



Supporting Transwomen Refugees:

Tailoring activities to provide psychosocial support and build peer networks among refugee and host community transwomen

Beirut, Lebanon
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Case Study: Strengthening GBV Prevention & Response in Urban Contexts



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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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Cover photo: Refugee and host community transwomen participate in an art therapy session at MOSAIC.
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"The most important thing to me was to meet new people like me that would support me and make me feel that I am not alone in this world. What happened is that participating with MOSAIC made me feel like I am in a safe house, with a family who loves me and respects me, not like my real family that threw me in the streets and threatened me with death and forgot about me."

– Transwoman Participant

"Being settled in Lebanon and surrounded by Lebanese persons most of the time, the amazing part about these meetings was to be in a space with not just Lebanese but also Syrians, Iraqi, and Palestinian transwomen, and that's very positive because it breaks the ice and the barriers of nationality."

– Transwoman refugee participant

Background

Throughout 2016, the Women's Refugee Commission (WRC) partnered with local organizations in urban humanitarian settings, for the purpose of piloting gender-based violence (GBV) activities that would be at once innovative, community-driven, and responsive to evidence on local GBV risks and effective risk mitigation strategies. Four pilots were undertaken, in Delhi, India; Beirut, Lebanon; Santo Domingo, Ecuador; and Kampala, Uganda. This initiative, supported by the U.S. State Department's Bureau of Population, Refugees, and Migration, was part of a multi-year effort to build up the much-needed evidence base on best practices for strengthening GBV prevention and response in urban contexts.

Previous research, conducted in an earlier phase of the project, underscored the importance of empowering urban refugee communities and individuals to take a leading role in not only designing GBV prevention efforts, but also tailoring them to the particular complexities (social, political, financial, and infrastructural) of the city environments in which they live. That research also emphasized the unique challenges and opportunities that exist for GBV prevention and response in urban settings. In turn, they signaled the need for significant structural changes to how humanitarian GBV programming is developed, financed, and implemented in order to be effective in this new "beyond camps" era. As a result, pilot activities were highly localized. Yet they also adhered to three key tenets of a successful urban GBV response model: (1) proactively working with diverse local actors, governmental and nongovernmental; (2) mitigating GBV risks prioritized by communities themselves; and (3) targeted outreach and tailored programming for at-risk populations.

Each Urban GBV Case Study presents an example of an urban-specific GBV risk prevention and/or response strategy. Each illustrates, in a different way, the untapped potential that exists within both refugee communities and host-communities, for mitigating urban refugees' immediate and long-term GBV risks.

Transwomen Refugees: Severe Violence, Still Underserved

Transwomen refugees face extreme violence, discrimination, stigmatization and isolation in the places where they seek refuge. The physical violence they report is severe, ranging from beatings on the street, to rape and gang rape; this violence is perpetrated by fellow refugees as well as members of host communities. Even where it is reported that all sexual and gender minority refugees face acute dangers, it is widely agreed that transwomen refugees are most at risk, both because of transphobia and because it is assumed, often correctly, that they will not report it and/or have no access to justice.

Transwomen refugees experience exceptional difficulty finding safe shelter and employment. They often have limited access to peer networks, let alone trans-friendly or trans-competent service provision. Transwomen refugees are also overlooked or excluded from mainstream refugee services, and/or do not feel safe accessing them for a variety of reasons; little to no humanitarian programming is tailored specifically for them, with their input, to meet their needs in ways most relevant and safe for them.

Like other sexual and gender minority refugees, transwomen refugees report fleeing to cities, rather than refugee camps, because cities offer the promise of greater anonymity and safety, as well as hope for finding peers or a community. For humanitarian actors whose mandate includes providing protection for all refugees, including those with diverse gender identities/expressions, cities also offer an opportunity to partner with local actors who have specialized knowledge and experience working with this population.

Such local organizations can and should be integrated into humanitarian GBV prevention and response. This can be especially important for high-risk marginalized groups—including but not limited to transwomen—and especially where these organizations are run by and for members of these groups. In addition, they offer the

“The things that I learned and that I didn’t know before this program was mostly about sexual health and how to protect ourselves during a sexual act. I also learned a lot about legal issues, for example, if I get arrested in the street who to call and what to do. I also learned how to keep myself safe, who to contact in case of emergency.”

– Transwoman participant

potential for forming peer relationships and broadening social networks. Indeed, sexual and gender minority refugees, including transwomen, have reported that having peers is instrumental to their immediate safety and wellbeing; they live together, work together, navigate the city together, share information about mitigating risks, and are sometimes each others’ only source of emotional or familial support. (It is ‘familial’ not in the sense of arising from the families participants were born into, but rather the family they regard each other to be.)



Participants act out personal experiences during a drama therapy session.

Pilot with MOSAIC: Tailored Programming for Transwomen Refugees in Beirut *The Value of Partnering with a Trusted and Experienced Local LGBT Organization*

In Beirut, several local LGBT organizations are playing a role in enhancing GBV prevention and the overall protection environment for LGBT refugees, including transwomen. They provide various services and support to these refugees, sometimes, but not always, in collaboration with humanitarian actors. It is against this backdrop that WRC partnered with MOSAIC*, a Lebanese rights organization, to implement a pioneering project that would be tailored to the needs of transwomen refugees living in Beirut. These transwomen would be invited to participate in a therapy/community-building workshop, designed for and with them, alongside host community transwomen. The workshop would leverage MOSAIC’s unique expertise and local knowledge, as well as their credibility within the local trans community—established over time—as an organization that understands, respects, and is dedicated to promoting the rights and wellbeing of transgender persons.

Art & Drama Therapy for Lebanese Transwomen and Refugee Transwomen

In partnership with WRC, MOSAIC implemented an unprecedented project for transwomen refugees living in Beirut. The project opened up a space for these women to access psychosocial support and build a sense of community with each other, while also developing skills related to advocacy, community mobilization, and peer counseling. A vital, and groundbreaking, component of these programs was their inclusion of not only refugee transwomen—Iraqi, Syrian, and Palestinian—but Lebanese transwomen as well.

The organizing vehicle for the sessions was Art and Drama Therapy, but even before structured therapy could take place it was imperative to establish a ‘safe

*MOSAIC stands for the MENA Organization for Services, Advocacy, Integration and Capacity-building



Refugee and host community transwomen participate in an art therapy session at MOSAIC.

space' for participants. This meant opening a figurative space for dialogue between Lebanese transwomen and refugee transwomen, as well as a physical space where they could meet; this would also create an opportunity for participants to provide early input on the project's goals and trajectory.

To this end, MOSAIC launched the project with a two-day Trans* Alignment Retreat as well as four Information Sessions with Lebanese and refugee participants. MOSAIC staff facilitated these meetings, which consisted of introductions, setting an action plan, adapting training modules, establishing a sense of community, and creating entry points for participants to voice ideas. Strengthening the skills and capacities of participants to vocalize their concerns and share their preferences, with each other and with MOSAIC staff, was essential to achieving one of the overarching goals of the project: empowering participants to be activists in their communities, including through asserting their GBV risks and service needs with service providers; drawing attention to rights violations and gaps, and joining together to mitigate risks while enhancing their overall protection.

*"Being with transwomen from different nationalities (refugees, Lebanese) was actually an opportunity to get to know each other, to be close to each other with a lot of respect."
– Transwoman participant*

Art and Drama Therapy group sessions were attended by twenty transwomen living in Beirut. Ten of these

participants were Lebanese, five were Syrian refugees, two were Palestinian refugees, and three were Iraqi refugees. A noteworthy thirty-two sessions were held. The purpose of the therapy was to cultivate a safe space where transwomen could share their personal stories openly; most participants had experienced, or were experiencing, a combination of ostracization from family and friends, persecution, and severe physical and emotional violence, resulting in medical injuries, despair, and isolation. For many participants, it was the first time they had shared their personal story with anyone. These sessions were facilitated by a certified social worker, who also guided participants to identify common themes and shared experiences, as well as probe the myriad intersecting issues facing refugee transwomen in particular, in order to compare and contrast them to those facing Lebanese transwomen.

*"We never had problems because of our diversity, on the contrary we were like a big family."
– Transwoman participant*

Art therapy sessions, held separately from the drama sessions, offered a safe space where transwomen participants could become more comfortable around each other and share their experiences, stories, problems, and achievements. Over time, common themes emerged in their stories, including negative social attitudes towards transgender persons, fearing for their safety on a daily basis, incidents of violence, and challenges they face—both as refugees and as members of the host community—finding housing and otherwise surviving in Beirut. To ensure sessions ended on a positive note, with a sense of relief, the social worker asked participants to draw a door—a door they could open to begin their new lives with more self-confidence, self-worth, and a sense of community. A sample of these depictions is on the next page.

Drama therapy sessions, also overseen by a certified social worker, created a space where participants could act out their daily struggles and conflicts for one another, painting a clearer picture of their lived



"The door represents freedom. I feel imprisoned living with my parents so it represents everything for me. I just need the key."

"I called my door 'the unknown', because you can't open a door to a stranger, I colored it different colors. I hope that when I open the door everything is going to be colorful."

"The door is a transition, a crossing, and it represents hope. That's why my colors were light."

experiences. Participants worked collaboratively to put together four re-enactments of scenarios they felt reflected common themes: (1) Facing rejection after coming out as a transwoman to a brother after not seeing him for ten years; (2) Being shunned by family members for being transgender after the death of a mother, who had been her only ally in the family; (3) Being verbally abused and sexually harassed by a taxi driver, before being kicked out of the taxi; (4) Escaping Iraq in the face of threats of murder and torture, knowing other Iraqi transwomen had suffered that fate.

Feedback from Participants

Interviews were conducted with project participants toward the end of the pilot program, to solicit their feedback on activities and whether, or how, they had benefited from it personally. These consultations also sought to gauge participants' views on whether involving both host community transwomen and refugee transwomen had added value to the program; how similar programs could be improved in the future; and their future hopes for both the project and the transgender community in Lebanon generally.

Feedback on the project was positive overall, with participants noting that although bringing Lebanese transwomen and refugee transwomen together was at first a challenge for the project – given existing prejudices between communities – it ultimately strengthened their sense of community. It inspired confidence in their own potential to grow as individuals and as activists, and bolstered hope that their wellbeing could be improved. This included their own emotional wellbeing, such



Sharing personal experiences with violence and discrimination was an important component of the sessions.

as their sense of self-worth and processing of past traumas, as well as their physical safety and security in Lebanon, since an expanded peer network would provide avenues for, e.g., sharing information, knowledge, and resources, as well as engaging in group advocacy and community building.

“Participating in this project made me aware of things that I wasn’t aware of before. It was a very positive experience, it allowed me to open my heart to people and talk to them about my HIV situation that was bothering me a lot lately, and I found myself around a lot of friends who actually loved me. I became more self-confident and I wasn’t afraid or scared anymore. It allowed me to learn things that I didn’t know before.”

– Transwoman Participant

“[The program] also brings people closer through sharing everyday threats, and it made me understand that good people exist and that even if I get hurt I shouldn’t generalize and blame everyone. This experience was excellent and it should keep going.”

– Transwoman Participant

“Before this project, I never really thought about my safety, but thanks to the meetings that happened within this project I started to think on how about protect myself and who to trust and who to not. Thanks to this project, I started opening myself to people and talking about things I never talked about before with anyone, like my relationship with my family, my general situation, and the problems that I was going through.”

– Transwoman Participant

“I really want to leave a trace in Lebanon – I want them to remember a trans named [K] who was able to make a change for the trans community. I want my name to be remembered. Through this project I achieved many things on a personal scale, not on the big scale as I wished at the beginning. But now, I consider myself an activist, a trans activist.”

– Transwoman refugee participant

Challenges

Given that this was a pilot project, it had limited funding and a limited timeline. Funding was made possible through a one-time grant of \$15,000 and activities ran for 6 months (inclusive of the two-day Trans* Alignment retreat; the follow-up therapy, information, and planning session; and 32 art and drama therapy sessions). Yet participants expressed a strong desire to continue the art and drama therapy sessions beyond this timeline, and several involved shared their disappointment that the project seemed to have ended just as bonding between refugee and Lebanese participants was gaining momentum. Participants and staff also observed that, although

“Even though I believe that we really covered a lot of things, it was mostly the time that wasn’t enough – I would like to see this program going on for more time because we would be able to go through other issues and get into more subjects because the time is not enough during the sessions we had.”

– Transwoman participant



enrollment in the program was limited from the outset to 20 participants, with more funding the size could have been expanded, or there could have been at least one additional track of sessions, given how quickly interest in participating spread throughout the community.

As the quotes above demonstrate, the program filled a gap for this marginalized population amidst a sea of more mainstream response programming implemented by humanitarian actors.

Some of the additional risks of violence transwomen face, as compared with cisgendered persons, also posed logistical challenges for their regular participation in the program. Participants reported having difficulty affording transportation to get to the sessions (public transportation reimbursements were available); encountering physical and verbal forms of violence while taking public transportation; having trouble attending sessions given their work schedules and/or their need to search for work; and fearing for their anonymity and safety if they were observed by would-be attackers to be traveling to the same place regularly. Future iterations of the program, in Beirut or elsewhere, should acknowledge and be prepared to respond to these obstacles.

"I really want this program to keep going on in Lebanon because as a trans we need these kinds of programs and projects to feel safe and at peace and I really hope that after I leave I can keep participating in such programs and activities, even outside of Lebanon. I really encourage everyone to participate because the feeling is great during and after the sessions – I can't even describe the feeling."

– Transwoman participant

"What I believe might be a negative point about all this is the interruption of the sessions because these people really need these sessions – it's like, because I really believe these sessions make them breathe, really breathe. They come here to breathe and then they leave. So, I'm really scared that it will be interrupted for a long time and they won't be able to breathe well."

– Fadi, Art and Drama Therapy moderator

Key Learnings and Recommendations

In closing interviews with staff and participants, one of the most talked-about aspects of this pilot was how it brought Lebanese and refugee transwomen—of diverse nationalities—together in one space, and cultivated a sense of community amongst them. All interviewed participants, as well as the moderator, reported that having a combination of host-community and refugee participants was an asset, a driving force behind the project's successes.

"Bringing together participants from different countries was a brilliant idea. As for myself, I think we only should work like this, including people from different nationalities....[W]hen you sit with a transwoman from Lebanon, and she starts talking about "no one's suffering more than I do" and she starts talking about her struggles and then someone from Iraq comes and they would say "no, no one actually suffers like me" and they start sharing what it's like to live as a transwoman in Iraq. And they find out that there are so many common things in their lives and they start to support each other because they've been through almost the same things."

– Fadi, therapy session facilitator

Feedback collected at the end of the project suggests that over the course of the sessions, participants moved beyond preconceived ideas they had come in with about themselves, as well as negative stereotypes they had held about people from different countries in the region. They not only bridged these divides but formed genuine friendships with each other. Participants reported leaving the pilot with a new sense of community, one that would serve as a peer network from which they would continue to draw comfort and various types of support. While all transwomen participants reported facing transphobia-motivated violence and discrimination in Beirut, transwomen refugees explained that their combined status as transwomen and refugees makes them especially targeted for attacks and discrimination. Moreover, the fact that they are transwomen means that they are directly and indirectly excluded from accessing housing, transportation, and employment options open to other refugees; they are also directly and indirectly excluded from mainstream refugee services due to stigma, violence, and prejudice they encounter at points of service.

For some of these participants, the art and therapy sessions were the only “humanitarian service” they were accessing. It was the only one that made them feel safe, and the only one that was tailored to their particular needs and experiences.

Lessons learned suggest three central conclusions. First, that an approach that brings together both host-community transwomen and refugee-community transwomen offers significant benefits to participants, because such engagement broadens peer support networks, which in turn enhances access to critical information as well as psychosocial/emotional support. Second, these are benefits that refugee transwomen are not getting elsewhere from other humanitarian service providers. Third, this type of engagement also leverages the specialized knowledge, expertise, and credibility that a local organization already has.

This pilot project illustrates one way local LGBT organizations can be meaningfully integrated into humanitarian GBV prevention and protection for the benefit of LGBT refugees. More broadly, it underscores how local organizations can be invaluable assets for high-risk, marginalized refugee groups. Indeed, findings from this pilot project are applicable to not only working with refugee transwomen and local LGBT organizations, but other marginalized refugee groups as well. In addition, it demonstrates the value of connecting and working with existing local organizations that have specialized experience and knowledge—or even programming—relevant to the safety and rights of refugee transwomen.

“What was new for me during the sessions is that I met a lot of trans from different nationalities, from Syria, Iraq, and Palestine, and I got to know the problems of each country and the struggles and how the society sees these women in each country. I felt that I was part of a big, Arabic, united family. So basically, all the politics separate us, this program brought us together and united us.”

– Transwoman participant

“I encourage everyone to participate in this project – to build self-confidence, to learn new life skills, to deal with themselves and with others, to deal with family issues, but also to deal with fear, violence and exploitation, as well as covering topics such as refugees rights in Lebanon and whom to contact in case we face problems with national security, police, or any other persons. I learned all this thanks to this project.”

– Transwoman participant



It is important to note that although host community organizations—including grassroots groups, NGOs, and small service providers—may not have previous experience with humanitarian response or GBV, they may be invaluable to reaching at-risk or hard-to-reach urban refugees. These local organizations often possess subject matter expertise, credibility, and/or social capital within communities that cannot be replicated by humanitarian actors.

Additional efforts are needed to establish meaningful partnerships with these organizations. Such partnerships can bring these organizations formally into response planning and implementation, while working alongside them to strengthen their competencies around, for instance, humanitarian systems and GBV standards, including protocols for safe identification and referral of GBV cases.

Endnotes

1. This is part of a series of case studies on mitigating GBV risks and strengthening protection for urban refugees. Additional case studies focus on topics ranging from community-based 'GBV Task Forces' (Delhi, India); to GBV prevention activities targeting at-risk adolescent girls (Santo Domingo, Ecuador); to mobile clinics being deployed to hard-to-reach refugee neighborhoods in a sprawling city (Kampala, Uganda). These case studies can be accessed online through WRC's GBV & Urban Settings webpage, <http://wrc.ms/urban-gbv-case-studies>
2. See WRC. 2016. Mean Streets: Preventing and Responding to Urban Refugees' Risks of Gender-Based Violence.
3. See WRC. 2016. Mean Streets: LGBTI Refugees. See also Rosenberg, J. 'I was like a stray dog on the street': Trans* refugees encounter further violence in the cities where they flee, *LGBTQ Policy Journal* at the Harvard Kennedy School, Vol. 6, 2015-2016.
4. Id.
5. Id.
6. The name 'MOSAIC' stands for the MENA Organization for Services, Advocacy, Integration and Capacity-building. For more information about MOSIAC's work with marginalized groups within Lebanon, see www.mosaicmena.org.



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