



Protection Workbook

September 2021

Sexual Orientation, Gender Identity, Gender Expression and Sex Characteristics (SOGIESC)
in Forced Displacement and Migration



CONTACT INFORMATION

IOM: Global LGBTIQ+ / SOGIESC Focal Point LGBTIFocalPoint@iom.int

UNHCR: Community-Based Protection, Division of International Protection hqts00@unhcr.org

TABLE OF CONTENTS

Protection Learner Workbook

MODULE TEN – PROTECTION

Risk Points Assessment Persons of Concern Profiles	7
Risk Points Assessment Worksheet	10
Sample Risk Points in Key Challenge Areas	12
Protection Responses Scenarios	19
Protection Responses Worksheet	20
Potential Solutions for Key Challenge Areas	22
Building Service Networks Worksheet	25
Action Plan Worksheet	28

MODULE ELEVEN – ASSESING PROTECTION NEEDS

Case Study Assessments	33
------------------------	----

MODULE TWELVE – SOLUTIONS

Considering Voluntary Repatriation	41
Considering Resettlement: Amal	43
Considering Resettlement: Nur	45
Utilizing the Resettlement Assessment Tool – Country Facts	47

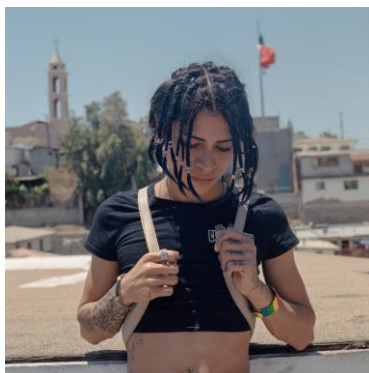
CONTINUED LEARNING

Recommended Reading	48
---------------------	----

NOTES	53
-------	----

WELCOME

Introduction Note



Migrants, asylum-seekers, refugees, and stateless and internally displaced people – or people on the move – who have diverse sexual orientations, gender identities, gender expressions and sex characteristics (SOGIESC) face a **complex array of challenges and threats** in their countries of origin, migration and asylum, including discrimination, prejudice, violence and difficulty accessing assistance. Efforts to improve the protection of people with diverse SOGIESC are gaining increasing attention and support from States and the broader humanitarian and human rights community.

At UNHCR, such **efforts have included** expert global capacity assessment surveys and consultations with staff, operational partners and lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ+) people of concern, as well as the development of guidelines, strategic messaging from UNHCR senior leadership, and mainstreaming LGBTIQ+ issues in mandatory learning programmes. At **IOM**, such efforts have included training programmes, safe space campaigns and the inclusion of SOGIESC considerations in a wide range of projects assisting vulnerable migrants. **UNHCR and IOM** are committed to protecting the rights of people with diverse SOGIESC and intend to continue generating buy-in and building capacity.

Despite **significant activity**, discrimination against people with diverse SOGIESC is still endemic. Their protection needs often go unmet. A serious gap remains regarding the specific vulnerabilities of people with diverse SOGIESC in countries of origin, transit, migration and asylum. Furthermore, not all personnel are conscious of their own preconceptions or discriminatory attitudes about sexual orientation, gender identity, gender expression and bodily diversity. Therefore, quality training is essential for everyone involved in protection or delivering assistance.

UNHCR and IOM have **jointly developed** this comprehensive training package on the protection of people with diverse SOGIESC for personnel as well as the broader humanitarian community. The training's modules cover a wide variety of topics, including terminology, international law, communication, protection, assisted voluntary return and reintegration (AVRR) and Refugee Status Determination (RSD), all with a focus on practical guidance for UNHCR and IOM offices and partner organizations. We welcome you to the training, and hope it enriches and informs your work.

Intended Outcomes of the Training

- Assist personnel in facilitating effective and respectful interactions and interviews with people with diverse SOGIESC, and eliciting relevant information in an effective way that preserves dignity and humanity, by: encouraging the use of respectful terminology; discussing the unique protection challenges people with diverse SOGIESC face; identifying appropriate prevention, mitigation and response actions to address challenges; reviewing potential scenarios specific to people with diverse SOGIESC in a variety of locations; and encouraging personnel to conduct local situational analysis of LGBTIQ+ protection principles as set forth by UNHCR and IOM.
- Identify problematic assumptions that may impact the provision of effective assistance.
- Ensure that personnel across functions have the necessary knowledge and competencies to assess the international protection needs of people with diverse SOGIESC in accordance with international standards.

Anticipated Long-term Impacts of the Training

- UNHCR, IOM and partner offices are rendered safe and welcoming spaces for people with diverse SOGIESC.
- Learners are aware of the rationale and responsibility to protect people with diverse SOGIESC, including those fleeing persecution on the basis of their SOGIESC and those in countries of asylum and migration.
- Learners are sensitized to the specific issues related to the protection of people with diverse SOGIESC and are able to identify and address them in partnership with those individuals.
- Learners acquire tools to assess and implement targeted interventions with people with diverse SOGIESC, including assessing LGBTIQ+ claims in accordance with UNHCR's policies and guidelines and collaborating effectively with LGBTIQ+ support and advocacy actors.



MODULE 10

PROTECTION

Edafe

After being attacked by a mob in his home country of Nigeria, Edafe had been an activist for LGBTIQ+ rights in Nigeria, where the LGBTIQ+ people face violence, persecution and the threat of imprisonment.

When Edafe arrived in the United States, he notes that it was the kindness of strangers that helped him survive. Once he was settled, Edafe wanted to make sure that other LGBTIQ+ refugees and asylum seekers in the U.S. would receive the same kindness and support that he had.

In 2017, Edafe opened RDJ Refugee Shelter, the first shelter for LGBTIQ+ refugees and asylum-seekers in New York City. To this day, they have supported more than 2,000 individuals through housing resources, legal support, job readiness training, English language classes and psychosocial support.

"Especially as a displaced person, community makes you feel at home," Edafe explains. "Community is the bedrock of [LGBTIQ+ refugees'] integration in a new country."



MODULE 10 EXERCISE



Risk Points and Barriers Assessment

Read the profile assigned to your team, then identify the top risk point and top barrier for your individual(s) in each of the ten key challenge areas using the Worksheet. Refer to the guidance that follows the worksheet for ideas. When formulating the top risk points and barriers, consider how some programmatic interventions, protection tools and mechanisms, especially when poorly designed, could place your individual at risk.

Profile #1: Ava

Ava is 62 years old. When she was 18, she got married. She and her husband were married for more than fifteen years, but Ava was unable to bear children, and he divorced her as a result. Due to her age and the economic needs of her family, they did not pressure her to marry again. Ava found a job working at a health clinic. It was there she met Laila more than 25 years ago. At that time, Laila was in her early 20s and married with three children. Ava and Laila were careful to conceal their relationship since they knew they could be gravely harmed. Despite their precautions, Ava's brother discovered her and Laila together. He threatened to report her to the police. He also told Laila's husband about the relationship. Ava and Laila fled, leaving Laila's children behind.

A sympathetic colleague put them in touch with a women's group in a large city in another province. Ava obtained a job at a local clinic, and they were able to establish a household together there. A number of years later, there was an earthquake that devastated the city. The women's organization Laila and Ava had relied on for support was destroyed. Feeling too vulnerable as single women to remain in the city, and unable to return to their village, Ava and Laila crossed the border into the country of asylum and sought assistance there.

Since arriving, Ava and Laila have had difficulty finding work, and Laila has engaged in survival sex work. It is a rural area with many individuals from their country of origin who were displaced either by the earthquake or a tribal conflict in the region. They have told everyone they are aunt and niece, but fear being exposed.

Profile #2: Anwar

Anwar lives in an urban area and has isolated himself from others, including those from his country of origin, due to the fear they will persecute him. He maintains a low profile. He avoids going out during the day, if possible, and avoids crowded public areas where people may see him. He prefers to go out in the evenings and do his shopping when markets are less crowded and he can maintain his anonymity.

Anwar does not have friends or family members in the county of asylum. He has recently approached assistance organizations because his savings are running out, and he does not have a legal work permit.

Anwar fled his country of origin after being detained and severely abused by the police. The incident occurred because Anwar confessed to his wife that he had been in a long-term relationship with a man. She suspected he was having an affair for some time, and after reading text messages on his phone confronted him. He hoped she might be sympathetic so confided in her. Instead, she reported him and his partner to the local police station. After she reported him, the police arrested Anwar and his partner and detained them for several weeks. Anwar's wife told her family he was arrested because he had been abusing her.

During his detention, Anwar suffered both physical and sexual violence. Eventually, friends paid his bail and, after his release, Anwar emptied his bank account and fled the country. As he was leaving, he received threatening text messages from his wife's family. Since his arrival, he's had no contact with them or his partner.

Profile #3: Mia

Mia is a 24-year-old bisexual woman who was displaced eight months ago. Mia's mother died when she was born and her father remains in the country of origin. She has no other relatives or close friends in the country of asylum. Mia lives with three young single women in an urban area that is primarily populated by migrants and asylum-seekers from the region. She was placed in the housing with the young women through a service provider and does not know them well.

Prior to her flight, Mia was severely injured in an attack against her and her female partner by members of the community. Her partner was killed. Friends later helped Mia flee the country. As a result of her injuries, Mia now has severe mobility issues and requires assistance walking. She subsists on assistance from an organization for asylum-seekers with disabilities, but the assistance is limited, and Mia often must rely on sympathetic neighbors and friends in order to support herself throughout the month.

Mia has avoided discussing her relationships with women or her partner due to her fear of discrimination or violence from service providers, housemates, neighbors and community members. She also fears that if she discloses the reason she fled her country of origin, she will stop receiving assistance. Prior to the attack, Mia had experienced a number of other issues in her country of origin related to her perceived and real sexual orientation, including harassment and violence. She is currently seeking asylum.

Profile #4: Jack

Jack is a 28-year-old transgender man. He moved to the country of asylum as a labor migrant in his early 20s. At that time, Jack had the gender expression of female and used the name that was assigned to him at birth, Shreeni. His official documents, including a national ID card, visa and passport, list this name.

Jack experienced a wide range of issues related to his gender identity while growing up, including violence at home and in school. Due to bullying from students and extended periods of drug use, Jack dropped out of school at age 14. His parents later asked him to leave the house. He subsequently moved to the capital city in order to look for work. Later, he decided to move abroad to work as a domestic helper.

After several years in the country of asylum, Jack decided to quit his domestic job and transition to male. He accessed hormones through the black market, transitioned his gender expression to male and moved to temporary housing in a city with other transgender migrants. In order to support himself, Jack began working in the informal economy, mostly doing construction. After transitioning, Jack determined he was unable to return to his country of origin and applied for asylum. Soon after, he was detained at a police checkpoint for lacking proper identification, since his past employer had kept his passport. Jack is currently in detention for working illegally in the country and is facing deportation. He is being denied access to hormones and the sanitary supplies that are furnished to female detainees.

Profile #5: Sarah

Sarah is a 22-year-old transgender woman. When she was 21, she left her community due to ongoing political conflict. She was already living apart from her family at the time she left and has not been in touch with them since. She fled with the two friends with whom she had been sharing an apartment, and together they moved into a makeshift camp. Sarah lost her documents when they fled their apartment and has not been able to return to retrieve them. They list her sex assigned at birth as male.

Prior to leaving her community and moving to the temporary camp, Sarah was taking hormones. She was easily able to obtain them from a pharmacy prior to fleeing, but now that she is living in a camp has more difficulty obtaining them. The nearest pharmacy does not have the hormones she needs, and the cost of travelling to the city to obtain them is prohibitive given her meager savings. She instead relies on the black market and many days has to skip doses.

Sarah and the other transgender women living in the camp experience regular food insecurity and do not have access to clean water or sanitation facilities. Because they largely do not have ID cards matching their gender expression, they have been unable to register for aid from government providers. They have been ignored by the international organizations who are assisting residents of other camps, and the little aid they receive is coming from sympathetic community members and one local women's organization. They have tried to elevate their situation to a nearby UN office by leaving messages with the security guards at the gate but have received no response. Based on the reactions they receive from the guards, they suspect their messages are not reaching the reception desk or relevant staff members. Some have suggested that they may need to camp outside the office gates of the UN office in order to have their voices heard.

Profile #6: Aden and Awo

Aden and Awo are ages five and seven, respectively. They are siblings and live in a camp with their parents, grandparents and three other siblings. Both children are intersex. Aden's birth certificate lists him as male and Awo's birth certificate lists her as female. The children have been raised to conform to those gender roles.

Aden and Awo's parents fled their country of origin before Aden was born. In their country of origin, they experienced discrimination from neighbors and community members who were aware that Awo was intersex. In their culture, children born intersex are viewed as having a severe disability. Families may hide the fact that children are intersex and, in extreme cases, place them in foster care or orphanages. For that reason, when Aden and Awo's parents fled the country due to violence related to a revolution, they moved to a different area of the asylum country than most individuals from their community.

After arriving in the country of asylum, Aden was born. The nurses at the clinic in the camp where he was delivered noted he was intersex and did not keep the information confidential. Therefore, it is widely known that the family has an intersex child, although neighbors do not know definitively which child. All members of the family face stigma and discrimination, both at home and in school. Aden and Awo's parents are afraid that the idle threats neighbors have made against them might one day be actualized.

MODULE 10 EXERCISE



Risk Points and Barriers Assessment Worksheet

#	Key Challenge Areas	Risk Points and Barriers
01	Participation and Outreach	
02	Individual Documentation	
03	Sexual and Gender-Based Violence	
04	Other Issues of Safety and Security	
05	Access to Justice	
06	Material Assistance	
07	Shelter and Sanitation	
08	Education	
09	Livelihoods	
10	Health	

MODULE 10 EXERCISE



Bonus Risk Points and Barriers Assessment Worksheet

#	How would the risk points and barriers change if the individual's diverse SOGIESC became publicly known?
01	
02	
03	
04	
05	
06	
07	
08	
09	
10	

MODULE 10 GUIDANCE



Sample Risk Points and Barriers in Key Challenge Areas



01: Participation and Outreach

Conditions at reception spaces – may discourage people with diverse SOGIESC from approaching UNHCR and partners to disclose information.

Staff – may be untrained and unprepared to assist people with diverse SOGIESC.

Humanitarian response efforts that require exposure to others – can result in exclusion of individuals who are isolated or invisible. Recall that active invisibility is sometimes a survival strategy for people with diverse SOGIESC.

Participatory assessments – may not be inclusive or accessible and may even place people with diverse SOGIESC at heightened risk.

Community centers, information centers, public meetings and other gathering places where information is shared – may not offer relevant information or assistance for people with diverse SOGIESC and may require them to risk exposure. Establishing contact and rapport with people with diverse SOGIESC can require time, patience and building trust with one or more people with diverse SOGIESC in order to gain contact with a broader group, to the extent that individuals have contact with one another.

Outreach structures, including those utilizing volunteers from the population of concern – can exclude or place people with diverse SOGIESC at risk.

Traditional leadership and representation structures – may exclude people with diverse SOGIESC, lack representatives who are people with diverse SOGIESC and may refrain from considering the priorities of people with diverse SOGIESC in decision making processes.

Health care providers – may not take past medical trauma, or the impact of negative experiences on their likelihood to seek care, into consideration when designing outreach for people with diverse SOGIESC.

02: Individual Documentation

At border crossings, other immigration points, security checkpoints, registration and reception centers and police stations, during census exercises, and in accessing legal status, asylum, humanitarian aid and services

– a lack of official documentation that matches one’s self-identified gender, or a lack of legal documentation of marriage or adoption, may lead to discrimination, separation, violence or exclusion.

A lack of legal status due to a lack of documentation – may limit access to police protection, housing, employment, medical care, mental health care and humanitarian assistance, leading to risky survival measures such as sex work.

Official documents listing a sex that does not match the individual’s gender identity – may lead to harassment and abuse by authorities and others, especially in spaces such as detention, but also for shelter assignments and non-food items allocations in camp/group reception settings (see #6).

Inappropriate registration processes that reveal sensitive information, involve officials who are not LGBTIQ+-sensitive or welcoming, or force individuals to wait in public queues – may place people with diverse SOGIESC at risk.

Registration and documentation forms – may exclude people by conflating sex and gender and limiting categories to male and female, or by not recognizing same-gender families.

Obtaining birth certificates for intersex babies – can lead to discrimination, stigma and violence.

In shelters, sanitation facilities and in detention – same-gender couples may be separated and facilities may not be appropriate for self-identified gender.

School enrollment classifications – may not align with self-identified gender, or may be a challenge due to a lack of proper birth registration documents.

During voluntary repatriation and resettlement, people with diverse SOGIESC – may not receive appropriate or necessary information and may face issues of family unity.

03: Gender-Based Violence

Family members, local community members, other refugees and asylum-seekers, educators, employers, reception center administrators and police and other authorities – are all potential perpetrators of sexual and gender-based violence against people with diverse SOGIESC. Within families, GBV may be accompanied by isolation, psychological abuse and forced marriages.

Survivors of GBV – may be rejected by their families, other migrants, refugees and asylum seekers, or by social institutions.

Where same-gender conduct is criminalized, or **other laws** are applied disproportionately, people with diverse SOGIESC – may face high rates of GBV due to impunity, especially if they are involved in sex work. A lack of police protection may, in many locations, increase the probability of GBV occurring.

In countries where LGBTIQ+ identities, relationships and behavior are highly stigmatized and negative attitudes against people with diverse SOGIESC and associated behavior are widespread, GBV – may also occur with impunity and people with diverse SOGIESC may be wary of approaching authorities for assistance, especially if local security forces are suspected of also perpetrating GBV.

Reporting mechanisms – may be limited, especially for survivors of sexual violence who are men, and represent a risk of exposure, discrimination or further violence, especially if clinical staff in public health facilities are required to report GBV cases to local authorities in places where consensual same-gender relations are criminalized.

In many places, there is no legal recourse for survivors of GBV due to the legal framework, access to documentation and police or judicial responsiveness.

Male survivors of GBV – may encounter barriers due to laws and the police defining GBV survivors as female. Safe shelters may not be available for transgender women or male survivors of GBV.

Detention and shelters – are particularly high-risk, especially for transgender individuals and individuals whose gender expression does not conform to prevailing social norms.

04: Other Issues of Safety and Security

Much like GBV, **family members, local community members, other refugees and asylum-seekers, educators, employers and police and other authorities** – are all potential perpetrators of threats to the physical, emotional and mental safety and security of people with diverse SOGIESC. Health care providers and aid workers may also present a risk.

Issues of safety and security – can include verbal, physical or sexual harassment, verbal or physical threats, social cleansing campaigns, extortion or blackmail, physical attacks, public exposure, outing to authority figures, friends or family members or public humiliation. Non-consensual disclosure of a person's personal information and other harassment can also occur through social media communications.

Border crossings, aid queues, centers, detention facilities and shelters – are high-risk locations due to the level of exposure to potential discrimination and violence people with diverse SOGIESC face. Borders present the additional risk of trafficking. Detention may result in abuse, harassment, isolation and/or extortion and offer no access to due process.

Survivors of violence – may be rejected by their families, other migrants, refugees and asylum seekers or by social institutions.

Where same-gender conduct is criminalized or other laws are applied disproportionately – people with diverse SOGIESC may face high rates of stigma, discrimination and violence due to impunity. They also face criminal penalties, and GBV survivors may be penalized.

In countries where LGBTIQ+ identities, relationships and behavior are highly stigmatized – violence directed against people with diverse SOGIESC within migrant, refugee, asylum seeker, internally displaced and crisis-affected communities may occur with impunity.

Reporting mechanisms, whether to security officials or aid agencies – may be limited and represent a risk of exposure, discrimination or further violence due to a lack of confidential spaces.

Survival – can require strategic invisibility on the part of people with diverse SOGIESC, which can limit a person's access to humanitarian assistance, health care, employment, education and dignified shelter.

05: Access to Justice

Formal justice mechanisms, including police stations, trials and other judicial processes – may limit access to or exclude people with diverse SOGIESC due to prejudice and stigma. People with diverse SOGIESC may also fear reporting the crimes that have been committed against them. Public outing is an invasion of the right to privacy and presents particular risks.

A lack of police protection in the country of asylum – may be due to entrenched social discrimination, a lack of training of police forces, discouragement of people with diverse SOGIESC from seeking assistance and other context-specific causes.

Informal justice mechanisms, such as community tribunals and village truth commissions – may discriminate against or exclude people with diverse SOGIESC, including in matters regarding child custody or best interest determinations for children.

Response mechanisms outside state authorities such as neighborhood watch teams and service providers – may also present a risk, especially if there is impunity in the society for stigma and violence against people with diverse SOGIESC.

Asylum – may be denied when officers are prejudiced, not trained to evaluate SOGIESC-based claims, have a lack of access to public information about the basis of SOGIESC claims, do not believe diverse SOGIESC constitutes membership in a particular social group, when people fear sharing or do not know they can disclose, and when individuals do not realize that their diverse SOGIESC may be relevant to their claim.

Detention – can impede access to asylum.

Criminal laws – may represent a barrier to effective and accessible justice.

06: Material Assistance

Distribution mechanisms, such as queues or general access hours – may put people with diverse SOGIESC at risk because they force them to be visible to others. Gender-based queues are particularly problematic and unsafe for individuals who have diverse gender expressions, including those who are transgender or non-binary.

Distribution criteria, including those defining who can access aid, how, when and why – may not recognize same-gender couples, thus excluding them from aid meant for families; may exclude transgender individuals who lack documentation that matches their gender expression; may fail to provide intersex people with appropriate medical supplies, as needed; and in some cases may exclude populations like single gay men. Distribution processes may make assumptions about what families, men and women look like and what items they need.

Discrimination by those managing the queues and aid distribution – may result in people with diverse SOGIESC being denied aid, issued less aid than other people or facing a humiliating or harmful experience if they attempt to access aid.

Contents of assistance packages may not be appropriate for some people with diverse SOGIESC – for instance, transgender men may need access to sanitary napkins and intersex individuals may need hormone replacement therapy, including if their internal reproductive organs have been removed as a part of “corrective” surgery.

07: Shelter and Sanitation

Neighbors, community members from the host and refugee and asylum-seeking communities and others sharing housing, such as roommates or housemates – may cause harm and lead to insecure housing and even homelessness.

Housing options – may be limited by income and family support.

Landlords – may refuse to rent to, exploit, or evict people with diverse SOGIESC.

Housing in camp and urban settings – may lack privacy, posing risks for all people with diverse SOGIESC, but especially same-gender couples, transgender and intersex people. Camp housing may not recognize same-gender families, resulting in separation.

Housing near other migrants, asylum-seekers or refugees – presents potential safety and security risks to people with diverse SOGIESC.

Housing away from other migrants, asylum-seekers or refugees – may be isolated and lack access to services and key LGBTIQ+-focused community resources.

In temporary housing, such as shelters – same-gender couples may be separated. Transgender individuals may not be welcome in gender-segregated shelters designed for predominantly cisgender and heterosexual residents.

Safe houses – may be attacked once their residents are identified as people with diverse SOGIESC and are not appropriate for long-term use.

Sex segregated sanitation facilities and shelters – may put transgender and intersex people at risk of humiliation, anxiety, GBV and physical and mental harm.

08: Education

Fellow students – may bully, harass, stigmatize and physically abuse youth who do not conform to expected roles or behavior in relation to gender or who experience atypical development during puberty (such as in the case of intersex youth).

Multiple studies have shown – that youth with diverse SOGIESC face higher rates of abuse in school than their non-LGBTIQ+ peers. They are more likely to be bullied, assaulted, socially ostracized, harassed and have their property stolen or damaged.

Hallways, gymnasiums, locker rooms, cafeterias, school yards and other locations where teachers may not be present – represent risk points for youth with diverse SOGIESC.

In classrooms, teachers and school administrators – may not be trained to assist youth with diverse SOGIESC or may bully, harass, stigmatize or physically abuse youth with diverse SOGIESC themselves.

Students with diverse SOGIESC have reported – that teachers and support staff do not interfere when they hear bias-based slurs or witness students with diverse SOGIESC being harassed by their classmates.

Gender binary schools, classrooms, toilets, activities, sports teams and dress codes – may limit access to or exclude transgender or intersex youth or categorize on the basis of documentation rather than self-identified gender.

Gendered dress codes – may be a particular source of stress for students who do not conform to mainstream expectations in relation to their gender identity or appearance.

School counselors and leaders – may not be trained to work with youth with diverse SOGIESC and may provide no mechanisms for youth with diverse SOGIESC to report harm.

Being a target of harassment and discrimination at school – has been shown to have negative consequences for students' health, which can lead to substance abuse, depression, suicidal ideation and lowered academic achievement, including increased absenteeism.

09: Livelihoods

Employers – may refuse to hire, discriminate against, abuse or summarily dismiss people with diverse SOGIESC on the basis of their SOGIESC or same-gender relationships due to entrenched social discrimination.

Colleagues, supervisors and human resources staff – may stigmatize, harass or abuse people with diverse SOGIESC. Sexual harassment may be of particular concern.

Sex work – may be the only option for some people with diverse SOGIESC, especially transgender women, who are unable to access work in the formal sector. It can pose particular risks, especially in relation to GBV, sexually transmitted infections (STIs) and exposure to airborne viruses such as SARS CoV-2 (COVID-19).

Informal work settings and arrangements – can lead to exploitation, including a lack of payment of wages, trafficking or sexual and physical violence. Transgender persons are at particular risk of being misgendered. In informal work settings that are industrial, they may be assigned to work inappropriate to their needs (manual labor for transmen and “feminized” work for trans women).

Livelihoods programmes – may not take into account the barriers to employment, needs or specific concerns of people with diverse SOGIESC, or may discount the inclusion of people with diverse SOGIESC entirely. Livelihoods programmes may not be appropriately targeted for the educational backgrounds, skills and capacities of migrants, refugees and asylum seekers with diverse SOGIESC.

A lack of documentation – can exclude people with diverse SOGIESC from legal employment or programmes that would assist them in accessing dignified livelihoods. This also includes access to opening bank accounts and other financial services.

10: Health

Health care centers and treatment options – may not provide appropriate, respectful or critical health care services to people with diverse SOGIESC.

Physical health needs – may be related to physical or sexual violence, hormone therapy, transition, HIV/AIDS, the health consequences of sex work or other health concerns.

Mental health needs – may be related to transition, social isolation or rejection, trauma, physical or sexual violence, depression, anxiety or other factors.

Hospitals and health care centers – may deny same-gender partners access to their ill or dying loved ones.

“Corrective” programmes or treatments, including surgeries and other interventions on intersex children – may be extremely damaging to health.

Health care providers, including doctors, nurses and support staff – may discriminate against people with diverse SOGIESC or represent threats to confidentiality. They may not be trained to work with people with diverse SOGIESC in a respectful way.

Referral pathways to mental health and psycho-social support programmes for people with diverse SOGIESC – may be limited or based on the misconception that being LGBTIQ+ is a mental health disorder.

Some services, such as HIV/AIDS treatment, clinical management of rape (CMR), hormone therapy and transition assistance – may be deeply stigmatized and result in humiliation or harm for people with diverse SOGIESC perceived to be in need of these services

Speaking to health care providers about LGBTIQ+ identity or issues – may pose great risks to people with diverse SOGIESC who fear exposure or harm. Thus, providers may not receive accurate information about the root cause of the issue.

Documentation issues – could prevent people with diverse SOGIESC from accessing health care systems.

MODULE 10 EXERCISE



Protection Responses Scenarios

Scenario #1

The location is an established **camp** with a population of 190,000 located a one-day drive from the nearest urban center. The camp was established eight years ago after a civil war in country X produced mass flows of individuals over the border into country Y. Country X continues to experience civil conflict and repatriation of citizens of country X is generally not an option. Over the last eight years, displaced persons of other nationalities than those from country X have also moved into the camps, albeit in smaller numbers.

The majority of the camp population has come from countries that **criminalize homosexuality** or diverse gender identities and have conservative cultures. Individuals who have recently begun arriving from one particular country are widely assumed to have diverse SOGIESC since that country recently passed a law imposing a life prison sentence for individuals who engage in same-gender relations and does not otherwise have an active conflict that produces forced migration flows.

Country Y **does not have laws** against homosexuality or the expression of diverse gender identities and people with diverse SOGIESC generally live without fear of arrest. However, country Y is socially conservative so people with diverse SOGIESC are typically not visible in mainstream society. There are several national LGBTIQ+ organizations in the capital city and several local organizations working with women and health issues in the region surrounding the camp.

Scenario #2

The location is an **urban center** in the capital city of country X. The city is officially comprised of more than 10 million residents and is geographically large in scope. The populations you are working with are estimated to be at least in the tens of thousands. These individuals reside in areas offering low-cost accommodation and basic goods. The areas are largely comprised of populations from specific countries of origin and are dispersed across the city at significant distances from one another. Transportation is expensive.

The **resources that are available** in each of these neighborhoods vary widely. Non-nationals of the country, including migrants, refugees and asylum-seekers, are allowed to access local health clinics and attend local schools but are not allowed to work formally. Many support themselves through informal menial or domestic labour. There are numerous national NGOs active in the city, but they have not traditionally worked with migrants, refugees and asylum-seekers. While there are criminal laws against homosexuality in the country, these laws have not been applied in several decades. However, the country has **high levels of xenophobia**. At various times throughout the last decade, conservative politicians have suggested that migrants, refugees and asylum-seekers should pay heavy fines if they do not have valid resident permits or should not be allowed to remain in the country.

Scenario #3

The location is a rural border area in country Y with approximately forty thousand persons from country X scattered among numerous small towns and villages. Country X, which criminalizes homosexuality and is socially conservative, is currently engaged in a protracted civil war.

People from country X are living among local host populations in country Y, which is also **socially conservative** but does not criminalize homosexuality. Some individuals are renting rooms from strangers. Some are residing with extended family members who have lived in country Y for decades. Others are being hosted by families who, in solidarity, are offering them reduced or free rent. However, the level of income in the host communities is low, and as time passes the number of families who are able to host individuals at little or no cost is decreasing. There have been some reports of abuse by landlords and there is little recourse in place for residents experiencing abuse.

Tension between residents of country Y and those from country X has increased due to the scarcity for resources and competition for jobs. Individuals from country X are allowed to access the health care system and schools but cannot engage in formal labour. Your office is located in a regional capital, several hours by bus for individuals in this area.

As the inflows of individuals from country X have increased, security forces have set up more **checkpoints** on the roads between villages to monitor movements. At times those who have been stopped at checkpoints have been returned across the border to country Y.

MODULE 10 EXERCISE



Protection Responses Worksheet

Read your assigned scenario with your team and decide how you would respond to the risk points posed for people with diverse SOGIESC in each of the ten key challenge areas within the scope of your scenario. Your proposed responses should be specific, detailed and actionable. Refer back to the profiles and guidance from earlier in the module and to the guidance following this exercise for ideas related to risk points in the key challenge areas and potential responses.

When formulating a response, note whether it is applicable to all people with diverse SOGIESC or specific to one particular population. Ensure you consider not only direct responses on the part of the organization, but also responses involving discussion and referral pathways with both partners and communities. Additionally, consider whether the response you are proposing should be mainstreamed into other programming or specifically offered to people with diverse SOGIESC. If it will be mainstreamed, explain how different populations will be able to access the response and how staff will provide it.

Once you have decided on your team responses, post them on the corresponding key challenge areas in the training room. Clearly and legibly write one response on each post-it note. You can use this worksheet to formulate ideas.

01: Participation and Outreach

02: Individual Documentation

03: Sexual and Gender-Based Violence

04: Other Issues of Safety and Security

05: Access to Justice

06: Material Assistance

07: Shelter and Sanitation

08: Education

09: Livelihoods

10: Health

MODULE 10 GUIDANCE



Potential Solutions for Key Challenge Areas

01: Participation and Outreach

- Create **safe spaces**, inclusive workplaces and sensitive outreach structures.
- **Hiring practices** should be inclusive of people with diverse SOGIESC when and where possible, and all staff and security personnel should be trained to assist people with diverse SOGIESC. This should include not only programme staff, but staff who work in reception and security. Where LGBTIQ+ organizations exist, they may be able to assist with training and inclusive recruitment strategies.
- Ensure people with diverse SOGIESC are **specifically included** in protection programming, particularly GBV prevention and response mechanisms and systematically seek their views through participatory approaches.
- Establish **trust** with people with diverse SOGIESC and build networks through them. LGBTIQ+ refugee-led groups and local LGBTIQ+ support organizations in host communities may be able to help.
- Create confidential communication channels and hold regular on-site or online meetings with people with diverse SOGIESC to ensure they can fully access feedback and response mechanisms.
- Establish **partnerships** with LGBTIQ+-focused or aware organizations and develop referral protocols.
- Where it is safe to do so, recruit and train specialized LGBTIQ+ outreach volunteers to safely disseminate messages to LGBTIQ+ persons through face-to-face meetings and secure digital platforms.
- Outreach structures should be **sensitized** to the risks people with diverse SOGIESC face and use appropriate communication channels.

02: Individual Documentation

- Create **safe, non-discriminatory and confidential** registration environments. Consider offering a confidential physical space or different days or hours to people with diverse SOGIESC.
- **Record data** on sexual orientation, gender identity or sex characteristics in a respectful manner. See the IOM Gender-Inclusive Communication Guidance for more information about sex, gender and sexual orientation options on forms and surveys.
- Ensure **categories** are diverse and inclusive on official forms, in databases and in reports.
- Seek out and consult with **civil society actors, NGOs or other civic organizations** to identify people with diverse SOGIESC and share registration-related information with them.
- Ensure that people with diverse SOGIESC have **equal access to free legal aid providers** and that providers are trained to understand specific registration and documentation issues.

03: Gender-Based Violence

- Ensure that people with diverse SOGIESC are **specifically included** in protection programming, particularly GBV prevention and response mechanisms.
- Work with **partners** to identify people with diverse SOGIESC at risk for GBV and to jointly develop specific protection arrangements where necessary.

- Ensure there are **referral pathways** to sensitive health care providers for people with diverse SOGIESC who experience GBV. Ensure the providers are trained and sensitized to the needs of cisgender men and transgender people who have experienced GBV.

04: Other Issues of Safety and Security

- Consider **issues of safety and security** in relation to all programme areas, but particularly in relation to shelter, sanitation and access to material aid.
- **Train** security guards, neighbourhood watch teams, police forces and other entities to be sensitive to the protection needs of people with diverse SOGIESC.
- Consult **trusted** local LGBTIQ+ support organizations, referral networks and partner organizations to identify and/or establish confidential arrangements for people with diverse SOGIESC.
- Ensure there are **referral pathways** to sensitive health care providers for people with diverse SOGIESC who experience safety and security issues.
- Support the need for **proper medical forensic evidence** for prosecution by ensuring people with diverse SOGIESC who have experienced violence have access to properly trained health care providers.
- Ensure there are **reporting mechanisms** in place for individuals who experience issues related to safety and security.

05: Access to Justice

- Promote **SOGIESC training** for police and judiciary members, where possible, and assist people with diverse SOGIESC in filing complaints.
- Ensure people with diverse SOGIESC have access to **free legal aid providers** and that those providers are trained, especially with registration and documentation issues.
- Assist people with diverse SOGIESC in **filing complaints**, when possible.

06: Material Assistance

- Consult with people with diverse SOGIESC people and civil society groups to identify risk points in **distribution methods of material aid** in various locations where people with diverse SOGIESC may be accessing assistance.
- Work with people with diverse SOGIESC and groups to determine specific **items** to be included in assistance packages, such as hygiene and self-care items for trans people.

07: Shelter and Sanitation

- Ensure shelter and sanitation are appropriate to the needs of people with diverse SOGIESC and promote safety and security, notably for transgender and intersex people and same-gender couples and families.
- Work closely with trusted local LGBTIQ+ organizations, referral networks and partner organizations to identify safe and respectful landlords and employers for people with diverse SOGIESC.
- In urban areas as well as camp settings, consider communal or scattered housing for people with diverse SOGIESC. Keep in mind that the appropriateness of each option may vary by neighbourhood, and gender-segregated housing is not always the safest option.

- Offer gender neutral toilets and include privacy barriers in reception centers, transit centers and waiting areas.

08: Education

- Identify schools and teachers who are committed to **respecting and protecting** students with diverse SOGIESC or students from families with LGBTIQ+ members.
- Encourage schools to allow students to use the restroom that aligns with their self-identified gender.
- Encourage schools to promote **anti-bullying** in their code of conduct and to students.
- Encourage schools to include **language specifically prohibiting harassment** based on sex development and/or differences in puberty, sexual orientation, nonconformity to gender norms, gender identity and gender expression in the school's anti-bullying policy or code of conduct.
- Offer to **train teachers, staff and school leadership** about the specific needs of students with diverse SOGIESC.
- Identify **areas** where bullying of students with diverse SOGIESC might be more likely to occur and encourage teachers and staff to monitor them more closely.

09: Livelihoods

- Ensure that **livelihood and skills development programmes** are non-discriminatory and offer equal access to people with diverse SOGIESC.
- Ensure that people with diverse SOGIESC are **proactively identified** for inclusion in livelihoods programs.
- Where **appropriate**, work with LGBTIQ+-refugee led organizations, local LGBTIQ+ support groups and employers to develop targeted and innovative livelihoods and skills development programmes for people with diverse SOGIESC, including home-based work using digital platforms.
- Work with **employers** who are willing to hire people with diverse SOGIESC and maintain workplaces that are free from harassment and discrimination.
- **Monitor programs** to ensure positive outcomes for people with diverse SOGIESC, assisting when and where necessary based on feedback from program participants.

10: Health

- Work with partners to identify **safe, appropriate and confidential health care providers**, particularly to address SGBV and preferably those with experience and competence in assisting people with diverse SOGIESC.
- Work with partners to identify **safe, appropriate and confidential mental health counsellors**, preferably with experience serving people with diverse SOGIESC. Both individual and group counselling may be appropriate. In group counselling situations, keep in mind that lesbians, gay men, trans and intersex people may have distinct needs and require their own groups.
- Work with health care organizations to **train staff** to be sensitive to the needs of people with diverse SOGIESC.
- When necessary, ensure proper **medical forensic evidence** is obtained for prosecution.
- Ensure **transgender** and **intersex** people have access to necessary hormones, sterile syringes for injection (as needed), and other medical supplies.

MODULE 10 EXERCISE



Building Service Networks Worksheet

When identifying potential **partner organizations** (or evaluating current ones), consider the following questions:

- Is the organization led by individuals with diverse SOGIESC?
- Is it located close to person of concern communities? What forms of transportation are available? What forms of communication outreach are available from the partners to individuals with diverse SOGIESC?
- Are services currently being used by individuals with diverse SOGIESC? By members of the host community who have diverse SOGIESC?
- Which groups do they serve? (Lesbians? Bisexual people? Gay people? Transgender people? Intersex people?)
- Are they currently making efforts to include refugees with diverse SOGIESC? Some LGBTIQ+ organizations in host countries may have concerns about working with LGBTIQ+ refugees and asylum seekers, due to perceptions from the host government that they would be aiding and abetting irregular migration. Others may require training in cultural competency and sensitization to work with LGBTIQ+ trauma survivors.

It is also helpful to include the following information in your **notes**:

- Information about the organization's capacity and interest in assisting individuals with diverse SOGIESC, and any training they have.
- Barriers to including or reaching people with diverse SOGIESC, such as a lack of funding or a need for cost-sharing, the need for more information and sensitization around inclusion and/or LGBTIQ+ issues, the need for language interpreters, the need for capacity-building, or the need for government authorization.
- Barriers limiting access or participation, such as transportation costs or risks, a fear of discrimination or stigma, misinformation, entry fees, language and distance from relevant neighborhoods.

Livelihoods

Organizations should have job training or job placement programs that are open to or designed for people with diverse SOGIESC. Transgender women have the hardest time finding employment in the formal economy, often forcing them into dangerous occupations. Finding support for them should be a high priority.

ORGANIZATION	SERVICES OFFERED	NOTES

Shelter and Sanitation

Organizations should have LGBTIQ+-friendly landlords or networks of people with diverse SOGIESC who can help identify safe housing and should be able to make referrals to LGBTIQ+-friendly shelters for GBV survivors. Note that safe houses should be identified as an alternative in case the survivor is unable to stay in a shelter. All shelters should have gender-neutral bathroom or sanitation facilities and shelter management staff who are trained to work respectfully with people with diverse SOGIESC.

ORGANIZATION	SERVICES OFFERED	NOTES

Social and Psychological Support

Organizations should have LGBTIQ+-friendly and competent mental health providers offering psychological support or counseling, particularly for people with diverse SOGIESC who are survivors of GBV. They should maintain LGBTIQ+ safe spaces, support the human rights of people with diverse SOGIESC and offer appropriate and language-appropriate support groups.

ORGANIZATION	SERVICES OFFERED	NOTES

Health

Health care providers should be informed about LGBTIQ+ health concerns. They should be friendly and welcoming to people with diverse SOGIESC. Transgender individuals should be referred to health clinics that can administer and help monitor hormones. Intersex children and adults should be referred to knowledgeable and friendly doctors.

ORGANIZATION	SERVICES OFFERED	NOTES

Education

Educational institutes should be welcoming and friendly to students with diverse SOGIESC, with supportive teachers and staff. They should have LGBTIQ+-friendly afterschool programs for children and young adults and anti-bullying programming. Host country LGBTIQ+ organizations may be able to assist in training teachers and administrators of educational institutions to provide a safe learning environment for students with diverse SOGIESC. Outreach to parents and families is also helpful.

ORGANIZATION	SERVICES OFFERED	NOTES

MODULE 10 EXERCISE



Action Plan Worksheet

Mission, Organization or Programme(s): _____

Compile a list of the ways you will address the risk points and barriers people with diverse SOGIESC face in your location, organization or programme(s), noting the timeline and any challenges you foresee. This will comprise your action plan following the training session.

Action Item, Timeline and Potential Challenges

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____

MODULE 10 IN PRACTICE

Positive Examples from IOM and UNHCR Offices

The following are just some of the many positive examples of protection of people with diverse SOGIESC in practice in IOM and UNHCR offices around the world. Share your own good examples with your Facilitator or by sending us an email!



COLUMBIA – IOM

IOM Colombia has been working with the national civil society organization "LGBTI for la Paz" to support LGBTIQ+ victims in relation to the implementation of the Final Peace Agreement. These actions have helped LGBTIQ+ communities contribute to local development plans. The mission has also developed projects for LGBTIQ+ communities who belong to Afro-Columbian and Indigenous ethnic groups; many of these projects focus on strengthening LGBTIQ+ organizations, their visibility and their self-protection tools as they work to enhance economic, cultural and social rights of individuals with diverse SOGIESC. Finally, a situational assessment of migration and social integration of Venezuelans with diverse SOGIESC was carried out in five territories. The preliminary results of these assessments show that these migrant populations are highly vulnerable.

JORDAN – UNHCR

The operations of the UNHCR Jordan office provide a clear example of addressing the safety of LGBTI individuals in both camp operations and referral networks. As a result of a joint workshop with the Organization for Refuge, Asylum & Migration (ORAM) in 2013, UNHCR established an internal group of LGBTI-sensitive staff members. Each of these staff members serve as a focal point, wearing a rainbow button signifying they are safe to approach. Safe-space posters and brochures are available in each office and translated into the local language. Feedback and complaints can be channeled through boxes at registration sites or by providing direct feedback to focal points. Additionally, focal points match each LGBTIQ+ person with a case worker either in the camp or at a partner organization who then oversees the referral process. Cumulatively, focal points collect information on the risks, needs and priorities of LGBTIQ+ persons and incorporate them into the office's standard operating procedures and practices.

KENYA – UNHCR

In Nairobi, NGOs provide services that mitigate the physical and mental consequences of living in camps. One NGO addresses the immediate safety needs of LGBTIQ+ refugees by providing scattered housing for those

who face heightened risks while waiting for resettlement. A scattered-housing program allows LGBTIQ+ refugees to identify a safe place to stay and covers the associated costs for a temporary period, reducing the overall risk of an attack being carried out in a [single location](#). Another NGO addresses the mental health of LGBTIQ+ people by providing refugee-run counseling services and organizing community events, counteracting trauma and isolation, and re-establishing social support networks.

LATIN AMERICA – IOM

In Latin America, a wide range of IOMs offices handling movement and resettlement projects have been designed as LGBTIQ+-safe spaces. Staff have created LGBTIQ+-friendly badges and all LGBTIQ+ migrants they work with are flagged to the protection unit. There are gender-neutral toilets available at different office locations, and resettlement and movement managers provide notification as needed to the necessary stakeholders when an LGBTIQ+ migrant is being assisted during travel. IOM offices in Latin America are additionally involved in the Red Regional de Protección de personas LGBTI+ refugiadas, solicitantes de asilo y migrantes de las Americas (Regional LGBTI+ Network in the Americas) which was launched in 2019 to support LGBTIQ+ people at risk while leaving Venezuela.

LEBANON – UNHCR

UNHCR Lebanon gave funding to a youth group to strengthen peer support groups, livelihood activities and exchanges with LGBTI youth from host communities.

LIBYA – IOM

LGBTIQ+ migrants are included as a target population in the project Promoting Rights-Based Solutions For Vulnerable Migrants Through A Migrant Resource And Response Mechanism (MRRM) In Tripoli, Libya and are assisted through the migrant protection program.

SLOVENIA – IOM

IOM Slovenia was responsible for the implementation of the LGBTIQ+ component of the regional PROTECT project. The mission held information sessions on preventing and responding to GBV for asylum seekers and refugees and on capacity building for frontline workers. A training manual chapter on GBV and LGBTIQ+ migrants and awareness raising materials were also produced within the project.

SOUTH AFRICA – IOM

The IOM HIV and SRHR Knows No Borders (KNB) programme seeks to increase access and use of quality HIV and SRHR services among migrants, young people and sex workers including LGBTI in migration affected communities of Southern Africa using a human rights-based approach.

UGANDA – IOM

Shower and toilet facilities at the IOM-run Transit Center are all gender-neutral with appropriate signage; people with diverse SOGIESC who stay at the center and request it can be given private accommodation.

VENEZUELA – IOM

The Fronteras Project funding by the US Bureau of Population, Refugees and Migration (PRM) has supported LGBTIQ+ migrants with emergency assistance in vulnerable communities, including NFI kits and food.



MODULE 11

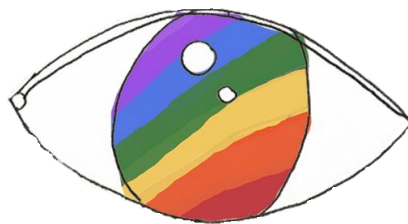
ASSESSING PROTECTION NEEDS

Thomas

Thomas fled from Cameroon to France in 2017 where he was welcomed and supported by the Association for the Recognition of the Rights of Homosexual Persons (ARDHIS). As he found his footing in France, he decided to help others through the organization that had helped him. However, when the pandemic began in 2020, Thomas was unsure of how he would be able to continue to reach out to others.

“At first I was really impacted because I was so scared of the virus, but then I told myself we are not all going to die, you must continue to help those in need.”

Now, Thomas finds new ways to connect with other LGBTIQ+ refugees and provide them with the information they need. From finding housing to work opportunities to education about COVID-19, Thomas provides as much information as possible over the phone, email or other digital tools.



MODULE 11 EXERCISE



Case Study Assessment: Amal

Amal: Amal is 20 years old. Following is a summary of Amal’s statements:

“I don’t know exactly how to describe how I am, but I will tell you what I know. I was born different than other girls. When I was born, my mother called a doctor to come quick and look at me. He said I looked like a girl, but had a problem with my sex. He did a small surgery to try and fix it. It didn’t make me look the same as other girls. When we are a certain age, all of us girls have another small surgery done. The woman who did mine, a cousin of my mother, tried to fix me again, but I still look different. When I look at my sisters, I can see that I’m still different. I’m not sure why this happened to me and not to them. I don’t know how the community found out about my issue. Maybe the doctor.

I’m the same as other girls, though. I like doing the same things my sisters do, and I like boys. I haven’t had a boyfriend, because my family is conservative, and I have a reputation. Boys don’t want to go with me because they’re worried how it will look for them. But I would like to someday. I know I’m pretty and hope I can find a boy who will be nice to me. I’m studying education in school. I want to be the head of a school someday.

The hardest part about growing up was my community. They thought my parents should have killed me when I was born. People told me that all the time. They think I have evil spirits inside me and that the spirits made me this way. In our culture, it’s a curse to be born like this. You must be possessed by an evil spirit who got inside you when you were in your mother’s stomach. The spirit gets inside you and stays with you throughout your whole life. So they don’t feel safe living in the same place as you. They treated me very badly, and they treated my family like we were shameful.

When I was young they would mark the front door of our house with blood, to make sure everyone knew an evil spirit was living there, and they would put curses on us when we walked by, or whisper things under their breath to stay safe from me. My father wasn’t welcome on the council of men in our town. My mother was treated badly by the other women who are our neighbors – they refused to speak to her. Luckily she has a big family and they supported her.

As you know, there has been war in my country for many years. The war finally came to our village and we had to leave along with everyone else. We came straight to this country because it is nearby. But we didn’t go to the same place as everyone else from our village. We kept walking until we found a camp that is people from another region. At first we told them we got separated from our families. I think my parents hoped we could start over in a place where people didn’t know us and they wouldn’t have to face so much shame and abuse. But my people, we are all extended family. So eventually everyone heard rumors about who we are.

While we are living here, it is just rumors, because no one from my village comes here. But I am scared. Sometimes I worry someone will grab me and try to see if the rumors are true. I think because I look like a girl, maybe they think they are just rumors. I don’t know how long that will last. Eventually, I need to get married. If I don’t, people might wonder. If I get married and my husband is disappointed, maybe he will tell people why. Then we will suffer again.”

Country Facts

- Diverse sex is not criminalized in the country of asylum (CoA), but it is not well understood and may be associated with diverse sexual orientation (SO), which is criminalized. Diverse sex is also not criminalized in the country of origin (CoO), but diverse SO is and persons of diverse sex are generally considered socially unacceptable.
- Amal may have difficulty accessing employment outside her community as a single young woman. She and her family will face increasing stigmatization and possible violence if her bodily diversity is discovered.
- Due to her diverse sex, Amal may face particular challenges accessing health care.
- Local integration in the CoA is not an option at this time, nor is it currently a potential durable solution.

MODULE 11 EXERCISE



Case Study Assessment: Amal

After you finish reading the case study of Amal, answer the questions below.

1. What rights have been violated in this individual's country of origin or country of asylum?

2. What protection issues does the individual have in the country of asylum?

Threat of harm: State _____ Community _____ Refugees/asylum-seekers _____ Family members

Inadequate food, water or other basic needs: _____

Isolation: _____

Insecure or inadequate housing: _____

Health and disability issues: _____

Barriers to health or psychological care: _____

Barriers to education: _____

Barriers to employment: _____

Barriers to assistance programmes or services, including legal and UNHCR services (e.g., registration or RSD):

Other(s), including criminal laws, lack of police protection, separation from partner and child custody issues:

MODULE 11 EXERCISE



Case Study Assessment: Amal

3. If you chose insecure or inadequate housing in #2, indicate current housing and secure housing options:

Current Housing (can mark multiple):

- Refugee Camp
- Rural housing, single or shared
- Urban housing, single or shared
- Informal settlement
- Couple forced to live separately
- Couple or individual forced to move often
- Detention or Prison:
 - Quarters are appropriate to self-identified gender
 - Quarters are inappropriate to self-identified gender
 - Solitary confinement
 - Reported or detailed abuse
 - Denial of medical care or legal services
- Safe house
- Clustered housing
- Scattered housing
- Temporary shelter
- Homeless shelter
- Hotel / transit housing
- Emergency transit facility / center
- Housing through partners, including religious organizations

Secure Housing Options (can mark multiple):

- Refugee Camp
- Rural housing, single or shared
- Urban housing, single or shared
- Safe house
- Clustered housing
- Scattered housing
- Temporary shelter
- Hotel / transit housing
- Emergency transit facility / center
- Housing through partners, including religious organizations

Note why you chose the above options:

4. Please use the Heightened Risk Identification Tool (HRIT) to determine the level of risk the individual faces:

Risk Level: Low Medium High Notes _____

5. How might you address the protection needs of this individual?

MODULE 11 EXERCISE



Case Study Assessment: Nur

Nur: Nur is 17 years old. Following is a summary of Nur's statements:

"I am 17 years old. My father was a political dissident in our country so he left with me when I was very young. My mother died before we left. I don't have any other family here. I'm still young, but I've had relationships with both men and women. My father is very old and doesn't know what I do with my personal life. I'm also careful to try and keep my personal life hidden from the other people in our community. I know they would not approve. Some of them have found out, though. I was involved with one boy and his family knew. They thought I was a bad influence. They told me to stay away from their son or they would call the police. They said they could have me deported. So I had to end that relationship.

My classmates also don't approve. I was in one school where they found out I was with that boy, and they were very mean to me. Sometimes they just called me names, but a few times boys in the school threatened me. They said they would do bad things to me. One of them punched me and pushed me against a wall. I had bruises from that for weeks. I had to leave that school. I told my father I left because it was too far from where we live. I found another school closer to our home. This school is better, but I have to be careful about anyone finding out who I am.

I did have a girlfriend last year. I like girls as much as I like boys. I guess you could say I date someone because I like that person. I don't care if they're a girl or a boy. We were together for six months. But she heard all the rumors about me and felt embarrassed to be around me. I am also worried that if I get into a relationship with a girl, there will be pressure to get married. People in our community get married very young. I'm not ready for that yet.

In this country, there is a lot of violence against refugees. Most of us are harassed and we hear about women being raped when they leave our community at night. Men face more harassment late at night too. Everyone knows we're foreigners from the way we look. It's not safe to be out late or to go to neighborhoods that you don't know. For that reason I have to live with the refugee community. I can't go out and live somewhere else on my own where I could have relationships with whoever I like.

So that is the big problem for me – either I'm on my own and free to be me inside my own house, but I have to face violence because of the way I look, or, I stay in a neighborhood where I am safer but I have to hide myself. I know I am young, but I am thinking about these things because soon I'll be old enough for university.

This country is better for people like me than where we come from. Here, society doesn't accept it, but if you're not part of their family, they may not do anything bad to you, either. But they will do bad things to you because you're a foreigner. Where I come from, I'm considered abnormal. You can go to jail for a long time if they find you doing the things I've done. People also don't accept it. And anyway, people might find out that I am the son of my father. He is still on a black list in the country. I don't ever want to go back there.

Maybe I will go to university to study human rights and try to change the way our societies see this issue."

- Country Facts
- Diverse sexual orientation (SO) is not criminalized in the country of asylum (CoA), although it is socially inappropriate to discuss or display SO publicly. Same-sex acts are criminalized in the country of origin (CoO).
- In general, refugees have a difficult time accessing employment in the CoA.
- Nur may have difficulty finding safe housing outside the refugee community.
- Long-term visas are granted in the CoA, but permanent residency or citizenship is difficult to obtain.

MODULE 11 EXERCISE



Case Study Assessment: Nur

After you finish reading the case study of Amal, answer the questions below.

1. What rights have been violated in this individual's country of origin or country of asylum?

2. What protection issues does the individual have in the country of asylum?

Threat of harm: State _____ Community _____ Refugees/asylum-seekers _____ Family members

Inadequate food, water or other basic needs: _____

Isolation: _____

Insecure or inadequate housing: _____

Health and disability issues: _____

Barriers to health or psychological care: _____

Barriers to education: _____

Barriers to employment: _____

Barriers to assistance programmes or services, including legal and UNHCR services (e.g., registration or RSD):

Other(s), including criminal laws, lack of police protection, separation from partner and child custody issues:

MODULE 11 EXERCISE



Case Study Assessment: Nur

3. If you chose insecure or inadequate housing in #2, indicate current housing and secure housing options:

Current Housing (can mark multiple):

- Refugee Camp
- Rural housing, single or shared
- Urban housing, single or shared
- Informal settlement
- Couple forced to live separately
- Couple or individual forced to move often
- Detention or Prison:
 - Quarters are appropriate to self-identified gender
 - Quarters are inappropriate to self-identified gender
 - Solitary confinement
 - Reported or detailed abuse
 - Denial of medical care or legal services
- Safe house
- Clustered housing
- Scattered housing
- Temporary shelter
- Homeless shelter
- Hotel / transit housing
- Emergency transit facility / center
- Housing through partners, including religious organizations

Secure Housing Options (can mark multiple):

- Refugee Camp
- Rural housing, single or shared
- Urban housing, single or shared
- Safe house
- Clustered housing
- Scattered housing
- Temporary shelter
- Hotel / transit housing
- Emergency transit facility / center
- Housing through partners, including religious organizations

Note why you chose the above options:

4. Please use the Heightened Risk Identification Tool (HRIT) to determine the level of risk the individual faces:

Risk Level: Low Medium High Notes _____

5. How might you address the protection needs of this individual?



MODULE 12

SOLUTIONS

The Other Stories

For every story of a migrant, refugee or asylum-seeker with diverse SOGIESC that we know, there are thousands of stories we don't know. They are stories about individuals, couples and families. They are about children and adults and older persons, from every economic and social background. They are stories of people who are compelled to leave their home in search of safety, security and a more dignified life. We encourage you to keep reading, searching, and learning about these stories in your communities and work. It is only through learning about the journeys and struggles of others that we can gain true empathy and understanding.



MODULE 12 SOLUTIONS EXERCISE



Considering Voluntary Repatriation

Case Study: Jean-Pierre

The following is a summary of the relevant facts in his record:

- Jean-Pierre is 30 years old.
- Jean-Pierre arrived from R during the war with his mother Delphine. He was ten years old at the time. He has no other close relatives in the country of asylum.
 - Delphine reported that Jean-Pierre's father and two older siblings were killed.
 - Delphine sustained machete wounds for which she was treated. Due to the severe damage inflicted, she now has a physical disability and can walk only with crutches. Although she has attended sewing classes as part of income-generation training, she is Jean-Pierre's dependent.
- Jean-Pierre attended primary and two years of secondary school. He is now a small trader.
- Jean-Pierre made a protection complaint eight years ago, after which he and his mother were moved to a different camp. He reported that he was initially harassed and ultimately attacked and beaten by other men from R because he is gay. He also reported at the time that his mother knows he is gay, and that it was important for him to stay living with her to be able to look after her.

Durable Solutions Context

UNHCR is actively promoting the repatriation of refugees from R. UNHCR has invoked the cessation clauses for refugees who fled R during the time period X, and is searching for solutions for those who may not be able to return. Refugees whose situation falls within the scope of cessation should have the possibility to choose between voluntary repatriation and local integration. For repatriation to be voluntary, there must be free and informed choice of return and that return must be conducted in safety and dignity.

UNHCR does not facilitate the return of refugees who are likely to face *serious harm* upon return. Counsellors must determine that the refugee does not face a serious risk to their safety, liberty or health, or serious discrimination in R, and that the decision to return is truly voluntary.

Country Facts

Country of Origin: R

Diverse sexual orientation is not criminalized and the General Assembly in R has signed a declaration in support of LGBT rights. However, same-sex marriage is not recognized and there are no anti-discrimination laws. There is a monitoring scheme in place for returnee families to help them address their challenges.

Country of Asylum: D

Diverse sexual orientation was never criminalized in D, although it is socially unacceptable and potentially dangerous to discuss or display diverse sexual orientation publicly. In general, refugees have a difficult time accessing legal employment. The measured phase-down of resources has not yet begun.

MODULE 12 SOLUTIONS EXERCISE



Considering Resettlement: Amal

Amal: Amal is 20 years old. Following is a summary of Amal’s statements:

“I don’t know exactly how to describe how I am, but I will tell you what I know. I was born different than other girls. When I was born, my mother called a doctor to come quick and look at me. He said I looked like a girl, but had a problem with my sex. He did a small surgery to try and fix it. It didn’t make me look the same as other girls. When we are a certain age, all of us girls have another small surgery done. The woman who did mine, a cousin of my mother, tried to fix me again, but I still look different. When I look at my sisters, I can see that I’m still different. I’m not sure why this happened to me and not to them. I don’t know how the community found out about my issue. Maybe the doctor.

I’m the same as other girls, though. I like doing the same things my sisters do, and I like boys. I haven’t had a boyfriend, because my family is conservative, and I have a reputation. Boys don’t want to go with me because they’re worried how it will look for them. But I would like to someday. I know I’m pretty and hope I can find a boy who will be nice to me. I’m studying education in school. I want to be the head of a school someday.

The hardest part about growing up was my community. They thought my parents should have killed me when I was born. People told me that all the time. They think I have evil spirits inside me and that the spirits made me this way. In our culture, it’s a curse to be born like this. You must be possessed by an evil spirit who got inside you when you were in your mother’s stomach. The spirit gets inside you and stays with you throughout your whole life. So they don’t feel safe living in the same place as you. They treated me very badly, and they treated my family like we were shameful.

When I was young they would mark the front door of our house with blood, to make sure everyone knew an evil spirit was living there, and they would put curses on us when we walked by, or whisper things under their breath to stay safe from me. My father wasn’t welcome on the council of men in our town. My mother was treated badly by the other women who are our neighbors – they refused to speak to her. Luckily she has a big family and they supported her.

As you know, there has been war in my country for many years. The war finally came to our village and we had to leave along with everyone else. We came straight to this country because it is nearby. But we didn’t go to the same place as everyone else from our village. We kept walking until we found a camp that is people from another region. At first we told them we got separated from our families. I think my parents hoped we could start over in a place where people didn’t know us and they wouldn’t have to face so much shame and abuse. But my people, we are all extended family. So eventually everyone heard rumors about who we are.

While we are living here, it is just rumors, because no one from my village comes here. But I am scared. Sometimes I worry someone will grab me and try to see if the rumors are true. I think because I look like a girl, maybe they think they are just rumors. I don’t know how long that will last. Eventually, I need to get married. If I don’t, people might wonder. If I get married and my husband is disappointed, maybe he will tell people why. Then we will suffer again.”

Country Facts

- Diverse sex is not criminalized in the country of asylum (CoA), but it is not well understood and may be associated with diverse sexual orientation (SO), which is criminalized. Diverse sex is also not criminalized in the country of origin (CoO), but diverse SO is and persons of diverse sex are generally considered socially unacceptable.
- Amal may have difficulty accessing employment outside her community as a single young woman. She and her family will face increasing stigmatization and possible violence if her bodily diversity is discovered.
- Due to her diverse sex, Amal may face particular challenges accessing health care.
- Local integration in the CoA is not an option at this time, nor is it currently a potential durable solution.

MODULE 12 SOLUTIONS EXERCISE



Considering Resettlement: Amal

After you finish reading the case study of Amal and the country office facts, fill out the Resettlement Assessment Tool based on the information in the case study. For Step 3, you can fill in what you know from the facts and create the rest based on best practices and how you would complete the RRF if this were a case you were interviewing. Then answer the questions below in preparation for group discussion..

1. What should be the focus or highlight of a resettlement interview with this Amal?

2. What considerations should be made when identifying a resettlement country for this Amal?

MODULE 12 SOLUTIONS EXERCISE



Considering Resettlement: Nur

Nur: Nur is 17 years old. Following is a summary of Nur's statements:

"I am 17 years old. My father was a political dissident in our country so he left with me when I was very young. My mother died before we left. I don't have any other family here. I'm still young, but I've had relationships with both men and women. My father is very old and doesn't know what I do with my personal life. I'm also careful to try and keep my personal life hidden from the other people in our community. I know they would not approve. Some of them have found out, though. I was involved with one boy and his family knew. They thought I was a bad influence. They told me to stay away from their son or they would call the police. They said they could have me deported. So I had to end that relationship.

My classmates also don't approve. I was in one school where they found out I was with that boy, and they were very mean to me. Sometimes they just called me names, but a few times boys in the school threatened me. They said they would do bad things to me. One of them punched me and pushed me against a wall. I had bruises from that for weeks. I had to leave that school. I told my father I left because it was too far from where we live. I found another school closer to our home. This school is better, but I have to be careful about anyone finding out who I am.

I did have a girlfriend last year. I like girls as much as I like boys. I guess you could say I date someone because I like that person. I don't care if they're a girl or a boy. We were together for six months. But she heard all the rumors about me and felt embarrassed to be around me. I am also worried that if I get into a relationship with a girl, there will be pressure to get married. People in our community get married very young. I'm not ready for that yet.

In this country, there is a lot of violence against refugees. Most of us are harassed and we hear about women being raped when they leave our community at night. Men face more harassment late at night too. Everyone knows we're foreigners from the way we look. It's not safe to be out late or to go to neighborhoods that you don't know. For that reason I have to live with the refugee community. I can't go out and live somewhere else on my own where I could have relationships with whoever I like.

So that is the big problem for me – either I'm on my own and free to be me inside my own house, but I have to face violence because of the way I look, or, I stay in a neighborhood where I am safer but I have to hide myself. I know I am young, but I am thinking about these things because soon I'll be old enough for university.

This country is better for people like me than where we come from. Here, society doesn't accept it, but if you're not part of their family, they may not do anything bad to you, either. But they will do bad things to you because you're a foreigner. Where I come from, I'm considered abnormal. You can go to jail for a long time if they find you doing the things I've done. People also don't accept it. And anyway, people might find out that I am the son of my father. He is still on a black list in the country. I don't ever want to go back there.

Maybe I will go to university to study human rights and try to change the way our societies see this issue."

- Country Facts
- Diverse sexual orientation (SO) is not criminalized in the country of asylum (CoA), although it is socially inappropriate to discuss or display SO publicly. Same-sex acts are criminalized in the country of origin (CoO).
- In general, refugees have a difficult time accessing employment in the CoA.
- Nur may have difficulty finding safe housing outside the refugee community.
- Long-term visas are granted in the CoA, but permanent residency or citizenship is difficult to obtain.

MODULE 12 SOLUTIONS EXERCISE



Considering Resettlement: Nur

After you finish reading the case study of Nur and the country office facts, fill out the Resettlement Assessment Tool based on the information in the case study. For Step 3, you can fill in what you know from the facts and create the rest based on best practices and how you would complete the RRF if this were a case you were interviewing. Then answer the questions below in preparation for group discussion..

3. What should be the focus or highlight of a resettlement interview with this Nur?

4. What considerations should be made when identifying a resettlement country for this Nur?

MODULE 12 SOLUTIONS EXERCISE



Utilizing the Resettlement Assessment Tool

Country Office Facts

- **Referral mechanisms** for LGBTIQ+ persons of concern are not yet in place. No outreach is conducted due to the current country conditions.
- Resettlement staff members have had **limited training** on the UNHCR Guidelines on International Protection No. 9 and on working with LGBTIQ+ persons of concern.
- Requests made regarding the **gender and nationality** of the interpreter and interviewer are respected.
- Interviews are conducted **without family members** present and with special attention to women and youth. A statement of **confidentiality** is read at the beginning of each interview.
- Interviews are, for the most part, **conducted sensitively**, although most staff members have had little training. Some individuals who have been interviewed have **complained** to national NGOs about offensive language and judgmental reactions.
- Interviewers have been **briefed to ask preferred name and gender** and use them during interviews, although **in practice** they sometimes forget to do this or ask persons of diverse sexual orientations what their preferred name and pronoun is, causing confusion.

CONTINUED LEARNING

RECOMMENDED READING

IDENTIFYING AND ADDRESSING RISK POINTS

Global Protection Cluster, **Age, Gender, Diversity Essential Guidance and Tools**, 2014, available at: <http://www.globalprotectioncluster.org/en/tools-and-guidance/essential-protection-guidance-and-tools/age-gender-diversity-essential-guidance-and-tools.html>

Hebrew Immigrant Aid Society, **Invisible in the City: Protection Gaps Experienced by Sexual Minority Refugees and Asylum Seekers in Urban Ecuador, Ghana, Israel, and Kenya**, February 2013, available at: www.hias.org/sites/default/files/invisible-in-the-city_0.pdf

Rumbach, Jennifer and Knight, Kyle, **Sexual and Gender Minorities in Humanitarian Emergencies**, in *Issues of Gender and Sexual Orientation in Humanitarian Emergencies*, ed. Larry Roeder, August 2014, available at: http://link.springer.com/chapter/10.1007/978-3-319-05882-5_3

United Nations High Commissioner for Refugees (UNHCR), **Policy on the Prevention of, Risk Mitigation and Response to Gender-Based Violence, UNHCR/HCP/2020/01**, 2020, available at: <https://reliefweb.int/sites/reliefweb.int/files/resources/5fa018914.pdf>

United Nations High Commissioner for Refugees (UNHCR), **Age, Gender and Diversity Policy, Working with People and Communities for Equality and Protection**, 2018, available at: <https://www.unhcr.org/5aa13c0c7.pdf>

United Nations High Commissioner for Refugees (UNHCR), **Summary Conclusions, Protection, Assistance and Solutions for Lesbian, Gay, Bisexual, Transgender, Intersex and Queer People in Forced Displacement**, 2021, available at: <https://www.refworld.org/docid/611e20c77.html>

United Nations High Commissioner for Refugees (UNHCR), **Discussion Paper, Protection, Assistance and Solutions for Lesbian, Gay, Bisexual, Transgender, Intersex and Queer People in Forced Displacement**, 2021, available at: <https://www.refworld.org/docid/611e16944.html>

UNHCR, **Broadcast message of 1 December, 2010, Summary Conclusions of the Roundtable on Asylum-Seekers and Refugees Seeking Protection on Account of Their Sexual Orientation and Gender Identity**, held in Geneva from 30 September - 1 October 2010, available at: <http://www.unhcr.org/refworld/docid/4cff99a42.html>

UNHCR, **Discussion Paper, The Protection of Lesbian, Gay, Transgender and Intersex Asylum-Seekers and Refugees**, 2010, available at: <http://www.unhcr.org/refworld/pdfid/4cff9a8f2.pdf>

UNHCR, **Heightened Risk Identification Tool (HRIT)**, 2010, available at: <http://www.unhcr.org/refworld/pdfid/4c46c6860.pdf>

DETENTION

Penal Reform International and the Association for the Prevention of Torture (APT), **LGBTIQ+ persons deprived of their liberty: a framework for preventive monitoring**, 2013, available in English, French, Spanish, Portuguese and Russian at: <https://www.apr.ch/en/resources/publications/lgbti-persons-deprived-their-liberty-framework-preventive-monitoring>

United Nations High Commissioner for Refugees (UNHCR), **Alternatives to Detention Self-study Modules: Module 2/3**, November 2018, available at: <https://www.refworld.org/docid/5bfd3f6b7.html>

United Nations High Commissioner for Refugees (UNHCR), *Association for the Prevention of Torture (APT) and the International Detention Coalition (IDC), Monitoring Immigration Detention: Practical Manual*, para 4.8.9, 2014, available at: <http://www.refworld.org/docid/53706e354.html>

UNHCR, *Beyond Detention: A Global Strategy to support governments to end the detention of asylum-seekers and refugees*, 2014, available at: <http://www.unhcr.org/53aa929f6.pdf>

UNHCR, *Guidelines on the Applicable Criteria and Standards relating to the Detention of Asylum-Seekers and Alternatives to Detention*, paragraph 65, 2012, available at: <http://www.refworld.org/docid/503489533b8.html>

ACCESS TO JUSTICE

Amnesty International, *Europe: The state decides who I am: Lack of legal gender recognition for transgender people in Europe*, 04 February 2014, available at: <http://www.amnesty.org/en/library/info/EUR01/001/2014/en>

Amnesty International, *Making love a crime: Criminalization of same-sex conduct in Sub-Saharan Africa*, 25 June 2013, AFR 01/001/2013, available at: <http://www.refworld.org/docid/51d2a0144.html>

European Union Agency for Fundamental Rights (EU FRA), *A long way to go for LGBTIQ+ equality*, 2020, available at: <https://fra.europa.eu/en/publication/2020/eu-LGBTIQ+-survey-results>

Human Rights Watch, *Controlling Bodies, Denying Identities: Human Rights Violations Against Trans People in the Netherlands*, 13 September 2011, 1-56432-808-2, available at: <http://www.hrw.org/reports/2011/09/13/controlling-bodies-denying-identities-0>

Human Rights Watch, *LGBT Thematic Reports*, 2015-2020, available at: [https://www.hrw.org/publications?keyword=&topic\[\]=9691](https://www.hrw.org/publications?keyword=&topic[]=9691)

Open Society Foundations, *An Essential Legal Right for Trans People* (video and article), May 2014, available at: <http://www.opensocietyfoundations.org/explainers/essential-legal-right-trans-people>

SHELTER AND SANITATION

Edge Effect, Water for Women and AusAid (now Government of Australia Department of Foreign Affairs and Trade), *Sexual and Gender Minorities and COVID-19: Guidance for WASH Delivery*, 2020: available at: https://www.edgeeffect.org/wp-content/uploads/2020/07/WfW_EdgeEffect_Guidance-Note_COVID-19-WASH-SGM-Inclusion-FINAL.pdf

National Gay and Lesbian Task Force Policy Institute and National Coalition for the Homeless, Lisa Mottet and John M. Ohle, *Transitioning Our Shelters: A GUIDE TO MAKING HOMELESS SHELTERS SAFE FOR TRANSGENDER PEOPLE*, 2003: available at: http://www.thetaskforce.org/static_html/downloads/reports/reports/transitioning_our_shelters.pdf

RefugePoint, *Challenges Related to LGBTIQ+ Refugees and Shelter in Urban Contexts*, January 2020, https://www.refugepoint.org/wp-content/uploads/bsk-pdf-manager/2020/02/ShelterChallenges_Moore.pdf

RefugePoint, *Disaggregating LGBTIQ+ Protection Concerns: Experiences of Refugee Communities in Nairobi*, 2018, https://www.refugepoint.org/wp-content/uploads/bsk-pdf-manager/FINAL_LGBTIQ+Q_07122018_web_33.pdf Organization for Refuge, Asylum and Migration (ORAM), *Blind Alleys: The Unseen Struggles of Lesbian, Gay, Bisexual, Transgender and Intersex Urban Refugees in Mexico, Uganda and South Africa - Part I: Guidance for NGOs, Governments, UNHCR & Program Funders*, 2013: available at: <https://www.refworld.org/publisher,ORAM,,524d433b4,0.html>

HEALTH

All Survivors Project and the London School of Hygiene and Tropical Medicine, ***The Health of Male and LGBT Survivors of Conflict-Related Sexual Violence***, 2020, available at: <https://allurvivorsproject.org/wp-content/uploads/2020/04/ASP-Report-Health-of-male-and-LGBT-survivors-April-2020-final.pdf>

AIDS Task Force of Fiji and United Nations Development Fund (UNDP), ***Secret Lives, Other Voices: A Community-Based Study Exploring Male-to-Male Sex, Gender Identity and HIV Transmission Risk in Fiji***, 2011, available at: <http://www.undp.org/content/undp/en/home/librarypage/hiv-aids/secret-lives--other-voices/>

Heartland Alliance, ***LGBT Refugees Webinar - Ensuring Mental Health and Wellness*** (audio), available at: <https://www.youtube.com/watch?v=EKqjHJlUvUU>

Heinrich Boll Stiftung, The Green Political Foundation, ***Human Rights between the Sexes: A preliminary study on the life situations of inter* individuals***, 21 October 2013, available at: <http://www.boell.de/en/2013/10/21/human-rights-between-sexes>

Homophobia-free Healthcare Centers (Uruguay), ***¿Cuál es la diferencia? What is the difference?*** (video), 12 March 2013, available at: <https://www.youtube.com/watch?v=2asPSMqOHDk>

ILGA, ***Lesbian and Bisexual Women's Health Report***, 2010, available at: <http://ilga.org/lesbian-and-bisexual-women-s-health-report/>

ILGA Europe, ***COVID-19 impacts on LGBTIQ+ communities in Europe and Central Asia: A rapid assessment report***, 19 June 2020, available at: <https://www.ilga-europe.org/sites/default/files/covid19-lgbti-assessment-2020.pdf>

ILGA Europe, ***Accessing Health: The Context and the Challenges for LGBT People in Central and Eastern Europe***, April 2006, available at: <http://ilga-europe.org/resources/ilga-europe-reports-and-other-materials/accessing-health-context-and-challenges-lgbt>

Inter-Agency Working Group on Reproductive Health in Crises, ***Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings***, 2019, available at: <https://iawgfieldmanual.com/manual>

International Planned Parenthood Federation, ***LGBTIQ+ Inclusion in Humanitarian Action***, 2019, available at: https://www.ippf.org/sites/default/files/2019IPPFHumanitarian_LGBTICapabilityStatement.pdf

Irantí, ***Ending Pathological Practices Against Trans and Intersex Bodies in Africa***, 2019, available at: <https://www.iranti.org.za/wp-content/uploads/2019/04/Ending-Pathological-Practices-Against-Trans-And-Intersex-Bodies-in-Africa-Toolkit-2017.pdf>

IRIN, ***Right to dignity – barriers to healthcare for transgenders***, 14 August 2014, available at: <http://www.irinnews.org/report/100488/right-to-dignity-barriers-to-healthcare-for-transgenders>

Open Society Foundations, ***Transforming Health: International Rights-Based Advocacy for Trans Health***, February 2013, available at: <http://www.opensocietyfoundations.org/reports/transforming-health>

Stonewall, ***Gay and Bisexual Men's Health Survey***, 2011, available at: http://www.stonewall.org.uk/what_we_do/research_and_policy/health_and_healthcare/4922.asp

Stonewall, ***Prescription for Change: Lesbian and Bisexual Women's Health Check***, 2008, available at: http://www.stonewall.org.uk/what_we_do/research_and_policy/health_and_healthcare/3101.asp

Transgender Europe (TGEU), ***COVID-19 and Trans People***, 2020, available at: <https://tgeu.org/covid-19/trans-people/>

United Nations Development Program, **Discussion Paper on Transgender Health & Human Rights**, 06 January 2014, available at: <http://www.undp.org/content/undp/en/home/librarypage/hiv-aids/discussion-paper-on-transgender-health---human-rights/>

United Nations High Commissioner for Refugees (UNHCR), **Adolescent Sexual and Reproductive Health in Refugee Situations: A Practical Guide to Launching Interventions in Public Health Programmes**, 2019, available at: <https://www.unhcr.org/5d52bcbd4>

United Nations Office of the High Commissioner for Human Rights (OHCHR), **ASPIRE Guidelines: Guidelines on COVID-19 Response Free from Violence and Discrimination Based on Sexual Orientation and Gender Identity**, 2020: https://www.ohchr.org/Documents/Issues/SexualOrientation/IESOGIASPIREGuidelinesReport_v5_20200622.pdf

United Nations Human Rights Council, **Report of the Independent Expert on Protection against Violence and Discrimination Based on Sexual Orientation and Gender Identity: Report on Conversion Therapy**, 01 May 2020, A/HRC/44/53, available at: <https://undocs.org/A/HRC/44/53>

United Nations Office of the High Commissioner for Human Rights (OHCHR), **COVID-19: The Suffering and Resilience of LGBT Persons Must Be Visible and Inform the Actions of States**, 17 May 2020, available at: <https://www.coe.int/en/web/commissioner/-/covid-19-the-suffering-and-resilience-of-lgbt-persons-must-be-visible-and-inform-the-actions-of-states>

United Nations Human Rights Council, **Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment**, 1 February 2013, A/HRC/22/53, available at: <http://www.refworld.org/docid/51136ae62.html>

United Nations Office of the High Commissioner for Human Rights (OHCHR), **UN Experts Hail Move to Depathologise Trans Identities**, 29 May 2019, available at: <https://www.ohchr.org/en/NewsEvents/Pages/DisplayNews.aspx?NewsID=24663&LangID=E>

UNAIDS, UNFPA, UN Women, UNICEF, and WHO, *International Technical Guidance on Sexuality Education: An Evidence-Informed Approach*, 2018, available at: <https://www.unfpa.org/sites/default/files/pub-pdf/ITGSE.pdf>

RED REGIONAL DE PROTECCIÓN DE PERSONAS LGBTIQ+ REFUGIADAS, SOLICITANTES DE ASILO Y MIGRANTES DE LAS AMERICAS (THE REGIONAL LGBTIQ+ NETWORK IN THE AMERICASS)

The following are resources related to the Regional LGBTIQ+ Network in the Americas; all are in Spanish:

- Support Spaces Operational Portal: <https://r4v.info/es/working-group/234?sv=39&geo=0>
- Sin Fronteras : Guía para funcionarios Red LGBTIQ+ sobre derechos y atención a personas refugiadas y migrantes LGBTIQ+ en Argentina, Brasil, Colombia, Chile, Ecuador y Perú (Without Borders: A World of Diversities. Guide on rights and support to LGBTIQ+ refugees and migrants in Argentina, Brazil, Colombia, Chile, Ecuador and Peru): <https://r4v.info/en/documents/details/77299>
- Sin Fronteras : Guía de bolsillo para personas LGBTIQ+ refugiadas y migrantes (Without Borders : Pocket Guide for LGBTIQ+ refugees and migrants): <https://r4v.info/en/documents/details/77300>
- Support Spaces Service Map (smartphone-friendly): <https://espacios.r4v.info/es/map>
- ¿Qué ofrecen los Espacios de Apoyo? https://www.youtube.com/watch?v=rTVrbOY2T7k&feature=emb_logo

SOLUTIONS

Heartland Alliance International, **In Our Voices: The Journeys of LGBT Refugees and Asylees** (video), available at: <http://vimeo.com/70976866>

Heartland Alliance International, **Rainbow Response: A Practical Guide to Resettling LGBT Refugees**, available at: <http://www.rainbowwelcome.org/service-providers>

Heartland Alliance International, **Rainbow Welcome Initiative** (website), available at: <http://rainbowwelcome.org/>

UNHCR, *Code of Conduct* (2004), at: <http://www.unhcr.org/422dbc89a.html>

UNHCR, *Age, Gender and Diversity Policy, Working with People and Communities for Equality and Protection* (2018), at: <https://www.refworld.org/docid/5bb628ea4.html>

UNHCR, *Policy on the Prevention of, Risk Mitigation and Response to Gender-Based Violence (GBV)* (2020), at: <https://reliefweb.int/sites/reliefweb.int/files/resources/5fa018914.pdf>

UNHCR and International Detention Coalition, *Vulnerability Screening Tool: Identifying and Addressing Vulnerability – A Tool for Asylum and Migration Systems* (2016), at: <https://www.refworld.org/docid/57f21f6b4.html>

UNHCR, *Heightened Risk Identification Tool (HRIT), 2nd edition* (2010), at: <https://www.refworld.org/pdfid/4c46c6860.pdf>

UNHCR, *Guidelines for International Protection N°9: Claims to Refugee Status based on Sexual Orientation and/or Gender Identity within the context of Article 1A(2) of the 1951 Convention and/or its 1967 Protocol relating to the Status of Refugees* (2012), at: <https://www.refworld.org/docid/50348afc2.html>

UNHCR, *Procedural Standards for Refugee Status Determination Under UNHCR's Mandate* (2020), at: <https://www.refworld.org/docid/5e870b254.html>

UNHCR and International Rescue Committee, *Field Handbook for the Implementation of Best Interest Determination of the Child Guidelines* (2011), at: <https://www.refworld.org/pdfid/4e4a57d02.pdf>

UNHCR, *Resettlement Handbook* (2011), at: <http://www.unhcr.org/4a2ccf4c6.html>

UNHCR, *Resettlement Assessment Tool on Lesbian, Gay, Bisexual, Transgender and Intersex Refugees* (2019), at: <https://www.refworld.org/docid/5d2731c64.html>

UNHCR, *Operational Guidance on Accountability to Affected People, (UNHCR/OG/2020/02)* (2020), at: <https://www.unhcr.org/aap-operational-guidance.html> UNHCR, *Manual on Community-Based Approach in UNHCR Operations* (2008), at: <https://www.refworld.org/docid/47da54722.html>

UNHCR, **Handbook for Repatriation and Reintegration Activities**, May 2014 available at: <http://www.refworld.org/volrep.html>

UNHCR, **Handbook on Voluntary Repatriation: International Protection**, 1996, available at: <http://www.unhcr.org/4164f6404.html>

UNHCR, **Protection Manual**, available at: <http://www.refworld.org/protectionmanual.html>

UNHCR, **Resettlement Assessment Tool: Lesbian, Gay, Bisexual, Transgender and Intersex Refugees**, April 2013, available at: www.refworld.org/pdfid/5163f3ee4.pdf

UNHCR, **UNHCR Resettlement Handbook (country chapters last updated 2013)**, July 2011, available at: <http://www.refworld.org/docid/4ecb973c2.html>

UNHCR, **Working with Lesbian, Gay, Bisexual, Transgender and Intersex Persons in Forced Displacement**, 2001, available at: www.refworld.org/pdfid/4e6073972.pdf

The development of this training package was made possible through the generous support of the American people through the **Bureau of Population, Refugees and Migration (PRM) of the United States Department of State** as part of the project, “Sensitization and Adjudication Training on Refugees Fleeing Persecution Based on Sexual Orientation and Gender Identity.” The content does not necessarily reflect the views of PRM or the United States.

