



TRIPLE JEOPARDY: Protecting At-Risk Refugee Survivors of Sexual and Gender-Based Violence

*Older, Disabled, Male Survivors and Sexual Minority Refugees
in Chad, Kenya, South Africa and Uganda*



Welcome the stranger.
Protect the refugee.



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ABOUT HIAS

HIAS is an international nonprofit organization that protects refugees in 14 countries across five continents, rescuing people whose lives are in danger for being who they are. We protect the most vulnerable refugees, helping them build new lives and reuniting them with their families in safety and freedom. We also advocate for the protection of refugees to ensure that displaced people are treated with the dignity they deserve. Guided by our Jewish values and history, we bring more than 130 years of expertise to our work with refugees. Since 1881, HIAS has assisted more than 4,500,000 people worldwide.

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ACRONYMS

AHA - Anti-Homosexuality Act (Uganda)

DRC - Democratic Republic of the Congo

IP - Implementing Partner (of UNHCR)

LGBTI - Lesbian, Gay, Bisexual, Transgender and Intersex

SGBV - Sexual and Gender-Based Violence

STI - Sexually Transmitted Infection

UNHCR - United Nations High Commissioner for Refugees

DEFINITIONS

At-Risk Refugees

Throughout this report, we use the term “at-risk refugees” or “at-risk refugee survivors” to refer to older, disabled, male survivors of sexual and gender-based violence and sexual minorities. As used, this term is shorthand for the four groups that form the basis of our research, and helps us highlight some common challenges they face securing access to services that prevent or respond to the consequences of sexual and gender-based violence. It should be clearly noted that refugee women and girls who do not fit in these categories are also at risk for sexual and gender-based violence.

The **at-risk refugees researched** include:

Older Refugees: refugee men and women perceived as “old” in the local social and cultural context.

Refugees with Disabilities: refugees with physical, mental or intellectual disabilities that limit their social activity and participation.

Refugee Men: male refugees age 18 and over.

Refugee Boys: male refugees under the age of 18.

Sexual Minority Refugees: refugees expressing nonconforming gender identity and/or sexual orientation, including lesbian, gay, bisexual, transgender and intersex (LGBTI) refugees.

Refugees and Asylum Seekers

Refugee Definition: Any person who is outside his or her country of nationality or habitual residence and who is unable or unwilling to return to that country because of persecution or a well-founded fear of persecution on the basis of race, religion, nationality, membership in a particular social group or political opinion, as described in the 1951 Refugee Convention.¹ The Organization of African Unity’s (OAU) 1969 Convention Governing the Specific Aspects of Refugee Problems in Africa expands the 1951 Refugee Convention definition of a refugee to include those compelled to flee home to another country due to external aggression, occupation, foreign domination or events seriously disturbing public order.²

A refugee, under the **working definition** in this report, includes any person who:

- ♦ has been granted refugee status by a government agency or international body, such as UNHCR
- ♦ has applied or intends to apply for refugee status (also referred to as **asylum seekers**), or
- ♦ falls within the UN or OAU Refugee Definitions, but is unable or unwilling to apply for refugee status.

Sexual and Gender-Based Violence

Sexual and Gender-Based Violence: Physical, emotional or sexual violence directed at someone because of his or her sex or expression of gender identity.

Sexual and Gender-Based Violence Prevention Mechanisms: Strategies and programs provided by stakeholders, including refugee and host communities, to help individuals mitigate the risks of sexual and gender-based violence.

Sexual and Gender-Based Violence Response Mechanisms: Services and initiatives provided by stakeholders, including refugee and host communities, to help survivors of sexual and gender-based violence address their medical, psychosocial, economic, legal and other protection needs resulting from experiences of sexual and gender-based violence.

EXECUTIVE SUMMARY

Refugees across the globe are vulnerable to sexual and gender-based violence, whether due to conflict in their countries of origin or because of the instability inherent in the migration process. **Stigma, shame and fear** – of reprisals by perpetrators, marginalization by the community or mistreatment by service providers – inhibit many from disclosing experiences of sexual and gender-based violence.

Laudable international efforts have begun to focus on the prevention and response to sexual and gender-based violence in the contexts of humanitarian crisis and forced migration. But there is increasing awareness that certain refugee populations – including **older people, people with disabilities, male survivors and sexual minorities** – are often overlooked in sexual and gender-based violence programming.

Facing ongoing exposure to sexual and gender-based violence in countries of asylum, and often unable to access services and protection, these refugees are effectively placed in **triple jeopardy**:

- ♦ as survivors of sexual and gender-based violence
- ♦ as refugees and asylum seekers in foreign lands, and
- ♦ as members of groups that face stigmatization, stereotyping and marginalization.

HIAS, a nonprofit organization that protects refugees in 14 countries across five continents, recognized the lack of widespread sexual and gender-based violence prevention and response programming targeted to older people, people with disabilities, male survivors and sexual minorities.

To develop a deeper understanding of the scope of the problem, HIAS undertook a **yearlong study**, conducting **217 interviews** in four countries with large refugee populations – **Chad, Kenya, South Africa and Uganda**. This research included in-depth interviews with 112 refugees in each of the four categories of people at risk for sexual and gender-based violence, detailing their experiences and personal observations. In addition, researchers interviewed representatives of 102 organizational stakeholders, including government agencies, NGOs, UNHCR and refugee community groups.


The refugees interviewed came from **13 countries of origin** across Africa with **40% from the DRC**, **27% from Sudan** and **12% from Somalia**.

Survivors described acts of sexual and gender-based violence by many different types of **perpetrators**. They included neighbors, police, soldiers, rebel group members, prison wardens and fellow inmates in countries of origin. One man described being imprisoned by the militia in his country of origin and placed in a cell with five men who raped him for a week. Other people suffered at the hands of smugglers, other refugees, intimate partners and family members, some of whom acted as caregivers to older or disabled refugees in countries of asylum.

The types of **violence and abuse** inflicted upon the refugee survivors included a catalog of horrific offenses – rape, gang rape, genital torture, abduction, threats of violence and emotional exploitation. A transgender man told of being verbally threatened by a local man who then entered the survivor's home and committed violent rape; no neighbors responded to pleas for help.

The refugees suffered a range of **physical consequences** from the sexual and gender-based violence inflicted upon them. People experienced genital damage, rectal tears and injuries to all parts of their bodies. Some contracted sexually transmitted infections; several women became pregnant. The mother of a disabled girl described how her daughter, unable to walk, was assaulted and impregnated by unknown men in their country of origin and gave birth to a medically-needy infant in the country of asylum.

Psychological consequences included loss of sleep and appetite, self-harm, self-isolation, substance abuse, feelings of low self-esteem, depression and anxiety, particularly when coupled with the loss of the ability to work. Some survivors had been diagnosed with post-traumatic stress disorder. One gay survivor of sexual and gender-based violence in both the country of origin and country of asylum confided that he no longer felt the will to live.

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TRIPLE JEOPARDY: Protecting At-Risk Refugee Survivors of Sexual and Gender-Based Violence aims to highlight the unique vulnerability and needs of older, disabled, male survivors and sexual minority refugees, while recognizing that the many women and girls who fall outside these categories encounter equal difficulties and risks of sexual and gender-based violence. The report identifies the particular **protection gaps** that these at-risk refugees face; highlights **good practices**; and makes **recommendations** to government agencies, UNHCR, NGOs and refugee communities to increase the inclusion of these four at-risk groups in sexual and gender-based violence prevention and response programming.

The protection gaps experienced by older, disabled, male survivors and sexual minority refugees are grounded in deep **cultural barriers**, including xenophobia, homophobia and transphobia. These gaps, coupled with the loss of social support inherent in forced migration, commonly drive these refugees into lives of acute isolation. **Legal barriers**, such as limitations on locations where refugees may live, inefficient asylum systems and the criminalization of homosexual acts, play direct and indirect roles in increasing at-risk refugees' exposure to sexual and gender-based violence.

Against this backdrop, refugees who are older, disabled, male survivors and sexual minorities face a wide range of **unmet basic needs** in countries of asylum. These include barriers to safe shelter, livelihood opportunities, police protection and, in some cases, community support. Physically disabled and some older refugees encounter additional challenges securing basic needs as a result of their lack of mobility. Male refugee survivors who are disabled by sexual violence and unable to work are deeply affected by their failure to conform to the gender role of family "breadwinner." Sexual minorities who are shunned by other refugee community members struggle to secure safe shelter.

Many of the agencies charged with preventing or responding to sexual and gender-based violence have **insufficient resources** to provide comprehensive protective services to these at-risk refugees. They also **lack the training or capacity** to tailor services, create welcoming environments or coordinate outreach and referrals to respond to at-risk refugees' unique needs. The **leadership** from UNHCR headquarters on the

protection of at-risk refugees has not fully trickled down to its field operations and Implementing Partners. Finally, **inadequate collection of data** on the incidence of sexual and gender-based violence experienced by older people, people with disabilities, male survivors and sexual minorities impedes the funding and development of appropriate programmatic responses.

Despite this challenging protection environment, researchers identified valuable good practices, including:

- ◆ UNHCR's 2011 *Action Against Sexual and Gender-Based Violence: An Updated Strategy*, which identifies the protection concerns of older, disabled, male survivors and sexual minority refugees, and its *SGBV Facilitator's Guide*, which provides tools to respond to their needs
- ◆ Coordination meetings held by sexual and gender-based violence service providers
- ◆ Specialized psychosocial counseling
- ◆ Prevention programming engaging male refugees
- ◆ Refugee-led support groups for survivors
- ◆ Scattered housing for at-risk refugees unable to find protection in refugee or host communities
- ◆ Legal services to help at-risk refugees secure refugee status and residency in countries of asylum, and
- ◆ Expedited resettlement for exceptionally at-risk refugee survivors.

TRIPLE JEOPARDY sets out six **Key Recommendations** to stakeholders to ensure that older, disabled, male survivors and sexual minority refugees access their basic rights and tailored protective services:

- 1 **Train** staff, with the assistance of specialized NGOs, to improve identification of these at-risk refugees, undertake outreach to them and provide them with appropriate services
- 2 **Coordinate** services by building robust referral mechanisms for at-risk refugees, including at SGBV Working Groups, and encourage involvement of specialized NGOs and refugee community leaders

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- 3 **Engage** refugee communities in prevention and response by involving men and boys in prevention and empowering at-risk survivors
 - 4 **Identify** at-risk survivors by opening satellite offices, sending staff to refugee neighborhoods and hiring refugee organizers, frontline staff and interpreters of diverse backgrounds, genders and ages
 - 5 **Accommodate** the unmet needs of at-risk refugees and their families with funding and programs to facilitate their access to safe shelter, medical care, mental health services, legal aid, livelihood opportunities and social assistance; modify facilities and services to ensure access by refugee survivors with disabilities, and
 - 6 **Measure** the scope of the problem by collecting data on the incidence of sexual and gender-based violence against at-risk refugees, disaggregated by age, type of impairment, sexual orientation and gender identity; monitor and evaluate the integration of older, disabled, male and sexual minority refugees in sexual and gender-based violence prevention and response programs.

With *TRIPLE JEOPARDY*, we hope to empower service providers and refugees to create environments where at-risk refugees are able to access greater protection from sexual and gender-based violence, and to allow survivors to fully recover and rebuild their lives in dignity.

An Older Refugee Survivor Receives Aid but Faces Ongoing Challenges

Rose, a 52 year-old Congolese woman, was living on the streets in Durban, South Africa, without any means of support and unable to speak the language. She had fled from her home in Kivu, DRC in 2011 after a group of military men stabbed and attacked her. Several raped her.

Escaping to South Africa, Rose was lost and alone until a concerned passerby helped her with temporary accommodation. After being rejected by three aid organizations, Rose finally found a shelter that provided housing, food and clothing for three months; the staff also arranged for short-term counseling, where she was able to get psychosocial help for the first time. But many issues lingered. With her asylum application still pending, Rose struggles to pay for transport for document renewals. Livelihood opportunities are limited and Rose's applications get nowhere: employers consider her "too old," she said, echoing a common experience of older refugee survivors. As a result, Rose goes back to the streets for subsistence, collecting bottles and cans for recycling. And she wonders: "How will I survive?"

INTRODUCTION

The global spotlight on violence against women is bringing increased attention to sexual and gender-based violence and the resources needed to meet the humanitarian concerns of survivors. But even with more awareness and enhanced responses to sexual and gender-based violence, some groups of survivors remain largely invisible and widely ignored.

Refugees around the world, now at record numbers, are subject to sexual and gender-based violence because of the instability inherent during times of conflict and humanitarian crisis, and during the migration process. Triply jeopardized are marginalized groups within refugee populations – older people, people with disabilities, men and boys who are survivors of sexual and gender-based violence and sexual minorities. This report looks at the barriers to sexual and gender-based violence prevention and response programming facing these at-risk refugees and recommends improvements for their protection and support.

Addressing Displacement, Marginalization and Social Inequality

Survivors of sexual and gender-based violence (SGBV) are found in every population and across the globe. Sexual and gender-based violence is a result of deeply-rooted social inequality related to one's gender or perceived lack of conformity to culturally-based gender norms.

The UN Refugee Agency (UNHCR) defines sexual and gender-based violence as:

...any harmful act that is perpetrated against one person's will and that is based on socially ascribed (gender) differences between males and females. It 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.³

And the US Agency for International Development (USAID) defines sexual and gender-based violence as:

Violence that is directed at an individual based on his or her biological sex, gender identity, or perceived adherence to socially defined norms of masculinity and femininity. It includes physical, sexual and psychological abuse; threats; coercion; arbitrary deprivation of liberty; and economic deprivation, whether occurring in public or private life. Gender-based violence can include female infanticide; child sexual abuse; sex trafficking and forced labor; sexual coercion and abuse; neglect; domestic violence; elder abuse; and harmful traditional practices such as early and forced marriage, "honor" killings and female genital mutilation/cutting.⁴

Sexual and gender-based violence does not fit neatly into limited categories of victimization

Forced migrants encounter social turbulence in the very process of displacement and resettlement. Refugees who survive sexual and gender-based violence experience stigma, shame, marginalization, fear of rejection by the community, worries about reprisals by perpetrators and anxiety about discrimination by service providers, each of which can become a barrier to accessing

services. In addition, when refugee communities respond to sexual and gender-based violence, they often operate on the assumption that able-bodied women and girls are the survivors of sexual and gender-based violence and that men are the perpetrators.

But sexual and gender-based violence does not fit neatly into limited categories of victimization: survivors traverse a wide spectrum of social groups. Policymakers and service providers are now recognizing the diversity of sexual and gender-based violence survivors.⁵

Certain refugee populations – including older people, people with disabilities, male survivors of sexual and gender-based violence and LGBTI and other sexually

and gender nonconforming people – are particularly likely to be excluded from programs developed to provide support to survivors or to help prevent sexual and gender-based violence.

Silence Is a Barrier

Power imbalances relating to age, disability and gender tend to produce a culture of silence around sexual and gender-based violence affecting older people, people with disabilities, men and boys and sexual minorities.

Refugee survivors from at-risk groups are triply marginalized – as foreign citizens, as members of stigmatized groups and as sexual and gender-based violence survivors. Service providers are not trained to see or understand their specific vulnerabilities, and few have sufficient resources to address their needs. As a result, these refugee survivors are at risk of re-victimization in countries of asylum.

The culture of silence around sexual and gender-based violence affecting the four at-risk groups is enforced by **xenophobia, homophobia and stigmatization** among hosting communities, fellow refugees and service providers. These attitudes reinforce low self-esteem among survivors and other members of these at-risk refugee groups. The consequences of forced migration, the breakdown of social support systems, traditional gender roles and age hierarchies also increase vulnerability to sexual and gender-based violence. The lack of livelihood opportunities forces many at-risk refugees into difficult situations of dangerous dependency or reliance on sex work for survival.

Access to justice by at-risk refugee survivors is seriously impeded by the lack of inclusive legal structures and institutions.

Because laws proscribing sexual and gender-based violence tend to focus exclusively on women and girls, claims by male survivors are difficult to pursue. Similarly, laws criminalizing homosexuality, like those in Uganda and Kenya, make sexual minorities extremely reticent to make claims relating to sexual and gender-based violence.

Police indifference to sexual and gender-based violence, lack of training on accommodating people with disabilities, outright xenophobia and lack of investigative resources are powerful obstacles to survivors seeking justice. Legal fees, court backlogs, language barriers, vulnerability to prosecution and irregular legal status are often perceived as insurmountable barriers by refugee survivors of sexual and gender-based violence. Traditional mechanisms of conflict resolution are also generally unwelcoming of gender-based violence complaints, creating an environment of impunity for perpetrators.⁶

Agencies Face Resource Limitations

Compounding legal barriers, few service providers have sexual and gender-based violence **policies or procedures** that are explicitly inclusive of older refugees, refugees with disabilities, male survivors or sexual minorities, and few have the **expertise** to meet their specific needs. While most stakeholders emphasize that they welcome all sexual and gender-based violence survivors without discrimination, only a small number engage in specialized training, identification, outreach or programs to respond to the needs of these at-risk groups.

UNHCR works with NGO partners to implement Standard Operating Procedures on sexual and gender-based violence. Of critical importance, UNHCR's

2011 Action against Sexual and Gender-Based Violence: An Updated Strategy (“SGBV Strategy”) specifically identifies the need to: engage men and boys; protect LGBTI persons of concern against sexual and gender-based violence; and protect persons with disabilities against sexual and gender-based violence, while recognizing that older people share many similar risks.⁷

UNHCR's *Facilitator's Guide to Prevent and Respond to SGBV*, which provides training tools to global UNHCR staff to implement the *SGBV Strategy*, includes specific chapters addressing the concerns of older refugees, refugees with disabilities, male survivors and LGBTI refugees.⁸

Service providers are not trained to see the specific vulnerabilities of at-risk refugees

Despite the UNHCR guidelines and training materials, the volume of refugee emergencies demanding human and financial resources means that UNHCR rarely has the capacity to send the required numbers of qualified field staff to support sexual and gender-based violence prevention and response programming focused on the at-risk groups. In practice, attention to older refugees, refugees with disabilities, male and sexual minority survivors is routinely omitted.

Government agencies, NGOs and service providers also experience significant and ongoing resource limitations, making modification of programs to include these at-risk groups daunting. The lack of disaggregated data by age, much less by disability, sexual orientation or gender identity, reinforces the invisibility of sexual and gender-based violence against these marginalized at-risk refugees.



- ◆ **Recommendations** to increase the inclusion of at-risk refugees in sexual and gender-based violence prevention and response mechanisms.

The next phases of this project will involve developing a detailed training curriculum and training of trainers

on inclusion of each at-risk refugee group in sexual and gender-based violence prevention and response mechanisms, and shaping coordination mechanisms to implement the recommendations in this report.

The results in this report speak well beyond four specific countries, and provide essential insights from survivors, service

providers, authorities and refugee communities to inform vital programming decisions and influence enhanced responses on sexual and gender-based violence worldwide.

By hearing the stories and experiences of at-risk refugee survivors of sexual and gender-based violence, the international community can begin to recognize the critical unmet needs of these significantly marginalized and isolated groups and to take steps to fill the gaps in protection and services. Doing so will offer much-needed solace and safety to these especially vulnerable refugee survivors.

Improving Care for At-Risk Refugees

Recognizing the uncomfortable distance between policies and realities on the ground, in late 2013 HIAS embarked on a project intended to improve the integration of older, disabled, male survivors and sexual minority refugee populations into sexual and gender-based violence prevention and response mechanisms. With the support of the Bureau of Population, Refugees and Migration at the US Department of State and in coordination with UNHCR, the first year of the project involved a baseline survey, described in this report, of organizational stakeholders and refugees from the at-risk refugee groups in Chad, Kenya, South Africa and Uganda to identify:

- ◆ **Protection gaps** in sexual and gender-based violence prevention and response programming for older, disabled, male survivors and sexual minority refugees
- ◆ **Good practices** that increase access, outreach, identification and inclusion of at-risk refugees in sexual and gender-based violence prevention and response mechanisms, and

METHODOLOGY

Between January and June 2014, field researchers conducted 217 in-depth interviews with refugees and organizational stakeholders in Chad (Bredjing and Treguine refugee camps), Kenya (Nairobi), South Africa (Cape Town, Johannesburg and Pretoria) and Uganda (Kampala).

Chad, Kenya and Uganda were selected based on HIAS' programming on sexual and gender-based violence in these countries, which allowed for easier access both to refugees and to relevant stakeholders. South Africa was selected based on the sheer number of refugees it receives each year. The four countries also presented the researchers with a valuable mix of camp and noncamp environments; varying legal, political and social contexts; and refugee populations from a wide range of countries of origin.

The 115 refugees included older, disabled, male survivors and sexual minority refugees from 13 countries, with more than one-third from the Democratic Republic of the Congo (DRC) and about a quarter from Sudan. The 102 organizational stakeholders interviewed included representatives of UNHCR, its Implementing Partners, other NGOs and government agencies. (See Appendix 1, Tables 1 and 2.)

Field researchers also observed sexual and gender-based violence prevention dialogues and survivor support groups to complement the data gathered during individual interviews.

Two qualitative, semi-structured surveys were used to interview participants. The first, for refugees, included open questions on access to sexual and gender-based violence services, allowing participants to thoroughly describe their lived experiences. The second, for organizational stakeholders, focused on perceived gaps in the provision of sexual and gender-based violence services to the target refugee groups. Both survey tools were tested in Kampala, Uganda in January 2014 and thereafter updated.

The researchers secured survey participants by coordinating with the local offices of HIAS, UNHCR,

NGOs and community- and faith-based organizations. As the baseline survey progressed, snowball sampling was utilized to identify additional refugee survivors and relevant stakeholders. The research team opted not to interview minors and refugees with acute mental or intellectual disabilities, due to the challenge associated with obtaining informed consent. Instead, researchers interviewed their guardians or caregivers about the issues these refugees experienced in connection with sexual and gender-based violence. Researchers also excluded sexual minority refugees in Chad due to difficulties identifying them and the potential risks they would face if interviewed.

Participants were provided with information about the nature and aims of the research, as well as the conditions for participation in the research; only those who consented to participate were interviewed.⁹ Semi-structured interviews were conducted, recorded and deleted once transcribed, with all identifiable information redacted.¹⁰ Field researchers referred refugee survivors to sexual and gender-based violence services where such assistance was available and desired by the participant. The researchers and interpreters underwent detailed training on concepts, terminology and ethical considerations for interviewing sexual and gender-based survivors prior to carrying out these interviews.

In analyzing interviews, the researchers read through all the transcribed material with the objective of identifying and coding common themes. All themes that arose from the analysis of interviews with refugees were correlated to data collected from interviews with organizational stakeholders.

The research team experienced several limitations while conducting the baseline survey. Changes in the political environment – including the passage of the Anti-Homosexuality Act¹¹ in Uganda in February 2014 and the enforcement of an encampment directive in Kenya in March 2014 – made access to participants difficult. Another broad factor is the possibility of representation bias: most refugees interviewed had been identified by organizational stakeholders, including HIAS itself.

COUNTRY BACKGROUNDS

Chad, Kenya, South Africa and Uganda each present diverse examples of good practices and persistent gaps in sexual and gender-based violence prevention and response mechanisms for the at-risk populations in this study. All four countries are State Parties to the 1951 Refugee Convention, its 1967 Protocol and the Organization of African Unity’s 1969 Convention Governing the Specific Aspects of Refugee Problems in Africa.¹² Each has also acceded to or ratified international conventions with provisions that uphold the rights of older, disabled, male and sexual minority survivors of sexual and gender-based violence, including the Convention Against Torture,¹³ the Convention on the Elimination of All Forms of Discrimination against Women,¹⁴ the Convention on the Rights of the Child¹⁵ and the Convention on the Rights of Persons with Disabilities.¹⁶

They also all host large refugee populations fleeing new and protracted crises in the region (e.g., the Central African Republic, the Democratic Republic of the Congo, Somalia, South Sudan, Sudan and Zimbabwe), with Kenya, South Africa and Uganda hosting significant numbers of self-identified sexual minority refugees.

All four countries have limited resources to sufficiently support and protect their own citizens from sexual and gender-based violence, let alone non-citizens.¹⁷ The social, economic and political cost of hosting large



numbers of refugees fleeing protracted crises is high. In South Africa, and to some extent Kenya, the refugee influx has led to xenophobic violence, which sometimes manifests in acts of sexual and gender-based violence.¹⁸

UNHCR has also rolled out its *SGBV Strategy* in each country. The *SGBV Strategy* aims to increase the ability

Table 3: Refugee Populations in Each Research Location

	Chad	Kenya	South Africa	Uganda
Total Refugees and Asylum Seekers	482,850 ¹⁹	579,790 ²⁰	350,000 ²¹	343,790 ²²
Research Location	Bredjing and Treguine Refugee Camps	Nairobi	Johannesburg, Cape Town and Pretoria	Kampala
Primary Countries of Origin of Refugees in Research Location	Sudan	DRC, Ethiopia, Somalia, Uganda ²³	DRC, Zimbabwe	DRC, Eritrea, Somalia, Sudan, South Sudan

of staff to identify and increase protection for sexual and gender-based violence survivors and to work with partners on sexual and gender-based violence prevention. *SGBV Strategy* priorities include: educating girls and women; protecting children; mobilizing communities to prevent SGBV, including by engaging men and boys; improving the quality of SGBV response; increasing self-reliance and livelihood opportunities; and, critical for this research, ensuring that prevention and response mechanisms are inclusive and accessible to all persons of concern from an age, gender and diversity perspective. In March through May 2014, in collaboration with HIAS, UNHCR tested a complementary *GBV Facilitator's Guide* in each country, which includes training modules relating to the needs of older, disabled, male and sexual minority refugee survivors of sexual and gender-based violence.

CHAD

Chad has faced an acute and protracted refugee crisis since the beginning of the conflict in Darfur in 2003, with many new refugees recently arriving in southern Chad due to the conflict in the Central African Republic. Most of the 482,850²⁴ refugees in the country are from Darfur, Sudan, and are settled in 12 refugee camps along Chad's eastern border.

After years of insecurity marked by regular attacks by Chadian rebel groups and incursions of armed militias from neighboring Sudan, security in eastern Chad improved following the 2010 peace agreement with Sudan. The accord established a Chad-Sudan joint border control, which replaced forces of the UN Mission in the Central African Republic and Chad. Nonetheless, food shortages and ongoing border skirmishes continue to plague the refugee camps in the east and south of Chad.

Limited resources and infrastructure severely marginalize state agencies in Chad

Field research was conducted in the Bredjing and Treguine refugee camps in eastern Chad, where primarily Sudanese refugees from the *Masalit* communities in Darfur settled in the early 2000s. The *Commission Nationale d'Accueil des Réfugiés et des Retournés* (National Commission for the Integration of Refugees and Returnees) manages both camps, and works in close collaboration with UNHCR, which coordinates protection services.²⁵ Living conditions in the camps are challenged by the natural environment, which is very hot and arid;

the isolation of the camps; the lack of livelihood opportunities; and the reduction in food rations resulting from declining donor support.

The government made a significant public commitment to fight against sexual and gender-based violence by introducing a National SGBV Strategy in 2011, which focuses on raising public awareness about sexual and gender-based violence and establishing a national sexual and gender-based violence protection mechanism for women and children. International

agencies have also prioritized sexual and gender-based violence prevention and response in Chad: a joint UNHCR-UNFPA-UNICEF sexual and gender-based violence capacity-building project was funded by ECHO – the European Commission's Humanitarian Aid and Civil Protection department – and has been supported by local district delegations.

While Chad has acceded to many of the international conventions that sanction sexual and gender-based violence,²⁶ as well as to those relating to people with disabilities,²⁷ domestic laws do not reflect these international standards. This forces sexual and gender-based violence survivors to rely on antiquated criminal and marital relations laws that provide little recourse for protection.²⁸ To compound matters, limited resources and infrastructure severely marginalize state agencies.



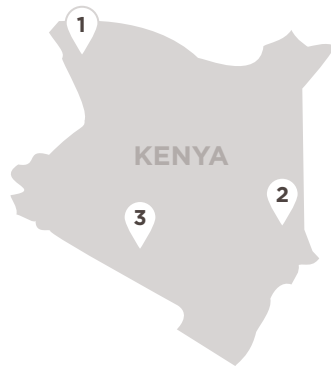
1. Treguine Refugee Camp
2. Bredjing Refugee Camp

As a result, many survivors' only hope to access justice comes, if at all, through traditional conflict resolution mechanisms, which tend to prioritize financial compensation over sanctions that take into account gender equity.

According to UNHCR figures, of the 137 sexual and gender-based violence cases reported in the Bredjing and Treguine refugee camps in 2013, 54 were cases of domestic violence (40%), 33 were cases of physical assault (24%) and 22 cases involved emotional abuse (16%). The vast majority of sexual and gender-based violence incidents were perpetrated by refugees.²⁹ These figures reflect a relative increase in reported cases of sexual and gender-based violence from 2012, but may only include a fraction of the actual number of sexual and gender-based incidents in light of the tremendous cultural pressure against reporting.

KENYA

Kenya has long been a regional haven for refugees fleeing war and other humanitarian crises across Africa.³⁰ The country hosts 579,790³¹ refugees, about 75% of whom are Somali.³² Refugee protection is governed by the 2006 Refugee Act and is administered by the Department of Refugee Affairs.³³ The number of Somalis in Kenya has increased dramatically since 2011 due to insecurity and drought in Somalia,³⁴ pushing the population of the Dadaab refugee camp up to at least 330,000.³⁵ Renewed conflict in South Sudan has also led to a recent influx of some 40,000 refugees, including high numbers of separated children, with thousands more anticipated.³⁶ This influx has pushed the population of the Kakuma refugee camp to about 170,000³⁷ or 70% above its capacity. The 2014 passage of Uganda's Anti-Homosexuality Act has similarly led to an influx of hundreds of Ugandan sexual minorities.³⁸ While the law has since been invalidated on a technicality, it may be reintroduced, and those who fled in its wake have not returned to Uganda.³⁹



At the same time, Kenya has experienced an increase in terrorist activity by Somali Al Qaeda affiliate, Al Shabab. The result is that the Kenyan government and public increasingly view these large refugee populations as security threats, regardless of their countries of origin.⁴⁰ In December 2012, citing threats to national security, the government suspended the registration of refugees in urban areas and ordered all refugees to move to the Dadaab and Kakuma refugee camps. This "encampment policy" was overturned by the High Court less than a year later for violating both Kenya's Constitution and international law. Just a few months later, however, in September 2013, Al Shabab killed more than 50 people in an attack on Nairobi's Westgate Mall.⁴¹ This prompted the government to reintroduce an encampment policy, which, through Operation *Usalama Watch*,⁴² resulted in the arrest of more than 4,000 refugees.⁴³ During the height of the operation in March and April 2014, incidents of extortion and physical and sexual violence against refugees by police were commonplace. With thousands of refugees held in the *Kasarani* sports stadium before being transferred to refugee camps, reports of family separation were also pervasive.⁴⁴

The refugees who remain in Nairobi or returned from the camps have been forced underground, limiting their ability to support themselves, much less report or seek assistance for sexual and gender-based violence. As an NGO staff person in Nairobi reported:

1. Kakuma Refugee Camp
2. Dadaab Refugee Camp
3. Nairobi

Refugees fear going out of their homes. In Eastleigh, the police stand at the entrance of the building, so it is very difficult for someone to walk out of the house and go to the Médecins Sans Frontières

clinic or the National Council of Churches of Kenya and get a service.

Service Provider, Nairobi, Kenya, 17 June 2014.

At the time of the publication of this report, arrests and violence against refugees continued. The implications for urban refugee protection in Kenya, and specifically for sexual and gender-based violence prevention

and response mechanisms are serious, especially with reports of sexual and gender-based violence perpetrated by law enforcement authorities against refugees.⁴⁵

Kenya's laws provide basic protections for sexual and gender-based violence survivors. The Bill of Rights,⁴⁶ Penal Code⁴⁷ and Sexual Offences Act each set out mechanisms to both prevent and respond to sexual and gender-based violence,⁴⁸ and the Children's Act provides similar protections to child survivors.⁴⁹ The *National Framework Towards Response and Prevention of Gender-Based Violence* aims to improve coordination of sexual and gender-based violence prevention and response services in Kenya.⁵⁰

Kenya has also acceded to many of the international conventions that sanction sexual and gender-based violence.⁵¹ Constitutional provisions incorporate the Convention on the Elimination of All Forms of Discrimination against Women and the Convention of the Rights of the Child, as well as the Protocol to the African Charter on the Rights of Women in Africa (the Maputo Protocol), into the Kenyan domestic law. The country has also ratified international treaties upholding the rights of vulnerable populations, including the UN Convention on the Rights of Persons with Disabilities.⁵²

While Kenya has adopted a progressive legal framework, and some limited improved responses have been undertaken, sexual and gender-based violence survivors of all backgrounds struggle for redress. In doing so, they confront severely under-resourced government agencies and often also face corrupt police, indifferent service providers and an uninformed judiciary.

SOUTH AFRICA

Like Kenya, South Africa is a magnet for refugees from across the continent.⁵³ The country is home to 350,000 refugees and asylum seekers.⁵⁴ It also processes more

asylum applications each year – in 2013, 70,010 – than almost any other country in the world.⁵⁵ The Refugees Act and Immigration Act, along with their respective amendments, govern refugee protection.⁵⁶ Refugees are accorded the same rights as citizens: the Constitution, which prohibits discrimination against citizens and non-citizens alike, protects against *refoulement* (forcible return of a refugee to a country where he or she would face persecution), does

not limit freedom of movement, provides refugees the right to access documents and offers some limited support to unaccompanied minors.⁵⁷

South Africa's post-apartheid Constitution was the first in the world to prohibit discrimination based on sexual orientation,⁵⁸ and it was the fifth country in the world and the first in Africa to legalize same-sex marriage. The country also recognizes the Yogyakarta Principles, which, although not legally binding, are an important compendium of the international human rights of sexual minorities.⁵⁹ It spearheaded the advocacy that led to the first-ever resolution passed by the UN Human Rights Council on sexual orientation and gender identity in 2011.⁶⁰ The government has granted refugee status to people whose claims are based on persecution relating to sexual orientation and gender identity.⁶¹

The gap between South Africa's progressive, rights-based legal framework, however, and the lived experiences of refugees is stark.⁶² The asylum system is severely under-resourced: refugees wait years for legal status, if they get it at all,⁶³ and appeal backlogs have reached record levels.⁶⁴ To compound matters,

The gap between South Africa's progressive legal framework and the lived experiences of refugees is stark



1. Pretoria
2. Johannesburg
2. Cape Town

the government has closed Refugee Reception Offices in Johannesburg, Port Elizabeth and Cape Town. Corruption is also rampant, with asylum seekers forced to pay bribes for the most basic services at Refugee Reception Offices.⁶⁵ Those without proof of immigration status face serious challenges accessing police protection or admission to hospitals or schools, driving them underground and further increasing their vulnerability.⁶⁶ Those granted status face increasingly dire straits in an already strained economic environment.⁶⁷

While awaiting legal status, and even after receiving it, refugees face high levels of discrimination and xenophobic violence. Xenophobic riots in 2008 led to the death of 62, mostly Somali, refugees.⁶⁸ While the intensity of this violence has subsided since then, xenophobic attacks are still regularly reported. Refugees are acutely aware of the danger they face. As a disabled man recounted:

I can't forget that place. It was dark when they took me, showed me guns and tried to take my clothes off. I couldn't fight back: the men raped me. They were a group of colored and South African people and I know they did it because they hate us [African refugees].

Disabled Refugee, Johannesburg, South Africa,
3 March 2014.

South Africa's policy framework is particularly progressive on gender equity issues.⁶⁹ At the international level, the country has ratified instruments that protect women from all forms of sexual and gender-based violence.⁷⁰

At the domestic level, a range of policies and laws exist that, read together, prohibit sexual and gender-based violence against all citizens, including refugees. These include the 2005 National Gender Policy framework, the 2007 Sexual Offenses Act, the 2003 Policy Framework and Strategy for Shelters for Victims of Domestic Violence in South Africa and the 1998 Domestic Violence Act (DVA). The DVA, which includes an expansive definition of intimate partner violence, explicitly places responsibility on law enforcement bodies to protect against sexual and



gender-based violence,⁷¹ and establishes equality, anti-harassment and domestic violence courts and *Thuthuzela* care centers.⁷²

Despite these wide-ranging legal protections and the state's high-level commitment to respond to sexual and gender-based violence, South Africa has one of the highest rates globally of reported sexual violence against women in a country not at war. Research suggests that one in three women in South Africa will be raped at least once in her lifetime and one in four will face assault from an intimate partner.⁷³ Lesbians and transgender men are particularly vulnerable to "corrective rape."⁷⁴ Close to 80% of men in Gauteng province admitted in one study to perpetrating some form of violence against women.⁷⁵

Even with these high numbers, sexual and gender-based violence in South Africa is widely understood to be underreported.⁷⁶ Refugees and asylum seekers who have survived sexual and gender-based violence, and who already face challenges in accessing protective services, are even less likely to seek and successfully secure social, medical or legal services relating to sexual and gender-based violence.⁷⁷

UGANDA

Widely viewed as a country welcoming to forced migrants,⁷⁸ Uganda hosts 343,790 refugees, the vast

majority of whom – 60% – have fled ongoing conflict in the DRC.⁷⁹

While refugees are encouraged to reside in refugee camps or rural settlements, they are permitted to live in urban areas, primarily Kampala, if self-sufficient.⁸⁰ The 2006 Refugee Act⁸¹ and 2010 Refugee Regulations⁸² govern

refugee management, providing refugees with access to employment, education and legal assistance, among other rights granted to citizens.⁸³ The Refugee Act prioritizes assistance for women, children and people with disabilities, including their integration into host communities.⁸⁴

Uganda similarly recognizes the rights of older people and people with disabilities. It has ratified the UN Convention on the Rights of Persons with Disabilities,

which has been incorporated domestically through the 2006 Persons with Disabilities Act, and the country hosts a vibrant disability rights civil society.⁸⁵ Uganda is also a signatory to the Madrid International Plan of Action on Ageing, and through a national policy for older people,⁸⁶ recognizes the dignity of older people and their right to actively participate in economic, social, cultural and political life in their communities.⁸⁷ Uganda's National Development Plan specifically sets out protections and support for older people and people with disabilities. These laws and policies protect older and disabled refugees on an equal basis with citizens.

In stark contrast, Uganda is widely known to severely restrict the rights of sexual minorities. The 2014 Anti-Homosexuality Act (AHA) – enacted in February and overturned in August – punished “homosexuality” and related offenses with life imprisonment; those convicted of “aiding and abetting” or “promoting” homosexuality would face long jail terms.⁸⁸ In the wake of its passage, the services of agencies assisting sexual minorities, including the Refugee Law Project, have been suspended.⁸⁹ While the law was struck down for technical reasons by Uganda's Constitutional Court,⁹⁰ popular support for the law may lead to its reintroduction.⁹¹

Even before the passage of the AHA, discrimination and violence against sexual minorities was widespread, and it continues.⁹² The impact has been particularly severe on sexual minority refugees: they face serious challenges maintaining safe housing and employment, and sexual and gender-based violence survivors have few avenues for support or redress.⁹³

Refugees of all backgrounds, but particularly those from the DRC, have experienced a staggering degree of sexual and gender-based violence. A 2013 study found that close to 80% of refugees from the DRC in Kampala had experienced sexual and gender-based violence either in the DRC or in Uganda.⁹⁴ While data in that study was not disaggregated by gender, 2014 research findings by Johns Hopkins University and the

Refugee Law Project suggest that in some Congolese refugee populations, more than one in three men has experienced sexual violence.⁹⁵ Despite this, the legal framework for addressing sexual and gender-based violence, including the 2010 Domestic Violence Act and 1950 Uganda Penal Code, as well as prevention and response programs, tends to focus on female survivors. The exclusion of male survivors is reinforced by the public association of male rape with homosexuality and the popular belief that the masculinity of male survivors of sexual and gender-based violence has been irreparably compromised.

The lack of resources channelled to sexual and gender-based violence frontline service providers in Uganda – including police, social workers, public hospitals and the judiciary – means that effective prevention and response mechanisms are lacking for all survivors of sexual and gender-based violence.

Refugees in Uganda from the DRC have experienced a staggering degree of sexual and gender-based violence

AT-RISK REFUGEES: Protection Gaps and Good Practices

The instability inherent in war, humanitarian crisis and forced migration, pose risks to refugees that make them vulnerable to sexual and gender-based violence. When it occurs, stigma, shame, and fear – whether of reprisals by perpetrators, marginalization by the community or mistreatment by service providers – inhibit many refugees from disclosing experiences of sexual and gender-based violence in countries of asylum.

Older, disabled, male survivors and sexual minority refugees grapple with even greater barriers to protection because of their social isolation or, in the case of older and disabled refugees, mobility restrictions. As a result, many face ongoing exposure to sexual violence and its mental, emotional and physical aftereffects. UNHCR field offices, NGOs and government agencies alike experience challenges protecting these at-risk refugees, whether due to funding constraints, lack of training and coordination or a basic failure to recognize and respond to the unique needs of these refugees.

What follows is an analysis of key protection gaps facing at-risk refugees in Chad, Kenya, South Africa and Uganda, as well as descriptions of the good practices being carried out to meet their needs.

OLDER PEOPLE

CULTURAL AND SOCIAL BARRIERS Discrimination and Disregard

The **lack of value** placed on older people in the displacement process has difficult and debilitating effects on them. The vitality of older people may be

This survey adopted a social definition of old age, integrating local context and perceptions of age by local communities: the majority of refugee communities in the four countries surveyed consider men over 50 and women over 40 to be old.⁹⁶ In total, 32 older refugees were interviewed, 14 men and 18 women. (See Appendix 1, Table 4.) Both men and women reported experiences of intimate partner violence, whether physical, sexual or emotional; Congolese reported sexual and gender-based violence at the hands of soldiers and rebel groups in the DRC. Other perpetrators included fellow refugees, neighbors and smugglers. Older refugees reported being subjected to rape, gang rape and many forms of physical violence. As a result of the sexual and gender-based violence, older refugees suffered from STIs, impotence, hypertension, abdominal pain and a variety of other physical ailments. They also experienced a range of emotional aftereffects, including depression, anxiety and post-traumatic stress disorder (PTSD). All those in need were referred to available, appropriate services.

Struggling to Carry On:

An Older Survivor Retreats in Seclusion

As soon as she sat down to talk about her experience, Sarah started crying.

A refugee from the DRC, she fled to Uganda in late 2012. Now 56 years of age, she suffers from diabetes and hypertension. Her vision is blurred; she is weak, hadn't eaten and couldn't sleep.

Shortly before she left the DRC, Sarah was raped by soldiers who left her for dead. On the same day, her husband was killed by soldiers, her only son was shot and killed, and two grandchildren were murdered. Only one granddaughter was not killed: she, like Sarah, was raped and abandoned. Sarah managed to revive and carry her granddaughter away.

With violence flaring all around, they escaped to Uganda where they found a helpful Congolese pastor and church. Sarah secured refugee status, and the granddaughter looked for work to help them survive.

A year later, Sarah's granddaughter vanished, too. One day, she left for work and simply did not return. When a suspicious letter arrived, raising red flags about the granddaughter's situation, Sarah consulted a legal clinic, but it could offer no help.

With no means of support, poor health and no family, little in life interested Sarah at all. "So," she said, "I gave up and decided to stay at home."

diminished by the physical strains of migration and family elders may lose their sense of authority:

I felt dead, very dead and was asking myself why it happened to me. When I went to the government with a referral letter from the shelter, they just screamed, “We don’t like these kinds of things!” Those people are careless, heartless; they don’t even care when old people are asking for help. You just have to struggle by yourself because they don’t care. It’s like you’re not a human being when they see you there.

Older Refugee Woman, Johannesburg, South Africa, 8 March 2014.

Most older refugee survivors have [lost their social support networks](#): some were abandoned by families to fend for themselves and others fled as lone survivors in care of grandchildren whose parents were killed or disappeared.

During migration, older refugee women, particularly those who are widowed or without male family members, are particularly vulnerable to sexual and gender-based violence. [Lone older women](#) are at risk due to both their age and perceived lack of protection. One woman described her fear of gender-based violence:

A woman without a man, she can’t stay. That is why I am living next to my children. If I am far away from them, I will have problems. Men will come to look for me, once again causing problems.

Older Refugee Woman, Treguine Refugee Camp, Chad, 6 May 2014.

Single older refugee women are vulnerable to sexual and gender-based violence by a range of perpetrators. One woman caught in the Kenyan government’s crackdown on urban refugees⁹⁷ explained being attacked by local police:

No. I am not safe. Police came to my house at night and wanted to arrest my daughter. When I was

defending my daughter, the policeman threw me on the floor and I hurt my leg. The policeman asked me if there is any man in the house, and I told him we are alone. He then told me to undress and lie on the mattress while he unzipped his trousers and was ready to force me into having sex with him. I resisted and he tore my dress. I screamed loud enough that the neighbors all came to my rescue. He then left with my daughter and the neighbors went after him.

Older Refugee Woman, Nairobi, Kenya, 11 June 2014.

UNMET BASIC NEEDS Barriers Securing Livelihood and Safe Shelter

Migration is [financially destabilizing](#) for almost all refugees, but even more so for older people, whether they have sold their property to support the migration of other family members or have fled their homes with nothing in hand. As an older man in Chad described:

“
I felt dead, very dead and was asking myself why it happened to me
”

Some older people had a lot before. For example, some had gardens and animals. And during the crisis, they abandoned all their cattle and other property. They came here with nothing.

Older Refugee Man, Treguine Refugee Camp, Chad, 6 May 2014.

This leaves many older refugees to rely on the generosity of family and community members, who themselves are stretched to capacity as they adjust to new lives in countries of asylum. Some older refugees may find themselves in the vulnerable new position of being a family burden, rather than family provider. A number of men in the camps in Chad reported emotional abuse and violence from their wives because of their loss of economic independence and the resulting slip in status and authority.

Due to the [scarcity of employment](#) and the perception that younger people are more deserving of work, most

older refugees face serious challenges accessing livelihood opportunities in countries of asylum. As one woman noted:

I know how to clean, but until now I haven't found work. They think that I am too old and can't do that work, but I know how to do it. It's the age – that is what I think is preventing me from getting a job.

Older Refugee Woman, Johannesburg, South Africa, 8 March 2014.

Physical limitations faced by older refugees can also limit their economic productivity and ability to find steady work. With few opportunities to support themselves, older refugee women – particularly those without family members to support them – are sometimes forced into [survival sex work or begging](#), both of which expose them to sexual or gender-based violence:

I used to go to Sea Point as a prostitute. After my husband passed away, I didn't have a choice. In order to get money, I had to go there so I could make something for the children. Life is miserable with no money.

Older Refugee Woman, Cape Town, South Africa, 2 April 2014.

Some [older women] are begging. They gather at the mosque when it is time to eat. Others, if someone is dead somewhere, they go to the funerals to eat with others.

Older Refugee Man, Treguine Refugee Camp, Chad, 6 May 2014.

In noncamp settings, the [lack of safe shelter](#) for older refugees increases their vulnerability to sexual and gender-based violence. Those who live in shared apartments express concern about the lack of privacy and the possibility of sexual violence by other tenants. Older women, many of whom support dependent children or grandchildren, can often only afford to live in poor, violent neighborhoods where both they and

their dependents are vulnerable to sexual and gender-based violence. As one woman described:

The landlords kicked everybody out of the rented house. I didn't have a place to go, so I stayed there. One day, I went out to buy airtime⁹⁸ and I locked the two kids in the house. When I came back, I found two guys. They asked me, "Are you still here?" I opened the door because I was living there. I popped inside and one got inside and took me and made me fall down, and I was raped.

Older Refugee Woman, Cape Town, South Africa, 2 April 2014.

INACCESSIBLE SERVICES Challenges Obtaining Appropriate Care

Stigma attached to the elderly prevents service providers from actively reaching out to older sexual and gender-based violence survivors. Although sexual and

gender-based violence is widely understood to be a manifestation of power imbalances rather than sexual drive,⁹⁹ because older refugees are commonly perceived to be sexually inactive, service providers rarely recognize that older refugees may be vulnerable to sexual and gender-based violence. As a result, few consider investing

in the identification of older sexual and gender-based violence survivors, developing age-appropriate prevention programs, hiring older staff or training staff to create a welcoming environment for older survivors. Only a handful of those interviewed even remembered serving older clients. At least one recounted outright hostility toward older refugees by another service provider:

There was a doctor whose name I shall not mention who turned to me and said, "You can put an older person on my doorstep dying, and I will not serve them because my responsibility is to save lives." We older people simply don't appear on the menu of people that they should be serving.

Service Provider, Nairobi, Kenya, 11 May 2014.

Even when service providers do not explicitly discriminate against older people, most have **never received training** on how to work with older refugee survivors of sexual or gender-based violence. HelpAge International in Kenya, the Refugee Law Project in Uganda and HIAS in Chad, Kenya and Uganda are the few agencies with hands-on expertise working with older survivors.

Compounding their isolation, older refugee survivors are extremely **reticent to disclose** incidents of sexual and gender-based violence to service providers, in particular to younger or unmarried professionals. The age differential adds another layer of stigma that many older survivors have difficulty overcoming. As one survivor described:

I think it would have been better to be attended to by a male nurse who was a little older. Even 40 would be okay. But these were young people – my children’s age, maybe. Because you know he would have understood me better, and I would have been freer to talk and share more.

Older Refugee Man, Johannesburg, South Africa, 8 March 2014.

Service providers confirm that older survivors are averse to accepting services from younger staff:

Older persons end up excluding themselves from services. Like when we talk to them about going for counseling, most of them say, “This young girl. What can she tell me? I know all this.”

Service Provider, Kampala, Uganda, 20 January 2014.

Older Congolese men were particularly reluctant to disclose experiences of sexual and gender-based violence. Most refused to be recorded and preferred to say, “I was tortured,” or “They did very bad things to me,” rather than explicitly describe sexual and gender-based violence. Some who sought assistance regretted the decision:

I went for counseling, from office to office, but I made sure I concealed what had happened to me. One time, when I realized that actually it was very serious, I reported it to [name of agency withheld]. I revealed it. So they called my wife and I decided to reveal it to her, hoping that things would get better. But, actually, after that, it became worse and heavy and hardened up.

Older Refugee Man, Kampala, Uganda, 29 January 2014.

Older refugees who are ill or disabled face the additional **challenges associated with traveling** to the offices of service providers. Unless agencies have the resources to send employees to their homes, many physically fragile or disabled older refugees are barred from access to protective services.

GOOD PRACTICES Shelters, Grants, Groups and Guides

Shelters for sexual and gender-based violence survivors – primarily geared to women and girls – are available in the Bredjing and Treguine camps in Chad and the Kakuma and Dadaab camps in Kenya.

They are often not at full capacity, likely due to the lack of confidentiality in camp settings combined with the stigma associated with sexual and gender-based violence.

In Kenya, noncamp shelters for sexual and gender-based violence survivors are limited. In South Africa, People Opposing Women Abuse (POWA), Age in Action, Bienvenue Shelter, a few local churches and UNHCR

Service providers rarely recognize that older refugees may be vulnerable to sexual and gender-based violence

Implementing Partners, including Jesuit Refugee Service (JRS), provide shelter referrals or temporary shelter to older survivors of sexual and gender-based violence. JRS and local churches also provide some basic material support, funded in part by UNHCR. In Uganda, UNHCR Implementing Partner InterAid refers the most isolated, older sexual and gender-based violence survivors to Homes of the Elderly, which provides temporary shelter and support.

Most UNHCR offices or Implementing Partners, and some government agencies, also offer [grants](#) to older refugees that provide a modicum of protection from further sexual and gender-based violence:

The health department [of our agency] gives older persons the elderly grant and the SGBV grant. The SGBV grant is intended for their accommodation. It could also assist in moving them into a better position and better environment where the children can also be protected from getting abused.

Service Provider,
Johannesburg, South
Africa, 12 February 2014.

Due to funding limitations, most grants are only available to recognized refugees. Older asylum seekers are unable to access this support, which leads to their ongoing exposure to risks of sexual and gender-based violence. A handful of UNHCR Implementing Partners in South Africa also provide education grants, as well as counseling and temporary shelter, to the dependents of older refugee survivors. In all cases, these grants are limited and are often discontinued before older refugee survivors have secured sustainable livelihood options.

In each country examined, groups and [committees for older refugees](#) provide a wide range of support, although they are not used consistently to increase awareness about sexual and gender-based violence. In the Bredjing and Treguine camps in Chad, committees for older refugees play a dual function: first, by providing older refugees an opportunity to express program needs and exhibit camp leadership, and second, as a livelihood opportunity (members produce cords from empty food ration bags which are then sold at the market). In Uganda, the Refugee Law Project coordinates an older refugee group, providing a platform for education on rights and an opportunity to identify key protection concerns. HIAS hosts a group for older women specifically addressing sexual and

gender-based violence issues and based on the older refugee's distinct needs, including having a safe place for discussion:

We noticed that the women who were elderly, for example, those who were 45, 55, 65, were not very comfortable talking about their experiences before those who were 18. So we separated into the "old alone" and the "youth alone." We also noticed that their challenges differ and each one would want to talk more about what they would want done for them. For example, the youth, what is worrying them mostly, having survived rape, is if they are barren, if they may not have children. With the elderly that is not the issue because they already have children; they are not even interested in marriage anymore. So it necessitated that we separate the two groups.

Service Provider, Kampala, Uganda, 20 January 2014.

In South Africa, Refugee Social Services in Durban, a government agency, similarly hosts older [refugee support groups](#). These groups are a critical connection to older refugees and offer a valuable opportunity to provide sexual and gender-based violence education and conduct outreach to sexual and gender-based violence survivors, linking them with appropriate services as early as possible.

A small number of NGOs also provide older refugees with [guides](#) and [free transportation](#), allowing more physically and emotionally vulnerable refugees to access medical services, mental health treatment, markets and, when necessary, police and courts. Some agencies also provide free interpretation services and additional home care for older refugees convalescing after medical treatment. Finding trusted helpers and free transportation is particularly critical for older refugee sexual and gender-based violence survivors, who may otherwise be unable to access the medical, mental health and legal services they need.

Finding trusted helpers and free transportation is critical for older refugee survivors

CULTURAL AND SOCIAL BARRIERS

Stigma, Isolation and Exploitation

Refugees with disabilities experience a wide range of activity limitations and participation restrictions, depending on their impairment or disability. Due to a particularly toxic combination of stigma, isolation, discrimination and exploitation, many of the refugees with disabilities interviewed were particularly vulnerable to sexual and gender-based violence and had limited opportunities to mitigate risks of further violence.

Many live in *isolation*, and are either unable to leave home because of physical limitations or lack of mobility aids, or are kept at home by family members due to the social stigma associated with disability. The inability to leave home was identified as a critical risk factor for sexual and gender-based violence, whether by caregivers, family, friends or strangers. As one man described:

Three years ago I was sharing a place with another man who brought in many friends and that is when I was raped. I could hear them but could not see them and couldn't run, ya. He had gone drinking. They came in when he was away and locked the house and made me do things I didn't want, one after the other.

Blind Refugee Man, Cape Town, South Africa,
6 April 2014.

Service providers recognize the powerful role that isolation plays in the lives of refugees with disabilities:

She Will Not Speak: *A Disabled Refugee Retreats in Seclusion*

Samiah has never heard of the term “sexual and gender-based violence.” She refers to what happened to her simply as “force”: a man, whom she cannot identify, forced himself on her sexually while her mother was in the market and the neighbors were out. She prefers not to talk about it at all.

Now 20, Samiah has been disabled since birth. Both legs and one arm are paralyzed. Originally from Sudan, she and her family have been in a refugee camp in eastern Chad for 11 years.

Samiah was assaulted when left alone in the family’s quarters in the camp. Twice, a man entered, threatened her and raped her. Later, she was taken to a hospital with muscle aches, but didn’t know she was pregnant until midwives sounded the alarm. When she described the rapes, Samiah could only identify the man who grabbed her as a refugee. Refugee community representatives, when contacted, said they could do nothing without further identification.

The child born to Samiah died immediately, but the effects have lingered. Neighbors scorn her for becoming pregnant while she was single; students at school mock her disability. For the time being, Samiah has stopped going to school, saying she has pain in her joints.

Mostly, Samiah doesn’t want to think about what happened to her. “The past is past,” she said. But, she conceded, she might be willing to talk to an aid worker if one came to visit.

Researchers interviewed 27 refugees with physical, mental health or intellectual disabilities in the four target countries.¹⁰⁰ (See Appendix 1, Table 5.) Some were born with disabilities, while others had been physically or mentally disabled as a result of persecution in their countries of origin, or at some other point in their lives. Those interviewed in Chad were considerably older than in the other three countries. Five interviews were conducted with refugees’ guardians when it was determined that interviewing the refugee would be inappropriate. The most common form of sexual and gender-based violence experienced was rape. Perpetrators included soldiers and other armed groups in the country of origin (particularly the DRC and Somalia), as well as family, friends and neighbors both in the country of origin and country of asylum. Many disabled women interviewed had become pregnant as a result of their experiences of sexual and gender-based violence; almost all survivors experienced serious physical and emotional aftereffects. All those in need were referred to available, appropriate services, responsive to their individual concerns and disabilities. While researchers in Kenya, South Africa and Uganda interviewed male and female survivors who were disabled, in Chad only women were interviewed because no disabled male survivors were identified.

The biggest challenge is to get these people out of isolation so that they can live a meaningful life out in the public. Then you cut off the predisposing factor by 80% because that's where the problem is – they are alone at home and then the perpetrator finds them there.

Service Provider, Nairobi, Kenya, 2 March 2014.

Dependency on others for housing, food and even legal status further heightens the risk of sexual and gender-based violence among refugees with disabilities. This risk is particularly high for refugee women with disabilities who arrive in countries of asylum on their own. As a Somali refugee with a mental disability recounted about her arrival in South Africa:

When I reached here no one was coming for me. I had no home and I knew no one here. One day, a Somali man came and took me to his house. He took me there, he used me there, he did what he wanted. The other day, he brought another man, and they said, “You will sleep with both of us.”

Refugee Woman with Mental Disability,
Johannesburg, South Africa, 19 March 2014.

Refugees with mental disabilities are acutely vulnerable to sexual and gender-based violence and often do not receive the protection they require. As a service provider noted, the plight of these refugees often goes unheeded:

You will find that in the evening, when they are slowly leading themselves to the camp, those with mental challenges try shouting for help, and people will just see them as mad.

Service Provider, Nairobi, Kenya, 28 May 2014.

Mentally disabled refugee women may be particularly at risk due to multiple layers of stigma and disenfranchisement. A Somali mother of a young woman with a mental disability described the traumatic events her daughter had experienced: she was raped by family members, impregnated, married without her consent or knowledge and later gave birth to a child whose father was unknown.

UNMET BASIC NEEDS Barriers Securing Livelihood, Safe Shelter, Education and Justice

Limited economic opportunities also play a critical role in exposing people with disabilities to sexual and gender-based violence. Like older refugees, refugees with disabilities may be seen as undeserving of the few job opportunities available in the country of asylum, and face multiple levels of discrimination in the workplace. One woman described her termination:

One day the boss was talking to me and I’m “not there” [lost a sense of what was going on] and they fired me. And after they fired me, they found out that I was mentally not well. Then they said to me that, no, they must forgive me, that I must go back because I’m working nicely. But other people say no.

Refugee Woman with Mental Disability,
Johannesburg, South Africa, 31 March 2014.

When refugees with disabilities are unable to support themselves, whether due to job discrimination or physical or mental inability to work, they may be left home alone while caregivers go to work, increasing their vulnerability to sexual and gender-based violence.

Access to **safe shelter** is another tremendous barrier faced by refugees with disabilities. In addition to the lack of safety engendered by being homebound and vulnerable to perpetrators of sexual and gender-based violence, many of the refugees with disabilities reported living in physically unsafe environments. Some described staying in abandoned buildings or open rooms in churches that housed many other migrants. Shelter spaces for refugee survivors of sexual and gender-based violence with disabilities are extremely limited due to the lack of resources necessary to accommodate either physical or mental disabilities. As staff from a government shelter described:

If we, for instance, look at people with physical disabilities, many of them need specific assistance: to get into bed, to get into the bath. In the disability facilities, there will be caregivers and personal assistants to assist people, but a shelter will definitely not have the funding to employ a PA [personal assistant] for the possible person with a disability. It’s more than just having a ramp for a

wheelchair, it's more than just having a toilet that is accessible: it's about having people who then require specific care from a personal assistant.

Service Provider, Johannesburg, South Africa, 26 May 2014.

Similarly, **schools** in camp and noncamp settings are often unable to accommodate the needs of children with physical or mental disabilities, leaving them extremely vulnerable to sexual and gender-based violence. Teachers may not have the training or resources to educate children with disabilities as they would in more developed countries. In some cases, children simply cannot get to school due to lack of mobility aids. In one of the camps in eastern Chad, a girl who had been provided with a wheelchair could not attend school because no one was available to push her there. Homebound disabled refugee children are particularly vulnerable to sexual and gender-based violence.¹⁰¹

Access to justice for experiences of sexual and gender-based violence is another tremendous barrier faced by refugees with disabilities. In Chad, for instance, families, neighbors and community leaders often prohibited Darfuri women with disabilities from reporting cases of sexual and gender-based violence to camp security or to Chadian authorities. The few survivors who seek justice through these channels are often confronted with credibility challenges. As a disabled young woman in Chad described:

My mother and I went to the sub-prefecture. But the man swore it was not him. My older brother refused to testify in support of me because I am disabled. He had no confidence. So we are the ones who had to repay the costs since the trial resulted in a decision for the accused man. The sub-prefect took 20,000 Francs [\$38 USD] and the man asked 15,000 Francs [\$29 USD].

Refugee Woman with Disability, Bredjing Refugee Camp, Chad, 18 April 2014.

In South Africa, renewal of **legal status** is necessary every six months and must be applied for at the location

where it was originally granted. A number of the refugees interviewed remarked on the negative physical and emotional impact of traveling and waiting long periods for legal status. Those unable to renew their legal status are barred from accessing certain social services, forcing many into dependent relationships or survival sex work, which increase the risk of sexual or gender-based violence.

INACCESSIBLE SERVICES Challenges Obtaining Appropriate Care

Resource constraints among service providers pose practical barriers to the access of services by disabled refugee survivors. Without the funds to conduct home visits to those refugees who are homebound, or to send someone to accompany a refugee to a clinic or office, NGOs and service agencies are often unable to reach disabled sexual and gender-based violence survivors. Some service providers admitted that they did not have the capacity or resources to accommodate refugees

who are deaf, blind or have other significant physical impairments or disabilities.¹⁰² Lack of sign language interpreters or Braille translations also seriously limit deaf and blind refugees from accessing information about services related to sexual and gender-based violence.

There is a critical absence of mental health providers

Traveling to service providers' offices can be daunting for refugees with disabilities in large urban settings, and may be impossible without the assistance of a caregiver. As a blind Ugandan survivor of sexual and gender-based violence described:

Sometimes, to find somebody to take me [to a service provider], that was the hardest. So sometimes, sometimes you would not access services.

Blind Refugee Man, Cape Town, South Africa, 6 June 2014.

Those who arrive at service providers' offices often do so at great physical and emotional cost. A disabled male survivor of rape recalled his difficulties attempting to register with UNHCR:

I went to UNHCR walking with crutches. The first trip to UNHCR, they told me that registration is closed and said to come back another day. Then after a while of staying home, I thought that I should go back and tell them my problem. Which I did. That day, my walking support was spoiled and I used another one, and unfortunately that worsened my condition. Upon reaching UNHCR, I was bleeding. I pleaded with them to at least join me outside and listen to my problem if they do not want anyone inside. Same story again: they refused and sent me away, saying registration is closed and that they have no other way of assisting me.

Refugee Man with Disability, Nairobi, Kenya,
30 May 2014.

Lack of sensitization by refugee service providers to the specific needs and rights of disabled sexual and gender-based violence survivors is another critical challenge. While Kenya, South Africa and Uganda all have an active disability rights sector, there is little communication between disability groups, sexual and gender-based violence specialists and refugee protection experts. Few of the refugee service providers had received specific training on the intersection of sexual and gender-based violence and disabilities, although UNHCR had provided at least one training in Dadaab together with refugees with disabilities.

Issues of agency and consent in the context of mental disability are particularly complicated for many service providers. Refugee services staff in Chad commented about refugee women with mental disabilities:

But this woman, she has even approached staff [for sexual relationships]. So I do not know who is assaulting who. I do not know at what level I can situate her weakness insofar as she is the one who approaches. Well, maybe mentally, she does not have 100% of her mind... but still, she is the one who asks for sexual relationships.

Service Provider, Chad, 30 March 2014.

I know a case in [location omitted], but it is a case that is not reported [as SGBV] because this woman gives her consent. We do not report this case. She is not considered to be a victim of SGBV. This may be

[a] habit. At first, she was regarded as a survivor of SGBV, and then over time, no.

Service Provider, Chad, 3 April 2014.

There is also a **lack of psychiatric expertise** on the assessment and treatment of refugee survivors with acute mental health disabilities or severe post-traumatic stress symptoms, and a similar **lack of community-based mental health services or awareness**. This gap leads to *ad hoc* or inappropriate treatment that fails to respond to the individual needs of particular refugees. There is a critical absence of mental health providers who can administer trauma-focused, evidenced-based psychotherapies. Instead, psychotropic medication is used in a palliative manner to treat Acute Stress Disorder (ASD) and PTSD. In Chad, for instance, tranquilizers were prescribed to survivors with ASD. Conversely, in Nairobi, mentally disabled survivors of sexual and gender-based violence or those suffering PTSD were primarily treated for psychosis.

Limited access to reproductive health care, particularly by mentally disabled survivors in Darfuri communities in the refugee camps in eastern Chad, is a significant concern. Community leaders allowed disabled women and girls to access contraception or abortion on the condition that they were accompanied for care by a male family member. Yet most women with mental disabilities in the camps had no male family members, and were often impregnated as a result of rape. Medical service providers decided to provide these women with contraception without authorization from male family members. This has led to significant tension between medical service providers and refugee leaders.

Despite the significant protection and security challenges that disabled refugee survivors experience, some service providers interviewed had questions about whether refugees with disabilities are appropriate **resettlement** candidates. As one noted:

Resettlement is a problem. Because, imagine, in his community, someone who cannot take care of himself. Is resettlement useful for this person? We will take him, we will remove him from his environment and he does not have all his faculties and he is placed in a strange new place. Often we offer resettlement to people who are supposed to be able to integrate into their new society and start a

new life. I do not think any country will support the entry of a group of mentally ill on its territory.

Service Provider, Hadjer Hadid, Chad, 19 March 2014.

This perception, however, is not universal. Other service providers noted that resettlement provides refugees with disabilities a much greater chance of receiving appropriate mental health care, leading eventually to integration in the community.

GOOD PRACTICES

Training, Data, Community Mobilization, Shelter, Grants and Transportation

Despite the multiple vulnerabilities to sexual and gender-based violence that refugees with disabilities experience, and the extreme protection gaps they face, significant work has been initiated in the last few years to meet their needs. This runs parallel to successful advocacy efforts leading to UNHCR's 2010 Executive Committee Conclusion on the rights of refugees with disabilities.¹⁰³ UNHCR's commitment to increase the [capacity of its Implementing Partners](#) to assist refugee survivors with disabilities is a critical step forward. Its consultation with and provision of social assistance to disabled refugees and their families also greatly reduces their vulnerability to sexual and gender-based violence.

Efforts by a handful of other organizations and communities have also played an important role in increasing their access to sexual and gender-based violence prevention and response mechanisms. Handicap International in Kenya, for instance, works to increase the [protection and empowerment](#) of refugees with disabilities, such as by providing donkey carts for navigation in the Dadaab refugee camp to reduce structural barriers. Handicap International also plays a key [training and coordination](#) role and initiated an inter-sectoral working group on disability and aging in Dadaab.

In Nairobi, HIAS provides [scattered housing](#) and [living stipends](#) to the most vulnerable refugees, including disabled survivors of sexual and gender-based violence. In Uganda, the Refugee Law Project has taken the lead in compiling [data and information](#) on refugee children with disabilities to improve programming and service provision. In Uganda, InterAid provides [wheelchairs](#) and medical staff to accompany refugees with disabilities to the hospital, and HIAS provides safe shelter and subsistence stipends to refugees with disabilities. In South Africa, UNHCR Implementing Partners provide limited [material support](#) and some shelters that are open to refugees with disabilities who are survivors of sexual and gender-based violence, including Bienvenue Shelter, POWA and the Disabled Refugees Project.

Community-based initiatives play an important role in addressing the unmet needs of disabled refugee survivors

[Refugees employed by NGOs](#) or volunteers, common in the camps in eastern Chad and Nairobi, step in where government agencies cannot, to provide food, clothing and emergency shelter to refugees with disabilities. This model generally provides a framework for refugees to monitor and respond to the needs of the most vulnerable refugees in their communities.

Similarly, Congolese churches, primarily in Uganda, [collect money](#) to support refugees with disabilities and allow them to stay on church premises. These community-based initiatives play an important role in addressing the unmet needs of disabled refugee survivors.

CULTURAL AND SOCIAL BARRIERS

Misperception, Stigma, Shame and Fear of Disclosure

Sexual and gender-based violence against men and boys, identified with increasing frequency during war and conflict, is brutal and profoundly stigmatizing. Sexual violence in conflict zones has been reported to include oral and penetrative rapes, genital mutilation and forced sexual acts. The incidents have been documented dating to the Balkan conflicts and in two dozen other conflicts since 1998, including in the DRC, Syria, Sri Lanka and elsewhere. Yet, the experiences of male survivors “remain underreported and understudied,” according to the Uganda-based Refugee Law Project, a UNCHR partner and leading researcher on the subject.¹⁰⁶

The Refugee Law Project notes that sexual victimization of men, as of women, must be seen as an experience of **power and dominance** that is intended to “degrade, humiliate and subjugate victims.” Sexual attacks against males further aim to undermine leadership, diminish perceived “masculinity” and unravel social systems.¹⁰⁷

Other forms of sexual and gender-based violence, sometimes related to familial associations or community-based assaults, also afflict men and boys.

Men and boy survivors of sexual and gender-based violence across the globe encounter **cultural stigma** and deeply ingrained **stereotypes of masculinity**.¹⁰⁸ In the refugee communities and host countries examined in this research, sexual and gender-based violence is commonly misperceived as a “homosexual” act, which inhibits survivors from seeking medical, legal and psychosocial treatment.

Let it Be Quick:

A Male Survivor Hopes for Medical Aid

Diapers. This is one of the things that aid organizations in Kenya have supplied to Benjamin, and he is grateful. He is also thankful for medicine he receives, but is yearning for additional medical help and is open to participating in a support group.

An asylum seeker in Kenya from eastern DRC, the 39-year-old lost his wife, a victim of war, in 2008. In July 2012, rebels in the area, beginning a new war, conscripted Benjamin. Since he refused to fight, they assigned him to translate broadcasts and work in the kitchen. In the second week, he escaped.

Benjamin left the country briefly and then returned to the DRC. He was detained again, this time by government forces. “I was jailed because the government thought I was from the rebellion group,” said Benjamin. “I was put in a room of five men and on the first night they began to rape me. I was sodomized for a whole week.”

After eight months, Benjamin was able to escape from imprisonment and make his way to Nairobi. But, he still doesn’t feel safe. One night, he was cornered and beaten by a group of men speaking a Congolese language who talked about “putting him down.”

He knows his situation of being raped in jail is not unusual. “Mentally, it is another problem, which means it is affecting me very much,” Benjamin said. “What I would like to get is medical assistance and protection,” he said, noting his urgent need for colorectal surgery. “And if there is any assistance, I would like it to be quick.”

In total, 22 men and 11 parents or guardians of boys were interviewed. (See Appendix 1, Table 6.) Researchers did not interview boys, both to avoid re-traumatizing them and because they were not of an age that they could provide informed consent to be interviewed. Almost half of those interviewed were from the DRC, which parallels the high rates of sexual violence against both men and women in that country.¹⁰⁴ The perpetrators of sexual and gender-based violence against men included military personnel, rebels, prison wardens, fellow prisoners and employers in the country of origin. In countries of asylum, perpetrators included men from host populations and fellow refugees. In Chad, all the cases of sexual and gender-based violence against men were perpetrated by their wives, and did not include incidents of sexual violence. But since interviews were not conducted with the alleged perpetrators, researchers could not determine whether the SGBV reported was associated with reciprocal intimate partner violence. In Kenya and Uganda, the specific targeting of Congolese *Banyamulenge*¹⁰⁵ men and boys was noted. Most of the sexual and gender-based violence against boys took place in countries of origin, perpetrated by family members, neighbors, classmates and strangers, and guardians expressed concern about the vulnerability of the boys to re-victimization in countries of asylum. Both men and boys reported a range of physical symptoms resulting from sexual and gender-based violence, including ruptured rectums, recurrent bleeding, abdominal and chest pain, STIs, nausea and headaches. Psychological aftereffects included anxiety, depression, PTSD, and isolating from others.

UNMET BASIC NEEDS

Barriers Securing Medical Care, Safe Shelter and Livelihood Opportunities

Many of the male survivors interviewed required surgery for rectal trauma in order to avoid severe, sometimes life-threatening, infections or blood loss. Service providers and survivors alike reported a lack of appropriate [medical care](#) in Chad, Kenya and Uganda. Public hospitals rarely had the medical expertise to treat male survivors or the space for survivors to convalesce after surgery. The few sexual and gender-based violence units available were housed in women's reproductive health wards, further inhibiting male survivors from seeking medical care. The handful of hospitals with relevant expertise charged fees well out of reach for most survivors: in Nairobi, rectal repair surgery costs the equivalent of \$1,400 USD and in Kampala, \$2,000 USD. Conversely, male survivors in South Africa are able to find affordable treatment and one convalescent care center is geared toward men.

In addition to a lack of affordable medical care, male survivors also generally lack [safe housing](#) and [job opportunities](#), which jointly undermine their ability to recover physically and psychologically. A service provider described the connection, and referred to the tendency of some men to turn to sex work for survival:

They come here and they don't have jobs. They are not doing anything and they don't have a stable source of income. They don't have food. You give them medicine which they need to take after eating food, so what do they do in that case? For the men, for example, they go into behaviors which they would otherwise not get involved in [sex work], which further aggravates their problem. So if we are to really help them, we cannot only deal with the medical part or the psychological part. We have to find a way of dealing with the economic part, also.

Service Provider, Kampala, Uganda, 6 March 2014.



Like fistula survivors, many male survivors of sexual and gender-based violence live in isolation due to the stigma associated with incontinence and lack of sphincter control. Compounding feelings of shame, depression and low self-esteem, many avoid eating before seeking services, further damaging their health:

When I do long distance travel, it is a problem for me, according to the state of the road. For example, when I have a program in town in the morning, I have to take something small [to eat]... It is my habit not to eat something in the morning when I am going somewhere.

Male Refugee Survivor,
Nairobi, Kenya,
29 January 2014.

The lack of livelihood opportunities was also identified as a [trigger for sexual and gender-based violence against men in countries of asylum](#). In the camps in eastern Chad,

men often marry more than one woman and, due to the extreme food shortages in 2014, faced challenges feeding their families. A number of men interviewed in Chad and South Africa reported sexual and gender-based violence at the hands of wives frustrated with their inability to provide economically for the family. Researchers could not determine whether the violence described was part of a pattern of reciprocal intimate partner violence. They did identify, however, the strong connection between these survivors' failure to conform to their gender role as "breadwinner" and the sexual and gender-based violence described.

Men and boys from the Congolese *Banyamulenge* community were also vulnerable to sexual and gender-based violence in countries of asylum, particularly in Kenya and Uganda.¹⁰⁹ *Banyamulenge* refugees described how members of rebel groups who had targeted them in the DRC came after them in countries of asylum. These incidents often manifested in sexual and gender-based violence.

INACCESSIBLE SERVICES

Challenges Obtaining Appropriate Care

Male survivors' failure to disclose gender and sexual-based violence contributes to its invisibility, which, in turn, can reinforce an approach to protection and programming on sexual and gender-based violence that fails to recognize the needs of male survivors.

A common theme expressed by male survivors is the [perceived loss of masculinity](#) and resulting shame associated with being raped by another man. Many also expressed a parallel fear of being incorrectly thought to be gay. These feelings hamper disclosure of sexual and gender-based violence. As one man recalled:

I was too embarrassed to tell them. The police might have thought that I was gay and I am not, and what would they say? You know, I am a man. How can I explain that some men held me down and raped me? How come I could not protect myself and I am a man!

Male Refugee Survivor, Johannesburg, South Africa, 20 February 2014.

Service providers note that male survivors often wait until the physical and emotional consequences of sexual and gender-based violence are unbearable before they seek assistance:

It takes time. A man will first study you for some time to see if it is relevant. Then they can even take a year or two until they gain the confidence and trust, and only those who are really in trouble with the whole thing and need support will come forward.

Service Provider, Kampala, Uganda, 20 February 2014.

[Lack of sensitivity](#) by some service providers further discourages disclosure of sexual and gender-based violence by men:

We were welcomed well by [service provider] but they kept on asking me, "Is that really possible?"

Can a man rape a fellow man?" Then they said, "Go to the hospital. The doctor will check you and give you medicine. But is that really necessary?"

Male Refugee Survivor, Kampala, Uganda, 26 February 2014.

Men may legitimately fear that disclosure of sexual violence will be [misunderstood](#) by family members and cause turbulence, or even the break-up of the family. As one service provider recalled:

There is actually a client where the husband was raped and was getting surgery. I was going with him for surgery and I asked if the wife knew. When we spoke with the wife, she said, "Did you say my husband was raped?" She just walked away. She switched off her phone and went home and picked up her children and disappeared. The husband wanted to commit suicide.

Service Provider, Kampala, Uganda, 20 January 2014.

GOOD PRACTICES

Support Groups, Medical Care, Gender-Sensitive Services and Police Training

Tremendous work has been undertaken by the Refugee Law Project, Johns Hopkins University, University of California at Berkeley, UNHCR Headquarters, HIAS, MENGEN, Health4Men, Sonke Gender Justice, key donor governments and a handful of scholars and journalists to raise awareness about the needs of male survivors, and to shift toward a more gender-inclusive understanding of sexual and gender-based violence.¹¹⁰ These and a small number of other agencies have also undertaken practical measures to create service environments that encourage disclosure and appropriate treatment for male survivors.

[Support groups for men](#) have been particularly effective in helping men come to terms with the experiences of sexual violence. Providing a platform for men to work through the stigma and trauma associated with rape has proven instrumental in recovery. Ties developed between men also help survivors disclose sexual and gender-based violence to their wives.

BOY SURVIVORS

Barriers to Disclosure and Lack of Protection in Countries of Asylum

Like older men, young men and boys often fear disclosing experiences of sexual and gender-based violence that violate traditional gender role expectations and hurt their self-image as males. As one service provider noted:

You will even get a boy who has been sodomized for five years or two years or two weeks or three months and he is saying nothing because he is [thinking], "I'm a man. I'm supposed to be strong, you know... If this guy was able rape me, for example, there must be a problem with me." He's thinking, "I was not man enough to protect myself."

Service Provider, Nairobi, Kenya, 14 February 2014.

Refugee boys without guardians face particular challenges accessing food, medical care and safe shelter. Seeking education and income, yet without protection, unaccompanied refugee boys are particularly vulnerable to forced and survival sex work, which places them at risk for sexual and gender-based violence. As one service provider noted:

They [men interested in sex with boys] know that refugee boys are vulnerable and want to study. The boys do not have parents, family, and live on their own. They lure these boys and take them in... [One boy] was so traumatized because he was being threatened that "If you say anything, we will kill you." Of course, others lack other means of survival.

Service Provider, Kampala, Uganda, 20 January 2014.

Combined barriers to income and education also make boys, even those with guardians and families, vulnerable to sexual and gender-based violence. Many boys in the refugee camps in eastern Chad are sent out to herd flocks or are even sold as laborers to other families. These refugee boys, much like those spending all day in the camp markets or those working in urban areas, are extremely vulnerable to sexual violence and exploitation.

Similarly, refugee children left at home while caregivers work long hours are put at risk. Those who are unable to attend school are even more vulnerable since, with few options to go out, they are trapped at home all day. The mother of one boy survivor described her fear for all her children:

I went to [name of agency omitted] to ask if they could help me to take him to school. They told me that they cannot take someone who is traumatized like him in school. As I have five children, I asked them to take others to the government school, but they refused. They are at home, not studying, with this one who I have to take everywhere I go. It gives me a headache. I don't know what to do. That is the problem I have in Kampala. I fear for the others to be raped also because all of them are at home not doing anything.

Mother of Refugee Boy Survivor, Kampala, Uganda, 27 February 2014.

The lack of safe environments also places boys at risk. Parents in urban areas expressed great frustration at the scarcity of safe play environments. Primarily, however, they shared concern that, with limited resources, they were compelled to live in unsafe homes. One mother recalled her reaction after the rape of her son by a neighbor:

I wanted the organization [to] get me a flat because this problem shocked me. I wanted to move, to run away from there because I didn't want this problem to happen again. I wanted to be in a place where am not sharing. Even if am sharing, then I would like to be able to choose. I would not put in a man, I would put in a woman if the house [were] mine. But now I can't choose because I still can't afford to pay. I have to take what is available.

Mother of Refugee Boy Survivor, Pretoria, South Africa, 4 June 2014.

Caregivers also noted the lack of long-term solutions to address the abuse of their children. Whereas some sought resettlement, others needed ongoing assistance for their children to recover from the sexual and gender-based violence and to gain access to education, health care and, in some cases, legal status.

As one service provider described:

You find that a male survivor would go with another male survivor to his home... Then he first talks about himself. "You see they raped me, this is how I feel." Then the husband breaks down and the [first] one says, "You see, that is what happened to him and it is important to give support." And you find that when they [the wives] have agreed, the women are coming for counseling. They are doing couples counseling and it worked.

Service Provider, Kampala, Uganda, 20 January 2014.

Providing gender-sensitive services that allow clients to choose either male or female sexual and gender-based violence staff is another critical way to encourage men to disclose sexual and gender-based violence. HIAS and IRC provide this choice in each refugee camp in eastern Chad. While the more traditional *Masalit* men in eastern Chad prefer to discuss sexual and gender-based violence with other men, male survivors in Kenya, South Africa and Uganda all preferred discussing sexual and gender-based violence with women:

I was assisted by a woman. I was happy because [women] are more understanding and polite and gentle. If it was a man... I don't know. I don't think I would be comfortable at all.

Male Refugee Survivor, Kampala, Uganda, 29 January 2014.

The policewoman who was taking my statement called me alone after I had finished and told me to go with her to the office. At first I was scared that maybe something was wrong because I am a foreigner and the police sometimes are very cruel to us, but she asked me if anything else had happened to me when the thieves attacked me, like maybe, you know, assaulted me sexually, like raped

me, because she could see that I was not walking alright. At first I was embarrassed, but I decided to tell her. And then she told me to go to the hospital so they could give me some medicine to prevent HIV and other STDs, and then I should bring that report back to her so she could include it in my statement.

Male Refugee Survivor, Johannesburg, South Africa, 20 February 2014.

Outreach and education have been a critical means of educating communities about sexual and gender-based violence against men. While *Masalit* refugee men in eastern Chad rarely attend trainings on sexual and gender-based violence,¹¹¹ in Kenya, a variety of trainings have raised significant awareness among men and boys about sexual and gender-based violence prevention and response mechanisms. In Nairobi, for instance, the Danish Refugee Council and MENGEN conduct education on sexual and gender-based violence in schools, providing boys an opportunity to meet privately with organization staff to encourage disclosure. Similarly, HIAS provides training and capacity-building to UNHCR and its Implementing Partners. Sonke Gender Justice in South Africa actively engages men, including refugees and migrants, about sexual and gender-based violence affecting both women and men. Training methods include public workshops, school trainings, discussion groups, publication of information materials and radio programs.

In Uganda, the Refugee Law Project's (RLP) Sexuality and Gender Program has conducted seminars and trainings on sexual and gender-based violence affecting men for some years now. While at the time of publication of this report, RLP's services have been suspended by the government, past awareness-raising and trainings have included documentaries,¹¹² educational materials targeting state, police, civil society stakeholders and service providers; and prevention and response resources, specifically directed to male survivors. RLP in Uganda and HIAS



in Kenya are refugee assistance agencies that have developed specific knowledge and skills working on sexual and gender-based violence prevention affecting male survivors.

Many agencies participate in [SGBV coordination mechanisms](#) and collect sexual and gender-based violence [data](#) to improve referrals for refugee survivors of sexual and gender-based violence.

Prevention work, unfortunately, seems to be carried out in relative isolation with few other stakeholders except UNHCR involved.

[Medical treatment for male survivors](#) in South Africa, unlike the other three countries surveyed, was described as prompt and effective. Survivors noted that government clinics and hospitals provided them post-exposure prophylaxis for HIV, and medical interventions for rectal and sphincter repair. South Africa's Health4Men also provides free medical services to men, supplementing government medical services. In Uganda, until its services were suspended in 2014, the Refugee Law Project provided financial assistance to male survivors to pay for medical supplies and services, including surgery; provided post-exposure prophylaxis for HIV; and also accompanied male survivors to the hospital and to the few welcoming health clinics. HIAS provides similar support to male survivors in both Uganda and Kenya.

Little in the way of [safe shelter](#) for male survivors was noted by survivors or service providers. Two shelters were identified. One is located 45 kilometers from Johannesburg and, supported by the Department of Social Development, engages in community outreach and education and provides information and referrals to medical services and legal advice on sexual and gender-based violence. The other is a shelter for boys located in Eastleigh, Nairobi, funded by UNHCR to take Somali boys who are survivors of sexual and gender-based violence and who are provided medical treatment by *Médecins Sans Frontières's* Blue House clinic.

[Supporting the family members](#) of male survivors of sexual and gender-based violence, particularly through psychosocial services, has proven critical to recovery by survivors and family members alike. As the mother of a boy survivor recalled:

When this happened to my son, I started despising him and telling him that "I hate you because you let boys do this to you." I was resentful towards my son [but] when I came to HIAS, they helped me understand and cope with the situation.

Mother of Refugee Boy Survivor, Nairobi, Kenya, February 2014.

Financial support for families of boy survivors helps reduce the time they spend alone, which can play a key role in limiting boys' vulnerability to further sexual and gender-based violence. Subsidies and direct cash assistance can also free up time for family members and survivors to attend counseling, which promotes a more successful recovery.

SEXUAL MINORITIES

CULTURAL AND SOCIAL BARRIERS Stigma, Isolation and Lack of Protection

Sexual minority refugees experience sexual and gender-based violence both in their countries of origin and in their countries of asylum. The types of violence they experience are often extreme, as are the physical and mental struggles they face as survivors of sexual and gender-based violence.

Most of the sexual minorities interviewed had fled to countries equally or even more intolerant of minority gender identities and sexual orientations than their countries of origin. In all four countries examined, particularly Uganda and Kenya, where homosexuality is criminalized, sexual minorities are widely perceived as a threat to the social, cultural and political order. They often [risk sexual violence if they fail to conform](#):

Anybody who doesn't conform to society's idea of what it means to be female, what it means to be male; anybody who challenges society's understanding of masculinity, gender; anybody who transgresses that, runs the risk of being violated and puts themselves in harm's way.

Service Provider, 30 July 2014.¹¹⁴

Sexual minorities describe [isolation and hostility from refugee communities](#) and, in some cases, are subject to violence from other refugees, as described by an intersex refugee:

In the place where I am staying there are a lot of people from my country, who are doing things that I don't like, accusing me of things that I don't do.

In total, 23 sexual minority refugee survivors of sexual and gender-based violence were interviewed.¹¹³ (See Appendix 1, Table 7.) Close to half were from the DRC, and all had experienced sexual and gender-based violence in their country of origin. Perpetrators in countries of origin included family members, neighbors, fellow students, teachers, police, rebels, soldiers and fellow detainees. All those interviewed had also experienced sexual and gender-based violence in the country of asylum, including at the hands of domestic partners, neighbors, fellow refugees, clients (of sex workers) and police. The sexual and gender-based violence described included rape, including gang rape and genital torture (e.g., tying objects to or beating the genitals), as well as sexual and gender-based violence combined with abduction and blackmail. Most of those interviewed suffer both emotional and physical effects of this sexual and gender-based violence, including trauma, anxiety and depression, STIs, HIV/AIDS, pregnancy and a variety of physical injuries. The sexual and gender-based violence described was extremely severe, whether in kind, impact or frequency.

Waiting to Breathe: *A Gay Refugee in Cape Town*

In 2014, Louis suffered nightmares about the rainy night a year earlier when his landlady in Cape Town called him and another tenant to a meeting. The landlady sat in the living room with her nephew, who said, "We don't want any dirty homosexuals here. Dogs should be out of this house."

Louis, an asylum seeker, had rented from the woman who, like him, was Congolese. Her nephew demanded that he start packing. "I can kill you just like that, you stupid homosexual," he said, picking up a stone shell and smashing Louis in the face. The other tenant pulled him to safety.

Ironically, Louis had left the DRC in 2007 at age 29 because of homophobia. He was often followed and attacked; the danger became extreme after he and a male lover were discovered together.

Seeking a safe haven in South Africa, where the constitution recognizes gay and lesbian human rights, Louis's application for asylum remained inexplicably stalled. Authorities handling the petition had preached to him, denied appropriate renewals and laughed when he pleaded for help. At one point, he found himself with no place to sleep except the entryway of a building.

"I deal with all these things all on my own. There were things going through my mind, of - how, why are people treating me this way?" Louis said.

Louis did find some sympathetic helpers. Organizations at a gay-friendly church offered solace. The police listened after he was assaulted, called an ambulance and took a statement. A doctor at a men's health clinic arranged for trauma counseling.

Still, he struggles against despair. And he waits. "When am I going to breath normally again?" he asked.

They just dislike me because of my sexuality. They stabbed me with a knife... broke my leg, my bones. When they were beating me, they were saying I have offended their president. There are a lot of them accusing me of being gay and bringing disgrace to their country.

Intersex Refugee, 5 April 2014.

Sexual minorities are also [targeted by local populations](#), and those who visibly fail to conform to gender norms are particularly vulnerable. Lesbians in South Africa expressed fear of “corrective rape” by both refugees and nationals. Transgender refugees, particularly identifiable transgender women and transgender men, described severe sexual and gender-based violence at the hands of private citizens and public officials alike.

A number of sexual minority survivors had fled with dependent children or siblings. They expressed fear for the [safety of dependents](#), who were also targeted for homophobic or transphobic violence:

I know how to hide myself so that people are not aware about me. But at home, my children are the ones suffering because the neighbors keep saying that their mother brings girlfriends. My children are beaten and they are discriminated against because of me. They keep on asking questions about who I am but I keep on failing to answer them because they are still young. But they keep on asking because they are so scared.

Transgender Refugee, 15 January 2014.

Entrenched homophobia and transphobia, combined with intolerance toward refugees, makes [police protection](#) close to impossible for sexual minority refugees. In South Africa, which legally recognizes the rights of both refugees and LGBTI people, sexual minority survivors face serious challenges accessing protection:

When [sexual minorities] wish to report a crime at South African Police Services, they are very often received with a hostile reaction, marked by

a number of prejudicial attitudes. When it comes to reporting domestic violence cases, we find that sexual minorities are maybe not taken as seriously as they could be. That stems from prejudice.

Service Provider, 31 July 2014.

Police indifference and brutality toward sexual minority refugees is particularly acute in countries that criminalize homosexuality. Perpetrators are aware of the vulnerability of sexual minorities and that anti-homosexual legislation may provide them with impunity. As recounted by a gay refugee who was gang raped and then brought by the perpetrators to the police:

They took me to some police station. I was already tied up. When we reached there, they came and took me to a cell. While in the cell, there was another prisoner who was also in that cell and they told him to keep on raping me every day. I spent over a month there without a cell phone and nobody, even those who knew me, had any idea where I was.

[The police] took me to the other room and they started telling me that they were going to kill me and that the things I had brought to their country were not allowed. They continued and said that I had to go back to Congo.

Gay Refugee, 9 January 2014.

Kenya’s encampment policy, which requires the recent influx of Ugandans and other sexual minority refugees to reside in Kakuma refugee camp, has had a particularly devastating impact on visibly gender nonconforming sexual minority refugees:

I was arrested by the police because of my sexual orientation and I called UNHCR and they came to court and I was discharged. When I went back to the camp, the same policemen came and they wanted to shoot me and they beat me up. That was when I was brought back to Nairobi.

Transgender Refugee, 3 April 2014.

UNMET BASIC NEEDS

Barriers Securing Livelihood, Safe Shelter and Legal Protection

The deep cultural bias against sexual minorities in some countries of asylum makes access to [employment](#) very difficult for sexual minority refugee survivors of sexual and gender-based violence. This is especially true for transgender refugees and visibly gender nonconforming gay men and lesbians. As a gay refugee recounted:

When they saw me coming for the interview everyone looked shocked. I went ahead and was interviewed. After the interview, they told me that they wouldn't want to waste my time: their clients wouldn't want to be served by gay people.

Gay Refugee, 31 March 2014.

Lack of safe livelihood opportunities pushes many into survival sex work, which, in turn, increases vulnerability to sexual violence and its medical consequences:

LGBTI refugees continue to engage in survival sex. Although many of them are survivors of rape, initially in their country of origin, when they come into this country, circumstances push them into survival sex. This aggravates the medical problems that they experience.

Service Provider, 13 January 2014.

Others enter dependent relationships, in which they exchange sex for housing, food and money:

When I failed to find a job for a long time, I became desperate. I could not even afford rent. I found this white [South African] man and we started living together. I needed help and had no other way. He used to stop me from going out but he would bring other partners. He would drink and fight with me and when I tried leaving, he took away my passport,

stopped supporting me, and finally threw me out of the gate.

Gay Refugee, 13 March 2014.

[Safe shelter](#) is also extremely challenging for many sexual minority survivors to secure. Most felt vulnerable to sexual and gender-based violence in their homes, and many described being attacked by other refugees and local community members. All sexual minorities interviewed described moving from one room to another, often at great financial and emotional cost:

I have never lived in one location for three months. I have to keep shifting because of the security. Every time people in the neighborhood start suspecting me, I have to shift and go to another place. My children used to go to school, but they stopped going to school because of me. People used to disturb them.

Transgender Refugee,
9 January 2014.

Only a small number of free shelter spots are available in the countries examined in this research: one or two in Cape

Town are available for a maximum of two weeks. Transgender and other gender nonconforming refugees have particular challenges finding space in shelters, and also face serious safety concerns.¹¹⁵ Scattered housing has been a more effective temporary means of providing sexual minority survivors with safety from further sexual or gender-based violence or other forms of violence and discrimination.

Sexual minority survivors also face considerable barriers securing refugee status and the legal rights flowing from that status. Many described [registration barriers](#) with both refugee agencies and NGOs. A transgender woman described trying to register with a government refugee office:

When I was in the queue for the permit at Home Affairs, I was pushed out by the security guard. When I went to the queue for women, I was kicked

“
They told me their clients wouldn't want to be served by gay people
”

out and told, “You are not a woman.” Then when I went to the queue for the men, I was also kicked out by the security guard. One of the security personnel wanted to use me for sex so as to get me the [registration] paper. I said, “No I can’t do that.” Then he said, “If you can’t do that, then you won’t get the paper.”

Transgender Refugee, 4 April 2014.

Transgender refugees, in particular, described the humiliation experienced while waiting hours to register. They also had [difficulty registering](#) due to the discrepancy between the gender listed on their identity documents from the country of origin and their outward representation of gender. These and other barriers to registration mean many sexual minority refugees cannot secure legal residency, which, in turn, places them at further risk of exploitation and sexual and gender-based violence. The relocation of registration services from urban to camp settings in Kenya has also significantly slowed the process for referring sexual minority refugee survivors to much-needed medical and mental health services.

INACCESSIBLE SERVICES

Challenges Obtaining Appropriate Care

Despite these many unmet housing and employment needs, entrenched social and cultural barriers in countries of asylum [inhibit sexual minority survivors of sexual and gender-based violence from seeking protective services](#) from NGOs or other refugee agencies. As one service provider noted:

I mean South Africans – sorry to say this – but we are not very open to these people. With LGBTI, when you look at culture on the African continent, even here in South Africa and countries beyond here, it’s a prejudice, it really is a prejudice that drives nondisclosure and I think that in itself places them in a vulnerable position.

Service Provider, 18 March 2014.

Many sexual minority refugees are reluctant to disclose not only experiences of sexual and gender-based violence, but also their sexual orientation or gender identity. This is particularly common during asylum

procedures in countries that criminalize sexual minority identities. As one service provider described:

Very often people who are sexual minorities don’t always disclose this [sexual orientation], either they find that it is not relevant or are not willing to disclose or they don’t know that it might assist their asylum cases... So later, he is at an advanced stage of the asylum process and he needs to raise the issue, but there is an issue of credibility.

Service Provider, 27 May 2014.

A [lack of leadership](#) by refugee-serving agencies to create inclusive environments for sexual minority refugees can block opportunities for their access to protective services. As one service provider described:

Who is the cap bearer in each organization? Who is saying, “I’m driving this agenda”? That’s what we are lacking. Sexual minorities, who is responsible? You ask the office, no one, literally no one. You go another organization and you ask who is responsible they say, “Is it SGBV?” It’s not really GBV because it’s not just about violence. It’s something slightly different that needs programming. We don’t have somebody who is saying, “This is the person in charge. This is the person who oversees the sensitization. This is the person who has to see the development of this programming.”

Service Provider, Nairobi, Kenya, 3 February 2014.

Protections for sexual minority refugees addressed in UNHCR guidelines¹¹⁶ are still “trickling down” to UNHCR field staff and other refugee service providers. Many agencies reported a [lack of training](#) on sensitively serving sexual minority survivors of sexual and gender-based violence and the related, but specific, needs of intersex children.¹¹⁷ The result is a cycle in which sexual minority survivors do not approach refugee service providers, who then do not see that there are sexual minority survivors to serve.

This lack of training is also apparent among government asylum authorities. As one refugee described:

The [Home Affairs officer] asked me, “Why you are in South Africa? Why are you gay?” Then I said, “It’s like asking someone, ‘Why it is windy? Why is it raining? Because the rain is meant to be there.’ Because it is natural,” I said to him. “I am naturally gay. I didn’t choose. I was born gay.” I felt anxious and end of the day he brought me that paper that said that my application was manifestly unfounded.

Gay Refugee, 4 April 2014.

There is a [lack of coordination](#) among UNHCR and its Implementing Partners, sexual minority civil society organizations and welcoming medical and mental health service providers. This coordination gap, coupled by the lack of Implementing Partners who are either sexual minority-serving NGOs or human rights defenders, inhibits referral pathways for sexual minority survivors.

GOOD PRACTICES

Peer Support, Scattered Housing, Training and Awareness Raising

A number of refugee agencies, local sexual minority rights groups and churches have spearheaded initiatives that have significantly increased service provision and protection for sexual minority survivors.

Some service providers and sexual minority refugees themselves run [peer support groups](#), which provide a framework for trust, support and, in some cases, livelihood training. Children and dependent siblings are also provided assistance through psychosocial programming. In South Africa, PASSOP, a local NGO, has established a sexual minority network specifically for refugees and migrants to focus on information sharing and support. Cape Town Refugee Centre, an Implementing Partner for UNHCR, provides similar support to refugee boys who have come out in South Africa, and also offers food and rent assistance.

Some of these groups also provide sexual minority survivors [security and safety training](#) to help them mitigate the risk of violence. Perhaps controversially,

some of that training involves advising sexual minorities to look and act “straight” to avoid being targeted. As one service provider described:

Depending on the way they present, they might be at high risk. Who you choose to call yourself or identify yourself, that is you. But you might just need to [educate] them to know how to carry themselves in the community. I have had an instance where a client was brought here and I couldn’t actually let her out of the car, ya. I couldn’t!

Service Provider,
14 February 2014.

Sexual minority survivors in South Africa described the availability of high-quality, public [medical services](#) to treat sexual and gender-based violence,

HIV/AIDS and STIs, as well as general health care. The Triangle Project runs a weekly clinic for all sexual minorities to provide medical checks, safe sex packs and psychosocial counseling. PASSOP refers cases to Health4Men, which, in turn, refers more serious surgery to government hospitals. Some clinics also provide free hormone therapy. Private clinics maintain long-term relationships with specialized service providers. As one survivor described:

There is a doctor who looks after people in my condition. He is the one I explained [my situation] to and he gave me the drugs. For him – at least he welcomed me very well. He is the one who looks after the other LGBTIs, so it was really okay.

Gay Refugee, January 2014.

A number of agencies, including PASSOP, Lawyers for Human Rights and the Legal Resources Center in South Africa, engage in legal advocacy and representation to increase the [legal protection](#) of sexual minority survivors. HIAS Kenya works with legal services providers to do the same in Kenya. UNHCR has stressed the need for parallel mandate refugee status determination in countries where the national authorities refuse to grant refugee status to sexual minorities.

Employing a survivor-centered approach, HIAS Kenya introduced scattered housing services

Employing a survivor-centered approach, HIAS Kenya introduced [scattered housing](#) services, which involves providing sexual minority refugees with housing stipends to rent apartments in locations where they feel safe. The subsidy, which also covers basic requirements, lasts three months and can be renewed, depending on need. Due to the greater number of sexual minority refugees arriving in Nairobi from Uganda since the passage of the AHA, funding for scattered housing is limited, and the ability to identify and manage a greater number of apartments and residents is complex.

Various organizations, including Gender DynamiX, the Triangle Project, PASSOP, Refugee Law Project and HIAS engage in advocacy and provide [awareness training](#) to UNHCR and other refugee service agencies to improve effective identification and response and referral systems for sexual minority survivors. Sexual minority organizations in South Africa have also expanded their outreach and services to include refugees.

In Kenya, there has been a significant increase in [agency coordination](#), bringing together the refugee assistance and sexual minority advocacy sectors, which has increased referrals and protection. In South Africa, this coordination takes place through the Consortium for Refugees and Migrants in South Africa (CORMSA), which facilitates refugee agencies advocating for policy and legislative change and has focused on hate crimes against refugees and sexual minorities.¹¹⁸ Similarly, PASSOP represents the concerns of refugees on an LGBTI National Task Team initiated by the Department of Justice to address gender-based violence and violence against sexual minorities. Comparable coordination in Uganda has been severely challenged by the introduction of the AHA, and although the law has been overturned, a once robust referral system has been undermined.



Following the passage of the AHA and Kenya's encampment directive, many resettlement countries, including the US, have sought to expedite the [resettlement](#) of sexual minority refugees, including sexual and gender-based violence survivors. Resettlement can take months or years, however, during which time sexual minority survivors remain vulnerable to homophobic and transphobic attacks, as well as to further sexual and gender-based violence. Also, those who do not self-identify as sexual minorities at registration may not be eligible for resettlement based on these grounds.

However, when sexual minority survivors of sexual and gender-based violence are able to access the services and care that they need, they experience life-changing effects. As one transgender refugee said:

Yesterday I was talking to someone and I told them said that [when I was younger], I had a solution for my life, but in a negative way, and that was killing myself. But from the age of 20 up to now, I said that I am going to have a solution for my life in a positive way by showing people that we can do something for the society and for the world.

Transgender Refugee, 10 January 2014.

RECOMMENDATIONS

KEY RECOMMENDATIONS

Solutions to the extraordinary difficulties faced by older, disabled, male and sexual minority refugees who are survivors of sexual and gender-based violence require all stakeholders to train staff, coordinate services, engage refugee communities, identify those in need of assistance, accommodate vulnerable individuals and measure the impact of services.

Globally, government agencies, UNHCR offices and NGOs serving refugees should establish and enforce policies prohibiting discrimination on the basis of age, sex, disability, sexual orientation and gender identity, and undertake strong actions to address their needs.

Our six **Key Recommendations** for Governments, UNHCR and NGOs:

1 Train

- ◆ **Conduct staff training** on effective mechanisms to identify, interview and refer to appropriate services older, disabled, male and sexual minority refugees who are survivors of sexual and gender-based violence, including discussion of specific barriers associated with different disabilities, age considerations, sexual orientation and gender identities.
- ◆ **Invite agencies** specialized in serving older people, people with disabilities, male survivors of sexual violence and sexual minorities (“specialized NGOs”) to train staff.
- ◆ **Take leadership** to ensure staff apply approaches learned in training; model behavior that encourages agency-wide inclusion of older, disabled, male and sexual minority refugees in sexual and gender-based violence prevention and response programming.

2 Coordinate

- ◆ **Build robust referral mechanisms** for older, disabled, male and sexual minority refugee survivors of sexual and gender-based violence, including at SGBV Working Groups.
- ◆ **Encourage specialized NGOs** and refugee community leaders to share expertise.
- ◆ **Implement Standard Operating Procedures for sexual and gender-based violence services**, in coordination with other stakeholders; integrate older, disabled, male and sexual minority refugee survivors into existing services.

3 Engage

- ◆ **Involve refugee communities** in local, community-based responses to sexual and gender-based violence including against older, disabled, male and sexual minority refugees.
- ◆ **Encourage participation** of men and boys in sexual and gender-based violence prevention strategies.
- ◆ **Empower survivors** by holding separate consultations with older, disabled, male and sexual minority refugee survivors and supporting refugee-led support groups.

4 Identify

- ◆ **Open satellite offices and send staff to refugee neighborhoods** to identify older, disabled, male and sexual minority refugee survivors of sexual and gender-based violence.
- ◆ **Recruit refugee organizers** to help identify and refer older, disabled, male and sexual minority refugee survivors of sexual and gender-based violence.

- ◆ Hire frontline staff and interpreters of diverse backgrounds, genders and ages to encourage older, disabled, male and sexual minority refugee survivors of sexual and gender-based violence to disclose their experiences.

5 Accommodate

- ◆ Address the unique needs of older, disabled, male and sexual minority refugee survivors of sexual and gender-based violence and their family members with funding and programs to accommodate their access to shelter, medical, mental health and legal services, livelihood opportunities and social assistance:
 - **Safe shelter** – Provide rent subsidies that allow refugees and their families to self-select appropriate housing; fund shelters to expand bed capacity.
 - **Medical services** – Refer to free services or cover the costs of treatment and medications prescribed by medical professionals trained to treat the consequences of sexual and gender-based violence, including surgery for male survivors of rape and provision of reproductive health services and information to refugee women.
 - **Mental health services** – Facilitate access to free services or cover the costs of treatment and medications prescribed by mental health professionals trained to respond to the psychological consequences of sexual and gender-based violence.
 - **Legal aid** – Refer to free legal services or cover the costs of legal professionals to pursue cases related to sexual and gender-based violence and help navigate asylum procedures; distribute public legal information in relevant refugee languages.
 - **Livelihood opportunities** – Support vocational training, microfinance programs, income-generating projects and refugee businesses and agriculture, especially for older, disabled and gender nonconforming refugees; conduct outreach to potential employers.

Recommendations for Donors

To address the triple jeopardy of vulnerable refugee survivors of sexual and gender-based violence, donors should prioritize funding for these six Key Recommendations to government agencies, UNHCR offices and refugee-serving NGOs.

Donors should also require that grantees:

- ◆ **Explicitly integrate** older, disabled, male and sexual minority refugee survivors into proposals on sexual and gender-based violence prevention and response services, and in the tools used to monitor and evaluate these services.
 - ◆ **Establish and enforce policies** prohibiting discrimination on the basis of age, gender, disability, sexual orientation and gender identity.
 - **Social assistance** – Offer food and nonfood items with a focus on the emergency needs of refugees at risk of being trafficked or resorting to survival sex work or exploitative relationships to survive.
 - ◆ **Modify facilities and services** to ensure access by refugee survivors with physical or mental disabilities; provide mobility aids, personal guides and travel subsidies; build ramps and accessible restrooms; offer sign language interpretation and information in Braille.
- ## 6 Measure
- ◆ **Collect data** on the number of older, disabled, male and sexual minority refugee survivors of sexual and gender-based violence served; disaggregate data by age group, type of impairment, sexual orientation and gender identity.
 - ◆ **Establish and update monitoring and evaluation tools** of violence prevention and response programs on sexual and gender-based violence to include an examination of impact on older, disabled, male and sexual minority refugees.

SPECIFIC RECOMMENDATIONS

To respond to the triple jeopardy of sexual and gender-based violence faced by older, disabled, male and sexual minority refugees, governments, UNHCR, NGOs and refugee communities should take additional actions in their laws, policies and procedures, described in these Specific Recommendations.

TO GOVERNMENTS

Law

- ◆ Enact laws that uphold the basic rights of all refugees, including older people, people with disabilities, male sexual and gender-based violence survivors and sexual minorities, in the areas of employment, housing, education and medical and social services.
- ◆ Refrain from enacting laws or polices that restrict the rights of refugees, including those that limit residence, movement, property, work rights, access to services or asylum procedures.
- ◆ Refrain from enacting laws or policies that criminalize sexual minority identities, “homosexual acts” or the provision of services by civil society organizations to sexual minorities.

Policies

- ◆ Develop national strategies to prevent and respond to sexual and gender-based violence that include older, disabled, male and sexual minority refugee survivors.
- ◆ Implement and enforce policies prohibiting xenophobic, homophobic and transphobic acts by police and other government officials serving refugees.
- ◆ Investigate and sanction government officials who engage in physical or sexual violence against older, disabled, male or sexual minority refugees.
- ◆ Ensure access to courts by at-risk refugees seeking redress for sexual and gender-based violence, particularly older women and women with

disabilities in countries where traditional forms of justice dominate.

Procedures

- ◆ Expedite the registration and claim evaluation processing of at-risk refugee survivors of sexual and gender-based violence.
- ◆ Open satellite offices to accommodate asylum registration or immigration status renewal by older and disabled refugees.
- ◆ Resource and train:
 - Border authorities and registration staff to identify sexual and gender-based violence survivors or those at high risk.
 - Police to investigate complaints of sexual and gender-based violence by at-risk refugees, including older, disabled, male and sexual minority survivors.
 - Judges in national and traditional conflict resolution bodies to effectively adjudicate complaints of sexual and gender-based violence with attention to the rights of at-risk refugees.
 - Asylum authorities on sensitive techniques for interviewing and evaluating claims of at-risk survivors of sexual and gender-based violence.

TO UNHCR

Policies

- ◆ Continue to support research and issue guidance on good practices in global sexual and gender-based violence prevention and response to increase protection and expand the rights of older, disabled, male and sexual minority refugee survivors.
- ◆ Ensure that Implementing Partners offering sexual and gender-based violence programming understand and comply with the obligation to serve and protect older, disabled, male and sexual minority refugee survivors.
- ◆ Update the *Age Gender and Diversity (AGD) Participatory Assessment Tool* and *Heightened Risk Identification Tool* to probe issues relevant

to older, disabled, male and sexual minority refugee survivors, including access to protective services, vulnerability to survival sex, potential for violence in host communities or by police and the consequences of sexual violence against male and gender nonconforming refugees.

involving sexual violence against men and boys, particularly in countries that criminalize homosexuality.

- **Interpreters** on good practices for engaging with survivors of sexual and gender-based violence, including older, disabled, male and sexual minority refugees; train diverse interpreters recruited to meet refugee needs or preferences, including sign language interpreters.

Procedures

- ◆ **Initiate or expand sexual and gender-based violence Working Groups** to all field operations by drawing together Implementing Partners, specialized NGOs, government agencies and refugee communities, and by integrating older, disabled, male and sexual minority refugee survivors into action plans and referral mechanisms.
- ◆ **Recruit specialized NGOs as Implementing Partners** to provide services to older, disabled, male and sexual minority refugee survivors of sexual and gender-based violence.
- ◆ **Expedite processing**, including registration, protection referrals, refugee status determination and resettlement referrals for at-risk older, disabled, male and sexual minority refugee survivors of sexual and gender-based violence and their family members and dependents.
- ◆ **Conduct parallel mandate refugee status determination** for refugee claims based on sexual orientation or gender identity in all countries that criminalize homosexuality or deeply stigmatize sexual minority identities.
- ◆ **Resource and train:**
 - **Registration, protection and community services staff** on the identification of and specific vulnerabilities of older, disabled, male and sexual minority refugee survivors of sexual and gender-based violence.
 - **Refugee status determination staff** on sensitive techniques for interviewing and evaluating asylum claims of at-risk refugee survivors of sexual and gender-based violence; provide specific training on evaluating claims based on sexual orientation, gender identity or

TO CIVIL SOCIETY

UNHCR Implementing Partners and other Refugee-Serving NGOs

- ◆ **Empower refugee survivors of sexual and gender-based violence**, including older, disabled, male and sexual minority survivors; consult them regularly to identify and monitor key protection gaps.
- ◆ **Facilitate access to holistic community- and rights-based solutions** for at-risk refugee survivors of sexual and gender-based violence.
- ◆ **Distribute information to refugees** on legal, medical, mental health and social services available to survivors of sexual and gender-based violence in all relevant refugee languages and in Braille.
- ◆ **Explicitly include family members and dependents** of older, disabled, male and sexual minority refugee survivors in protection strategies, including safe shelter, medical and mental health services, legal aid, livelihood, social assistance and durable solutions.

Specialized NGOs

- ◆ **Expand organizational focus** to include both nationals and refugees who are older people, people with disabilities, male survivors of sexual violence and sexual minorities.
- ◆ **Coordinate with refugee stakeholders** by providing training, becoming Implementing Partners of UNHCR or joining Working Groups serving at-risk refugee survivors of sexual and gender-based violence.

Refugee Communities

- ◆ **Raise community awareness** about sexual and gender-based violence, including against older, disabled, male and sexual minority refugees.
- ◆ **Connect with UNHCR, refugee-serving and specialized NGOs** to address the needs of at-risk populations, and to integrate action plans and referral mechanisms for older, disabled, male and sexual minority refugees and families affected by sexual and gender-based violence.

CONCLUSION

Older, disabled, male and sexual minority refugee survivors have for too long endured a culture of silence around their exposure to sexual and gender-based violence. Triply marginalized as foreign citizens, members of stigmatized groups and as survivors of sexual and gender-based violence, few gain meaningful or sustained access to the protection and justice they deserve. Stakeholders in government, UNHCR, civil society and refugee communities can help reduce the barriers faced by these at-risk refugee survivors by taking steps to implement our recommendations to: [train](#) staff, [coordinate](#) services, [engage](#) refugees in prevention and support, [identify](#) survivors, [accommodate](#) survivors' unique needs and [measure](#) disaggregated data to assess program impact on at-risk refugees. We are hopeful that the insights and tools in this report can be applied well beyond the countries examined, informing worldwide sexual and gender-based violence prevention and response programming.

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RESEARCH

Appendix 1: Tables

Table 1: Participating Refugees from Target Refugee Populations

Location	Older Refugees	Refugees with Disabilities	Male Survivors (Men/Boys)	Sexual Minorities ¹¹⁹	Total	Total by Countries of Origin
Chad	12	10	9 (7/2)		31	DRC 45 Sudan 31 Somalia 13 Rwanda 6 Uganda 5 Burundi 4 Zimbabwe 4 Ethiopia 2 Eritrea 1 Lesotho 1 Malawi 1 Tanzania 1 Zambia 1
Kenya	8	4	10 (7/3)		28	
South Africa	5	6	5 (3/2)		25	
Uganda	7	7	9 (5/4)		31	
Total	32	27	33 (22/11)	23	115	

Table 2: Participating Organizational Stakeholders

Location	UNHCR	UNHCR IPs	Non-IPs	Government	Total
Chad	7	10	12	4	33
Kenya	5	8	5	3	21
South Africa	5	9	12	2	28
Uganda	2	5	9	4	20
Total	19	32	38	13	102

Table 4: Participating Older Refugees

Country	Number Interviewed	Men	Women	Average Age	Total by Countries of Origin
Chad	12	10	2	65	Sudan 12
Kenya	8	-	8	50	DRC 5 Somalia 2 Ethiopia 1
South Africa	5	1	4	54	DRC 3 Somalia 1 Zimbabwe 1
Uganda	7	3	4	59	DRC 3 Rwanda 3 Somalia 1
Total	32	14	18	58	Sudan 12 DRC 11 Somalia 4 Rwanda 3 Ethiopia 1 Zimbabwe 1

Table 5: Participating Refugees with Disabilities

Location	Number Interviewed	Men	Women	Average Age	Total by Countries of Origin
Chad	10	2	8	42	Sudan 10
Kenya	4	2	2	24	DRC 3 Somalia 1
South Africa	6	2	4	35	DRC 2 Somalia 2 Uganda 1 Zimbabwe 1
Uganda	7	3	4	30	Somalia 5 DRC 2
Total	27	9	18	36	Sudan 10 Somalia 8 DRC 7 Uganda 1 Zimbabwe 1

Table 6: Participating Male Survivors

Location	Total Interviewed	Men	Average Age of Men	Boys' Guardians Interviewed	Average Age of Boys	Total by Countries of Origin
Chad	9	7	39	2	12.5	Sudan 9
Kenya	10	7	27	3	14	DRC 8 Eritrea 1 Somalia 1
South Africa	5	3	40	2	13.5	Rwanda 2 DRC 1 Lesotho 1 Zimbabwe 1
Uganda	9	5	23.5	4	13	DRC 7 Burundi 1 Ethiopia 1
Total	33	22	31.5	11	13	DRC 16 Sudan 9 Rwanda 2 Burundi 1 Eritrea 1 Ethiopia 1 Lesotho 1 Somalia 1 Zimbabwe 1

Table 7: Participating Sexual Minority Refugees

Number Interviewed	Lesbian	Gay	Transgender	Intersex	Average Age	Total by Countries of Origin
23	5	11	5	2	30	DRC 11 Uganda 4 Burundi 3 Malawi 1 Rwanda 1 Tanzania 1 Zambia 1 Zimbabwe 1

Appendix 2: List of Organizations Interviewed

Chad: *Association pour la Promotion des Libertés Fondamentales au Tchad, Commission Nationale d'Accueil des Réfugiés et des Retournés, Détachement pour la Protection des Humanitaires et des Réfugiés,* HIAS Chad, International Rescue Committee, UNHCR, Refugee Committees.

Kenya: Danish Refugee Council, Department of Refugee Affairs, Eastleigh Council, Gay and Lesbian Coalition of Kenya, Handicap International, HelpAge International, HIAS Refugee Trust of Kenya, Kitou Cha Sheria, MENGEN, MFAT Children's Home, National Council of Churches of Kenya, RefugePoint, Refugee Consortium of Kenya, UNHCR.

South Africa: Adonis Musati, Agency for Refugee Education Skills Training and Advocacy, Bienevenue Shelter, Cape Town Refugee Centre, Centre for the Study of Violence and Reconciliation, Consortium for Refugees and Migrants in South Africa, Department of Social Development, Future Families, Gender DynamiX, Health for Men, International Gay and Lesbian Human Rights Commission, Jesuit Refugee Service, Lawyers for Human Rights, PASSOP, People Opposing Women Abuse, Refugee Social Services, Sonke Gender Justice, the Triangle Project, UNHCR.

Uganda: ActionAid, Africa Centre for the Treatment and Rehabilitation of Victims of Torture, Bondeko Centre, HelpAge International, HIAS Uganda, InterAid, Jesuit Refugee Service, Ministry of Gender, Mulago Hospital, N'tinda Doctors, Office of the Prime Minister, Pan African Development Education and Advocacy Programme, Refugee and Hope, Refugee Law Project, REHORE, UNHCR, US Embassy.

NOTES

- 1 *Convention Relating to the Status of Refugees.* (1951). Geneva: United Nations.
- 2 *Convention Governing the Specific Aspects of Refugee Problems in Africa.* (1969). Addis Ababa: United Nations.
- 3 United Nations High Commissioner for Refugees. (2011). *Action against Sexual and Gender-Based Violence: An Updated Strategy.* <http://www.refworld.org/docid/4e01ffeb2.html>.
- 4 US Agency for International Development. (2011). *Strategy to Prevent and Respond to Gender-Based Violence Globally.* http://www.usaid.gov/sites/default/files/documents/2155/GBV_Factsheet.pdf.
- 5 Volker Turk, Director of International Protection of UNHCR, said in July 2014, "We will also continue to increase efforts to support specific groups and individuals who are sometimes overlooked, such as men and boy survivors, persons with disabilities, LGBTI persons of concern and persons engaged in survival sex." Volker Turk, Director of International Protection, UNHCR addressing the 60th Meeting of the Standing Committee (2014, July 1).
- 6 Efforts have been made by agencies working in Dadaab to train the elders and community leaders on the needs and vulnerabilities of survivors of SGBV and the requirement by law that the violations be reported to the police for investigation and prosecution. Changes in the attitudes of the community leaders have been slow, but they are beginning to appreciate the need to work with the agencies, police and judiciary to enhance prevention and response to SGBV that takes into account the needs and interests of survivors.
- 7 *Ibid.* 3. The SGBV Strategy outlines three areas to strengthen UNHCR's capacity to address SGBV: (1) data collection and analysis; (2) knowledge management and capacity-building; and (3) partnerships and coordination.
- 8 As of November 2014, the SGBV Manual was in its last stages of development by UNHCR. It was tested in collaboration with HIAS in Chad, Kenya, South Africa and Uganda in the first half of 2014.
- 9 Participants verbally provided informed consent for participation and recording. Consent forms were signed by the field researchers on their behalf, so as not to provide any identifiable information.
- 10 Strict confidentiality and security measures were taken to safeguard participants and research team members.
- 11 *The Anti-Homosexuality Act.* (2014). Kampala: The Republic of Uganda.
- 12 United Nations High Commissioner for Refugees. (2011). *State Parties to the 1951 Convention relating to the Status of Refugees and the 1967 Protocol.* <http://www.unhcr.org/3b66c2aa10.html>; United Nations High Commissioner for

Refugees. (2006). *State Parties to the Convention Governing the Specific Aspects of Refugee Problems in Africa*. <http://www.refworld.org/docid/3ae6b36018.html>.

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15 Chad ratified October 2, 1990; Kenya ratified July 30, 1990; South Africa ratified June 16, 1995; and Uganda ratified August 17, 1990. *Convention on the Rights of the Child*. (1989). New York: United Nations.

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17 Chad, Kenya and Uganda area characterized by a low human development index, while South Africa demonstrates a medium HDI. United Nations Development Programme. (2014). *Human Development Index*. <http://www.undp.org/content/undp/en/home/librarypage/hdr/2014-human-development-report/>.

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20 See December 2014 total, less returnee arrivals. United Nations High Commissioner for Refugees. (2014). *UNHCR Country Operations Profile Kenya: Statistical Snapshot*. <http://www.unhcr.org/pages/49e483a16.html>.

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22 See December 2014 total, less returnee arrivals. United Nations High Commissioner for Refugees. (2014). *UNHCR Country Operations Profile Uganda: Statistical Snapshot*. <http://www.unhcr.org/pages/49e483c06.html>.

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25 In order to ensure this protection and provide the daily assistance, six NGOs work as Implementing Partners of UNHCR in the camps. These IPs are HIAS, IRC, *Association pour la Protection des Libertés Fondamentales au Tchad*, Lutheran World Federation, Christian Outreach-Relief and Development, Refugee Education Trust and the Chadian Red Cross. Camp security is ensured by *Détachement pour la Protection des Humanitaires et des Réfugiés*.

26 *Ibid.* 13, 14, 15 and 16. In addition, Chad ratified the Rome Statute of the International Criminal Court on November 1, 2006 and as a member of the UN General Assembly is required to observe the resolutions of the Security Council of the UN, which are binding. See also, *Rome Statute of the International Criminal Court*. (1998). New York: United Nations.

27 *Ibid.* 16.

28 These rely on the French Civil Code of 1958 and the Penal Code of 1967. Forced marriage and sexual assault, however, are explicitly prohibited in a law adopted in 2002. *Cf.* Civil Code of 1958, Book I, Title V and Title I of Book III relating to marriage, divorce and succession contain provisions that guarantee and protect the rights of women in general and criminalize SGBV especially relating to forced marriage (*cf.* 144, 146 and 147). Provisions protecting these freedoms also exist in the Chadian Criminal Code.

29 Figures provided by UNHCR Hadjer Hadid and are not disaggregated by age or sex of the survivors.

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32 Statistics as of October 2014 indicate the total number of registered Somali refugees in Kenya to stand at 423,418. As of June 2014, the other refugee population groups in Kenya are as follows: South Sudan - 63,211; Ethiopia - 30,114; DRC - 15,223; Sudan - 8,726; Uganda - 1,164; others - 3,300. United Nations High Commissioner for Refugees. (2014). *Information Sharing Portal - Refugees in the Horn of Africa: Somali Displacement Crisis*. <http://data.unhcr.org/horn-of-africa/country.php?id=110>; United Nations High Commissioner for Refugees. (2014). *Kenya Comprehensive Refugee Programme -2014*. <http://reliefweb.int/report/kenya/kenya-comprehensiverefugee-programme>.

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34 United Nations High Commissioner for Refugees. (2014). *Kenya Comprehensive Refugee Programme - 2014*. <http://reliefweb.int/report/kenya/kenya-comprehensive-refugee-programme>.

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High Commissioner for Refugees. (2014). *Refugees in the Horn of Africa: Somali Displacement Crisis Information Sharing Portal*. <http://data.unhcr.org/horn-of-africa/region.php?id=3&country=110#>.

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52 *Ibid.* 17.

53 Between 2008 and 2010, South Africa was the leading country in asylum applications worldwide. UNHCR Statistical Yearbook 2009, 2010, 2011.

54 *Ibid.* 22.

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56 In addition to international refugee protection instruments, refugee protection in South Africa is guided by the Refugees Act (No. 130 of 1998) and its 2011 amendment, the Basic Agreement between the Government of South Africa and the UNHCR (1993), and the Immigration Act (No. 13 of 2002), and its 2004 amendment.

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marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language and birth.”

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101 Interview with disabled refugee girl. (2014, April 18). Bredjing, Chad.

102 Interview with service provider. (2014, February 28). South Africa.

103 United Nations High Commissioner for Refugees Executive Committee. (2011). *Conclusion on Refugees with Disabilities and Other Persons with Disabilities Protected and Assisted by UNHCR*. <http://www.unhcr.org/4cbeb1a99.html>.

104 Maedl, A. (2011). Rape as Weapon of War in the Eastern DRC? The Victims' Perspective. *Human Rights Quarterly* 33(1), 128-147. <http://dx.doi.org/10.1353/hrq.2011.0005>; Steiner, B., Benner, M., Sondorp, E., Schmitz, P., Mesmer, U., & Rosenberger, S. (2009). Sexual Violence in the Protracted Conflict of DRC Programming for Rape Survivors in South Kivu. *Journal of Conflict and Health* 3(3), 1-9. <http://www.biomedcentral.com/content/pdf/1752-1505-3-3.pdf>; Johnson, K., Scott, J., Rughita, B., Kisielewski, M., Asher, J., Ong, R., & Lawry, L. (2010). Association of Sexual Violence and Human Rights Violations with Physical and Mental Health in Territories of the Eastern Democratic Republic of the Congo. *Journal of the American Medical Association*, 304(5), 553-562. <http://dx.doi.org/10.1001/jama.2010.1086>.

105 The *Banyamulenge* are an ethnic Tutsi community who for some 200 years have lived in the South Kivu region of eastern DRC. Sometimes called "Tutsi Congolese," they have been at the center of a number of recent wars in the country, and at one time were stripped of Congolese citizenship due to their links to Rwanda. Many have fled the DRC to neighboring countries due to persecution.

106 Refugee Law Project. (2013). *Promoting Accountability for Conflict-Related Sexual Violence Against Men: A Comparative Legal Analysis of International and Domestic Laws Relating to IDP and Refugee Men in Uganda*. http://www.refugeelawproject.org/files/working_papers/RLP.WP24.pdf. See also, Refugee Law Project. (2008). *Gender Against Men* [film]. Uganda. <http://www.forcedmigration.org/podcasts-videos-photos/video/gender-against-men>.

107 *Ibid.* 106. See Refugee Law Project report.

108 Cleavear, F. (Ed). (2002). *Masculinities Matter!: Men, Gender and Development*. Zed Books, London.

109 The majority of the 19 Congolese men and boy survivors of SGBV interviewed are *Banyamulenge*.

110 *Ibid.* 106. See Refugee Law Project report.

111 Interview with female SGBV NGO assistant. (2014, March 29). Hadjer Hadid, Chad.

112 *Ibid.* 106. See Refugee Law Project film.

113 Definitions for sexual minority identities are drawn from the Yogyakarta Principles on the Application of International Human Rights Law in Relation to Sexual Orientation and Gender Identity, March 2007, available at: http://www.yogyakartaprinciples.org/principles_en.htm. **Sexual Minority**: An umbrella term for LGBTI and other gender non-conforming people. Note that "LGBTI" is not used in every context. Many sexual minority refugees do not understand these categories or identify as we might expect. **Lesbian**: A woman whose enduring physical, romantic and/or emotional attraction is to other women. "WSW" refers to women who have sex with women. **Gay**: A man whose enduring physical, romantic and/or emotional attraction is to other men. Colloquially, "gay" refers to gay men and lesbians. It replaces "homosexual" which many now consider derogatory. "MSM" refers to men who have sex with men. **Bisexual**: A man or woman who is physically, romantically and/or emotionally attracted to both men and women. Many bisexual people live their entire lives attracted to both men and women and have intimate relationships with both. **Transgender**: An umbrella term for people whose gender identity and/or expression differs from the sex assigned at birth (also: "trans"), including: transsexuals, cross-dressers, and other gender nonconforming people. A "transgender woman" is someone born male, but who identifies as a woman. A "transgender man" is someone born female, but who identifies as a man. Transgender people may also identify as one gender (i.e., as male or female, rather than as "trans") and reject the term "transgender" altogether. **Intersex**: Reproductive, sexual anatomy and/or chromosome pattern that does not fit typical definitions of male or female. An intersex person usually identifies with one gender and

sexual orientation. **Gender Identity:** Each person's deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth, including the personal sense of the body (which may involve, if freely chosen, modification of bodily appearance or function by medical, surgical or other means) and other expressions of gender, including dress, speech and mannerisms. **Sexual Orientation:** Each person's capacity for profound emotional, affectional and sexual attraction to, and intimate and sexual relations with, individuals of a different gender or the same gender or more than one gender.

114 The locations of interviews with service providers and refugees have been redacted to mitigate the risk that disclosure of location may pose.

115 Ouspenski, A. (2013). We Fight More Than We Sleep: Shelter Access by Transgender Individuals in Cape Town, South Africa. *Gender Dynamix*. <http://www.genderdynamix.org.za/documents/we-fight-more-than-we-sleep-shelter-access-by-transgender-individuals-in-cape-town-south-africa/>.

116 UNHCR has conducted capacity building and awareness raising among registration staff, especially through the use of the UNHCR's Guideline No. 9 on International Protection: Claims to Refugee Status based on Sexual Orientation and/or Gender Identity within the context of Article 1A (2) of the 1951 Convention and/or its 1967 Protocol relating to the Status of Refugees. United Nations High Commissioner for Refugees. (2012). *Guidelines on International Protection No. 9*. HCR/GIP/12/09 <http://www.refworld.org/pdfid/50348afc2.pdf>.

117 Among other vulnerabilities identified by existing studies include the high level of early surgery of intersex children residing in townships as well as the lack of involvement of children in the choice of their sex made by parents before surgery. See Rebelo, E., Szabo, C., & Pitcher, G. (2008). Gender Assignment Surgery on Children with Disorders of Sex Development: A Case Report and Discussion from South Africa. *Journal of Child Health Care* 12(1). 49-59. <http://dx.doi.org/10.1177/1367493507085618>. Intersex refugees and their families also sought information about issues pertaining to the development of their bodies, choice and capacity to decide what sex to select. Interview with service provider. (2014, April 15). Cape Town, South Africa.

118 More information is available at <http://www.cormsa.org.za/hate-crimes>.

119 Locations excluded to protect the identity of those interviewed.

