goma for some days. People were harassed, others were sexually traumatized. That is one of the reasons I left and became a refugee. They targeted men and women ... I have seen those men, the rapists cutting off a man's penis. I could testify to this. It made me feel traumatized."

A mental health provider working with refugees in Nairobi reported:

"There is one old man—[he and others] were captured in the Congo and were carrying things for the militias. He and some of his friends tried to run away, but he was old so couldn't run as fast as the young men and was recaptured. They tied his testicles with a long rope and made him pull a gun with his testicles while walking for days. He said he cried and cried, saying he had finished 'giving birth' [having children] so it was okay. He knew he could not have children anymore, which made me think [that] they had castrated him. He said, 'The worst thing a man can do to another man in Africa is to castrate him. They should have killed me rather than done that to me.'"

A different mental health provider shared:

"There was one [Congolese] man whose genitals were tied up. He said his cousin was one of the perpetrators—his cousin saw him and singled him out. His genitals were tied for two days. His stomach swelled and he could not pee for a number of days. He couldn't even untie it himself. After four or five days, he was rescued and taken to MSF [Médecins Sans Frontières] and they were able to untie it."

Refugees primarily described sexual violence perpetrated by nonstate armed groups. Commonly cited perpetrators were the M23, the Interahamwe, and the FDLR. According to the 2018 report of the United Nations Secretary-General on conflict-related sexual violence, 70.6 percent of 1,049 cases of sexual violence reported in DRC were carried out by nonstate actors.²⁹ In focus groups, refugees discussed sexual violence against men and boys by state actors in the context of imprisonment. Civilian-perpetrated sexual violence against men was also mentioned, usually in relation to revenge attacks for wrongdoing.

Boys

Girls are at high risk of sexual violence in eastern DRC.³⁰ Less research was identified on sexual violence against boys, although two studies found high reporting of boyhood sexual victimization. A 2012 survey of 708 men in and around Goma found that 35.4 percent of men disclosed experiencing sexual abuse in the home as a child; 19.4 percent of the sample reported being forced (as a child)

29 United Nations General Assembly and Security Council, *Conflict-related Sexual Violence: Report of the Secretary-General, S/2019/280* (March 29, 2019), para. 46.

30 An Verelst et al., "The mediating role of stigmatization in the mental health of adolescent victims of sexual violence in Eastern Congo," *Child Abuse & Neglect* 38:7 (2014), p. 1139-1146.



to have sex with an adult they knew, 18.8 percent forced to have sex with other children, and 17.6 percent forced to have sex with their teacher.³¹ Another study unveiled that, out of 50 adolescent boys (39 formerly associated with armed groups and 11 war-affected), 17 (34%) had suffered rape and 17 (34%) had experienced inappropriate touch.³²

In focus groups for this study, adult refugees said that adolescent boys in eastern DRC are vulnerable to sexual violence by armed groups, including rape and gang rape and being forced to rape female family members. (See the previous section and Intersections with Violence against Women and Girls section.) A 42-year-old man and a 35-year-old man both used the same language: "The rebels always target the boys and young women." Adult men exclusively described male perpetrators, whereas in separate focus groups with adolescent boys and women, respectively, participants described male and female perpetrators. Incidents involving women pertained to civilian perpetrators, such as a 40-year-old woman who became pregnant after abducting and raping a 16-year-old boy and a 12-year-old boy who was reportedly sexually abused by a group of women. An adolescent boy shared that his 17-year-old cousin was forced to marry a 45-year-old woman. Though female perpetrators associated with armed groups were not mentioned during the focus group discussions, Johnson et al.'s 2010 household study on sexual violence in eastern DRC found that while men were the primary perpetrators of sexual violence, the proportion of female perpetrators was not insignificant.³³ MSF has also documented cases of men and boys being raped by female fighters or guards in eastern DRC.³⁴ At the same time, evidence demonstrates that the substantial majority of perpetrators are men.³⁵

Persons with diverse SOGIESC

In DRC, persons with diverse SOGIESC face widespread harassment, arbitrary detention, and abuse.³⁶ They are extremely vulnerable to sexual violence, including so-called "corrective" rape³⁷—that is, rape perpetrated with the intent to force a person with perceived diverse SOGIESC (often lesbians) to become heterosexual or cisgender and as punishment for transgressing gender norms. In DRC, trans men and lesbians may be particularly targeted for sexual violence.³⁸ For this study, all Congolese refugees with diverse SOGIESC spontaneously reported having been sexually victimized in their home countries. However, they primarily discussed rejection and generalized violence by their families as a result of their sexual orientation or gender identity, which had upended their lives and frequently forced them to flee. "Jean-Pierre," a young gay man, underscored the risks from family members:

31 Among 754 women, 29.7 percent disclosed experiencing sexual violence in the home as a child; 14.2 percent of the sample reported being forced to have sex with an adult they knew, 10.7 percent forced to have sex with other children, and 15.7 percent forced to have sex with their teacher. Henny Slegh et al., *Gender Relations, Sexual Violence and the Effects of Conflict on Women and Men in North Kivu, Eastern Democratic Republic of the Congo: Preliminary Results from the International Men and Gender Equality Survey (IMAGES)*.

32 John McMullen et al., "Group trauma-focused cognitive-behavioural therapy with former child soldiers and other war-affected boys in the DR Congo: A randomised controlled trial."

33 In the sample, women reportedly perpetrated conflict-related sexual violence in 10.0 percent of male cases and 41.1 percent of female cases. Kristen Johnson et al.

34 Médecins Sans Frontières, *Ituri, "Civilians still the first victims,"* p. 18.

35 See: Kristen Johnson et al.; Médecins Sans Frontières, *Ituri, "Civilians still the first victims."*

36 Mouvement pour la promotion du respect et égalité des droits et santé (MOPREDS) et al., *Human Rights Violations Against Lesbian, Gay, Bisexual and Transgender (LGBT) People in the Democratic Republic of the Congo (DRC)* (October 2017); Christian Rumu, *Landscape Analysis of the Human Rights Situation of Lesbians, Gay, Bisexual, Transgender, Intersex People and Sex Workers in the Democratic Republic of the Congo* (UHAI EASHRI, 2017).

37 MOPREDS et al., *Human Rights Violations Against Lesbian, Gay, Bisexual and Transgender (LGBT) People in the Democratic Republic of the Congo (DRC)*.

38 Ibid.

"There are no really good experiences with the family. The family is the reason you have to leave your own home, the family is the one who persecutes you. If you come from a Christian or Muslim family, it's really hard for them to relate. It's not really the community, it's the family who persecutes you."

Further research on sexual violence against persons with diverse SOGIESC in DRC is warranted.



Somalia

Box 2. Context: Somalia

With civil war in the 1980s and the collapse of the central government in the early 1990s, Somalia has long suffered chronic instability, pervasive food insecurity, and widespread human rights violations. Al-Shabab, an Islamist militant group, has exploited the country's weak governance, gaining control of large ungoverned areas and launching internal attacks as well as in Kenya. Other armed non-state actors, such as clan militias, gangs, and paramilitary groups, operate largely with impunity. As of 2018, approximately 2.6 million Somalis were internally displaced and more than 870,000 were registered as refugees in the Horn of Africa and Yemen. From 2010 to 2012, an estimated quarter of a million people in Somalia died due to famine. As of June 2019, two million people were at risk of starvation due to severe drought and insecurity.

Sexual violence against women and girls—by armed groups and civilians—is common in Somalia.³⁹ Deeply entrenched gender inequality, weak governance, widespread displacement, and chronic insecurity have exacerbated vulnerabilities to sexual victimization and eroded protection mechanisms. Sexual violence against men and boys has also been documented. A 2014-2015 population-based survey found that, of 2,257 adult men, 1.4 percent disclosed sexual victimization during adulthood; the most frequently reported perpetrators were family friends (27%) and father/stepfather (23%).⁴⁰ Other human rights investigators and journalists have also documented conflict- and non-conflict-related sexual violence against men and boys in Somalia.⁴¹

For this study, refugees provided inconsistent reports on the perceived magnitude of sexual violence

39 Amnesty International, *Somalia: Rape and Sexual Violence in Somalia - An Ongoing Epidemic* (August 2013); Human Rights Watch, *"Here, Rape is Normal": A Five-Point Plan to Curtail Sexual Violence in Somalia* (February 2014); Legal Action Worldwide, *Legal Aid Providers Supporting Gender Based Violence Survivors in Somalia* (October 2014).

40 Among 2,376 women, 24.7 percent reported lifetime sexual violence victimization by an intimate partner and 3.6 percent reported lifetime non-partner sexual violence victimization. Note that the data for this study were collected from urban contexts; it is unclear how representative they are for rural settings. Andrea Wirtz et al., "Lifetime prevalence, correlates and health consequences of gender-based violence victimisation and perpetration among men and women in Somalia," *BMJ Global Health* 3:4 (2018).

41 CISP and International Alert, *The Complexity of Sexual and Gender-Based Violence: Insights from Mogadishu and South Central Somalia* (October 2015); Moulid Hujale, "For me it's like a murder": the surge in sexual attacks on children in Somalia," *The Guardian* (May 17, 2018), <https://www.theguardian.com/global-development/2018/may/17/surge-sexual-attacks-children-somalia>; United Nations Assistance Mission in Somalia, *Protection of Civilians: Building the Foundation for Peace, Security and Human Rights in Somalia* (December 2017), para. 70; United Nations Security Council, *Children and Armed Conflict: Report of the Secretary-General, A/72/361-S/2017/821* (August 24, 2017), para. 138; United Nations Security Council, *Report of the Secretary-General on Children and Armed Conflict in Somalia, S/2016/1098* (December 22, 2016), paras. 44, 47; United Nations Security Council, *Report of the Independent Expert on the Situation of Human Rights in Somalia, Shamsul Bari, A/HRC/24/40* (August 16, 2013), para. 50.



against men and boys in Somalia. Some reported that male sexual victimization is common by armed non-state actors (such as gangs and clan militias) and sometimes community members, while others said that it was rare, and still others commented that they had never heard of any incidents. Refugees were largely uncomfortable discussing the topic. (See Box 3.) Service providers working with Somali refugees believed that men and boys had been victimized, but said that few were coming forward to access post-sexual violence services, which they attributed to conservative norms within the community.

Refugees shared specific accounts of sexual violence against men predominantly in relation to forced witnessing by armed groups. (See Intersections with Violence against Women and Girls section.) Incidents of sexual violence by community members—including friends, neighbors, and employers—were also reported. “Farhan,” a young man from Mogadishu, spontaneously shared: “When I was young, I used to be on the streets. One day a guy tried to do this [sexual violence] to me, and I fought with him and he ran away. I remember that guy tried to do that to me, but I was okay—I was able to fight him.” Focus group participants reported that the resulting shame and stigma sometimes prompted the survivor to flee the country. For example, a 30-year-old man recalled, “One of my friends was raped by his other friends. It happened in [the Lower Shebelle region] and the guy came here [to Kenya] because he felt so ashamed. The people tried to abuse him and insult him [because he had been raped].” A 32-year-old man similarly shared, “[My neighbor] was raped and violated. He ran away to Europe because of this.”

Refugees described various contexts in which sexual violence against men is perpetrated in Somalia. They noted that, in the context of abuses by armed groups and gangs, sexual violence is primarily inflicted upon women and girls, but that men and boys may be targeted.⁴² Sexual violence during clashes between rival clans was also discussed. Inter-tribal violence is the most common form of armed conflict in Somalia.⁴³ “Warfaa,” 52, shared, “The man is the leader of the community. They rape the man to attack him—it’s other tribes who do this.” The 2014-2015 population-based survey found that, of the 1.4 percent of men who disclosed sexual victimization during adulthood, 13 percent reported that the perpetrator was someone from another clan.⁴⁴ A few refugees specifically reported sexual violence against men and boys of minority clans. “Faisal,” a 39-year-old man, said, “When I was around 18, there was a group in my area that came and raped and robbed my [male] neighbors. I am from a minority in Somalia so I could not defend myself. They were harassed because of being [from] a minority clan.” Other researchers have reported that men and boys, in addition to women and girls, from minority clans are vulnerable to sexual violence.⁴⁵

Refugees also said that sexual violence was commonly perpetrated during flight—including during attacks on buses—and at borders and checkpoints. Some noted that, at checkpoints and during random stops, men and boys fleeing Somalia are required to pay official and unofficial armed guards and groups to continue their journey, and may face physical and sexual violence if they are unable to do so. “Abdi,” a 32-year-old man, shared: “It’s always happening when they want money. If you don’t have any money, they might treat you like woman [rape you].” Other contexts in which sexual violence against men was mentioned included prisons and detention. Further research is warranted to better understand the forms, contexts, and characteristics of sexual violence against men and boys Somalia.

42 A few older refugee men mentioned sexual violence by the former gang *Ciyaal Faay Cali* (“the children of Faay Ali”), a group of orphaned boys who, among other things, reportedly raped women and men in the late 1980s and 1990s and sometimes inserted objects such as batteries into their anuses.

43 Danish Demining Group, *Dadaab Returnee Conflict Assessment* (August 2017), p. 20.

44 Andrea Wirtz et al., “Lifetime prevalence, correlates and health consequences of gender-based violence victimisation and perpetration among men and women in Somalia.” *BMJ*.

45 CISP and International Alert, *The Complexity of Sexual and Gender-Based Violence*. Andrea Wirtz et al.

Box 3. Data Collection Challenges among Somali Refugees

Many Somali refugees were hesitant to discuss sexual violence, apart from forced witnessing, against men and boys. Adolescents were particularly reluctant to discuss the issue. A limitation was that part of the in-country data collection overlapped with the beginning of Ramadan, when speaking about negative topics is discouraged. (See Research Limitations in Appendix A.) Overall, refugees were more comfortable speaking about generalized violence or sexual violence against women.

In focus groups where participants were more comfortable with the topic, the researchers, and the other participants, more disclosures and accounts ensued. In a focus group with five Somali men, participants openly discussed the issue, and all spontaneously shared first- or second-hand accounts: one disclosed being forced to watch the rape of his neighbor, one described surviving an attempted rape while collecting firewood as a child, one recounted the rape of two boys in his home town, and two described separate accounts of the rape of their male neighbors. In another focus group with young Somali men, all refugees initially reported that they had not heard of any accounts of sexual violence against men and boys in Somalia. Yet, later in the discussion—ostensibly once participants were more comfortable with the group and the researcher—a young man spontaneously disclosed personally experiencing a sexual attack.

"Ahmed," a 24-year-old man from a minority clan, underscored the difficulty in speaking about the issue: "It is very shameful to talk about it. I can't really talk about it. There are so many stories, but we can't talk about it in front of people." Men and women said that the taboo nature of the topic is intended to protect the victim, as reflected in the comments of an older Somali man: "There are a lot of men who are victims of abuse, but it is not easy to talk about it in the community. No one is sharing it, so the dignity of that person is preserved." Women would reportedly not disclose the sexual abuse of their sons in order to protect their reputations and future opportunities, including marriageability. Additional ethical approaches are needed to enable discussion of this issue with Somali refugees.

Boys

Children and young people in Somalia are particularly vulnerable to sexual violence. A 2012 survey by the UN Development Programme (UNDP) of 1,798 young men (aged 14 to 29) across Somalia revealed that an average of 6.8 percent disclosed experiencing sexual violence; prevalence ranged from 3.5 percent in Somaliland to 13.1 percent in Puntland.⁴⁶ A 2014-2015 population-based survey found that of 2,257 adult men, 1.8 percent reported sexual victimization during childhood; perpetrators included father/stepfather (34%) and family friend (16%).⁴⁷ The 2016 *Report of the Secretary-General on Children and Armed Conflict in Somalia* noted that the magnitude of sexual violence against children is likely underestimated due to a lack of good quality services for survivors and reporting barriers such as stigma and potential retaliation.⁴⁸

In this study, Somali adolescents were largely uncomfortable discussing sexual violence. (See Box 3.)

46 Among 1,540 young women surveyed across Somalia, 7.9 percent disclosed sexual violence, ranging from 3 percent in Somaliland to 13.4 percent in Puntland. UNDP, *Somalia Human Development Report 2012: Empowering Youth for Peace and Development* (2012).

47 Among 2,376 women, 4.7 percent reported childhood sexual abuse. Andrea Wirtz et al., "Lifetime prevalence, correlates and health consequences of gender-based violence victimisation and perpetration among men and women in Somalia."

48 United Nations Security Council, *Report of the Secretary-General on Children and Armed Conflict in Somalia*, para.



However, some of the accounts of sexual violence provided by adults involved boys, including rape, forced witnessing, and lethal sexual violence. Perpetrators included members of the community, other clans, and gangs. In focus groups with Somali men with disabilities, none believed that boys with disabilities were at increased vulnerability to sexual abuse. Other researchers have documented incidents of sexual abuse of boys with intellectual disabilities or mental health issues in Somalia.⁴⁹ Studies from non-conflict-affected settings indicate that men and boys with disabilities are at heightened risk of sexual violence.⁵⁰

Persons with Diverse SOGIESC

With few legal and social protections, persons with diverse SOGIESC in Somalia regularly encounter discrimination and violence, including sexual violence and so-called “honor-based” murders.⁵¹ All Somali refugees with diverse SOGIESC who participated in this study spontaneously reported suffering sexual violence in their home country, although most did not describe their experiences in detail. Two trans women spontaneously shared first-hand experiences of sexual violence, both by non-familial perpetrators. “Asha,” the first woman, recounted:

“I was going to see someone and I was wearing makeup. Oooh, it was too much pain. The police saw that I was wearing makeup, that I was dressed as a woman and was with my boyfriend. I was wearing a niqab, the officer pulled it down. The officer told me to come downstairs, he started touching and groping me. Then he took me to his home. ... He raped me and his friend also did that.”

“Jamila,” the second woman, described suffering sexual violence while fleeing to Kenya:

“My boyfriend died in an explosion in Somalia. When I realized that he was gone, I decided to come here. When I was coming to Kenya, I got hemorrhoids. I was raped by two conductors on the lorry.”

A young trans woman, “Amina,” said that parents may inflict “corrective” rape:

“You may have been sexually abused by a parent. They may force you to sleep with a woman to become straight. ... They may put a mattress in the middle [of the room] and make you have sex with a woman to [become straight]. It causes a lot of trauma.”

In addition to sexual violence, refugees described other forms of abuse and threats by family and community members, including attacks on their own lives and the murder of friends and other Somalis with diverse SOGIESC. “Ilhan,” a young trans woman, shared, “In 2018, I had a friend who was stoned to death.... She was tied up with her hands behind her back and they stoned her. That is what they do to us in these countries.” Some refugees said that their families had hired “hit squads” to kill them. Participants underscored that familial persecution did not end upon fleeing Somalia, with one trans woman sharing: “I am stressed so much about my family. They tried to kill me. My aunt, my uncle, are all in Nairobi now. [They said,] ‘If we see you, we will exterminate you.’”

44.

49 CISP and International Alert, *The Complexity of Sexual and Gender-Based Violence*, p. 42.

50 Emily Lund and Jessica Vaughn-Jensen, “Victimisation of children with disabilities,” *The Lancet* 380:9845 (2012), p. 867-869; Monika Mitra et al., “Prevalence and characteristics of sexual violence against men with disabilities,” *American Journal of Preventive Medicine* 50:3 (2016), p. 311-317.

51 Noor Ali, “Gay Somali Refugees Face Death Threats,” *Al Jazeera* (July 8, 2013), <https://www.aljazeera.com/indepth/features/2013/06/2013630131245411453.html>; Ben Christman, *Report on the Treatment of Gay Persons in Somalia (2016)*. SIDA, *The Rights of LGBTI People in Somalia* (2014).



South Sudan

Box 4. Context: South Sudan

South Sudan has suffered more than two decades of armed conflict that has decimated basic infrastructure, destroyed livelihoods, and disrupted the social fabric. In 2013, two years after gaining independence, the country became embroiled in a civil war that has killed an estimated 400,000 people and displaced an additional 4.2 million. In August 2018, a peace agreement was signed with the aim of developing a unity government, yet implementation has been delayed. Large areas of the country remain inaccessible due to poor infrastructure and conflict, impeding approximately 1.5 million people from receiving aid. Almost 60 percent of the population—6.9 million people—suffers severe food insecurity. South Sudan ranks 187 out of 189 countries on the 2018 Human Development Index.

A brutal civil war has gripped South Sudan since 2013. Sexual violence has been a key feature of the conflict,⁵² with thousands of South Sudanese women and girls suffering rape and other forms of sexual victimization.⁵³ Despite the development of a peace agreement by the major parties to conflict in August 2018, violence and human rights violations, including sexual violence, remain widespread.

Some men and boys have also been targeted for sexual violence. For instance, a 2018 survey among South Sudanese refugees in Uganda found that, of 434 men, 29 percent disclosed ever experiencing forced nudity, 9.7 percent genital harm, 3.7 percent rape, and 1.6 percent sexual slavery.⁵⁴ In a 2017 household survey that included 216 male respondents in Juba and 261 male respondents in Rumbek, 9 percent and 6 percent, respectively, disclosed some form of sexual violence.⁵⁵ An earlier study documented higher disclosures of sexual violence among men: of 267 male refugees from southern Sudan (now South Sudan) surveyed in 2008, 30.4 percent reported having ever experienced or witnessed sexual abuse of a man, and 17.1 percent disclosed personally experiencing sexual abuse.⁵⁶ The same study found that, of 67 men residing in conflict-affected Yei county (now in South Sudan), 46.9 percent disclosed having personally experienced sexual abuse, and 91.1 percent were somewhat or very worried about being subjected to forced sex at their current place

52 Amnesty International, *"Do Not Remain Silent": Survivors of Sexual Violence in South Sudan Call for Justice and Reparations* (2017); Mari Nagai et al., "Violence against refugees, non-refugees and host populations in southern Sudan and northern Uganda," *Global Public Health* 3:3 (2008), p. 249–270; UNMISS and OHCHR, *Conflict-related Sexual Violence in Northern Unity* (September - December 2018) (February 15, 2019); What Works to Prevent Violence et al., *No Safe Place: A Lifetime of Violence for Conflict-Affected Women and Girls in South Sudan* (2017).

53 OHCHR, *Report of the Commission on Human Rights in South Sudan*, A/HRC/34/63 (March 6, 2017); What Works to Prevent Violence et al., *No Safe Place*.

54 Among 503 women, 25.1 percent suffered forced nudity, 21.9 percent disclosed suffering rape, and 5.6 percent suffered sexual slavery. Refugee Law Project, *Hidden Realities: Screening for Experiences of Violence amongst War-Affected South Sudanese Refugees in Northern Uganda* (August 2017).

55 Among 477 women in Juba and 804 in Rumbek, 28 percent and 33 percent, respectively, reported ever experiencing non-partner sexual violence. What Works to Prevent Violence et al., *No Safe Place*.

56 Among women: of 949 female refugees from southern Sudan living in Uganda, 18.3 percent had personally experienced sexual abuse. Mari Nagai et al., "Violence against refugees, non-refugees and host populations in southern Sudan and northern Uganda."



of residence.⁵⁷ The Commission on Human Rights in South Sudan, Amnesty International, Human Rights Watch, and others have also documented sexual violence against men and boys in South Sudan.⁵⁸

For this study, refugees reported that women and girls are the primary victims of sexualized violence in South Sudan, and that men and boys are sometimes targeted as well. Forcing men and women to watch sexual violence against others was frequently reported. (See Intersections with Violence against Women and Girls section.) Another common account from South Sudanese refugees (across ethnic groups) was of armed groups forcing men and boys to choose between being raped and being killed. Amnesty International has also documented this practice.⁵⁹ For instance, “Akol,” a 16-year-old boy described an attack on his father, a government soldier who was killed in 2013:

“He was going through the Terekeka area. Those people with guns, they found him and stopped the vehicle. [They forced] everyone out—they took their guns and then they took the women and men and tried to force them to have sex with them. They want to fuck you by force because they are soldiers. Some men refused to be fucked, some agreed, they give you two options. ... If you agree, they fuck you and then let you go. If you refuse, they kill you. They removed my father’s gun and wanted to force him to be fucked. But the [government] soldiers were behind them and [the rebels] started fighting with those soldiers, so the people ran away. They didn’t have any clothes on and were about to be forced to have sex.”

Some refugees described rape with objects in the context of this practice. “Deng” explained:

“When it happens between the government [soldiers] and rebels, they sometimes rape men. Not only with their body, they do it with sticks to demoralize the other side. It is happening along the Juba road, if they know you are from a certain ethnicity. ... For example, the Dinka—if you are leaving from Juba to Nubeli, they will call [out] the Dinka on the bus. If you are lucky, you are killed. If not, they will rape you. In Unity State, in Bentiu, there are terrible incidents happening, it’s too common. The SPLA soldiers and the rebels are doing it, they are doing the atrocities. You pray that you will not get caught.”

In addition to rape, refugees described genital violence. One survey among South Sudanese refugees in Uganda found that more than twice as many surveyed men disclosed genital violence than rape: 9.7 percent vs 3.7 percent, respectively, among the sample.⁶⁰ Castration has been reported as a feature of the conflict.⁶¹ For this study, “Lam,” a young man with a disability, shared:

57 Of 360 women in living in a conflict-affected Yei county (now in South Sudan), 21.5 percent reported personally experiencing sexual abuse and 56 percent were somewhat or very worried about being forced to have sex at the current place of residence. Mari Nagai et al., “Violence against refugees, non-refugees and host populations in southern Sudan and northern Uganda.”

58 Amnesty International, “Do Not Remain Silent”; Human Rights Watch, *“They Burned it All”: Destruction of Villages, Killings, and Sexual Violence in Unity State South Sudan* (July 2015); Legal Action Worldwide, *Accountability for Sexual Violence committed by Armed Men in South Sudan* (May 2016); Alicia Elaine Luedke, *Violence Begets Violence: Justice and Accountability for Sexual and Gender-Based Offences in South Sudan* (Justice Africa, 2016); OHCHR, *Report of the Commission on Human Rights in South Sudan, A/HRC/40/69* (February 21, 2019), paras. 38, 40, 48, 81; United Nations Security Council, *Conflict-related Sexual Violence: Report of the Secretary-General, S/2015/203* (March 23, 2015), para. 48.

59 Amnesty International, “Do Not Remain Silent”, p. 41-44.

60 Refugee Law Project, *Hidden Realities*.

61 Human Rights Watch, *“They Burned it All”*; Legal Action Worldwide, *Accountability for Sexual Violence committed by Armed Men in South Sudan*, p. 6. Alicia Elaine Luedke, *Violence Begets Violence*, p. 16; OHCHR, *Report of the*

"I have a friend from the Mandari tribe. He was caught by one of the [rebel] armies. I went to several prisons and couldn't find him. After three weeks, [he] was found on the roadside and they had cut his testicles off. He had been tortured. The government soldiers took him to a hospital, and he lived."

Refugees reported that police officers may inflict genital violence as well. "Jok," a Dinka man, said: "During an investigation, the police may be trying to get information from someone, they may ... tie your testicles and it's very painful. If you don't release the secret, they do this since it's so painful. They use it as an interrogation technique." "Another Dinka man reported: "[Police] often torture your private parts. Some of the investigators are very rough. They may also use a needle in your testicles. It is common in the war."⁶² Focus groups participants said that sexual violence during detention, including by guards and fellow prisoners, was commonplace.

Other forms of sexual violence include forced nudity, with one study finding almost one-third of 434 South Sudanese male refugees disclosing this type of sexual violence.⁶³ In a focus group for this research, "James," 30, provided an example: "[A group of people] were caught by the SPLA. Their ears were cut off, which means that they don't hear the truth of the SPLA. Their clothes were taken away and they were tortured and had to walk naked. They do this because they want to intimidate the civilians. Both sides do it."

Refugees said that sexual violence is also perpetrated during flight, including at checkpoints and at the South Sudanese borders with Kenya and Uganda, which has been documented elsewhere.⁶⁴ A woman described the ordeal of her friend: "His brother was raped. Now the brother is not mentally together. When they were coming from the village, they were running to Uganda and they were trapped between the government [soldiers] and the rebels. We do not know who did it." One person said that rebel groups perpetrate sexual violence in the context of forced recruitment; additional information about this potential practice was not identified.

Refugees reported that sexual violence against men and boys is sometimes perpetrated outside of the context of conflict, including in relation to cattle raids and revenge attacks. "Machar," a 30-year-old man, shared:

"Cattle raiding is another episode where it is happening. The men will try to fight or defend their cows, and the men get killed. They also rape the women and the men. They do what they want to them. They say you need to be killed or have sex. Do you accept to sleep with another man?"

"Dut," a Dinka man, described an assault on his neighbor in Rumbek that sparked a revenge attack:

"It was in 2015 and I was there when they took him to the hospital. I heard that he was not feeling well, but I didn't know what happened to him. They [the community] said he should have been killed. The guy who was killed, the community was proud of him."

Commission on Human Rights in South Sudan, A/HRC/40/CRP.1 (February 20, 2019), para. 475; OHCHR, *Report of the Commission on Human Rights in South Sudan, A/HRC/37/71* (March 13, 2018), para. 26; UNICEF, *Statement - Unspeakable Violence against Children in South Sudan - UNICEF Chief* (June 17, 2015), https://www.unicef.org/media/media_82319.html.

62 OHCHR has also documented a case of genital torture with the use of needles on a male detainee's penis in South Sudan. OHCHR, *Report of the Commission on Human Rights in South Sudan, A/HRC/40/CRP.1* (February 20, 2019), para. 475.

63 Refugee Law Project, *Hidden Realities*.

64 Mari Nagai et al., "Violence against refugees, non-refugees and host populations in southern Sudan and northern Uganda."



It was actually 10 people who were raped and nine were killed. His relatives, after the rape, they went back to get revenge. It began like a war.”

Refugees reported that the perpetrators of sexual violence against men and boys were state actors—specifically the South Sudan People’s Defense Forces (SSPDF), formerly the Sudan People’s Liberation Army (SPLA)—as well as rebel groups and gangs such as the Arrow Boys, the Tiger Faction New Forces (“the Tigers”), the White Army, gangs of youth known as “The Niggaz,”⁶⁵ and other localized gangs, militias, and armed groups. Other research has found that government forces are often the primary perpetrators of sexual violence in South Sudan.⁶⁶

Boys

The major parties to conflict, including the SSPDF/SPLA, Sudan People’s Liberation Army-in Opposition, and the Lord’s Resistance Army, have perpetrated sexual violence against children.⁶⁷ Castration of young boys, including with possible genocidal intent,⁶⁸ has been documented.⁶⁹ UNICEF has reported lethal castration of boys.⁷⁰ Others have catalogued accounts of boys suffering different forms of sexual violence,⁷¹ including lethal rape.⁷² For this study, refugees reported that some boys are targeted for sexual violence. Most of the incidents related to rape; castration was not mentioned by refugees or probed by researchers.

Forced recruitment of children is reportedly widespread among parties to conflict,⁷³ and some refugees noted that the perpetrators themselves are children. One woman said: “The boys in the army who were brought to our area—they are young boys—they just rape—women, girls, and even boys. That’s why we fear to talk, because we think that if we talk about it, it will happen to us.” Another person noted that street children and orphans, who are numerous in South Sudan due to the prolonged armed conflict, are particularly vulnerable to sexual violence by civilians, gangs, and armed groups.

Boys are also exposed to sexual violence during flight. “Akol,” a 16-year-old unaccompanied boy, spontaneously disclosed experiencing an assault during his journey to Kenya:

“On the border with Uganda and Kenya, in Busia, the border guys asked me to show my passport. They asked for money, but I didn’t have any. They said, ‘You sleep here for three days at the police station at the border.’ There were six other prisoners. It was the first time for me to be taken to prison, a small boy like me and four boys who were bigger. ... I was the only South Sudanese. A man said, ‘Here is 50 shillings, have sex with me,’ but I refused. ... At night, he told me to stand up and he wanted to make

65 Ellen Martin and Irina Mosel, *City Limits: Urbanisation and Vulnerability in Sudan – Juba Case Study* (Overseas Development Institute, January 2011), p. 31.

66 Amnesty International, “Do Not Remain Silent”; Refugee Law Project, *Hidden Realities*.

67 Watchlist on Children and Armed Conflict, “UN Action: Perpetrators Listed in the Annexes of the Secretary-General’s Annual Reports on Children and Armed Conflict” (n.d.) <https://watchlist.org/countries/south-sudan/>; Watchlist on Children and Armed Conflict, “Everyone and Everything is a Target”: *The Impact on Children of Attacks on Healthcare and Denial of Humanitarian Access in South Sudan* (2018).

68 Alicia Elaine Luedke, *Violence Begets Violence*, p. 16.

69 Human Rights Watch, “They Burned it All”; Legal Action Worldwide, *Accountability for Sexual Violence committed by Armed Men in South Sudan*, p. 6.

70 UNICEF, Statement - Unspeakable Violence against Children in South Sudan, June 17, 2015, https://www.unicef.org/media/media_82319.html.

71 Human Rights Watch, “They Burned it All”; Alicia Elaine Luedke, *Violence Begets Violence*; OHCHR, *Report of the Commission on Human Rights in South Sudan*, A/HRC/40/69.

72 UNMISS, *Conflict in South Sudan: A Human Rights Report* (May 2014), para. 259.

73 See: Human Rights Watch, “We Can Die Too”: *Recruitment and Use of Child Soldiers in South Sudan* (December 2015).



me take off my clothes. ... I refused. I knew if I removed them, maybe he would rape me. I said, 'There is no way I can do that, I am a man and you are a man, too.' He tried to fight me, he caught me around my neck, and I shouted so the policemen will come. The Kenyan policemen started shouting, they pulled me to another room. I was in the other room for six days and then they took me to Kakuma."

Persons with Diverse SOGIESC

Little documentation about persons with diverse SOGIESC in South Sudan was identified. However, given the dearth of legal protections and widespread stigma against those who do not conform to sexual and gender norms, violence and discrimination are likely widespread.⁷⁴ Sexual violence against persons with diverse SOGIESC may be common in South Sudan;⁷⁵ further research is warranted.

For this study, all South Sudanese refugees with diverse SOGIESC spontaneously disclosed suffering sexual violence in their home country, noting that persons with diverse SOGIESC were particularly at risk from family and community members. "John," a 28-year-old gay man, shared an example of an assault on a trans woman he knew: "The family members beat her. There was a lot of physical violence, but they also exposed her nudity—they undressed her, ripped her clothes off, and exposed her naked body to the community. It was so humiliating."

Refugees emphasized that family and community members—and even religious authorities—may inflict various forms of violence, including beatings and killings, on persons due to their diverse SOGIESC status. One man described how members of his community in Western Equatoria had beheaded a gay man. "Dilek," a gay man, shared: "In Sudan, if you are gay or transgender—whatever it is—the first enemy is your own family. You get total rejection and the only thing they want for you is death. They won't do it directly, they will find a third party to kill you. Even if it's paying the cops to do it or having you arrested."

74 Australian Government, Department of Foreign Affairs and Trade, *DFAT Country Information Report: South Sudan* (October 2016). Equaldex, *LGBT Rights in South Sudan* (n.d.) <https://www.equaldex.com/region/south-sudan>; US Department of State, *Country Reports on Human Rights Practices for 2011: South Sudan* (2011).

75 SIDA, *The Rights of LGBTI People in Sudan and South Sudan* (November 2014).



Box 5. Context: Kenya

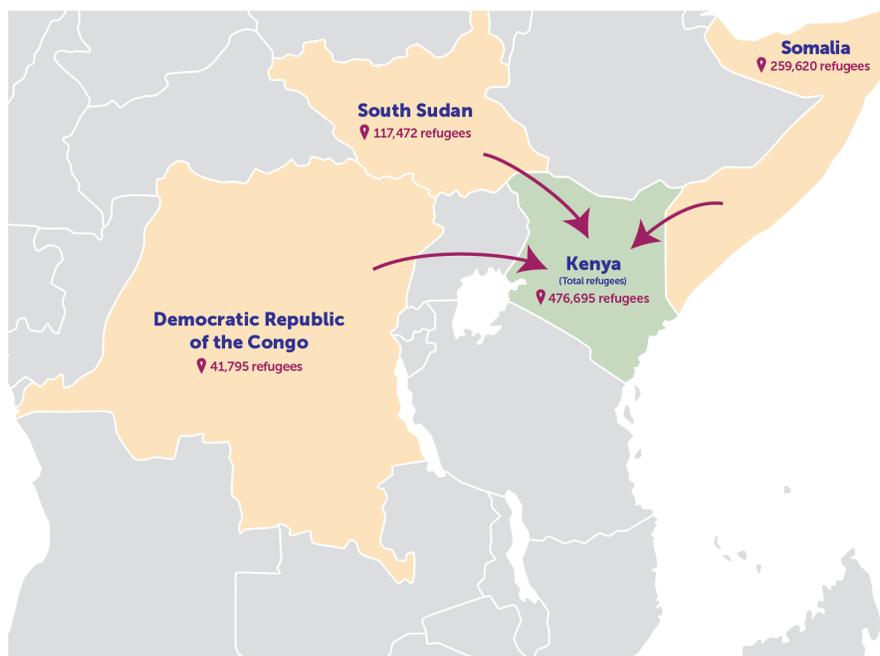
With around half a million refugees residing in country, Kenya hosts the sixth largest number of refugees in Africa as of December 2018. Most live in two designated camps: Dadaab in the east, near the Somali border, and Kakuma in the northwest, near Uganda and South Sudan. Tens of thousands more live in urban areas, including Nairobi, Mombasa, Nakuru, Eldoret, Kitale, Meru-Maua, Isiolo, and Bungoma. The majority (54%) originate from Somalia, with substantial numbers from South Sudan (25%) and DRC (9%). Other countries of origin include Ethiopia, Burundi, Sudan, Uganda, Eritrea, and Rwanda. According to UNHCR data (May 2019), men age 18 to 59 make up 30 percent of the refugee population in urban settings, in contrast to Dadaab (18%) and Kakuma (22%). Children, on the other hand, comprise a minority (39%) of urban refugees, but are the majority (57%) in the camps.

Kenya is a signatory to the 1951 Refugee Convention and, in 2006, passed the Refugees Act, which sets out the rights and status of refugees and asylum seekers in country, including affirming their right to movement and to work. However, in response to attacks by the Somali-based militant group Al Shabab, lawmakers have introduced increasingly restrictive policies, including a 2014 encampment directive that requires refugees to reside in officially designated camps and restricts their ability to move freely. State security forces have also initiated a series of crackdowns, mass arrests, and forced relocation of Somali refugees. In 2016, Somalis' *prima facie* refugee status was revoked and additional encampment regulations were introduced. Since mid-2014, the government has largely taken over refugee status determination processes from UNHCR, after which the issuance of refugee status documentation decreased. As of May 2019, UNHCR is only able to issue UNHCR refugee mandate certificates (which states that the persons listed on the certificate are refugees under UNHCR's mandate in Kenya) under exceptional circumstances.

The challenges related to urban refugee documentation in Kenya are complex. For further information, see Norwegian Refugee Council and International Human Rights Clinic at Harvard Law School's *Recognising Nairobi's Refugees: The Challenges and Significance of Documentation Proving Identity and Status* (November 2017).

Sources: [UNHCR 2019](#), [Norwegian Refugee Council 2017](#), [Human Rights Watch 2014](#)

Figure 2: Number of Congolese, Somali, and South Sudanese Refugees in Kenya and Total Refugees in Kenya as of May 2019



Source: UNHCR, *Statistical Summary: Refugees and Asylum Seekers in Kenya as of 31 May 2019*.

Sexual Violence in Nairobi and Mombasa

"Sex tourism is rampant in Mombasa. There are people who know where to get boys, they are 'gay for pay'... White people want someone between the age of 14 and 16. This age is very vulnerable—they want money. Social media is not regulated well. [A boy's profile] says he is 18 but the guy might even be 14. ... [The boys] don't know about safe sex for gay people. Many people think anal sex does not transmit HIV. For those boys who are practicing penetrative sex ... they don't use condoms, or they find at the end of the day that the person doesn't like the sex that was offered. They don't pay, or they pay more for unprotected sex. Sometimes they are paid as low as \$10 for a whole night." – Program officer working with persons with diverse SOGIESC.

Though Nairobi and Mombasa bring relative safety, refugees continue to struggle with insecurity, instability, and sometimes violence. Since 2014, the Kenyan government has instituted a series of measures that have increasingly restricted urban refugees' ability to access protection. (See Box 5.) In focus groups, refugees reported that police officers target them for harassment, extortion, and arbitrary arrest during random stops and at checkpoints; this practice was documented prior to 2014 as well.⁷⁶ Men, women, and adolescents described living in fear of authorities, which deterred them from venturing outside their living quarters to secure basic goods, such as food and medicine.

⁷⁶ UNHCR, *Newcomers to Nairobi: The Protection Concerns and Survival Strategies of Asylum Seekers in Kenya's Capital City* (July 2013).



Refugees with disabilities, unaccompanied youth, and refugees with diverse SOGIESC are reported to be particularly vulnerable to harassment and abuse by police and others.

Service providers offering post-sexual violence services for refugees interviewed for this study reported that some male survivors were coming forward to access services, but that they generally comprised less than 10 percent of sexual violence-related caseloads. This aligns with data from MSF's sexual and gender-based violence center in Mathare, Nairobi, bordering the Somali neighborhood of Eastleigh: of 866 sexual violence survivors served by their clinic in 2011, 8 percent were male.⁷⁷ Service providers expressed concern about under-reporting and the limited service uptake among both male and female refugee survivors.

According to the service providers interviewed, most of the male survivors served by their organizations were persons with diverse SOGIESC, male youth, and boys. They reported that, of the three communities included in this study, Congolese men are more likely to seek care, with fewer South Sudanese or Somali men seeking post-sexual violence services. They noted that this likely reflects additional barriers within these communities, rather than incidence.

Nairobi

Adult Heterosexual, Cisgender Men

Among Kenyans, an estimated 6 percent of men and 14 percent of women aged 15 to 49 report having ever experienced sexual violence.⁷⁸ Little research on sexual violence against adult refugee men in Nairobi was identified, apart from one study of 48 Somali men living in Eastleigh, Nairobi, in which 11 percent reported ever experiencing rape.⁷⁹ For this study, research participants reported that perpetrators targeted refugees—women, men, and children—for sexual violence due to their liminal legal status and other vulnerabilities such as poverty, language barriers, and limited knowledge of rights and legal recourse. As one gender-based violence officer noted, "Refugees are easy prey."

Adult refugee men with disabilities—particularly intellectual disabilities—as well as newly arrived men may be more vulnerable to sexual violence than their able-bodied and well-established counterparts. "Samatare," a Somali man with a physical disability, spontaneously disclosed:

"I've heard of so many boys being sodomized and raped but there was another case that happened to me. ... I came home from work, I was preparing myself to sleep. A few people attacked my house—they tried to rape my wife. I am happy because they did not [rape my wife]. When I woke up, I got scared. I did not know where the screaming came from. So when I shouted, they came and pulled me and hurt [raped] me instead."

Service providers reported that, among heterosexual, cisgender refugee men seeking services, perpetrators are often unknown to the survivor and are frequently from the host community. Attacks occur on the streets, such as on the way to work, going to the market or to appointments, or visiting others. For example, a legal aid officer shared the ordeal of one of her clients:

77 Vincent Buard et al., "Characteristics, medical management and outcomes of survivors of sexual gender-based violence, Nairobi, Kenya," *Public Health Action* 3:2 (2013), p. 109-12.

78 Kenya National Bureau of Statistics et al., *Kenya Demographic and Health Survey 2014* (December 2015).

79 Marina Widmann et al., "Khat use, PTSD and psychotic symptoms among Somali refugees in Nairobi—a pilot study," *Frontiers in Public Health* 2 (2014), p. 71.

"He was walking at night and harassed by police officers. They took everything that belonged to him. They left him alone, lying on the street. Some guys walking by attacked him. He was sodomized, but he can't report to the police. He doesn't know who [the perpetrators] were and is too ashamed [to report]."

In contrast, refugees primarily discussed sexual violence in the context of prison. Sexual violence is reportedly prevalent in Kenyan prisons,⁸⁰ and according to refugees, some police officers, guards, and fellow prisoners use sexual violence as punishment for not having money to meet extortion demands. Others stated that performing sexual favors or becoming someone's "wife" may be necessary to receive food or protection. Most of the sexual violence reported pertained to rape, including gang rape. One young Somali man reported an incident of forced witnessing in which police officers allegedly forced another young Somali man to watch them sexually assault a 14-year-old girl, while another Somali man alleged that sexual violence against refugee men and male youth is frequent while detained in police stations. These claims require further investigation. Human Rights Watch has documented accounts of police officers sexually victimizing male and female refugees in other parts of Kenya.⁸¹

A few service providers noted that perpetrators from DRC had followed some of their victims to Kenya, where they continued to sexually terrorize them. HIAS has recorded this practice in regard to Banyamulenge refugees, a stateless, ethnic Tutsi community from eastern DRC.⁸² A mental health provider shared:

"The perpetrators follow them [to Nairobi] from Congo and attack them. The trauma that they face—they thought they had gotten to a safe place and were okay and now this happening to them again. There is one gentleman who had been assaulted three times in one year. He knew it was caused by the same people and the same reasons—they were people who were hunting him down on purpose. They took him some place, assaulted him, and dumped him. He would say, 'Back home I belong to a certain political party.'"

In addition, an 18-year-old Somali man said that he was followed to Kenya by armed men who had attempted to rape him and his other family members during a home raid in Mogadishu; no other Somali research participants mentioned similar incidents.

Two refugees described sexual violence against men in the context of political violence in Kenya, which has been documented in relation to post-election violence.⁸³ "Makoi," a South Sudanese man, spontaneously disclosed that soldiers had raped him and beaten his genitals in the 2013 pre-election violence. An elderly Congolese man who had arrived in Kenya in the late 1970s shared his experience from almost 40 years ago: "In 1982, here in Nairobi during the attempted coup d'état, the military—when they failed—they went to look for the Indian women and they began to rape them. They were beginning to rape the girls, then the mothers, then the fathers. I saw it happen. They do it here, too."

80 LVCT Health et al., *Sexual Health and HIV Knowledge, Practice and Prevalence among Male Inmates in Kenya* (2009).

81 Human Rights Watch, *"Bring the Gun or You'll Die": Torture, Rape, and Other Serious Human Rights Violations by Kenyan Security Forces in the Manderu Triangle* (June 2009); Human Rights Watch, *Criminal Reprisals: Kenyan Police and Military Abuses against Ethnic Somalis* (May 2012).

82 HIAS, *Triple Jeopardy: Protecting At-Risk Refugee Survivors of Sexual and Gender-Based Violence* (2015), p. 28.

83 Beth Maina Ahlberg and Kezia Muthoni Njoroge, "'Not men enough to rule!': politicization of ethnicities and forcible circumcision of Luo men during the postelection violence in Kenya," *Ethnicity & Health* 18: 5 (2013), p. 454-468; Jessica Auchter, "Forced male circumcision: gender-based violence in Kenya," *International Affairs* 93:6 (2017) p. 1339-1356.



Research participants shared additional ad hoc incidents, including sexual violence within the work context and while drugged. One account of sexual enslavement was reported by a mental health provider:

"A [young] man from Congo was here. He was targeted because of his tribe and ran away. His father was killed, and his father's friend helped him to come to Kenya. The Kenyan person—who was a businessman—became the perpetrator. The Congolese refugee trusted this man who said he would help: 'You come to my village, I will get you a job.' He was taken away in Kenya. He was imprisoned and sexually abused for three years before he escaped. He was suicidal; he tried to get himself hit by a car for a few times. ... He has had a number of security incidents. The person was after him."

In the incidents shared by research participants, the large majority of the perpetrators were male, although some female perpetrators were reported.⁸⁴ For instance, a health provider noted:

"There were young men who were assaulted by a group of women who gave them some drugs so they would have an erection that went all night. The women would force them to have sex with them all the time. They use Viagra and another drug that puts them to sleep. They wake up with bruised penises. Some would even be assaulted anally with dildos and it may even be stuck in their anus. They then have a deep hatred of women. [One young man] felt so insulted—the insult was too deep, that they put something in his anus and left it stuck there."

Box 6. Sexual Exploitation of Children

Sexual exploitation refers to any actual or attempted abuse of a position of vulnerability, differential power, or trust for sexual purposes. This includes profiting monetarily, socially, or politically from the sexual exploitation of another person. Sexual exploitation of children includes the exploitative use of children in "prostitution", defined under Article 2 of the Optional Protocol to The Convention on the Rights of the Child as "the use of a child in sexual activities for remuneration or any other form of consideration." The World Health Organization, among other organizations, recommends using the language "young people who sell sex" when referring to people aged 10 to 24, including children aged 10 to 17 who are sexually exploited and young adults aged 18 to 24 who are sex workers. In Kenya, the age of consent is 18.

Sources: Inter-Agency Standing Committee, *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery* (2015), p. 322, and World Health Organization, *Technical Brief: HIV and Young People Who Sell Sex* (2015), p. 3.

Boys and Male Youth

Sexual abuse of girls and boys is common around the world, including in Kenya; the 2010 national survey on violence against children found that, among respondents aged 18 to 24 years, 32 percent of women and 18 percent of men reported experiencing some form of sexual abuse before age

⁸⁴ Incidents of older women sexually exploiting young refugee men have been documented elsewhere. See: Jesuit Refugee Service, "Kenya: Increase of sexual violence among urban refugees," (July 28, 2011), http://www.jrsea.org/news_detail?TN=NEWS-20110729073642&L=EN.



18.⁸⁵ A 2017 study found that, of 456 children screened in Kenyan schools, 59 percent of girls and 41 percent of boys disclosed ever having experienced sexual violence.⁸⁶ In addition, a 2009 household study revealed that, among 802 girls and 404 boys, 24 percent and 29 percent, respectively, affirmed that they had been forced into unwanted sex.⁸⁷

Less is known about sexual abuse of refugee children in Kenya. For this study, urban service providers reported that most of the refugee boys under ten and adolescents they received had been sexually abused by family members, neighbors, and adults from the refugee and host communities. Accounts of boys who had suffered sexual violence within the context of "revenge attacks," by strangers on the street, and in the context of selling sex, were also described.

Research participants expressed concern about boys whom they considered particularly vulnerable to sexual abuse and exploitation, including unaccompanied boys, boys with diverse SOGIESC, boys with disabilities, very young boys, older adolescent boys and male youth, young men selling sex, boys in community-based foster care, boys recruited into gangs, and boys trafficked for labor purposes. A gender-based violence officer described the vulnerabilities of older adolescent boys and young men:

"The unaccompanied minors who are boys, between 15 and 21 [years old], this is a very vulnerable age. Most families would not want to host a minor of that age. They fear for the daughters in their household, they don't have a room for a boy. So these boys lack community support, they lack shelter, they lack emotional support and love. They end up on the streets. They can then be sexually abused while on the streets. They are neglected, trying to make ends meet, and can be lured into survival sex [sic]."

Unaccompanied refugee minors with diverse SOGIESC, the majority of whom in Nairobi are reportedly Somali, face triple vulnerability. Meta-analyses from North America find that children with diverse sexual orientations are almost four times more likely to suffer sexual abuse than their heterosexual counterparts.⁸⁸ Key informants were particularly concerned about this group. Refugee women in one focus group noted that "boys who act like girls" may be targeted for rape by different perpetrators.

Sexual violence was also mentioned in relation to initiation into gangs or organized criminal groups, which are prevalent in urban settings in Kenya: at least 26 gangs operate in the four major low-income settlements in Nairobi.⁸⁹ Young refugees may join gangs for protection, social and psychological support, and access to income through theft.⁹⁰ An expert on sexual violence in Kenya described:

85 UNICEF et al., *Violence against Children in Kenya: Findings from a 2010 National Survey. Summary Report on the Prevalence of Sexual, Physical and Emotional Violence, Context of Sexual Violence, and Health and Behavioral Consequences of Violence Experienced in Childhood (2012)*.

86 Chi-Chi Undie and Margaret Mak'anyengo, "'If we ask, will they tell? (And then what?)': Screening for sexual violence against children in Kenyan school and health facility context," (Unpublished manuscript).

87 Sarah Jerop Rutto, "Sexual Abuse of School Age Children: Evidence from Kenya," *Journal of International Cooperation in Education*, 12:1 (2009) p. 177-192.

88 Mark Friedman et al., "A meta-analysis of disparities in childhood sexual abuse, parental physical abuse, and peer victimization among sexual minority and sexual nonminority individuals," *American Journal of Public Health* 101:8 (2011), p. 1481-1494.

89 Kyalo Musoi et al., *A Study of Crime in Urban Slums in Kenya: The Case of Kibra, Bondeni, Manyatta and Mishomoroni Slums* (Security Research and Information Centre, 2014).

90 Hyojin Im et al., "From Victim to Perpetrator of Trauma: Lived Experiences of Gang-Involved Urban Refugee Youth in Kenya," *Journal of Aggression, Maltreatment & Trauma* 25:7 (2016), p. 753-771.



“Boys are also violated as a form of gang initiation—you have to be sodomized for your oath to be complete. One time a boy shared that he had been with a group of boys, all of them were street people. They had gotten no training or orientation about life. They all slept in a room, they saved their money, and all contributed to pay for the room. Every time you go there, if you’re a small boy, the bigger boys would rape you. I don’t know if it’s gang control or bullying or what. To climb up in the hierarchy, then they [the victims] would perpetrate [sexual violence] against others.”

In addition, several key informants worried about the sexual exploitation of boys and young men—heterosexual, cisgender, and those with diverse SOGIESC—particularly in the context of selling sex. (See Box 6.) Although a few key informants confirmed that some refugee boys were selling sex in central Nairobi, service providers knew little about this practice. This requires further investigation.

Box 7. Refugees with Diverse SOGIESC in Kenya

Kenya is a key destination country for persons with SOGIESC fleeing persecution in the region. Although same-sex sexual relations remain criminalized as of a May 2019 High Court ruling, Kenya is one of the few countries in Africa in which refugees are able to claim asylum based on sexual orientation and gender identity. Key informants reported that around 700 refugees with diverse SOGIESC are registered with UNHCR, though the true figure may be higher given that a substantial number of refugees remain undocumented. The majority are from Uganda, having fled after the passage of the notorious 2014 Anti-Homosexuality Act that originally included the death penalty for same-sex relations. (This was ultimately amended to life imprisonment.) Although UNHCR and its partners were initially able to expedite resettlement for new arrivals from Uganda as well as provide a monthly stipend for all refugees with diverse SOGIESC in Nairobi, resettlement slowed as the protection and political environments grew increasingly complex. Faced with budget restrictions and a growing caseload, monthly allowances were capped at three months.

In 2018, UNHCR relocated approximately 200 refugees with diverse SOGIESC living in Kakuma camp to Nairobi after violent attacks following a refugee Pride event. Although Nairobi is comparatively more tolerant than Kakuma or Kampala, refugees still grapple with homophobia and transphobia, insecurity, exploitation, harassment, and violence. Many live in poverty with limited access to safe shelter, consistent food, or safe livelihood opportunities. Several refugees have spearheaded protests at UNHCR’s Nairobi office demanding additional assistance to meet their basic needs, which have, on occasion, resulted in violence and arrests. Refugees with diverse SOGIESC also encountered violence following the May 2019 ruling against decriminalizing same-sex relations.

Sources: [RefugePoint 2018](#), [Reuters 2019](#), [Associated Press 2019](#)

Persons with Diverse SOGIESC

In Nairobi, refugees with diverse SOGIESC appear to be at increased risk of sexual victimization. A 2018 report found that, during interviews with 332 refugees residing in Nairobi, 57 percent of bisexual men disclosed experiencing sexual violence; among lesbian, bisexual, and queer women,



42 percent reported experiencing sexual violence.⁹¹ The report also documented an increase in sexual exploitation among refugees with diverse SOGIESC in Nairobi between 2015 and 2017, with more established refugees taking advantage of new arrivals with limited financial support.⁹² In addition, a 2019 study among men who have sex with men (MSM) in Nairobi suggests that refugee MSM encounter double the violence of their Kenyan counterparts: of 99 refugee MSM surveyed, 71 percent reported experiencing physical assault and 27 percent reported sexual assault; in contrast, of 519 Kenyan MSM, 20 percent and 11 percent, respectively, reported physical and sexual assault.⁹³

For this study, all refugees with diverse SOGIESC who participated in focus groups spontaneously disclosed personally experiencing sexual violence in Kenya, often on multiple occasions. They described victimization in various aspects of their lives—including by family and community members, by police officers, in the context of work, or while on the street. So-called “corrective” rape against persons with diverse SOGIESC is reportedly not uncommon, perpetrated by both refugees and members of the host community. A key informant specializing in sexual violence in Kenya shared: “[Refugee] men are going through corrective rape—LGBT [*sic*] men. Within that group, men undergo abuse because the community wants to do corrective work on them so they ‘become men.’”

Perpetrators may lure refugees through apps such as Romeo, Tinder, or Grindr by feigning romantic or sexual interest and then sexually assaulting them on meeting. Refugees said that perpetrators are sometimes Kenyan MSM, but many pose as gay or bisexual in order attract potential victims. A service provider said: “The offenders are known—they are from the host community and they carry themselves as being LGBT. Our clients say, ‘We met a couple of times, I thought we are both LGBT,’ and then these are the people who commit sexual violence.” Perpetrators are reported to sometimes film the assault in order to blackmail victims into silence or ongoing abuse by threatening to disclose their sexual orientation or gender identity to their families and communities.

In focus groups, refugees with diverse SOGIESC reported frequent police harassment, extortion, and arrest due to the criminalization of same-sex relations and/or lack of proper refugee documentation. The Kenyan Human Rights Commission has also documented police officers targeting Kenyans with diverse SOGIESC for sexual harassment and assault,⁹⁴ and the UN Working Group on Arbitrary Detention has reported sexual abuse of refugees with diverse SOGIESC in a prison near Kakuma.⁹⁵ According to refugees for this research, police officers may request sexual favors in exchange for release or in lieu of paying a bribe. “Fatima,” a trans Somali woman, shared her ordeal:

“When I was being arrested, the policeman pulled my arms behind me and saw that I didn’t have the proper forms. The policeman was then feeling me up and saw that I was not wearing underwear, and started fingering my ass and said, ‘Are you gay? Are you gay?’”

In addition, three focus group participants reported that refugees had suffered sexual violence while detained by police for protesting in front of UNHCR’s office in Nairobi. However, it was beyond the

91 RefugePoint, *Disaggregating LGBTIQ Protection Concerns*.

92 *Ibid.*, p. 33.

93 Unpublished data from the Targeted Research Advancing Sexual Health for Men who have Sex with Men (TRANSFORM) Nairobi Study by Joshua Kimani and the TRANSFORM team, Partners for Health and Development in Africa, the University of Nairobi, et al.

94 Kenyan Human Rights Commission, *The Outlawed Amongst Us* (2011).

95 UN Working Group on Arbitrary Detention, Letter to Her Excellency Ms. Monica Juma, Cabinet Secretary for Foreign Affairs and International Trade, September 21, 2018, <https://spcommreports.ohchr.org/TMResultsBase/DownloadPublicCommunicationFile?gld=24091>.



scope of this research to corroborate these claims. The Washington Post has previously reported incidents of sexual abuse of refugee detainees who were arrested in front of UNHCR; incidents involved trans women detained in a men's prison in February 2019.⁹⁶

Limited or restricted access to safe housing further increases refugees' vulnerability to sexual violence and exploitation. For example, of 250 gay or bisexual refugee men surveyed in Nairobi, almost half reported being evicted from their homes due to their sexual orientation.⁹⁷ In focus groups for this study, refugees said that access to consistent safe shelter was an urgent need and described being repeatedly forced to move once their diverse SOGIESC status became known by neighbors and the surrounding community. "Thomas," a gay man from South Sudan, said that violence occurs soon after moving to a new place: "Sometimes I ask, 'Why me, why me'... I want to be free to work. It takes two or three weeks in a new area before you are discovered and get attacked." Others reported sexual exploitation by landlords and roommates who threaten to disclose their SOGIESC status or evict them. A mental health care practitioner described how the lack of safe housing increases vulnerability to sexual violence:

"One of the Congolese men was assaulted by Kenyans as a punishment for being gay. ... They are not able to be free in the country. [The Congolese man] had no shelter. He was staying in the streets and was going to look for food. He got in the car with someone who [sexually] assaulted him and then dumped him out of the car. ... Another one was locked out of his house where he lived. He had nowhere to stay, slept outside, and was assaulted during that time."

Key informants underscored that barriers to safe shelter are higher for transgender refugees, who are especially vulnerable to sexual violence, abuse, and exploitation. A protection officer said:

"Disproportionally high numbers of trans refugees have suffered some incident of sexual violence. They are acutely vulnerable. They live in very unstable living arrangements, they move three times a year, landlords exploit them and kick them out. They heavily rely on other people who can and do take advantage of them—the Kenyan host community members or other refugees who are more established and have more access to financial assistance."

Selling sex adds another layer of risk. A study on (non-refugee) MSM in Nairobi found that MSM who sell sex were significantly more likely to report sexual victimization than those who did not (10.0% vs 2.5% among the sample).⁹⁸ Among refugees, lack of livelihood opportunities—due to the inability to work legally, homophobia and transphobia, and high competition in the informal sector—have driven a number of refugees to sell sex. According to vulnerability assessments undertaken from 2015 to 2017, an estimated 13 percent of refugee MSM in Nairobi sell sex.⁹⁹ Even for refugee MSM who are able to secure informal work, some supplement their income by selling sex to meet their basic needs due to their low median income (around USD 50 per month).¹⁰⁰ This is despite evidence

96 Max Bearak, "These LGBT refugees came to Kenya seeking freedom. Now they say they've been imprisoned and abused." *Washington Post* (March 19, 2019), <https://www.washingtonpost.com/world/2019/03/19/these-lgbt-refugees-came-kenya-seeking-freedom-now-theyve-been-imprisoned-abused/>.

97 RefugePoint, *Disaggregating LGBTIQ Protection Concerns*.

98 Nicholas Muraguri et al., "HIV and STI prevalence and risk factors among male sex workers and other men who have sex with men in Nairobi, Kenya," *Journal of Acquired Immune Deficiency Syndromes* 68:1 (2015), p. 91.

99 RefugePoint, *Disaggregating LGBTIQ Protection Concerns*.

100 Unpublished data from the Targeted Research Advancing Sexual Health for Men who have Sex with Men (TRANSFORM) Nairobi Study by Joshua Kimani and the TRANSFORM team, Partners for Health and Development in Africa, the University of Nairobi, et al.



suggesting that many are well educated: of 99 refugee MSM surveyed in Nairobi, around 82 percent had completed secondary education,¹⁰¹ in contrast with 13.3 percent of Kenyans aged 15 and older.¹⁰²

For this study, refugees with diverse SOGIESC described struggling to meet their basic needs, with several reporting that they survived on only one meal a day. Some said that they slept outside of the UNHCR Nairobi office to demand more support. "Shifa," a young trans woman from Somalia, explained: "There is no education, you cannot study, you cannot work here. They won't give us jobs, that's why we sleep outside of UNHCR." Some said that they sold sex and occasionally pooled their income to buy food for other community members who are too sick to work. "Hawa," another trans Somali woman, described a reportedly common scenario that other focus group participants corroborated:

"In Nairobi, it's very difficult to sustain yourself. You have to do sex work to sustain yourself. The people [clients] that you meet on the Grindr and Romeo apps, the person might look like he's good, but he might have sex with you, or do so [that] many people have sex with you. Maybe six people are there—they rape you and refuse to give you the money. Some people have diseases, syphilis, HIV. ... Most of us have been sexually abused and harassed. It's a shameful thing to have happen."

Others reported that refugees as well as Kenyans with diverse SOGIESC were susceptible to blackmail, within the context of selling sex and more broadly.¹⁰³ Another study reported that refugees with diverse SOGIESC in urban settings in Kenya are at higher risk of financial exploitation and sexual abuse than refugees with diverse SOGIESC in urban settings in three other countries.¹⁰⁴ A key informant, who is a gay refugee man, explained:

"Every time a person is broke, they go do sex work, and it comes with blackmail. ... People are forced to have unprotected sex—that's violence. Sometimes they come back beaten, sometimes they come back and they are not paid. If they know you're a refugee on Grindr or a sex work app, you go there and are not paid—because you are a refugee. Being LGBT and a refugee is two burdens, do you understand? In the clubs where we go to at night, we are blackmailed—someone calls you out in the club, they call other guys and they put in you in an Uber, they take you and molest you sexually—four or five people on one person."

Other perpetrators noted by research participants include gangs, such as the Somali gang "Super Power," which reportedly specifically seeks out persons with diverse SOGIESC to attack. Two refugees—a trans woman and a gay man—spontaneously disclosed previous experiences of sexual exploitation by UN staff; the UN is currently investigating further. The majority of reported perpetrators were male. Female perpetrators were referenced in a few incidents, such as the following account shared by "Clinton," a gay South Sudanese man:

101 Ibid.

102 World Bank, *Kenya - Percentage of Population Age 15+ with Secondary Schooling, Completed Secondary* (2010).

103 Blackmail and extortion of persons with diverse SOGIESC are widespread in a many sub-Saharan African countries, including Kenya. Ryan Richard Thoreson, "Blackmail and extortion of LGBT people in sub-Saharan Africa," OutRight Action International (June 14, 2011), <https://outrightinternational.org/content/blackmail-and-extortion-lgbt-people-sub-saharan-africa>; Anthony Langat and Jacob Kushner, "In Africa, being gay makes you a target for extortion," The Ground Truth Project (July 3, 2015), <http://thegroundtruthproject.org/in-africa-being-gay-makes-you-a-target-for-extortion/>.

104 Yiftach Milo, *Invisible in the City: Protection Gaps Facing Sexual Minority Refugees and Asylum Seekers in Urban Ecuador, Ghana, Israel, and Kenya*, HIAS (2013), p. 10.



“The guy I know was picked up by a gay friend of his. When he got to the hotel room, there were two women—one had a strap-on and the other one had a dildo. Afterwards, he couldn’t even sit down, I had to take him to the hospital. Even women could admire you and you have no interest in them, so they get mad and they want to plan something to use you how they want. It’s violence.”

In addition to sexual violence, refugees with diverse SOGIESC described persecution and violence at the hands of their families, including poisoning and attempted murder. “Atem,” a South Sudanese man, explained his situation:

“My parents won’t talk to me. I have to sell my body to get money to support myself to buy my clothes. My parents are angry, they don’t want to know if I am alive. I hope one day that they will call and look for me. Right now, I live with my sister, but my sister is also not happy with what I do. We have been fighting. My sister cut me and let her children attack me. I tell my sister [that being gay] is from my blood, you can’t do anything to stop me. She is planning everything to have people attack me. ... I am just alone and with my God.”

Mombasa

Adult Heterosexual, Cisgender Men

According to incident data collected by Health Assistance of Kenya from 2007 to 2017, Mombasa County had the highest number of reported cases of sexual violence among coastal counties. Among adults, 19.1 percent of cases involved male victims and 80.9 percent involved female victims.¹⁰⁵ For this study, key informants reported that sexual violence and exploitation of refugee men and boys are prevalent in Mombasa, although few refugees are accessing services, which service providers attributed to conservative norms within the predominately Somali refugee population.

Research participants said that selling sex is a key context for sexual violence against refugee men, including refugees with diverse SOGIESC (discussed below) and some heterosexual, cisgender men. Sex work is common in Mombasa, and carries high risks of exposure to violence and sexually transmitted infections.¹⁰⁶ For example, one study found that 11.8 percent of 442 men selling sex in Mombasa reported experiencing sexual violence in the previous year,¹⁰⁷ while another revealed high HIV prevalence among MSM who sell sex (43% in one sample).¹⁰⁸

Although the scope of selling sex among heterosexual, cisgender refugee men is unclear, key informants reported that some men are selling sex. One key informant with more than 10 years’ experience working with MSM in Kenya explained: “More men go to Mombasa [than Nairobi] for work. There are [Kenyan and international] tourists who pay for sex—they find an avenue to make quick money. They are not MSM, but they do it anyway. The tourists pay more for anal sex. Vaginal sex is less.” These are not necessarily single men, but may be married with families. Another key

105 Winnie Atieno, “Mombasa tops Coast sexual violence cases, survey shows,” *Daily Nation*, (April 7, 2017), <https://www.nation.co.ke/counties/mombasa/Mombasa-Coast-sexual-violence/1954178-3881218-561dd7/index.html>.

106 Scott Geibel et al., “Are you on the market?: a capture–recapture enumeration of men who sell sex to men in and around Mombasa, Kenya,” *AIDS* 21:10 (2007), p. 1349-1354.

107 Stanley Luchters et al., “Use of AUDIT, and measures of drinking frequency and patterns to detect associations between alcohol and sexual behaviour in male sex workers in Kenya,” *BMC Public Health* 11:384 (2011).

108 Eduard J. Sanders et al., “HIV-1 infection in high risk men who have sex with men in Mombasa, Kenya,” *AIDS* 21:18 (2007), p. 2513-2520.

informant working with persons with diverse SOGIESC in Mombasa reported that "a significant number of married heterosexual men are engaged in MSM sex work." The key informant cited above described a possible scenario: "If you are a couple and also refugees, and you are trying to eke a living in Mombasa, you meet a tourist—a gay man—and your wife turns to you and says, 'We are hungry, we need to eat something. It's your turn to put something on the table.'"

Refugees meet potential clients through apps such as Grindr and Tinder or through social media. A key informant discussed the vulnerabilities of refugees to online exploitation:

"Refugees are vulnerable. They are away from home, away from protection, and on top of that, they are minorities. They may meet someone on social media and get people who lure them to Mombasa and then they find out that it's not the right thing. They may think that the guy will offer to pay for [sex for] two weeks and the cost [of travel], but then things change, the guy won't give them transport back and say, 'No, I don't use condoms.'"

In focus groups, adult refugee men in Mombasa mainly discussed sexual violence in prison, perhaps because sexual victimization in this context is more socially acceptable than in relation to selling sex. Men having sex with men was mentioned in regard to other refugee or migrant groups only. Of note, some Somali refugees said that refugee men (not Somali) engage in sex with men in order to avoid HIV,¹⁰⁹ reflecting a dangerous myth that anal sex—versus vaginal sex—protects against HIV.¹¹⁰ Given male refugees' exposure to sexual exploitation, engagement in selling sex (by some), and a high HIV prevalence among men selling sex, comprehensive HIV prevention, education, and care for refugee communities in Mombasa are urgently needed.

Boys and Male Youth

According to incident data from 2007 to 2017, boys constituted 32.2 percent of reported cases of sexual violence among children in Mombasa County.¹¹¹ Data collected from the gender-based violence and recovery center at the Coast Provincial General Hospital in Mombasa between 2007 and 2018 found that, of 6,575 survivors, 12 percent (738) were male; of these 81 percent were under the age of 16.¹¹² Sexual exploitation of children—girls and boys—is reportedly common in Mombasa,¹¹³ including trafficking into so-called "sex-tourism."¹¹⁴ For this study, research participants emphasized that adolescent refugee boys and young men are highly vulnerable to sexual exploitation and abuse in Mombasa.

In focus groups, all adolescent boys and young men in Mombasa affirmed that refugee boys were being sexually exploited. This was in contrast to focus groups with adult (cisgender, heterosexual) refugee men in Mombasa, who only mentioned sexual abuse of boys in the context of madrassas and tuk tuk drivers. Examples of comments by adolescents and young men include: "This [sexual exploitation of boys] is happening a lot, many times." "We have come from Somalia. We have many

109 Researchers attempted to disabuse refugee research participants of this myth and explained the common transmission routes of HIV.

110 Jerry Okal et al., "Social context, sexual risk perceptions and stigma: HIV vulnerability among male sex workers in Mombasa, Kenya," *Culture, Health & Sexuality* 11:8 (2009), p. 811-826.

111 Among children, girls comprised 67.8 percent of reports cases. Winnie Atieno, "Mombasa tops Coast sexual violence cases, survey shows."

112 Marleen Temmerman et al., "The gender-based violence and recovery centre at Coast Provincial General Hospital, Mombasa, Kenya: An integrated care model for survivors of sexual violence," *PLoS Medicine* 16:8 (2019).

113 ANPPCAN, *Global Study on Sexual Exploitation of Children in Travel and Tourism on Country-Specific Reports: Kenya* (2015).

114 IOM, *Migration in Kenya: A Country Profile 2015* (2015), p. 27.



issues of rape here. We don't want to stay in Mombasa where there is no future." "Often when you explain to a tourist that you are here and have some problems, they say that they are going to help you but then you must give me your anus. Rape is happening." "They are forcing [the boys] to use their sexuality to work." A number of young people shared that they had been propositioned for sex, sometimes aggressively.

Adolescents and young men said that both men and women solicit male youth for sex.¹¹⁵ They may be recruited on social media, specific websites, and apps, as well as approached by foreign tourists or Kenyans soliciting sex on the beach or streets. Some boys are reportedly groomed by older male sex workers. "Kantu," an 18-year-old Congolese man who had arrived as an unaccompanied minor in Mombasa five years prior, said: "The men and the women both target [the boys]. If they know you are a boy and have come alone [unaccompanied], then they say that they will help you, but you have to be their husband. Both the men and the women, Kenyan women." A former unaccompanied minor from DRC shared: "Those old women in Kenya know that you are strong and have energy. When you are going to have sex with her, you will be healthy. The women are forcing [the boys] to have sex with them." A key informant working with exploited children in Mombasa shared:

"We often have young [refugee] boys who decide to sell sex. They become male sex workers. They don't know the culture or the terrain. ... Almost 80 percent of locals are [conservative] and are violent against gay men. They catch the male sex workers who are often Congolese and say, 'These guys are gay,' and expose them to violence."

Despite this, service providers reported that few refugees are coming forward to access services. One service provider said that intimidation played a role in impeding service uptake: "Sexual exploitation of children and adults in Mombasa is a big problem, but they don't all report. Whoever is exploiting them also threatens them, so some are scared to report."

Being unable to access schooling was highlighted as a key enabler for sexual exploitation. A report on sexual exploitation in Kenya (not refugee focused) similarly suggested that children outside of school are particularly vulnerable to commercial sexual exploitation.¹¹⁶ According to UNHCR, fewer than 5 percent of refugee adolescents aged 12 to 17 were enrolled in secondary education in Kenya in 2014.¹¹⁷ Numerous barriers undermine refugee children's access to education, including exclusion from government-subsidized schooling schemes, identification requirements to access school support for poorer children, and long processing delays within NGOs helping to fund refugee education. Key informants cited a dearth of livelihood opportunities suitable for adolescents and young men, as well as language barriers, as factors that increase vulnerability to sexual exploitation.

Research participants underscored that unaccompanied refugee boys are particularly vulnerable to sexual exploitation, explaining that Mombasa is a destination for unaccompanied children, in part because of the income opportunities through selling sex. Additional vulnerability points include age, as perpetrators may be especially interested in 14- to 16-year-olds, and diverse SOGIESC status. A key informant explained what he observed is a common experience among gay adolescent boys who have fled to Mombasa:

115 Studies on female perpetrators of sexual exploitation in Mombasa were not identified, although one study found that a high percentage of female sex workers in Mombasa had paid for sex themselves (49.3% of the sample). Elisabeth Van Der Elst et al., "Is audio computer-assisted self-interview (ACASI) useful in risk behaviour assessment of female and male sex workers, Mombasa, Kenya?," *PLOS One* 4:5 (2009).

116 ANPPCAN, *Global Study on Sexual Exploitation of Children in Travel and Tourism on Country-Specific Reports: Kenya*.

117 UNHCR and the Global Education Monitoring Report, *No More Excuses: Provide Education to All Forcibly Displaced People* (2016).

"Younger [boys] age 16 to 18, the parents have discovered that they are gay and they discontinue their support and schooling. They run away from home due to violence and come to Mombasa. Older men—gay people or even straight men—would bring them in and then [coerce] them to clean the house, take advantage of them, force them to have sex in the evening. They may not see it as a violence at the beginning, but it is a form of violence because the boy is not of age and they don't have the ability to choose freely for themselves. They have no choice about whether the safe is sex or not, or even to say no."

Unaccompanied refugee boys with disabilities are also a vulnerable group; they may be specifically targeted by traffickers and others who perceive them as "easy prey." According to key informants, some are forced to beg on the streets and often face significant violence, including sexual exploitation and abuse by their handlers and others.

Sexual violence against boys and young men was also noted outside of the context of sexual exploitation. Refugees and key informants said some refugee boys are suffering sexual abuse in madrassas. Others reported sexual violence, including rape, of adolescent boys on the streets. Some service providers were concerned about refugee families who isolate and confine children with diverse SOGIESC due to fears of stigmatization by the community. These children are at increased risk of multiple forms of abuse, face high reporting barriers, and lack material and other support.

Persons with Diverse SOGIESC

Research participants described similar vulnerabilities to and patterns of sexual violence among refugees with diverse SOGIESC in Mombasa as those in Nairobi. Blackmail was cited as a key context in which sexual violence and exploitation are perpetrated, as reflected in the words of a key informant working with an NGO focused on SOGIESC concerns: "There is a lot of blackmail happening in the sexual and gender minority community [in Mombasa]. Mostly it is for money. A lot of rape is happening. [Perpetrators say,] 'Either have sex with me or I will expose you.'" So-called "corrective" rape, sexual harassment and abuse by the police, sexual violence within the context of selling sex,¹¹⁸ and sexual exploitation and violence related to lack of safe housing were commonly reported by research participants.

As in Nairobi, key informants reported that gay and transgender refugees may be lured by perpetrators faking romantic or sexual interest. One key informant working with persons with diverse SOGIESC shared an account: "A Ugandan guy was invited to come visit someone in Mombasa. He thought he was coming to meet one guy but when he got there, there were three men. He was told to have sex with all three of them and was forced for a week. ... He got some help and got back to Nairobi."

Research participants considered transgender refugees—women and men—as exceptionally vulnerable to sexual violence, particularly those who are unable to access hormones or surgery and are thus more visible than other refugees with diverse SOGIESC. A key informant working with communities with diverse SOGIESC in Mombasa commented:

"There was an issue where a trans woman was arrested and forced to undress in the police station in front of everyone. The police will say, 'You are a fraud, you are

118 Research on non-refugee men along coastal Kenya has found significantly higher disclosures of rape among MSM versus men who do not sell sex. Murugi Micheni et al., "Risk of sexual, physical and verbal assaults on men who have sex with men and female sex workers in coastal Kenya," *AIDS* 29:0 3 (2015), p. S231–S236.



impersonating other people.' Trans women are hated by society because people think that they are effeminate gay men. Especially in Mombasa, they look down on trans women so much—more than even trans men. I think it's because we are a conservative region, where the man is the highest. [People think,] 'Why would a man ever want to be like a woman?'"

Intersections with Violence against Women and Girls

Extensive sexual violence against women and girls has been documented across the three countries of origin included in this study. (See Box 8.) In focus groups, refugees reported harrowing accounts of sexual violence against women and girls in their home countries, in addition to other forms of gender-based violence and gendered oppression. Some women spontaneously disclosed suffering sexual violence themselves, or recounted the rapes of their sisters or daughters. Although Kenya is comparatively safer, many refugee women described continuing to live in fear of sexual violence, citing sexual harassment and assault by police officers as key concerns. In Nairobi, lesbians and other women with diverse SOGIESC may be especially vulnerable to sexual violence, forced marriage, and intimate partner violence. (See Box 8.)

In the countries of origin, conflict-related sexual violence against men and boys is, at times, perpetrated in ways that intersects with sexual violence against women and girls. These intersections manifested in two main forms explained below: forced witnessing of men and women, and enforced sexual violence against men and women. Sexual violence against men and boys also impacts the lives of women and girls post victimization. These impacts were observed at the familial and community levels.

Forced Witnessing

Forcing men and boys to witness sexual violence against women and girls, which is a form of sexual violence against both the observer and the victim, may be common in the three conflicts.¹¹⁹ In DRC, for example, a survey of 708 men in and around Goma found that 25.8 percent of combatants and 10.3 percent of civilians reported having been forced to watch rape.¹²⁰ In South Sudan, of 65 female survivors, 10 percent said that their rapes were witnessed by their husbands and 33 percent by their children, although the extent to which this witnessing was forced is unclear.¹²¹ Forced witnessing has also been documented in Somalia.¹²² For this study, across settings, refugees reported that forcing men and boys to witness sexual violence against women and girls in their home countries was "common," "happens a lot," and "happens many times." Two Somali men with disabilities spontaneously disclosed being forced to watch a sexual assault against their wife and daughter, respectively, and three men (two South Sudanese, one Somali) said that they had observed forced witnessing perpetrated against their neighbors during village attacks. Other men indicated that they

119 While forced witnessing is a form of sexual violence in its own right, it is in no way equated with the experience of direct sexual violence. However, both forms can be deeply traumatic for observers as well as direct victims.

120 Henny Slegh et al., *Gender Relations, Sexual Violence and the Effects of Conflict on Women and Men in North Kivu, Eastern Democratic Republic of the Congo: Preliminary Results from the International Men and Gender Equality Survey* (IMAGES).

121 Refugee Law Project, *Hidden Realities*.

122 Isaiah Esipisu, "Somalia: Rape—The Hidden Side of the Famine Crisis," *InterPress Service*, (October 5, 2011), <http://www.ipsnews.net/2011/10/somalia-rape-the-hidden-side-of-the-famine-crisis/>.

may have been subjected to forced witnessing, but did not fully disclose. Several men, women, and adolescent boys from across the three settings spontaneously reported witnessing firsthand the rape of women and girls—during attacks on buses or villages, for example—but this did not appear to be specifically forced. Refugees noted that in Somalia, men who tried to interfere or resist would be killed.

Across the three countries of origin, forced witnessing was frequently described in the context of home raids and village attacks. Other contexts mentioned include during flight or by the roadside. A South Sudanese man described an attack by a rebel group: "Between Turkana and Juba, three men were forced to watch the women being raped. The women were their wives, the men were tied to the tree. They were crying on the tree. They had no power to come and rescue their wives."

Refugees, both women and men, perceived that the intention of forced witnessing was to attack men through the subjugation of female family and community members. "Aker," a South Sudanese woman, commented: "They will rape you when your husband or your father is there. It is to give the anger to the man—they let the man watch while they rape their wives and daughters."

Forcing women and girls to witness sexual violence against others, including men and boys, may also be common in some contexts. In DRC, for example, a survey of 754 women in and around Goma found that 27 percent were forced to witness rape during the conflict.¹²³ In South Sudan, a 2015 survey in Juba found that an exceptionally high percentage—75 percent—of surveyed women and girls had been forced to witness sexual violence against others.¹²⁴ The Office of the United Nations High Commissioner for Human Rights (OHCHR) has also documented an account of a woman forced to witness her husband's castration in South Sudan.¹²⁵ For this research, some participants from across the settings noted that the entire family, not only men and boys, is forced to watch the perpetration of sexual violence.

Enforced Sexual Violence

Forcing men and boys to rape women and girls, particularly family members, has been documented in the three countries of origin—DRC,¹²⁶ Somalia,¹²⁷ and South Sudan.¹²⁸ In DRC, a 2012 survey of 708 men living in and around Goma found that 5.4 percent of civilians and 16.8 percent of combatants disclosed having suffered conflict-related rape or enforced rape of others.¹²⁹ In focus groups, Congolese refugees noted that this practice was "normal" and "common." "Sylvestre," a Congolese man, shared: "When M23 took the town of Goma, at night if you were in the house, they would come and find the father and daughter and maybe the young boys. They are giving an obligation—if you have a young man, you make him fuck his mother. If you are a father, you are going to rape your

123 Henny Slegh et al., *Gender Relations, Sexual Violence and the Effects of Conflict on Women and Men in North Kivu, Eastern Democratic Republic of the Congo: Preliminary Results from the International Men and Gender Equality Survey (IMAGES)*.

124 Sample size undisclosed. OHCHR, *Report of the Commission on Human Rights in South Sudan*, A/HRC/34/63, para. 35.

125 OHCHR, *Report of the Commission on Human Rights in South Sudan*, A/HRC/37/71, para. 91.

126 Michael VanRooyen et al., *"Now, The World Is Without Me": An Investigation of Sexual Violence in Eastern Democratic Republic of the Congo* (HHI/Oxfam: 2010), p. 24.

127 Associated Press, "Kenya burdened by famine refugees; rape attacks up," (August 9, 2011), <https://www.foxnews.com/world/kenya-burdened-by-famine-refugees-rape-attacks-up>.

128 OHCHR, *Report of the Commission on Human Rights in South Sudan*, A/HRC/37/71, para. 91.

129 Henny Slegh et al., *Gender Relations, Sexual Violence and the Effects of Conflict on Women and Men in North Kivu, Eastern Democratic Republic of the Congo: Preliminary Results from the International Men and Gender Equality Survey (IMAGES)*.



daughter." A woman from South Sudan similarly commented: "From 2015 they were forcing men to rape their daughters, boys to rape their mothers. This is what the government is doing." An older South Sudanese man said that enforced rape was prevalent during the civil war between north and south Sudan. Refugees from Somalia did not mention enforced sexual violence.

Among Congolese refugees, enforced sexual violence was also described in the context of forced recruitment of boys into fighting forces. Forced recruitment of children has been documented as a feature of conflict across the three settings.¹³⁰ In one focus group, three young Congolese men discussed the issue, with one linking enforced rape to the decision to flee:

"Timothee": "They force you to rape women. They give you vodka and drugs to make you rape women."

"Alfred": "If you are sober, you cannot do it. They give you some drinks or drugs—they know if you are under drugs, you will do it."

"Marrion": "There are a lot of young men outside the Congo trying to avoid that [enforced rape]. ... After doing that, people see him and they tell him, you did such things. They flee because they feel a shame. You can't be in the community because you are a bad guy."

Although forcing women and girls to perpetrate sexual violence against men and boys was not mentioned by refugees, the International Criminal Court documented an account of a 13-year-old girl who was forcibly recruited by a militia group in DRC and, under the threat of death, was forced to tie a man's testicles with a wire; the man later died as a result.¹³¹ Further inquiry is required to determine whether women and girls are forced to commit sexualized crimes against others, including men and boys, in the three countries of origin.

Family and Community Impacts

Women and girls may suffer significant repercussions from the sexual victimization of a husband, father, brother, son, or other male family member. Refugees from across settings said that the community would stigmatize the entire family. Daughters of a male survivor may not be considered marriageable and the family overall may be ostracized such that they are forced to move elsewhere. "Zahra," a Somali woman, said the following about the impact of sexual victimization of a boy or young man on his immediate family: "On behalf of the son, the community will abuse the family. They cannot even live in the community anymore, all the family will be impacted. Because it happened to their son, they will have to leave."

Somali and South Sudanese women said that a woman would have to divorce a male survivor because "What happens to him, happens to you. You cannot live in that community. The community will treat you the same." However, it is unclear the extent to which women do in fact separate from their husbands given the difficulties faced by divorced women and women-headed households. These comments may reflect sentiment rather than true behavior. One group of South Sudanese women, for example, stated that a woman would invariably divorce a spouse who had been sexually

¹³⁰ DRC: US Department of State, *Country Reports on Human Rights Practices for 2012, the Democratic Republic of the Congo*, (April 2013); *Somalia: United Nations Security Council, Report of the Secretary-General on Children and Armed Conflict in Somalia*, S/2016/1098; South Sudan: Human Rights Watch, "We Can Die Too".

¹³¹ International Criminal Court, *Situation in the Democratic Republic of the Congo in the Case of the Prosecutor vs. Thomas Lubanga Dyilo, Pre-trial Chamber 1, No: ICC-01/04-01/06* (August 2006), para. 83.

victimized. During the discussion, however, a number of the women indicated that their husbands had been sexually abused in prison, and yet they remained married. Key informants working with an organization serving male and female survivors reported that, in their experience, male survivors were more likely to initiate separation from their wives after their own victimization than vice versa. A few service providers had managed cases of women separating from their husbands post victimization. However, the separation was frequently due to the husband's inability to financially support his family (resulting from or compounded by the impacts of the assault), rather than the victimization itself. Indeed, survivors with incontinence or other physical or mental impacts may be incapable of working, thus financially endangering the family. In Uganda, accounts have been documented of women engaging in selling sex due to their husbands' rectal damage and ensuing inability to perform physically demanding jobs.¹³² In addition, service providers reported observing that the children of male (and female) survivors, particularly adolescents, may regress developmentally and may struggle to perform in school.

In focus groups, refugee women, and some refugee men, said that men who have been victimized are frequently unable to discuss their experiences with their spouses and tend to isolate themselves, thus straining marriages and other familial relationships. Service providers reported that forced witnessing and enforced rape were particularly damaging to familial bonds. A mental health provider explained: "In cases of men forced to rape their family members, the main aim is to ruin the fabric of the family and the relationship. It's very hard to come back from something like that. You can never look at your mother or family member the same way again."

According to refugees, sexual victimization can contribute to familial violence, which some refugee men attributed to feelings of guilt, shame, and anger arising from the inability of male survivors to protect themselves and/or their family members. A 21-year-old man from Goma said, "Maybe it makes you want to kill people. It puts such trouble in your mind. It can make you feel so angry. You must give this anger back to others." "Nyadhial," a South Sudanese woman, said:

"Men, when they come to these prisons, they torture them properly and beat their manhood. Then they come back home and they are not normal. They don't talk, they just keep quiet. They don't want to be talked to. They become hostile, they can become violent. They will drink more alcohol. The man just keeps it inside and gets angry."

Service providers working with male and female survivors were more forthright in suggesting linkages between men's sexual victimization and perpetration of familial violence, with some having observed this phenomenon among their clients. One provider was skeptical of the ability to draw a causal connection between victimization and perpetration, given the pre-existing high prevalence of intimate partner violence within the refugee communities. Yet another stated that refugee women were able to distinguish between "general domestic violence" and violence and abuse resulting from sexual victimization. A key informant specializing in working with men and boys commented:

"Sexual violence against men and violence against women is so correlated. It's worse if the family knows that the man was abused. He is no longer the man that he used to be—his ego, his personal status is completely diminished. If there is no process of healing, and the only people the man encounters are his wife and family, he will definitely be violent. If this status is challenged, they fear the wife will ask, 'Are you

¹³² Refugee Law Project and Makerere University, *Male Survivors of Sexual Violence in Kampala Demand for Better Services* (2014), p. 6.



man enough? Then why were you violated?' The man tries to fill the gap, and the way to do that is to become violent and to become more controlling of the family. There is a close correlation of violence at home and male victims—I have seen it a lot."

Without treatment and support for survivors, sexual victimization of men and boys may contribute to cycles of violence against women and girls in the community at large. For example, a 2018 household study in Somalia found that, among men, displacement and experiencing physical or sexual violence as a boy were associated with increased prevalence of non-partner violence perpetration (sexual or physical).¹³³ Service providers working with men and boys said that male survivors may engage in revenge attacks in an attempt to "balance the situation and help them heal." Refugees also spoke about the desire for revenge. If the perpetrator is known to be a member of a particular group, such as a specific political party or ethnic group, male survivors and/or their families may engage in revenge attacks against other members of that group, even those unconnected to the perpetrator. One South Sudanese man said a male survivor could be reintegrated into the community after he or his family had undertaken revenge, which may incentivize violence. According to a few service providers, adolescent survivors may become involved with gangs or commit violence as a means to reassert their masculinity. Assault by a female perpetrator may inspire hatred towards women. A key informant with extensive experience in working with both cisgender female and male survivors stated:

"With men, they project their pain onto someone else. They want someone else to feel their pain. They feel very vulnerable and exposed. They have an inferiority complex that leads them to drug-related activity—anything to kill this emotional thing that hasn't been dealt with. ... One boy, he saw his whole family being raped and killed. He became a street boy and had no money. One time he saw a girl walking and swinging her hips provocatively. He told me, 'She will never swing her hips like that again.' I don't know what he did to her, but I'm glad he told me, he was in a lot of pain."

It is important to refrain from stigmatizing boys and men who have survived various forms of violence and assuming that they will perpetrate additional violence. The so-called "vampire's bite" myth, which states that boys who are sexually abused invariably end up abusing others, can be deeply damaging for survivors.¹³⁴ Research from the US shows that the majority of men who experience childhood sexual abuse are not violent as adults; at the same time, suffering sexual abuse as a child increases the risk of perpetrating intimate partner violence as an adult approximately two-fold.¹³⁵ Male survivors can and do recover with appropriate care. (See Box 9.)

This study presents initial insights into the intersections between male sexual victimization and violence against women and girls in the context of urban refugees in Kenya. More research is necessary to clarify any potential connections between victimization and perpetration and the gendered impacts of male sexual victimization on families and communities.

133 Andrea Wirtz et al., "Lifetime prevalence, correlates and health consequences of gender-based violence victimisation and perpetration among men and women in Somalia."

134 Marc Ouellette, "Some Things Are Better Left Unsaid": Discourses of the Sexual Abuse of Boys," *Jeunesse: Young People, Texts, Cultures* 1:1 (2009) p. 67-93.

135 Charles Whitfield et al., "Violent childhood experiences and the risk of intimate partner violence in adults: assessment in a large health maintenance organization," *Journal of Interpersonal Violence* 18:2 (2003) p. 166-185.



Box 8: Sexual Violence against Women and Girls

DRC

- Of 586 women surveyed for a 2010 population-based study in selected conflict-affected settings in eastern DRC, 39.7 percent disclosed sexual victimization, 74.3 percent of whom reported that the violence was conflict related.
- Analysis of 2007 household survey data from 3,436 women across DRC reveals that an estimated 1.69 to 1.80 million women reported having been raped in their lifetime and approximately 3.07 to 3.37 million women reported experiencing intimate partner sexual violence.

Somalia

- A 2014-2015 population-based survey found that, of 2,376 women surveyed, 24.7 percent reported lifetime sexual violence victimization by an intimate partner and 3.6 percent reported lifetime non-partner sexual violence victimization.
- Between January and June 2015, service providers recorded 2,901 cases of rape and 1,007 cases of gang rape in Somalia (provider locations undisclosed); women and girls accounted for 74 percent of the cases recorded in 2015.

South Sudan

- In a 2017 household survey of 2,244 women surveyed across three sites in South Sudan, 28 percent to 33 percent reported experiencing non-partner sexual violence during their lifetime.
- In 2015, 72 percent of women in four protection-of-civilians sites in Juba reported suffering rape since the beginning of the conflict, overwhelmingly by police or soldiers (sample size undisclosed).

Nairobi

- A 2017 survey of 332 refugees with diverse SOGIESC in Nairobi found that, among lesbian, bisexual, and queer refugee women:
 - » 42 percent disclosed ever experiencing sexual violence;
 - » 10 percent reported being forced into marriage by relatives; and
 - » 16 percent indicated having suffered domestic or intimate partner violence.

Sources: [Johnson et al. 2010](#), [Peterman et al. 2011](#), [Wirtz et al. 2018](#), [United Nations 2016](#), [What Works to Prevent Violence against Women and Girls 2017](#), [United Nations 2017](#), [RefugePoint 2018](#)



Impact

The impacts of sexual violence on survivors, their families, and their communities are multifaceted. For this study, research participants discussed the psychological, physical, social, and economic consequences of sexual victimization. See “Intersections with Violence against Women and Girls” section for familial and community impacts.

Mental Health

Refugees residing in Nairobi and Mombasa have suffered numerous potentially traumatic events in their home countries and during flight.¹³⁶ The mental health impacts of these experiences are compounded by the challenges of urban displacement, such as food insecurity, economic hardship, a paucity of safe shelter, limited livelihood opportunities, protection barriers, and overall insecurity. Survivors with diverse SOGIESC find themselves in particularly challenging circumstances, as many remain vulnerable to violence and exploitation by their families, communities, and host community.

Mental health providers and survivors themselves reported an array of psychological impacts that they attributed to sexual victimization, including post-traumatic stress disorder, depression, anxiety, paranoia, intrusive thoughts and images, sleep disturbances, sexual dysfunction, and emotion regulation difficulties including anger management challenges. Somatization was reported, including back and pelvic pains and a sensation of something crawling along the skin or bottom of the feet. A trans Somali woman, herself a survivor, discussed the impact: “Isolation, nightmares, dreams about what happened to you—you are angry all the time. If you see someone who looks like the rapist, you are angry. We are stressed out, we are traumatized. It’s really hard to trust anyone.” “Noah,” a young South Sudanese man who had been raped in Kenya due to his sexual orientation, shared: “I have frequent nightmares that come almost every night. It has been deteriorating my health for the last three weeks. Lack of appetite, drowsiness, weird headaches, you feel stressed out. People are around you and you feel alone and you want to be alone.”

Forced witnessing was highlighted as particularly harmful because of its impacts on the family and community and its prevalence in the countries of origins. A Congolese man with a disability noted that forced witnessing of community members may be as damaging as when family members are involved: “Sometimes they do this act in front of you. It’s not only your blood sister. But when you see it being done to you—it feels like it is your sister or mother.” Service providers noted that forced witnessing is especially difficult for children. A group of Somali men discussed the repercussions of forced witnessing:

“Tahiil”: “Whenever we remember this, we get sad.”

“Mohammed”: “We can’t sleep at night, we remember it. You remember what you saw.”

“Yusuf”: “Being a Somali, we have a lot of violence to remember in our head.”

Phrases frequently uttered by refugees include that male sexual victimization is “the worst thing that could happen to a man” and that “it is better to die.” A male survivor himself expressed wishing that the perpetrators had killed him rather than castrated him. Almost all refugees said that a man would

¹³⁶ See: Marina Widmann et al., “Khat use, PTSD and psychotic symptoms among Somali refugees in Nairobi—a pilot study.”



kill himself if he were victimized, although this may reflect emotional intensity rather than potential behavior. Service providers confirmed that suicidal ideation is not uncommon among male survivors, and they reported a few cases of survivors who died by suicide, including trans women, although the extent is unclear. Mental health providers emphasized that death by suicide is due to a lack of support and treatment, rather than the violation itself. A provider shared a case:

"He went to the road and tried to jump in front of a truck. The driver said, 'You are trying to make me hit you!' And the mob came and beat him badly. He returned to the clinic and we realized that he was a sexual violence [survivor] because he had our drugs. He didn't want to disclose until we saw that they were ARV [antiretroviral] drugs. 'Were you recently diagnosed with HIV?' [He said,] 'Even worse, someone raped me. I could not move on with life.' He refused counseling. We tried to call him for so long and he never picked up."

Service providers described additional destabilizing impacts of sexual violence on male heterosexual survivors, including confusion about sexual orientation, male identity, and status within the family and community. They may worry that rape "turned them gay," while some gay male survivors reportedly attribute their sexual orientation to sexual abuse experienced in childhood or adolescence. Negative coping mechanisms for boys and young men reported by research participants include alcohol or drug abuse, isolation, or criminal activity, including gang involvement. The mental health impacts of fathering a child as result of rape by a female perpetrator requires investigation.¹³⁷

Physical Health

Physical health impacts observed by service providers include rectal fistulae and fissures, hemorrhoids, pelvic pains, and sexually transmitted infections. HIV and Hepatitis B were also reported among survivors, although transmission could not necessarily be linked to the assault. Providers said that an HIV diagnosis was particularly difficult for child survivors: "There is a time when they want to give up. A few children stopped taking ARVs. We had to sit with them to explain what the ARVs are and the impact on lives. They have gone through such violence during flight."

Combined with exposure to sexual violence and limited ability to negotiate condom use, as well as an increase of new HIV infections in Nairobi between 2013 and 2017,¹³⁸ urban trans refugees and refugees selling sex are at increased risk of HIV transmission. HIV prevalence is extremely high among key populations, including 29.3 percent among sex workers and 18.2 percent among MSM.¹³⁹ A recently completed study revealed that, of 99 refugee MSM in Nairobi, HIV prevalence was 25 percent; among the sample of trans persons, prevalence was three times higher.¹⁴⁰

For survivors of anal rape, rectal trauma can result in severe pain and fecal incontinence, requiring incontinence products to manage. Refugees using wheelchairs particularly struggle with managing

137 For this study, one refugee reported an incident of perpetrator pregnancy in DRC. Johnson et al.'s study in eastern DRC found that, of 87 male survivors, three reported pregnancies by female combatants who had forced them into sexual servitude. Kristen Johnson et al., "Association of Sexual Violence and Human Rights Violations with Physical and Mental Health in Territories of the Eastern Democratic Republic of the Congo."

138 Ministry of Health – Kenya et al., *Kenya AIDS Response Progress Report 2018* (2018).

139 IOM, *Integrated Biological and Behavioural Surveillance Survey among Migrant Female Sex Workers in Nairobi, Kenya* (2011). Ministry of Health – Kenya et al., *Kenya AIDS Response Progress Report 2018*.

140 Unpublished data from the Targeted Research Advancing Sexual Health for Men who have Sex with Men (TRANSFORM) Nairobi Study by Joshua Kimani and the TRANSFORM team, Partners for Health and Development in Africa, the University of Nairobi, et al.



incontinence due to their limited mobility. A mental health provider shared an account that highlights the ways in which incontinence can compromise a survivor's life:

“One Congolese client gave a story of how he was captured by the militia and they sodomized him every day. [They said,] ‘We are going to make you a wife, you don’t want to be a man anymore.’ Just stripping the dignity out of him every day. He managed to escape and come to Kenya, but he still could not go to hospital to seek help because he couldn’t come to terms with what happened to him. He was afraid to tell anyone, even for medical care. It left a permanent mark on him—he was left with torn muscles, incontinence. He was ashamed. He could not participate in social activities like going to church. He couldn’t laugh or cough [without pain].”



Box 9. Coping and Recovery

With good quality treatment and support, many survivors are able to regain normal daily functioning. Refugees, including cisgender male and transgender survivors, and service providers working with cisgender male and transgender survivors described helpful approaches that enabled the recovery process in this setting.

All services

1. Ensure services are confidential.
2. Ensure providers and staff are respectful and empathetic, including towards refugees with diverse SOGIESC and refugees selling sex.
3. Offer the option of female or male providers.
4. Share success stories of other survivors to demonstrate that recovery is possible.

Medical services

1. For survivors with incontinence, provide a free and consistent supply of incontinence products as well as free, sensitized medical care, including specialized surgery when necessary.
2. Explain that experiencing an erection or orgasm during an assault is a common physiological response and has no bearing on sexual orientation or that the survivor enjoyed, wanted, or deserved the assault.
3. Explain that, for survivors without an underlying medical condition, counseling may help with sexual function recovery.

Psychological services

1. Underscore to survivors that sexual violence against men and boys, including those with diverse SOGIESC, is widespread in the conflicts in their country of origin as well as common in the context of forced displacement, and that there is nothing "special" about the survivor that attracted the perpetrator(s).
2. Use cognitive behavioral therapy to address harmful myths such as "only gay men are sexually assaulted" or "all raped men become gay."
3. Offer counseling to survivors and their family members, if desired by the survivor.
4. Support survivors to develop empathy for themselves and other survivors.
5. Support survivors to access art, music, and other creative outlets that may aid the healing process.

Social services

1. Facilitate access to refugee documentation and other forms of protection.
2. Offer income-generation activities for survivors to meet their basic needs, including appropriate activities for refugees with diverse SOGIESC and adolescent boys.
3. Support access to safe shelter, including for refugees with diverse SOGIESC.
4. Assist child survivors to resume or begin schooling.
5. Help religious survivors with diverse SOGIESC access tolerant religious services, which may help with their recovery and build resilience.



Social Well-being

Across settings, refugees unanimously reported that male survivors (like female survivors) would face ostracism, humiliation, and sometimes violence by their community. As such, male survivors may flee and attempt to set up a new life elsewhere.¹⁴¹ Some refugees shared incidents in which survivors were twice forced to flee: the first time having fled conflict and sometimes sexual violence in their home country and once again after victimization in Kenya. “Joseph,” an adolescent from South Sudan, described his community’s response to male sexual victimization:

“If you are man and you are fucked by a man, they call you a woman. You are not [a] man. They say it is better for you to die than to accept to be raped by another man. The story is going to circulate in the community. Most of the men were killed because they refused. The three men who accepted to be raped, two hid themselves and one killed himself. They hid themselves from the community. They go far away where no one knows them.”

Survivors with incontinence encounter additional social stigma due to malodorous fecal leakage. Service providers reported that a few men had been abandoned by their girlfriends after they detected the odor. A health provider shared:

“We see incontinence for sure. And then men can’t sit with others because of the smell. They stigmatize you when they realize that you are smelling—on the bus, in the reception area—people will comment. They need diapers constantly, but many can’t afford diapers.”

For single men, sexual victimization can compromise their ability to marry. Poorer male survivors may be more impacted by marriageability repercussions, as wealthier men have the ability to pay large dowries. Unmarried male survivors may spurn marriage altogether due to fears that the victimization will be later exposed. (See “Intersections with Violence against Women and Girls” section for additional marriageability-related impacts.)

Boy survivors also face social humiliation, shaming, and rejection, which may impinge upon their ability to perform at school. Some may leave school entirely due to stigma. They may be blamed for the assault or perceived as the perpetrator rather than the victim.¹⁴² Parents may physically or emotionally punish or isolate the child. Sexual abuse in boyhood has been linked with high-risk sexual behavior later in life, including selling sex and sexual revictimization.¹⁴³ Like adult survivors, boys may feel compelled to flee their communities or may be cast out by their families. “Augustin,” a young Congolese man, stated, “Some families would feel very ashamed. They would throw you away and make you travel to another country. They would make you leave.” Among unaccompanied boys, too, the shame and rejection can be unbearable. “Julien,” an unaccompanied minor from DRC, shared the experience of his friend:

“I used to have a friend who worked with me, selling things on the street. There is a place in Mombasa we like to go to sell things. One day I told my friend, ‘Let us go to this place to sell.’ My friend said, ‘No, I couldn’t go there.’ I went by myself. There were

141 Note that female survivors often do not have the same freedom to flee, due to gendered norms that restrict women’s movement, lack of financial independence, child-rearing responsibilities and other familial obligations, among additional gender-related barriers.

142 Zosa De Sas Kropiwnicki-Gruber et al., *Caring for Boys Affected by Sexual Violence (Family for Every Child, 2018)*.

143 Kevin Lalor and Rosaleen McElvaney, “Child sexual abuse, links to later sexual exploitation/high risk sexual behavior and prevention/ treatment programmes,” *Trauma, Violence and Abuse* 11 (2010), p. 159-177.



some ladies who said, 'If you Congolese guys want to stay here in Mombasa, then you will be finished because all the men want to fuck you.' I realized a man in town had raped my friend. So my friend went away. He left [Mombasa] because he was feeling ashamed."

In Mombasa, a key informant working with communities with diverse SOGIESC reported a disturbing practice of sending abused boys to Al Shabab for punishment and repentance, although it was beyond the scope of the study to substantiate this:

"Often young boys [who are selling sex] are not given prior information. They find out it's group sex and [the perpetrators] take a video. They are lied to [that the video is private] but then find out that the video is online and it gets shared. The video has gone viral and they get thrown out of school, thrown out of their family. An imam gave his son to be beaten up by a mob because he was penetrated in one of these videos. If he had been doing the penetration, it would have been easier for him. ... The boys who are seen in these videos, the boys are being pushed to fight for religion, to join Al Shabab to repent. ... There is another guy who was thinking to do Al Shabab after this, but we discouraged him to do it."

Persons with diverse SOGIESC also face ostracism by families, not only because of their SOGIESC status but also because of sexual victimization. "Dirdir," a gay Somali man who had previously lived in Kakuma, shared: "I was with my family in the shelter in the camp, I got raped—there was too much pain and bleeding. When my family found out that I was raped, they threw me out of the house. I ran away and came to Nairobi and started looking for documents so I could stay here instead of in the camp."

Economic Well-being

As of 2015, the majority of refugees in Nairobi earned less than the national average income (KES 30,800 or USD 300 per month).¹⁴⁴ Although some refugees have built successful businesses in Nairobi over the years, livelihood opportunities remain restricted for many urban refugees, and service providers reported significant cuts to urban livelihood programs in recent years. Work permits are difficult to secure and barriers in the informal sector are high, including xenophobia and stiff competition for jobs. As noted above, sexual victimization can entail economic consequences. (See Intersections with Violence against Women and Girls section.) Mental health impacts, reprisals for disclosure, and legitimate fears of revictimization may impede the ability to work. A mental health provider working with survivors shared:

"The guy who was kept as a sex slave—the man is after him still. When he was finally able to get stable and get a job, the man sent people to attack him and they almost killed him. It took a number of years, he's been followed. The fear and insecurity of this keeps him moving. He's unable to work. The moment he feels unsafe, he quits his job and stays at home."

Survivors with rectal trauma are often unable to engage in physical activity, which excludes many of the livelihood opportunities available to refugees. Malodorous leakage, lack of access to incontinence products, and time spent pursuing medical care further restrict income-generation

¹⁴⁴ Refugee Consortium of Kenya, *Myths & Truths: The Facts about Refugee Self Sufficiency and Economic Contribution in Nairobi* (October 2015).



options. A health provider described the multifaceted barriers faced by survivors with incontinence:

“These men have to keep going to hospital and for follow-ups—it takes a lot of time. They can’t settle down and focus on their livelihoods. It’s hard to support them to be self-reliant. If someone is going to hospital all the time, plus you have leakage and people are saying, ‘This guy is stinking, we won’t buy from him.’ It’s difficult. Most refugees do business like selling shoes, hairdresser, barber. It makes it very difficult for them to carry on, to support themselves and their families. What they are losing economically, it is really hard on them. And then the psychological part—you can’t think about business, you are depressed and in a ditch and can’t get out.”

Refugees with diverse SOGIESC grapple with additional barriers to employment due to homophobia and transphobia. The financial impacts of blackmail, for which persons with diverse SOGIESC are frequently targeted, may also be severe.¹⁴⁵

Service Provision in Nairobi and Mombasa

“[Services] have to be very confidential. The best way [to help survivors access care] is to do awareness-raising around the issue. If there is awareness, they will know [that] there is a service where they can get support. They need to know it’s something that happens to men. This was the first time I have ever talked about this. ... These things are there. If this research is productive in the future, we will see lot of people coming for support.” –“Guor,” from South Sudan, men’s focus group.

In Nairobi, a number of agencies are providing sensitized services for refugees who have survived sexual violence, although need far outweighs service availability and accessibility barriers abound. In Mombasa, only a handful of services were identified; some refugees travel to Nairobi to access care. The overview below provides a starting part for further inquiry in-country and is not a comprehensive assessment. Additional agencies may be providing post-sexual violence services for refugees that were not identified during data collection.

Health Care

Clinical management of sexual violence is available at government, NGO, and private health facilities in Nairobi and Mombasa, although numerous barriers impede access, particularly for transgender refugees and others with diverse SOGIESC. (See Enablers and Barriers section.) The three primary models for delivery of post-sexual violence care are health centers and outpatient clinics, stand-alone centers, and hospitals (including comprehensive gender-based violence recovery centers at select facilities.)¹⁴⁶ Government health facilities are mandated to provide free services for sexual violence survivors, including post-exposure prophylaxis to minimize HIV transmission for survivors who present within 72 hours of the assault and emergency contraception for female survivors who present within 120 hours.¹⁴⁷ However, treatment is not always provided to survivors who present at

145 Ryan Richard Thoreson, “Blackmail and extortion of LGBT people in sub-Saharan Africa.”

146 Marleen Temmerman et al., “The gender-based violence and recovery centre at Coast Provincial General Hospital, Mombasa, Kenya: An integrated care model for survivors of sexual violence.”

147 Government of Kenya, Sexual Offences Act (Medical Treatment) Regulations (2012), Article 3.

health facilities,¹⁴⁸ which may face stockouts of basic supplies and medicine,¹⁴⁹ and survivors may be charged for medicines.¹⁵⁰ Providers are not systematically trained in caring for survivors of sexual violence (female or male), and harmful provider attitudes have dissuaded survivors from accessing care. In Kenya overall, the proportion of adult male (and elderly female) survivors seeking post-sexual violence health care is low.¹⁵¹ For survivors with rectal trauma requiring surgery, competent rectal surgeons are reportedly available at major hospitals in Nairobi. Key informants said that male rape survivors have received surgical care at these facilities and have successfully recovered. At the same time, despite relatively inexpensive care at government-run health facilities, urban refugees may prefer to access care at private facilities at higher cost due to anxieties about their asylum status.¹⁵²

Facilities providing free, sensitized care for male and female refugee survivors, including those with diverse SOGIESC, were identified. Gender-based violence recovery centers at Nairobi Women's Hospital (with branches in Nairobi and Mombasa) and Kenyatta National Hospital in Nairobi provide comprehensive medical and psychosocial care 24 hours per day, seven days a week. In Nairobi, LVCT Health provides comprehensive, sensitized care for all survivors, including medico-legal documentation for survivors to access justice. They also engage in community outreach, capacity development, quasi-experimental research, and policy advocacy. MSF-France has operated a sexual and gender-based violence clinic in Mathare in eastern Nairobi since 2007, which includes a 24/7 toll-free number for immediate assistance. The National Council of Churches Kenya (NCCK), a UNHCR implementing partner, runs an urban refugee health clinic inside Jumuia Huruma Hospital in Nairobi. Among other activities, they provide support to government health facilities suffering supply stockouts for clinical management of sexual violence and have an ambulance to transport refugee and Kenyan survivors to a health facility. RefugePoint runs a small clinic that offers clinical and psychosocial care for all survivors, including those with diverse SOGIESC, as well as provides comprehensive HIV care. Survivors with diverse SOGIESC may access sensitized services at any of the above health facilities, in addition to clinics run by the Sex Workers Outreach Program (SWOP), HOYMAS, and Ishtar MSM, all of which provide some elements of post-sexual violence care in addition to comprehensive HIV services in Nairobi.

148 One study found that, of 543 sexual violence survivors (93.2% female, 6.8% male) who presented for care at two hospitals in Kenya, post-exposure prophylaxis for HIV and prophylaxis for sexually transmitted infections were not given to 30 percent and 16 percent of eligible survivors, respectively; 43 percent of eligible women did not receive emergency contraception. Anne Gatuguta et al., "Missed treatment opportunities and barriers to comprehensive treatment for sexual violence survivors in Kenya: a mixed methods study."

149 Cynthia Khamala Wangamati et al., "Post-rape care services to minors in Kenya: Are the services healing or hurting survivors?"

150 LVCT Health, *Health Facility Responsiveness to the Needs of Child Survivors of Sexual Violence: Case Study of Nyeri and Nakuru Counties, Kenya* (2016).

151 According to a 2018 study, one adult male survivor for more than 20 adult female survivors seeks healthcare in Kenya, although nearly one man for every three women report experiencing sexual violence nationally. Anne Gatuguta et al., "Missed treatment opportunities and barriers to comprehensive treatment for sexual violence survivors in Kenya: a mixed methods study."

152 Abdinoor Haji Mohamed et al., "Health care utilization for acute illnesses in an urban setting with a refugee population in Nairobi, Kenya: a cross-sectional survey," *BMC Health Services Research* 14:1 (2014).



Box 10. Promising Practice: Health Care

- **Gender-based violence recovery centers**, such as those in Nairobi Women's Hospital and Kenyatta National Hospital, provide 24-hour free medical care, psychosocial support, and paralegal services for all survivors of sexual violence.*
- **LVCT Health** developed Kenya's first rape kit, which is now used in public hospital settings. They helped to introduce the case management model to the public health system.
- At its sexual and gender-based violence clinic in Mathare, **MSF-France** prioritizes staff self-care among its staff, including making available peer-to-peer counseling, as well as external supervision and counseling.
- **The National Council of Churches Kenya (NCCCK)** undertakes community awareness-raising on sexual violence against refugee women, men, girls, and boys in Nairobi.
- **RefugePoint** engages 12 refugee "community navigators" around Nairobi who are trained to support anyone who has been sexually assaulted, including male survivors and those with diverse SOGIESC.

*For more details on the gender-based violence recovery center model in Kenya, see: Marleen Temmerman et al., "The gender-based violence and recovery centre at Coast Provincial General Hospital, Mombasa, Kenya: An integrated care model for survivors of sexual violence," *PLoS Medicine* 16:8 (2019).

Mental Health and Psychosocial Support

Though some mental health and psychosocial support (MHPSS) services are available in Nairobi, key informants report that serious gaps remain for all survivors—male and female, refugee and Kenyan. The current ratio of psychologists to population is 1 per 4.6 million, versus the ideal ratio of 1 per 15,000 as outlined by the Kenyan Ministry of Health.¹⁵³ According to key informants, training for counselors largely focuses on HIV counseling and testing alone. For survivors, this usually involves a focus on post-exposure prophylaxis adherence to minimize HIV transmission. Availability of MHPSS in Mombasa is also limited. A gender-based violence officer said:

"Mental health is a huge gap. We have mental health care, but they don't have specialization in trauma. Most counselors are trained in HIV testing, and that's not very comprehensive. That's dealing with administration of ARVs. Those are the guys who end up counseling survivors."

Some MHPSS services for refugee survivors were identified in Nairobi and Mombasa, although they only meet a fraction of the need. The Center for Victims of Torture provides specialized MHPSS services, including group and individual counseling as well as physical therapy. HIAS offers MHPSS through individual counseling, social support, and support groups, including groups specifically for male survivors. The gender-based violence recovery centers in Nairobi and Mombasa and MSF-France's sexual and gender-based violence clinic in Mathare also provide MHPSS for female and male sexual violence survivors, including those with diverse SOGIESC. LVCT Health has established a 24-hour youth hotline that provides confidential, toll-free tele-counseling services to survivors. In Nairobi, Kituo Cha Sheria has an MHPSS program for refugees, including sexual violence survivors, and the Refugee Consortium of Kenya provides psychosocial support for female

¹⁵³ Office of the Auditor-General, *Performance Audit Report on Provision of Mental Healthcare Services in Kenya* (December 2017), p. 15.

and male survivors through community-based counselors. In Mombasa, Trace provides MHPSS for trafficking victims, including refugees and sexual violence survivors. Refugee survivors with diverse SOGIESC can access sensitized services through the above providers, as well as HOYMAS. Jinsiangu also reportedly provides some PSS services specifically for intersex, transgender, and gender-nonconforming individuals. Research participants noted that sensitized MHPSS care for transgender persons is a critical gap.

Box 11. Promising Practice: Mental Health and Psychosocial Support

- **The Center for Victims of Torture (CVT)** sensitizes its staff to ensure the provision of respectful care for all clients, including male survivors of sexual violence, refugees with diverse SOGIESC, and persons selling sex.
- **HESED** engages in community dialogues on gender-based violence with refugees in Eastleigh, including one-on-one dialogues with men, during which some survivors have disclosed.
- **HIAS** has facilitated monthly support groups for male survivors since 2016. Group sessions include managing stress, mindfulness exercises, and writing and drawing, among other activities. HIAS also engages in community outreach and sensitization of authorities in regard to sexual victimization of refugee women and men (including those with diverse SOGIESC), among other issues. They accompany survivors who have been threatened to court and provide free incontinence products to survivors who require them.

"I personally gained from when I was helped by [CVT]. I was feeling low, everything was low. I lost my self-esteem. I saw them for nine weeks—they really helped me. I felt valued. – "Ochieng," key informant and refugee from Uganda.

"When I came to Kenya, I faced a lot of problems. HIAS has really helped me a lot. When I explain my problems, I really get the help that I need." – "Rebecca," from South Sudan.

Protection, Including Child Protection

Since 2014, the protection response for refugees in Nairobi has progressively narrowed as the government's Refugee Affairs Secretariat has assumed a greater role in refugee status determination.¹⁵⁴ (See Boxes 5 and 7.) Issuance of refugee documentation has decreased, leaving many urban refugees undocumented or without a clear status.¹⁵⁵ Cash-based assistance is reportedly restricted to three months for new arrivals.

Safe shelter was cited as a key gap for all at-risk refugees and refugee survivors. A UNHCR-run safe house provides shelter for 70 to 80 residents with high risk protection cases, but this only meets a tiny proportion of the need. For child and adolescent survivors, HIAS and UNHCR provide protection through supervised living arrangements with households in the community. This approach may be less effective for adolescent boys, as families are reportedly often unwilling to host them. Children may also be housed in local orphanages established by community-based organizations,

¹⁵⁴ The challenges related to urban refugee documentation are complex. For further information, see: Norwegian Refugee Council and International Human Rights Clinic at Harvard Law School, *Recognising Nairobi's Refugees*.

¹⁵⁵ Ibid.



although these are generally ill equipped to support child survivors. In addition, child protection key informants were skeptical of a reliance on institutions for safe shelter for child survivors, and recommended moving towards community-based solutions.

Key informants stressed that safe shelter for refugee youth with diverse SOGIESC is currently unavail-able and difficult to establish. A protection officer described challenges in providing protection for this population:

“This is a group that is very highly vulnerable. We have very few solutions for them. Traditional child protection efforts—safe housing, foster care—doesn’t work for queer teens. So we are at a real loss on how to respond to this very small but very vulnerable group... All have suffered sexual violence—ongoing and repeated sexual violence, partially on the account that they were so unable and we were so unable to identify sustainable living situations for them. They faced just repeated sexual abuse in Somalia and also in Nairobi.”

For adult refugees with diverse SOGIESC, two refugee-led community-based organizations, the Community Empowerment and Self Support Organization (CESSO) and the Refugee Trans Initiative, have established low-profile safe houses for gay refugee men and trans refugee women in Nairobi. LITOS also operates a discreet safe house for persons with diverse SOGIESC; this is primarily oriented to Kenyans, but sometimes houses refugees. Other refugee-led organizations, such as Nature Network, Urban Legacy Africa, and Community Support Initiative for Refugees (COSIR), reportedly provide safe housing and/or emergency shelter for refugees with diverse SOGIESC.¹⁵⁶ Scattered site housing may better reduce visibility and therefore vulnerability of refugees with diverse SOGIESC than a centralized safe house,¹⁵⁷ although this approach may be isolating.¹⁵⁸

Box 12. Promising Practice: Safe Shelter

- **The Community Empowerment and Self Support Organization (CESSO)** is a refugee-led organization founded in 2016 to support refugees with diverse SOGIESC in Kenya. After establishing a discreet safe house for refugees from Anglophone countries, they recently established a second safe house for Francophone refugees. They are also seeking to develop a livelihood start-up kit for refugees with diverse SOGIESC.
- **LITOS**, a community-based organization, has established a low-profile safe house for persons with SOGIESC that is attached to a small farm. Residents raise animals and grow vegetables, which, in addition to generating income, helps improve nutrition for ill residents, including those with HIV. They are linked to an HIV drop-in clinic and offer in-house livelihood support, including tailoring.
- **The Refugee Trans Initiative** is a refugee-led organization that provides a discreet safe house for trans women and gay men in Nairobi.

156 The Refugee Coalition of East Africa, “Introducing the Refugee Coalition,” (n.d.), <https://refugeecoalition.com/who-we-are>.

157 Human Rights First, *The Road to Safety Strengthening Protection for LGBTI Refugees in Uganda and Kenya* (2012).

158 Human Rights Center, UC Berkeley, *Safe Haven: Sheltering Displaced Persons from Sexual and Gender-Based Violence, Case Study: Kenya* (May 2013).

Legal Aid

Medico-legal services for sexual violence survivors in Kenya face a number of challenges, including flawed evidence collection, poor evidence chain maintenance, a shortage of doctors, and disparate definitions of sexual violence.¹⁵⁹ The court system is backlogged and sexual violence-related cases are often lengthy. Refugees, male survivors, transgender survivors, and others with diverse SOGIESC face additional challenges accessing justice, such as arrest or harassment due to their precarious legal status and the criminalization of same-sex relations.

In Nairobi, Kituo Cha Sheria and the Refugee Consortium of Kenya provide free legal advice and representation for refugee survivors of sexual violence. Kituo Cha Sheria has established legal aid clinics for refugees and the host community. They also sensitize authorities, including police officers, prosecutors, and judges, on refugee issues. The Refugee Consortium of Kenya escorts female and male survivors to police stations to facilitate reporting, advocates to the court on behalf of the survivor, and shows up as a watching brief¹⁶⁰ in court. They sensitize police authorities on female and male sexual assault. UNHCR, HIAS, and HOYMAS also provide legal support for refugee survivors, including for those with diverse SOGIESC. In Mombasa, Kituo Cha Sheria is one of the few organizations providing pro bono legal services for refugees.

Box 13. Promising Practice: Legal Aid

- **Kituo Cha Sheria** conducts community sensitization on sexual violence against female and male survivors. They use examples of women, men, and child survivors during their legal aid clinics in the community. They also conduct individual screenings of refugees who want to access legal aid services, and women and men sometimes disclose victimization during these sessions.
- **The Refugee Consortium of Kenya** engages anti-sexual violence "champions" in five refugee communities in Nairobi. Champions are refugees or asylum seekers sensitized to both female and male survivors. They work to connect survivors with services as soon as possible.

Livelihoods

Key informants and refugees cited livelihoods as an important component in an adult male survivor's recovery process. According to research participants, within this context, a heterosexual man's ability to support his family is an important aspect of his identity. "Being unable to work is a form of torture for them," commented a livelihoods officer. Livelihoods are also critical for adolescents, male youth, and refugees with diverse SOGIESC who are vulnerable to sexual exploitation. In Nairobi, Danish Refugee Council, HESED, HIAS, and the Jesuit Refugee Service support refugees—including those with diverse SOGIESC—with small grants and loans, business planning, and business skills development. CESSO and LITOS offer some livelihood activities for refugees with diverse SOGIESC, including basic animal husbandry. In Mombasa, Trace supports income-generation activities, skills training, and material support for refugees and the host community.

159 Carol Ajema et al., "Challenges experienced by service providers in the delivery of medico-legal services to survivors of sexual violence in Kenya."

160 A watching brief is a method in which lawyers observe and follow a case on behalf of clients not directly involved in the suit in order to help protect the rights and interests of victims of a crime.



Farming at LITOS' safe house for persons with diverse SOGIESC (Photos courtesy of LITOS)

Enablers and Barriers to Accessing Services

Enablers

A number of enabling factors were identified that facilitate refugee survivors' access to care. Since the early 2000s, efforts undertaken by the Ministry of Health and other government agencies in collaboration with NGOs such as LVCT Health have significantly advanced post-sexual violence care in country through the development of national protocols and policies, reporting procedures, integrated services, and referral systems.¹⁶¹ The National Standard Operating Procedures for Management of Sexual Violence Cases in Children (2018), the National Guidelines on Management of Sexual Violence in Kenya (2004, 2009), the national training curriculum on sexual violence (2006), and the development of a standardized post-rape care form—all of which have integrated male victims—have helped strengthen capacity to effectively and systematically respond to survivors. Kenya's robust civil society, particularly women's rights organizations, continue to push for improvements in prevention, mitigation, and response to sexual violence, including for male survivors and survivors with diverse SOGIESC. (See Box 14.)

Other enablers include legislative factors. Despite a limited definition of rape, the Sexual Offences

161 Nduku Kilonzo et al., "Delivering post-rape care services: Kenya's experience in developing integrated services," *Bulletin of the World Health Organization* 87 (2008), p. 555-559.

Act of 2006 encompasses male victims and female perpetrators.¹⁶² Service providers, including health providers, caring for sexual violence survivors are not required to report to the police,¹⁶³ and survivors have a right to free medical treatment at any government health facility.¹⁶⁴ Although same-sex relations remain criminalized, health providers interviewed for this research said that they are able to provide care to persons with diverse SOGIESC without interference.

Despite a limited urban refugee response, a sexual and gender-based violence working group is in place in Nairobi. Humanitarian agencies have established an informal referral system that includes sensitized referral points for male survivors and those with diverse SOGIESC. In recent years, LGBTIQ organizations and UNHCR have undertaken significant efforts to sensitize service providers on caring for refugees with diverse SOGIESC. They have also conducted outreach programs to increase community awareness on where to access respectful care.

Particularly noteworthy is the number of refugee-led LGBTIQ organizations that have been established in recent years. These organizations have helped raise awareness, promote service uptake, and enhance community-based protection mechanisms within LGBTIQ refugee communities. In 2018, the Refugee Coalition of East Africa was launched as an umbrella organization to help these organizations better coordinate, strategize, and advocate as united consortium.¹⁶⁵ In general, sexual violence is less taboo and stigmatized among refugees with diverse SOGIESC than among their heterosexual, cis-gender counterparts, which helps enable outreach and awareness-raising within these communities.

In addition, despite conservative cultural and religious norms within the Somali, South Sudanese, and Congolese refugee communities in Kenya, many refugees were remarkably open about the topic and expressed an interest in exploring further. In focus groups, almost all adult refugees said that it was not a survivor's fault that he or she was victimized, while underscoring that the community as a whole felt otherwise. This reflects a window of openness at the individual level that may be leveraged. (Note that adolescent boys were more likely to blame the survivor for the assault.) For example, "Samson," a South Sudanese man, said, "Now that we have done this focus group, we are going back to our community. Can we do some awareness-raising around this? We are interested in more information and supporting other men." This is noteworthy as survivors who spontaneously disclosed sexual victimization during focus groups expressed feeling deeply alone and, among heterosexual survivors, many were unaware that other men and boys had been victimized as well.

162 Under the Sexual Offences Act, "a person commits the offence termed rape if: (a) he or she intentionally and unlawfully commits an act which causes penetration with his or her genital organs; (b) the other person does not consent to the penetration; or (c) the consent is obtained by force or by means of threats or intimidation of any kind." Rape that does not involved forced penetration with a sex organ—i.e., forced intercourse by a woman—is excluded; this is covered under sexual assault. Government of Kenya, The Sexual Offences Act, No. 3, (2006).

163 Ministry of Health Kenya, *National Guidelines on Management of Sexual Violence in Kenya* (2009, 2nd edition).

164 Government of Kenya, Sexual Offences (Medical Treatment) Regulations (2012), arts. 1-3.

165 Members include Community Support Initiative for Refugees, Nature Network, Refugee Flag Kakuma, Urban Legacy Africa, Refugee Trans Initiative, and the Foundation for Lesbian Bisexual and Queer Refugees.



Box 14. Kenyan Civil Society Organizations Lead Efforts to Address Sexual Violence

A number of additional national, local, and community-based organizations are helping to improve prevention, mitigation, and response to sexual violence in Kenya. For example, **Coexist** undertakes sexual violence-related research, works to improve data collection, and has developed training manuals for services providers. **Grace Agenda** advocates for survivors and children born of rape. They have also facilitated the establishment of support groups for boy survivors. **Healthcare Assistance Kenya (HAK)** operates a free, 24-hour gender-based violence rapid response call center to provide tele-counseling services and referrals for female and male survivors. The **Wangu Kanja Foundation** convenes a network of survivors and engages in awareness-raising, capacity development, and policy advocacy encompassing prevention to response.

LGBTIQ organizations also work to strengthen the rights of and services for survivors with diverse SOGIESC. The **Gay and Lesbian Coalition of Kenya (GALCK)** engages in advocacy, supports member associations, and strengthens coordination between civil society organizations and government. Jiansiangu advocates for transgender, intersex, and gender non-conforming persons specifically. In Mombasa, the **Initiative for Equality and Non Discrimination (INEND)** advocates for persons with diverse SOGIESC, particularly lesbian, bisexual, and queer women, and works to sensitize the police and the judiciary. **PEMA Kenya**, also in Mombasa, engages in health promotion and advocacy as well as capacity building and sensitization with the judiciary and health providers.

Many additional organizations—from grassroots community-based organizations to established NGOs—work to advance sexual violence prevention and response across Kenya.

Barriers

“The only way you can help men is [through] an initiative that only targets men and is confidential. It has to be kept very secret. No African man would want to disclose. When you take it to the police, they will laugh at you before they take you seriously. If you go to the public hospital, they will treat you, but it won't be confidential. The private hospital needs money. There are always obstacles along the way.” – “Francis,” from South Sudan, men's focus group.

Despite progress, extensive challenges impede service provision and uptake.¹⁶⁶ Many of these gaps are not specific to the refugee response, but apply to Kenya as a whole: funding for sexual violence prevention and response is scarce, the dissemination and operationalization of national protocols are ad hoc, health care providers are not systematically trained to care for sexual violence survivors, and access to justice remains challenging due to poor evidence chain maintenance, a backlog of cases, and a narrow focus on penetration, among other issues.¹⁶⁷ Health facilities may suffer

¹⁶⁶ For example, the 2010 violence against children survey in Kenya found that only 2.1 percent of boys and 6.8 percent of girls (now aged 18-24 years) who had experienced sexual abuse sought services before age 18. Only 0.4 percent of boy survivors and 3.4 percent of girl survivors received care. UNICEF et al., *Violence against Children in Kenya*.

¹⁶⁷ See: Carol Ajema et al., *Improving the collection, documentation and utilisation of medico-legal evidence in Kenya*, LVCT Health (2012); Nduku Kilonzo et al., “Delivering post-rape care services: Kenya's experience in developing integrated services,” *Bulletin of the World Health Organization* 87:7 (2009), p. 555–559.

stockouts of basic supplies and medicine.¹⁶⁸ Services for children and adolescents, who comprise the majority of survivors accessing care,¹⁶⁹ need particular strengthening as providers lack basic skills in caring for this population, treatment protocols are largely oriented to adults, and referral systems for children and adolescents who present at night or over the weekend may be weak or nonfunctional.¹⁷⁰ Additional barriers include:

Funding gaps - Substantial funding cuts to UNHCR and operational NGOs have significantly undermined the ability to provide services for survivors, refugees with diverse SOGIESC, and urban refugees generally. (See Box 15.) Although the number of refugees and asylum seekers in Kenya has decreased by 3.7 percent from December 2016 to May 2019, UNHCR's budget decreased by 36.8 percent over the same period.¹⁷¹ (See Figure 3.) Reductions in funding have forced agencies to minimize or close programs, reduce staff, and eliminate "non-essential" activities, which sometimes includes self-care and mental health support for frontline staff. Overwhelming, high-stress workloads, in conjunction with limited resources and support, increase vulnerability to vicarious trauma and burnout, and contribute to staff turnover. One frontline worker in Mombasa emphasized, "We need help, too."

Protection barriers - Since 2014, urban refugees have encountered increasing difficulties to obtaining documentation that recognizes their status as refugees.¹⁷² According to research participants, urban refugees relocated from Kakuma or Dadaab may face difficulties as they hold documentation that attests to their registration in a camp. Refugees, including survivors and persons with diverse SOGIESC, reported that the challenges to accessing urban refugee documentation is their primary stressor and concern.¹⁷³ Without appropriate documentation, refugees reported being anxious to move or travel outside of their homes, including to access post-sexual violence services, due to fears of police harassment, extortion, and deportation. Refugees with diverse SOGIESC reported facing additional movement constraints, resulting from homophobic and transphobic harassment and attacks and abuse by members from the community, their family, and the police. In focus groups, refugees expressed significant frustration and disappointment with UNHCR, which they felt was not able to provide adequate protection or help meet their basic needs. They also repeatedly raised concerns about fraud and corruption within the resettlement process; however, it was beyond the scope of this research to corroborate these complaints.¹⁷⁴

Economic hardship - Although a number of refugees have built thriving businesses that contribute

168 Cynthia Khamala Wangamati et al., "Post-rape care services to minors in Kenya: are the services healing or hurting survivors?"

169 Although children constitute the majority of survivors accessing healthcare, the 2010 violence against children report found that more than 90 percent of child survivors do not access services. Anne Gatuguta et al., "Missed treatment opportunities and barriers to comprehensive treatment for sexual violence survivors in Kenya: a mixed methods study."

170 Anne Gatuguta et al., "Missed treatment opportunities and barriers to comprehensive treatment for sexual violence survivors in Kenya: a mixed methods study"; Cynthia Khamala Wangamati et al., "Post-rape care services to minors in Kenya: are the services healing or hurting survivors?"

171 According to UNHCR, the number of refugees and asylum seekers in Kenya totaled 494,900 in December 2016 and 476,695 in May 2019. UNHCR's country budget for Kenya was USD 269 million in 2016 and USD 170 million in 2019. UNHCR, Kenya (June 2019), <http://reporting.unhcr.org/node/2537>. UNHCR, *Statistical Summary*.

172 The challenges to urban refugee documentation are complex. For further information, see: Norwegian Refugee Council and International Human Rights Clinic at Harvard Law School, *Recognising Nairobi's Refugees*.

173 Ibid.

174 Accounts of fraud and corruption within UNHCR Kenya's operation have been previously documented. See: Brendan Cannon and Hirotaka Fujibayashi, "Security, structural factors and sovereignty: Analysing reactions to Kenya's decision to close the Dadaab refugee camp complex," *African Security Review* 27:1 (2018), p. 20-41; UNHCR, "UNHCR refers Kenya staff to police after internal investigation finds fraud at Kakuma camp," (May 2017), <https://www.unhcr.org/news/press/2017/5/592dcf644/unhcr-refers-kenya-staff-police-internal-investigation-finds-fraud-kakuma.html>



to Kenya's urban economies, many remain in poverty.¹⁷⁵ Restricted access to work permits, livelihood barriers, and reductions in cash support from humanitarian agencies contribute to economic hardship. Refugees with diverse SOGIESC face additional impediments to sustainable livelihoods including discrimination and harassment. In focus groups, most refugees with diverse SOGIESC reported being unable to meet their basic daily needs, preferring to use their limited funds towards securing a meal, rather than for MHPSS or non-urgent medical care. Survivors who do wish to access care may prefer services in a different area due to confidentiality fears. The resulting transportation costs may be prohibitive, with some refugees living with HIV reportedly having defaulted on treatment due to the inability to afford travel expenses to access a distant facility.

Negative attitudes and harmful practices - Discrimination, disbelief, and humiliation by service providers were frequently cited as key barriers to accessing care. Research participants reported that police and health providers may laugh at a male survivor, saying, "You are a man, you need to defend yourself. How can a man be raped?" Female survivors may be blamed for provoking the attack. In focus groups, refugees with diverse SOGIESC shared negative encounters with homophobic or transphobic providers and staff, which they said were the primary deterrents to accessing care at health facilities. A health officer working with MSM commented: "Even sensitized health care providers, they gossip about them, 'He has a boyfriend, he should have a girlfriend. Look at this discharge in the rectal area.' They are gossiped [about] and laughed at by health care providers." Some may be denied care outright. A gay Somali man shared: "I have [rectal problems] from a rape and cannot go to the hospital. If you try to go, they will turn you away." Persons selling sex also face discrimination in health facilities.¹⁷⁶

175 SORCHA O'CALLAGHAN and GEORGINA STURGE, *Against the Odds: Refugee Integration in Kenya* (Overseas Development Institute, 2018).

176 FIONA SCORGIE et al., "We are despised in the hospitals': sex workers' experiences of accessing health care in four African countries," *Culture, Health & Sexuality* 15:4 (2013), p. 450-465.



Box 15. Repercussions of Funding Cuts

Humanitarian agencies serving urban refugees in Kenya, including UNHCR, have suffered significant reductions in funding in recent years, with sometimes adverse consequences. Service providers and refugees described the impacts:

Service providers

"Male survivors come for medical care and they sometimes need adult diapers. Yesterday I gave around three people adult diapers. We provide them, but we do not have enough. We would like to give them one package of 10 diapers a week, but we cannot afford it." - Health provider

"We used to have vouchers for transport. We don't even have money for that anymore. Some of [the HIV-positive refugees] have defaulted [on treatment] because they don't have a voucher." - Health provider

"We encourage [urban] refugees to access the services where they are. Then they don't have to pay a lot. But for some issues, refugees may not be able to access the services or they need specialized treatment or care beyond the primary healthcare facilities. We used to have a clinician who would go to all the facilities—there are around five or six—and go meet with different refugee groups. They knew he was coming and he could give a referral [to access specialized or free care]. Due to funding [cuts], we were forced to cut down on personnel, so we had to let him go." - Health provider

"We were targeting LGBTQ refugees for livelihoods, but due to funding cuts, not anymore. In 2018, we gave some of them grants for business. They were happy that they were assisted. One came here last week, on Friday, and was seeking assistance to fund a training on driving excavators and big machines. But we have no money." - Livelihoods officer

"It comes down to resources. The coastal region is really big, and we don't have a lot of staff. The number of refugees we cover is quite big. I may get a case and have to go to a different part of the coast—I have to get on the matatu [bus] and cross on the ferry. By the time I get there and back, the whole day is over. I have to depend on public transport, we have no vehicle." - Legal officer

"Their basic needs are not being met. There is no funding for anyone and the economic times in Kenya are really difficult. For a refugee, the problems are worse." - Mental health provider

"We don't have capacity to provide livelihoods and solve these other issues, so we have to refer to UNHCR. The budget has been cut by 60 percent." - Health provider

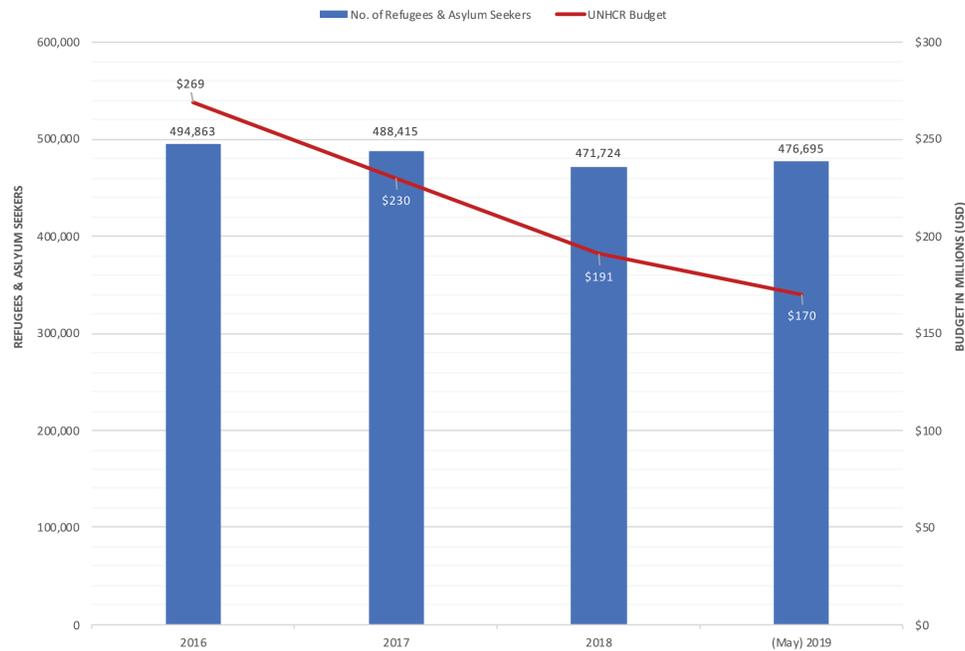
Refugees

"DRC [Danish Refugee Council] was here [in Mombasa] and it was better [because of their livelihoods program.] But now we are alone with no one helping us make money." - Adolescent Congolese boy

"I have seen that other [LGBTIQ] communities are getting help. They have CBOs [community-based organizations] and get funding and support from the community. No one cares about the Somali community problems. We need some specialists who care about the Somali LGBT." - Gay Somali man



Figure 3. Number of Refugees and Asylum Seekers in Kenya vs. UNHCR Kenya's Budget (Camp and Urban), December 2016 to May 2019*



Source: Data from [UNHCR 2019](#) and [UNHCR 2019](#)

*2019 budget as approved by the High Commissioner as of May 2019, pending presentation to ExCom's Standing Committee

Legislative barriers - Same-sex sexual activity is criminalized under the Kenyan penal code, which was upheld by the Kenyan High Court in May 2019.¹⁷⁷ Although a number of key informants said that the government does not enforce anti-LGBTIQ legislation, almost 600 “unnatural offenses” cases were opened between 2010 and 2014.¹⁷⁸ Refugees with diverse SOGIESC said that they avoided seeking services because of harmful attitudes, as well as fears of being reported. Persons with diverse SOGIESC who sell sex—who are highly vulnerable to sexual violence—are dually dissuaded, as aspects of selling sex are criminalized and, in 2017, the municipality of Nairobi banned selling sex.¹⁷⁹ In addition, this legislation hinders heterosexual, cisgender survivors to seek services or report because the physical act itself is criminalized. A gender-based violence officer said, “If [a man] reports sexual violence in a government health facility, they probably will not help [him]. Staff are not prepared to help male survivors. ... In fact, you may be in much more trouble if you report—they will say you will be part of the LGBTI group. It’s not easy to handle.”

Poor awareness of the availability and benefits of services – In focus groups, Congolese, Somali, and

177 Kenyan Penal Code 1930, Sections 162 and 165. *Eric Gitari and Others vs. Attorney General Kenya* (2019).

178 US Department of State, *Country Reports on Human Rights Practices for 2015: Kenya* (2015).

179 NSWP, “Nairobi County Assembly Bans Sex Work in the City,” (December 12, 2017), <https://www.nswp.org/news/nairobi-county-assembly-bans-sex-work-the-city>. A 2015 study on sex workers in Kenya (not refugees) found that, of the respondents who had experienced rape, none had reported to the police due to fears of being prosecuted for selling sex. Arrests and detention of sex workers also interrupt HIV treatment for those who are living with HIV. Human Rights Count, *Speaking Out: Personal Testimonies of Rights Violations Experienced by Sex Workers in Kenya* (2015).

South Sudanese refugees were largely unaware of any services for male survivors and survivors with diverse SOGIESC.¹⁸⁰ (Key informants reported that Ugandan refugees with diverse SOGIESC are more aware of available services.) According to representatives from a health facility providing care for sexual violence survivors, an estimated 60 percent of male survivors do not present within 72 hours post assault to their clinic and are thus ineligible for post-exposure prophylaxis. Many refugees are unaware that anal rape (as well as anal sex) can transmit HIV and that medicine exists to minimize transmission.¹⁸¹ "Paul," a gay refugee, said, "We are ignorant about the services that are available. We don't even know where to go if you have an infection. You have to pay from your pocket." Another commented: "There are no services. Me and my partner were attacked a few weeks ago. UNHCR, the NGOs, the Kenyan hospitals—they sent us around and around. It's really complicated and hard for a refugee to get immediate emergency care." "Bakome," a heterosexual Congolese man living in Mombasa, was skeptical of the benefits of accessing MHPSS services: "I don't believe [that counseling can help me.] Nothing good is happening to me. ... It doesn't make sense for me, because these memories stay in your mind. It doesn't work."

Fears and mistrust - Some refugees expressed mistrust of existing services and were leery of confidentiality processes, concerned that victimization would become known to their family and community. Refugees with diverse SOGIESC were also worried about the exposure of their sexual orientation or gender identity, as reflected in the remarks of "Pierre," a gay man from DRC: "I went to an NGO when I was raped. I couldn't expose everything to them. The people who work there are Kenyans, not white people. I didn't tell them everything because of fear. They don't want to know that I'm gay. Once they find this out in the hospital, it's a big problem. They refuse to treat you." Refugees were particularly reluctant to report to police, given that harassment, abuse, and extortion are not infrequent.¹⁸² Finally, some were worried about retaliation by perpetrators. A Somali man with a disability said: "There are a few cases where men have been sodomized. It's hard to find out, it's kept hidden. It's hard for his own security. [The perpetrators] may attack those who are interested in knowing about this. The men do not want this story to come out, it's a big secret."

Socio-cultural barriers and limited understandings of sexual violence - Although some male survivors have come forward to access services in the two urban settings, refugees consistently reported that (heterosexual, cisgender) men and boys would never seek services due to shame, fears of stigmatization and ostracism, religious taboos, and social constructions of masculinity. In addition, some refugees did not recognize common forms of sexual violence against men and boys, such as forced witnessing and genital trauma, as sexual violence. They may also not understand that sexual violence can entail mental and physical impacts for men and boys as well. This lack of awareness further inhibits male survivors from accessing post-sexual violence care.

Divisions within LGBTIQ communities - Research participants reported tensions between refugees and Kenyans with diverse SOGIESC, which sometimes undermined access to services. Tensions were reportedly due to xenophobia, competition for scarce resources, romantic jealousies, and the blackmailing and abuse of refugees by some Kenyans. One gay refugee man said: "The Kenyan gays are not friendly to refugees. They see us as in their space. We get visitors like you [foreigners] and they don't, so they don't like us. We go to their meetings and organizations to ask for help, but they treat us very different from the other gay men." Some Kenyans with diverse SOGIESC

180 In addition, the 2010 violence against children survey in Kenya found that only 24.7% of children who experienced sexual violence knew where to seek professional help. UNICEF et al., *Violence against Children in Kenya*.

181 A key informant working with cisgender gay male refugees reported that anal warts and hemorrhoids were common among MSM, but few refugees sought care at an early stage resulting in expensive surgeries down the line.

182 See also: Human Rights Watch, *You Are All Terrorists: Kenyan Police Abuse of Refugees in Nairobi* (May 2013).



expressed feeling frustrated with refugees (particularly gay men from Uganda), who they felt were aggressive and demanding too many rights, undermining years of careful work by Kenyan LGBTIQ organizations. Divisions were also identified *within* refugee SOGIESC communities. A number of gay and transgender refugees said that gay Ugandan refugees, who comprise the majority of refugees with diverse SOGIESC in Kenya and are generally more organized and vocal than other groups, “didn’t benefit other nationalities” and were exclusionary. Language barriers, cultural differences, and prejudices also prevented cross-national communication and organizing. In addition, gay men, trans women, trans men, lesbians, and other persons with diverse SOGIESC each have specific vulnerabilities and needs. Transgender refugees and some key informants expressed frustration that services and advocacy were largely oriented to gay, cisgender men, overshadowing other vulnerable groups, especially trans men, trans women, lesbians, and bisexual women.

Barriers for transgender refugees - Whereas all refugees with diverse SOGIESC face barriers to accessing services, trans women and trans men struggle with additional impediments. Transgender refugees are frequently unable to access consistent hormones and may be more visible and therefore more vulnerable than cisgender gay men or lesbians. In focus groups, trans women recounted frequent beatings and harassment upon leaving their homes. They may isolate themselves in an effort to protect themselves, yet this ends up further eroding their ability to access services. Sensitized services are scarce, and trans women may not be able to access care from women-oriented service points. “Lisa,” a trans refugee woman and key informant, said: “Women’s organizations are supposed to work with us because we are also women. Maybe they want us first to transition, and then they will work with us, but we can’t even access the hormones, so we are left out completely of all their work.” Key informants reported that service providers may ask transgender refugees “wildly inappropriate questions,” which further deters service uptake. Transgender refugees reported being denied health care as a result of their gender identity, and one trans refugee woman recounted an assault by a health provider: “Services for gay and trans refugees are limited. We don’t have ID, we have to stay indoors, we can’t work, we get health issues. UNHCR took me to the Mbagathi hospital for healthcare recently, and the doctor there wanted to kill me because I was trans. I have wounds on my back and arms where I fought her.” No targeted services for trans men were identified, despite their having complex protection, health, and other needs. Trans men may be targeted for rape and forced marriage, and some have children as a result. Yet they are often uncomfortable accessing sexual and reproductive health services oriented to women, and may be isolated from other refugees with diverse SOGIESC and therefore not attuned to available services. “Olivia,” a trans refugee woman, said, “Trans men want to be alone and stay by themselves. We don’t meet them very often. They want to be in their own safe space as trans men.”

Conclusion

The findings from this study suggest that, in addition to widespread sexual violence against women and girls, conflict-related sexual violence against men and boys appears prevalent in eastern DRC and South Sudan. This aligns with previous research on sexual violence in these contexts. In Somalia, the potential magnitude of male sexual victimization remains unclear and warrants further research. Persons with diverse SOGIESC are highly vulnerable to sexual violence in the three countries of origin, and appear to be at particular risk from family and community members. The flight to Kenya was spotlighted as a perilous segment of the displacement process for all refugees. In Nairobi and Mombasa, refugees with diverse SOGIESC that were included in the scope of the study—especially trans women, adolescents with diverse SOGIESC, and those selling sex—remain acutely vulnerable to sexual violence, exploitation, and abuse. Perpetrators encompass police officers, family members,

heterosexual refugee and Kenyan men, refugee and Kenyan MSM, among others. In Mombasa, sexual exploitation of refugee adolescent boys and young men may be pervasive, and few prevention efforts were identified. These protection gaps demand urgent attention.

Sexual violence profoundly impacts not only survivors but their spouses, children, and other family and community members in multi-dimensional ways. In addition to common psychological and physical sequelae—such as anxiety, depression, and sexually transmitted infections—impacts documented among urban refugee survivors in Kenya include job loss, interruption of schooling, rectal trauma resulting in incontinence, and ostracism by community and family members. The wives and children of male survivors may also suffer stigmatization, and the marriage prospects for male survivors' daughters may be compromised. The inability to sustain an income due to mental and physical impacts can contribute to economic hardship for the family as whole and lead to divorce. Research participants made causal connections between male sexual victimization and perpetration of intimate partner violence and other forms of violence against women and girls. These are important to explore in depth; however, conclusions should not be drawn prematurely and male survivors must not be stigmatized further. Additional research is necessary to determine any potential linkages. Male survivors can and do recover with good quality care, and existing evidence suggests that the majority do not go on to perpetrate additional violence, with or without treatment.

In Nairobi, a handful of agencies are coordinating with one another to provide sensitized services for female and male refugee survivors, including those with diverse SOGIESC. However, funding cuts, an increasingly restrictive protection environment, and an outsized urban refugee population have severely constrained the ability of service providers to meet survivors' needs. Numerous access barriers to services were identified, such as harmful provider attitudes and poor awareness of the benefits of care. Refugees with diverse SOGIESC encounter additional obstacles to service uptake. In Mombasa, few services were identified.

Although significant gaps remain, Kenya stands out among refugee-hosting settings as the building blocks for an effective response to sexual violence are largely in place. Over the past two decades, the government and civil society organizations have worked hard to raise awareness, advance legislation, and establish policy and operational frameworks for a comprehensive sexual violence response. In addition, a number of refugee-led LGBTIQ organizations have been established in recent years to enhance services and protection for these communities. These efforts and organizations should be funded, expanded, and built upon to enable each and every survivor, refugee and otherwise, to access protection, care, support, and justice.



Acronyms and Abbreviations

ARV	Antiretroviral
CBO	Community-based organization
DRC	Danish Refugee Council
FDLR	Democratic Forces for the Liberation of Rwanda
FGD	Focus group discussion
HIV	Human immunodeficiency virus
LGBTIQ	Lesbian, gay, bisexual, transgender, intersex, and queer
MHPSS	Mental health and psychosocial support
MSF	Médecins Sans Frontières
MSM	Men who have sex with men
NCKK	National Council of Churches Kenya
NGO	Nongovernmental organization
OHCHR	Office of the United Nations High Commissioner for Human Rights
SOGIESC	Sexual orientation, gender identity and expression, or sex characteristics
SPLA	Sudan People's Liberation Army
SSPDF	South Sudan People's Defense Forces
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WRC	Women's Refugee Commission

Key Definitions

Cisgender means "having a gender identity that matches one's assigned sex."¹⁸³

Conflict-related sexual violence refers to "incidents or patterns of sexual violence, that is rape, sexual slavery, forced prostitution, forced pregnancy, enforced sterilization, or any other form of sexual violence of comparable gravity, against women, men, girls or boys. Such incidents or patterns occur in conflict or post-conflict settings or other situations of concern (e.g., political strife). They also have a direct or indirect nexus with the conflict or political strife itself, i.e., a temporal, geographical and/or causal link. In addition to the international character of the suspected crimes (that can, depending on the circumstances, constitute war crimes, crimes against humanity, acts of torture or genocide), the link with conflict may be evident in the profile and motivations of the perpetrator(s), the profile of the victim(s), the climate of impunity/weakened State capacity, cross-border dimensions and/or the fact that it violates the terms of a ceasefire agreement."¹⁸⁴

Conflict-related sexual violence against men and boys includes oral and anal rape and attempted rape (including gang rape and rape with objects), genital violence (including beatings, burning, electric shock, and mutilation), castration, penile amputation, sterilization, forced sexual activity with or sexual harm against others (including family members, animals, or corpses), sexual humiliation, forced masturbation of self and others, forced nudity, forced witnessing of sexual violence against others, and other forms of sexual violence of comparable gravity.¹⁸⁵

Corrective rape refers to rape perpetrated with the intent to force a person with perceived diverse SOGIESC to become heterosexual or cisgender and as punishment for transgressing gender norms. The term "corrective rape" originated in South Africa to describe the widespread practice of men raping lesbians in order to "cure" them of and punish them for their sexual orientation.¹⁸⁶

Forced witnessing is a form of sexual violence that involves forcing someone to watch the perpetration of sexual violence against another person, such as a family or community member or fellow detainee.

Gender-based violence is "an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e., gender) differences between males and females. The term 'gender-based violence' is primarily used to underscore the fact that structural, gender-based power differentials between males and females around the world place females at risk for multiple forms of violence. As agreed in the Declaration on the Elimination of Violence against Women (1993), this includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty, whether occurring in public or in private life. The term is also used by some actors to describe some forms of sexual violence against males and/or targeted violence against LGBTI populations, in these cases when referencing violence related to gender-inequitable norms of masculinity and/or norms of gender identity."¹⁸⁷

183 World Health Organization, *FAQ on Health and Sexual Diversity An Introduction to Key Concepts* (2016), p. 3.

184 United Nations Security Council, *Conflict-related Sexual Violence: Report of the Secretary-General, S/2015/203* (March 23, 2015), para. 2.

185 See: Sarah Solangon and Preeti Patel, "Sexual Violence Against Men in Countries Affected by Armed Conflict," *Conflict, Security & Development* 12:4 (2012), pp. 417–442, and Sandesh Sivakumaran, "Sexual Violence Against Men in Armed Conflict," *European Journal of International Law* 18:2 (2007), pp. 253–276.

186 Michelle Denton, *Rape Culture: How Can We End It?* New York: Greenhaven (2017), p. 31.

187 Inter-Agency Standing Committee, *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery* (2015), p. 322.



Queer is “an umbrella term which is commonly used to define lesbian, gay, bi, trans, and other people and institutions on the margins of mainstream culture. Historically, the term has been used to denigrate sexual and gender minorities, but more recently it has been reclaimed by these groups and is increasingly used as an expression of pride and to reject narrow reductive labels. Queer can be a convenient, inclusive term when referring to issues and experiences affecting the many groups subsumed under this umbrella. Because it is still used to demean lesbian, gay, bisexual, and transgender people, those who do not identify as queer are urged to use the term with caution, or not at all.”¹⁸⁸

Rape is “physically forced or otherwise coerced penetration—even if slight—of the vagina, anus, or mouth with a penis or other body part. It also includes penetration of the vagina or anus with an object. Rape includes marital rape and anal rape/sodomy. The attempt to do so is known as attempted rape. Rape of a person by two or more perpetrators is known as gang rape.”¹⁸⁹

Refugees refer to “people who have fled war, violence, conflict or persecution and have crossed an international border to find safety in another country.” Refugees are protected under the 1951 Refugee Convention and its 1967 Protocol.¹⁹⁰

Sex workers and sex work include “female, male, and transgender adults (18 years of age and above) who receive money or goods in exchange for sexual services, either regularly or occasionally. Sex work is consensual sex between adults, can take many forms, and varies between and within countries and communities. Sex work may vary in the degree to which it is ‘formal,’ or organized. ‘Sex work’ is used ... when referring exclusively to adults aged 18 years or older. When referring to those below the age of 18, including 10- to 17-year-olds, reference is made to sexual exploitation of children, in accordance with Article 34 of the Convention on the Rights of the Child, which ensures the protection of all children from all forms of sexual exploitation and sexual abuse.”¹⁹¹

Sexual abuse refers to “the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.”¹⁹²

Sexual exploitation refers to “any actual or attempted abuse of a position of vulnerability, differential power or trust for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another. Some types of forced and/or coerced prostitution can fall under this category.”¹⁹³

Sexual violence includes “at least, rape/attempted rape, sexual abuse and sexual exploitation. Sexual violence is ‘any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic a person’s sexuality, using coercion, threats of harm or physical force, by any person regardless or relationship to the victim, in any setting, including but not limited to home and work.’ Sexual violence takes many forms, including rape, sexual slavery and/or trafficking, forced pregnancy, sexual harassment, sexual exploitation and/or abuse, and forced abortion.”¹⁹⁴

188 World Health Organization, *FAQ on Health and Sexual Diversity An Introduction to Key Concepts* (2016), p. 3.

189 Inter-Agency Standing Committee, *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery* (2015), p. 322.

190 UNHCR, *What is a refugee?* (n.d.), <https://www.unhcr.org/what-is-a-refugee.html>.

191 World Health Organization, *Technical Brief: HIV and Young People Who Sell Sex* (2015).

192 Inter-Agency Standing Committee, *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*, p. 322.

193 Ibid.

194 Ibid.



Transgender "(sometimes shortened to 'trans') is an umbrella term used to describe people with a wide range of identities—including transsexual people, people who identify as third gender, and others whose appearance and characteristics are perceived as gender atypical and whose sense of their own gender is different to the sex that they were assigned at birth. Trans women identify as women but were assigned as males when they were born. Trans men identify as men but were assigned female when they were born. Some transgender people seek surgery or take hormones to bring their body into alignment with their gender identity; others do not."¹⁹⁵

Unaccompanied children (also called unaccompanied minors) "are children who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so."¹⁹⁶

Vulnerability in humanitarian contexts refers to "the conditions determined by physical, social, economic, and environmental factors or processes which increase the susceptibility of an individual, a community, assets, or systems to the impacts of hazards."¹⁹⁷

195 World Health Organization, *FAQ on Health and Sexual Diversity An Introduction to Key Concepts*, p. 3.

196 International Committee of the Red Cross, International Rescue Committee, UNICEF, UNHCR, World Vision, *Inter-agency Guiding Principles on Unaccompanied and Separated Children* (2004), p. 13.

197 United Nations Office for Disaster Risk Reduction, *Terminology* (December 2017), <https://www.unisdr.org/we/inform/terminology>.

Appendix 1. Methodology and Methods

Primary Research Questions

1. What are the characteristics (who, where, when, how) of sexual violence against Congolese, Somali, and South Sudanese men and boys (including those with diverse SOGIESC) and trans women residing in Nairobi and Mombasa (in their country of origin, during flight, and in Kenya)?
2. What is the impact of sexual violence on the survivors, their families, and their communities, including women and girls?
3. What services (medical, psychosocial, legal, and other) are available for cisgender male and transgender refugee survivors in Nairobi and Mombasa?
4. What are the barriers and enablers to accessing these services?

Secondary Research Questions

5. What, if any, targeted mechanisms to protect men, boys, and trans women from sexual violence are in place in the study sites?
6. How does sexual violence against men and boys intersect with violence against women and girls?

Data Collection

The key informant interview and focus group discussion tools were used in Lebanon, Iraq, and Jordan in 2016 for a similar study commissioned by UNHCR undertaken by the principal investigator (Sarah Chynoweth). The tools were subsequently refined.

Four data collection methods were employed:

- **Document review** was undertaken to identify and summarize existing data related to sexual violence in DRC, Somalia, and South Sudan and against refugees residing in urban areas in Kenya. Documents included published research and gray literature, including external and internal UN and NGO documents.
- **Semi-structured key informant interviews with 40 humanitarian aid workers and service providers** from 29 agencies were undertaken to determine the availability of services for survivors, identify protection and prevention-related interventions, and provide insights into knowledge, attitudes, and behaviors of humanitarian responders with regard to sexual violence against cisgender male and transgender refugees. Key informants included representatives from 13 community-based organizations and local NGOs, nine international NGOs, three refugee-led organizations, two UN agencies, one regional NGO, and one academic institution. Interviews (approximately 45 minutes each) were held in person and by Skype and phone.
- **24 focus group discussions (FGDs) with 149 refugees and asylum seekers¹⁹⁸** were held in Nairobi and Mombasa to document second- and third-hand accounts of sexual violence against men, boys, and trans women, gather data on community knowledge, attitudes, and behaviors related to sexual violence, and explore barriers and enablers to accessing

¹⁹⁸ Although asylum seekers are not officially recognized by the national government as refugees, this report refers to them as such for ease of reading and because many meet the definition of a refugee as defined in the 1951 UN Refugee Convention and 1967 Protocol.

services. Congolese, Somali, and South Sudanese refugees were prioritized given limited information on persons with diverse SOGIESC within these communities.¹⁹⁹ Discussions took approximately 45 to 60 minutes. Each group averaged six participants. In total, researchers held:

- » 4 FGDs with 25 unaccompanied adolescent boys (ages 15-17)
- » 4 FGDS with 24 young men (ages 18-24)
- » 4 FGD with 23 adult men (ages 24-60)
- » 4 FGD with 30 adult cisgender women (ages 24-60)
- » 4 FGD with 21 men with disabilities (ages 18+)
- » 4 FGDs with 26 persons with diverse SOGIESC (ages 18+).

For each cohort, researchers held one FGD with Somali refugees and one FGD with South Sudanese refugees in Nairobi, and one FGD with Somali refugees and one FGD with Congolese refugees in Mombasa.

- **Observations** of informal settlements, safe houses, and service delivery points were captured in field notes.

Recruitment

Key informants were purposively selected based on their roles (e.g., providers serving refugees, technical focal points) and their agency's mandate. Chain referral sampling, in which purposively selected informants refer other potential study participants, was used to identify additional key informants. Focus group discussion participants (refugees) were recruited by community leaders (identified by UNHCR) and UNHCR's and HIAS' community mobilizers. Refugee participants were identified based on age, nationality, gender identity, gender assignment, and sexual orientation. All refugee participants were assigned male at birth or as identified as a man or a boy.

Informed Consent

Due to the sensitive nature of the topic, only verbal consent was obtained from key informants and focus group participants. Research participants were provided with a participant information statement and consent form, which was available in Arabic, English, French, Kiswahili, and Somali. Forms were back translated to maximize accuracy.

For focus groups with adolescent boys (ages 15-17), parental consent was requested and received. To enable adolescents to refuse participation, several examples of declining and withdrawing assent were provided before requesting assent. The voluntary nature of participation was underscored. Several times throughout the group discussion, the facilitator paused to check in with the participants to reinforce that they did not have to answer any questions and that they were free to leave at any point.

Referral

Localized referral points for medical and psychosocial services were documented on the back of the translated participant information and consent forms. The principal investigator adapted an interview distress protocol developed by Draucker et al. (2009)²⁰⁰ to identify indications of distress during an interview or focus group and respond accordingly. The distress protocol outlines the actions of

199 RefugePoint, *Disaggregating LGBTIQ Protection Concerns*.

200 Claire Burke Draucker et al., "Developing Distress Protocols for Research on Sensitive Topics," *Archives of Psychiatric Nursing* 23:5 (2009), p. 343-350.

the interviewer if, during the course of the interview, a participant exhibits acute distress or safety concerns, or imminent danger to self or others.

Translation

Most FGDs were conducted in English. Some were held in Kiswahili, Lingala, Dinka, and Somali with simultaneous translation into English. Interpreters were recommended by community focal points and were contracted to translate the FGDs. Interpreters were oriented to the topic, briefed about how to respond and manage any spontaneous disclosures of sexual violence, and were requested to sign a code of conduct stating that they would adhere to principles of confidentiality, nondiscrimination, and respect.

Analysis

Data were coded and thematically analyzed²⁰¹ using NVivo 12, a qualitative data management software.

Validity

For triangulation purposes, findings were discussed with four service providers working on gender-based violence, protection, and SOGIESC issues with urban refugees in Nairobi. A draft version of the report was shared with all key informants, Global Advisory Committee members, and National Reference Group members for review.

Ethical Considerations

The University of New South Wales (HC180126) and the Kenya Medical Research Institute (KEMRI) granted ethics approval for this study in May 2018 and April 2019, respectively. Permits and approvals were also received from Kenya's National Commission for Science, Technology, and Innovation (NACOSTI), the Government of Kenya's Refugee Affairs Secretariat (RAS), and the Nairobi and Mombasa County Commissioners.

A National Reference Group, composed of researchers from AMREC and Innovations for Poverty Action-Kenya, was established to provide insights into the local context including ethical considerations. In addition, given the sensitivity and complexity of researching sexual violence against men and boys, a 12-member Global Advisory Committee has been convened. Advisory Committee members include a mix of practitioners and researchers, with expertise in public health, protection, gender-based violence, child protection, and LGBTIQ issues in humanitarian contexts. Advisory group members reviewed the protocol and considered ethical concerns throughout the research process.

This study was conducted in accordance with WHO's (2007) *Ethical and Safety Recommendations for Researching, Documenting, and Monitoring Sexual Violence in Emergencies*. Participants' anonymity was strictly maintained. Names of refugees who participated in this research were not requested or recorded. All quotes and inputs were anonymized. Key informants are identified only by a participant ID on all documents. Those quoted in this report were given generic professional titles to protect their identity. Electronic transcripts and typed documents related to the study are kept on a password-protected personal computer in an encrypted file. No monetary or material incentives were provided to the participants, apart from basic refreshments and reimbursement for travel costs.

201 Jennifer Fereday et al., "Demonstrating Rigor Using Thematic Analysis: A Hybrid Approach of Inductive and Deductive Coding and Theme Development," *International Journal of Qualitative Methods* 5:1 (2006), p. 80-92.



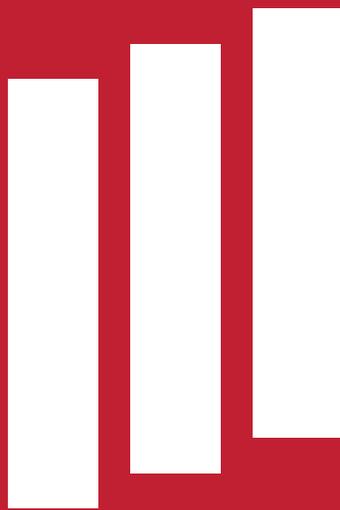
This is an exploratory study designed to elicit insights into sexual violence against urban refugees in order to inform humanitarian practice. The aim is not to document human rights abuses for legal accountability purposes. Individual interviews with survivors were not deemed necessary or ethical, in accordance with WHO recommendations. The documentation of second- and third-hand accounts were sufficient to achieve the research aims. However, some refugee research participants spontaneously disclosed victimization during focus group discussions.

A summary of the findings will be translated into Arabic, Dinka, Kiswahili, Lingala, and Somali to be shared with local service providers and refugees.

Limitations

This study faced a number of limitations. Sampling of focus group participants was non-representative. Translation error is a possibility. Unexpected personal emergencies on the part of two researchers prevented them from undertaking in-country data collection. Thus, only one researcher undertook in-country data collection, limiting the number of in-person key informant interviews. To address this, some interviews were conducted remotely by phone or Skype. Four FGDs with Somali refugees were held on the second day of Ramadan, during which discussions of negative topics are discouraged. Some refugees (primarily older men and religious leaders) reported that they did not feel comfortable speaking to the topic as a result. Focus groups with trans men and men with intellectual disabilities were not undertaken due to an inability to access these communities; their contributions would have elicited further insights.





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