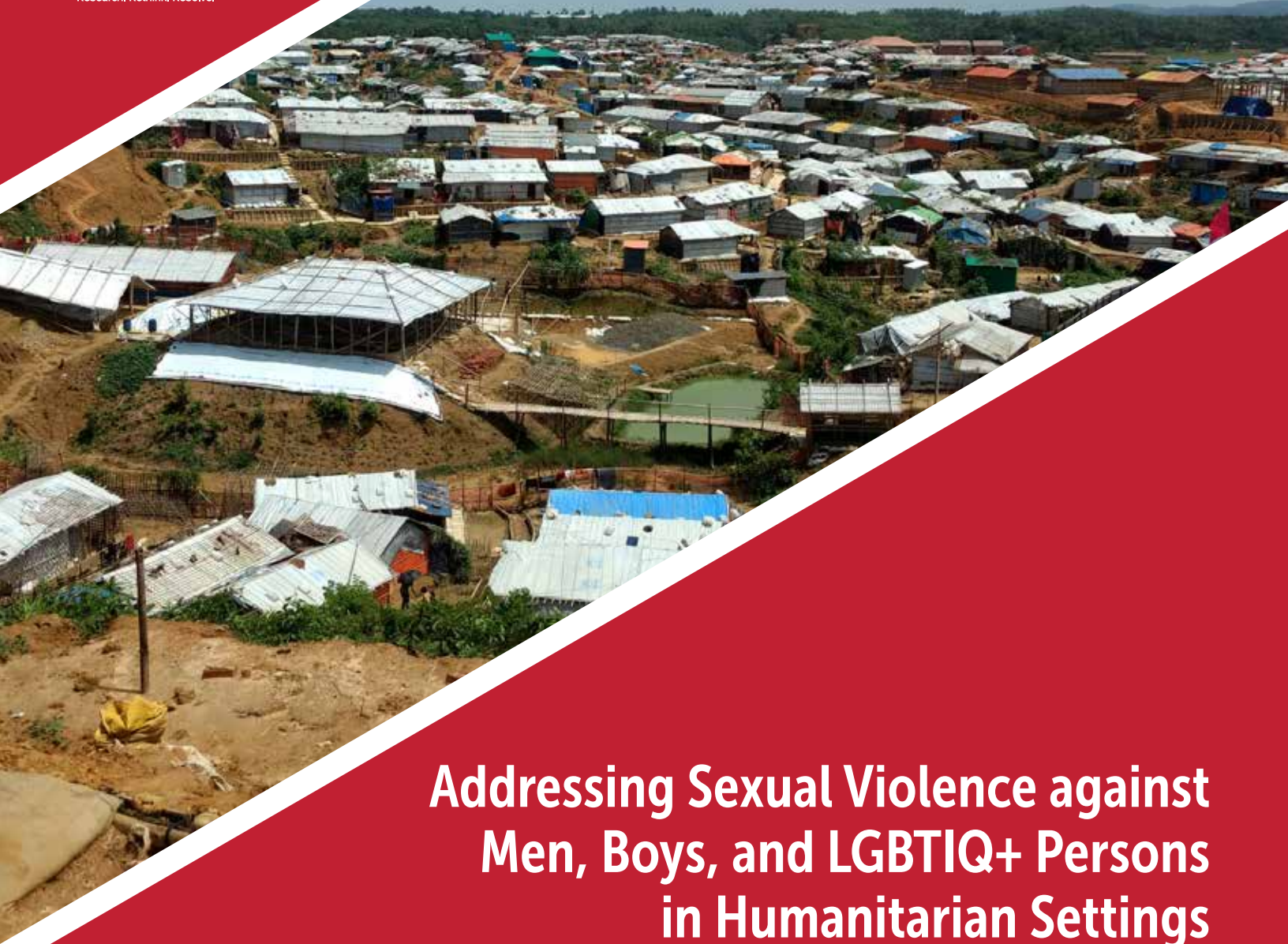


**WOMEN'S
REFUGEE
COMMISSION**


Research. Rethink. Resolve.



Addressing Sexual Violence against Men, Boys, and LGBTIQ+ Persons in Humanitarian Settings

A Field-Friendly Guidance Note by Sector

February 2021



The Women’s Refugee Commission (WRC) improves the lives and protects the rights of women, children, and youth displaced by conflict and crisis. We research their needs, identify solutions, and advocate for programs and policies to strengthen their resilience and drive change in humanitarian practice.

Acknowledgments

This Guidance Note was possible thanks to the support of Oak Foundation.

The Women’s Refugee Commission is grateful to all contributors and reviewers of the Guidance Note.

Contact

For more information or questions on this Guidance Note, please contact:

Sarah Chynoweth
Sexual Violence Project Director/Consultant
svproject@wrcommission.org

Dale Buscher
VP, Programs
daleb@wrcommission.org

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Women’s Refugee Commission
15 West 37th Street
9th Floor
New York, NY 10018
(212) 551 3115
info@wrcommission.org
womensrefugeecommission.org





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Introduction

A growing body of evidence demonstrates that, in addition to women and girls, perpetrators target some men and boys, as well as lesbian, gay, bisexual, transgender, intersex, queer, and other (LGBTIQ+) individuals with diverse sexual orientation, gender identity or expression, and sex characteristics for sexual violence in conflict, flight, and displacement.¹ Men/boy survivors and LGBTIQ+ survivors—like women/girl survivors—have significant medical, mental health, and other needs. Despite increasing awareness of sexual violence against these populations, many humanitarian workers are unclear on how to meet the needs of these diverse survivors.

From 2018 to 2019, the Women's Refugee Commission's (WRC) sexual violence project undertook exploratory research in three refugee settings.² Despite some service availability across settings, the study found high unmet needs among men, boy, and LGBTIQ+ survivors. These findings aligned with other studies on this issue.³ Frontline workers require more clarity and support on how to care for these populations. Many staff are confused about their roles and responsibilities, and are often unsure how best to provide services to support men, boy, and LGBTIQ+ survivors. Few have been adequately trained in caring for these survivors, and fewer still have first-hand experience.

Across settings and across sectors, frontline workers repeatedly requested guidance and support to better address sexual violence against boys (especially adolescent boys), men, and LGBTIQ+ persons. In the words of one key informant and gender-based violence (GBV) specialist in Cox's Bazar, Bangladesh, "We need technical support on this issue. Every organization needs it. We don't know how to do this—it is difficult."

The Women's Refugee Commission developed this Guidance Note in response to these needs. The aim of the Guidance Note is to outline key actions and considerations for service provision per sector to support frontline workers to better address sexual violence against men, boys, and LGBTIQ+ persons. The Guidance Note draws upon and consolidates existing humanitarian guidance, including guidance related to health, mental health and psychosocial support (MHPSS), child protection, and GBV, and contextualizes the existing guidance with learnings from our research to provide additional insights and context for service providers. The Guidance Note is a starting point to complement existing guidance and is based on current knowledge of these issues. It is intended to be a living document, and is not comprehensive or definitive.

- 1 Note about terminology: we recognize that the language "men, boys, and LGBTIQ+ persons" is problematic given that many gay, bisexual, queer, transgender, and other persons with diverse sexual orientation and gender identity/expression also identify as men and boys. We use this language for readability purposes and to draw particular attention to LGBTIQ+ persons. See Definitions at end of the Note for definitions related to sexual orientation, gender identity, sexual violence, and other key concepts.
- 2 The synthesis report, country reports, and journal articles can be found here: www.womensrefugeecommission.org/svproject.
- 3 See, for example: UNHCR, *"We keep it in our heart": Sexual violence against men and boys in the Syria crisis* (2017), and Women's Refugee Commission, *Mean Streets: Identifying and Responding to Urban Refugees' Risks of Gender-Based Violence* (2016).



Forms of Sexual Violence against Men, Boys, and Trans Women

Sexual violence against cisgender* men and boys as well as against transgender (trans) women can be perpetrated in many ways. Yet service providers may focus on anal rape and may overlook other common forms of sexual violence against these groups. Forms of sexual violence include:

- Anal and oral rape and attempted rape (including with objects)
- Genital violence, including beatings, burning, cutting, tying, electric shock, forced circumcision, and mutilation
- Amputation of the testes and/or penis
- Forced sexual activity with or sexual harm against other people, corpses, or animals, including enforced rape of others
- Forced witnessing of sexual violence (visual and auditory)
- Insertion of objects or liquids into urethra
- Forced sterilization
- Sexual humiliation, such as forced nudity
- Forced masturbation of self and others
- Nonconsensual touching of the genitals
- Injury to the nipples, including burning, cutting, and amputation
- Exposure of boys, including adolescent boys, to pornography

*Cisgender refers to “having a gender identity that matches one’s assigned sex.” See Key Definitions at the end of the Guidance Note.





Guiding Principles and Approaches⁴

The GBV guiding principles and a survivor-centered approach should underpin responses to survivors of all genders and sexualities. A survivor-centered approach entails identifying and prioritizing the rights, wishes, and safety of the survivor, treating the survivor with dignity and respect, and establishing a supportive, safe, and respectful environment. Specifically, the following principles should be applied at all times:

Safety: The safety and security of the survivor and the survivor's children must be prioritized.

Confidentiality: Survivors have the right to choose if, when, how, and with whom they share their story, and the information disclosed should only be shared with others after the informed consent of the survivor has been secured.

Respect: All decisions and actions should be guided by respect for the survivor's choices, interests, rights, and dignity.

Non-discrimination: Survivors should receive fair and equal treatment regardless of their age, gender, race, religion, nationality, ethnicity, marital status, sexual orientation or expression, or any other characteristic.

Failing to adhere to these principles can result in significant negative consequences for survivors, such as social sanctions, stigma, and further emotional and physical harm, as well as erode the community's trust in services.

For child survivors of all genders and sexualities, the **best interests of the child** should be assessed and considered.⁵ Each child is uniquely impacted by sexual victimization. All decisions and actions that impact the child should be guided by what is in the best interests of that particular child's safety, well-being, and development. Children have the right to participate in decisions about their lives.

Other critical approaches to guide programming include:

"Do no harm": A "do no harm" approach is a minimum standard in humanitarian action that involves taking all measures necessary to prevent and mitigate exposing affected communities to further harm by humanitarian actors.

Community-based approach: A community-based approach involves ensuring that affected populations are meaningfully engaged as partners in all aspects of humanitarian preparedness, response, and recovery.

Rights-based approach: A rights-based approach entails identifying and addressing the underlying causes of discrimination and inequality to ensure that all persons realize their right to freedom, dignity, and safety from violence, exploitation, and abuse—regardless of age, gender, race, religion, nationality, ethnicity, marital status, sexual orientation or expression, or other characteristic.

Humanitarian principles: The principles of humanity, impartiality, independence, and neutrality form the foundation of effective humanitarian action.

4 The first part of this section is drawn from UNFPA, *Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies* (2015), pp. x-xi.

5 See: The Alliance for Child Protection in Humanitarian Action, *Minimum Standards for Child Protection in Humanitarian Action* (2019).

Disaggregated Approaches to LGBTIQ+ Persons

Diverse sexualities and genders are commonplace around the world, with experts estimating that at least 5% of any displaced population are LGBTIQ+.⁶ Lesbians, gay men, trans men and trans women, and intersex, nonbinary, and other individuals with nonconforming sexual orientation, gender identity or expression, and sex characteristics are varied in terms of their life experiences, needs and vulnerabilities, and strengths and capacities. Yet they are frequently lumped together as a homogenous group. In the humanitarian sector—and more broadly—services and programs geared to LGBTIQ+ persons often focus on gay men or men who have sex with men, overlooking the needs of lesbians, trans men, trans women, intersex persons, and nonbinary persons, among others. It is critical that interventions and programs addressing LGBTIQ+ persons, including survivors and those at risk of sexual violence, are disaggregated according to respective L, G, B, T, I, Q, and other groups. All efforts should be developed in close collaboration with LGBTIQ+ persons, networks, and organizations.

Accountability to Women and Girls

Women and girls bear the brunt of sexual violence, yet funding to address GBV remains scarce,⁷ services are ad hoc and of inconsistent quality, and women/girl survivors face significant barriers to accessing care. As such, efforts to address sexual violence against men, boys, and nonbinary persons should:

- not undermine, erode, or otherwise take away funding, attention, or services to women and girls, including local women's organizations;
- be gender transformative, where applicable, and not perpetuate harmful gender norms, practices, and hierarchies;
- complement and, where possible, reinforce and support programs for women and girls;
- recognize that programming designed for women and girls cannot simply be expanded or replicated for men and boys; and
- collaborate and coordinate with actors focused on prevention and response of violence against women and girls to reinforce mutual efforts.

⁶ Humanitarian Advisory Group, *Taking Sexual and Gender Minorities out of the Too-Hard Basket* (June 2018), p. 4.

⁷ From 2016 to 2018, only 0.1% of humanitarian response funding was allocated to gender-based violence programs and two-thirds of the gender-based violence-related funding requests were unfunded. Voice and International Rescue Committee, *Where's the Money? How the Humanitarian System is Failing to Fund an End of Violence Against Women and Girls* (2019).



Population-Based (Representative) Surveys on Sexual Violence against Men and Boys in Conflict

- **Cote d'Ivoire:** In six districts, 2.2% of men disclosed experiencing conflict-related sexual violence between 2000 and 2007.
- **Democratic Republic of the Congo:** In selected conflict-affected eastern territories, a 2010 study found 23.6% of men reported experiencing sexual violence.
- **Indian Kashmir:** In two districts, a 2005 survey found that 17% of males reported a "violation of modesty" (local language to describe sexual victimization) since the start of the conflict in 1989.
- **Liberia:** A 2008 study found that 32.6% of former male combatants reported sexual victimization.
- **South Sudan:** In Yei County, a 2008 study found that 46.9% of men reported experiencing or witnessing sexual violence against a man.

Sources:

M. Hossain et al., "Men's and women's experiences of violence and traumatic events in rural Cote d'Ivoire before, during and after a period of armed conflict," *BMJ Open*, 4(2), e003644 (2014).

K. Johnson et al., "Association of sexual violence and human rights violations with physical and mental health in territories of the eastern Democratic Republic of the Congo," *JAMA*, 304(5), 553-562 (2010).

K. de Jong et al., "Conflict in the Indian Kashmir Valley I: Exposure to violence," *Conflict and Health*, 2(1), 10 (2008).

K. Johnson, "Association of combatant status and sexual violence with health and mental health outcomes in post-conflict Liberia," *JAMA*, 300(6), 676-690 (2008).

M. Nagai et al., "Violence against refugees, non-refugees and host populations in southern Sudan and northern Uganda," *Global Public Health*, 3(3), 249-270 (2008).

Non-Representative Data on Sexual Violence against Men, Boy, and LGBTIQ+ Refugees and Migrants

Men/boy refugees and migrants

- **Bangladesh:** Of 70 Rohingya refugee men surveyed in Cox's Bazar in 2013, 14.3% reported experiencing rape and 20% reported experiencing other forms of sexual violence.
- **Greece:** Of 215 survivors of sexual violence who presented for care at an MSF clinic on Lesbos, 28% were male.
- **Lebanon:** A 2013 rapid assessment of 520 Syrian and Palestinian male youth and boys (age 12-24) living in Lebanon revealed that 10.8% had experienced an incident of sexual harm or harassment in the previous three months.
- **Mexico:** Of 429 refugees fleeing violence in Central America, 17.2% of the men reported suffering sexual violence during flight through Mexico.
- **Morocco:** Among a sample of refugees and migrants traveling through Morocco to Europe, 37.2% (53) of 142 reported incidents of rape involved male victims.

LGBTIQ+ refugees

- **Ecuador, Ghana, Israel, and Kenya:** Of 55 LGBTIQ+ refugees in four countries, 29.3% reported experiencing sexual abuse as a child and 17.2% reported sexual victimization as an adult.
- **Kenya:** A 2017 survey of 332 refugees with diverse sexual orientation, gender identity, gender expression, or sex characteristics in Nairobi found that, among lesbian, bisexual, and queer refugee women, 42% disclosed ever experiencing sexual violence.
- **Mexico:** An estimated 50% of gay and transgender refugees and migrants fleeing Central America through Mexico have suffered sexual violence.
- **United States:** LGBTIQ+ refugees and migrants in US detention centers are estimated to be 97 times more likely to be sexually assaulted than their non-LGBTIQ+ counterparts.

Sources:

A. Riley, et al., *Daily Stressors, Trauma Exposure, and Mental Health Among Stateless Rohingya Refugees in Bangladesh* (unpublished raw data), (2013).

R.A. Belanteri et al., "Sexual violence against migrants and asylum seekers. The experience of the MSF clinic on Lesbos Island, Greece," *PLoS ONE* 15(9) (2020).

Research Center at La Sagesse University & ABAAD, *Assessment of the Impact of GBV on Male Youth and Boys Among Syria and Palestine Refugees from Syria in Lebanon* (unpublished, November 2013).

Médecins Sans Frontières, *Forced to flee Central America's Northern Triangle: A neglected humanitarian crisis* (2017).

I. Keygnaert & A. Guieu, "What the eye does not see: A critical interpretive synthesis of European Union policies addressing sexual violence in vulnerable migrants," *Reproductive Health Matters*, 23(46), (2015): 45-55.

Y. Millo, *Invisible in the City: Protection Gaps Facing Sexual Minority Refugees and Asylum Seekers in Urban Ecuador, Ghana, Israel, and Kenya*, (HIAS, 2013) p. 7.

RefugePoint, *Disaggregating LGBTIQ Protection Concerns: Experiences of Displaced Communities in Nairobi* (2018).

K. Seelinger & J. Uyttewaal, *The Silence I Carry: Disclosing Gender-Based Violence in Forced Displacement* (UC Berkeley, 2018).

S. Gruberg, "ICE's Rejection of Its Own Rules Is Placing LGBT Immigrants at Severe Risk of Sexual Abuse", (Center for American Progress, 2018).



ADDRESSING SEXUAL VIOLENCE: SECTORAL RESPONSES

Health, Including Sexual and Reproductive Health

The health impacts of sexual violence can be significant, such as rectal trauma, injuries to the genitals, and exposure to sexually transmitted infections (STIs), including HIV. Men and boy survivors may be concerned about the health impacts of sexual violence, or may only seek care when suffering physical consequences, such as rectal tears or STIs. In some settings, their first (and often only) point of contact with sexual violence response services is usually a health provider. Some LGBTIQ+ survivors may encounter health-related impacts that require sensitized care, such as pregnancy and access to safe abortion services among trans men (including those taking testosterone) and lesbians.

As such, health actors are in a key position to respond to men, boy, and LGBTIQ+ survivors and facilitate their access to additional services and support. Sexual and reproductive health providers may be particularly well positioned given their expertise in addressing sensitive issues related to sex and sexual well-being; many providers have experience in supporting survivors of violence.

Health-Related Impacts

Short- and long-term physical impacts that men/boy survivors and LGTBIQ+ survivors may experience include:

- trauma to the penis, scrotum, and testes, such as bruises, burns, cuts, and amputation, and electroshock-related injury such as urethral stricture/scarring, painful urination, erectile dysfunction, bladder injuries, and blood in urine;
- rectal and anal trauma such as hemorrhoids, fistulae, fissures, and tears, which may require specialized surgery;
- anal skin tags or scarring;
- varicose veins, which can interfere with sperm production and motility and cause infertility;
- sexually transmitted infections, including HIV and Hepatitis B;
- urinary and fecal incontinence;
- pain during urination and/or bowel movements;
- hernias and abdominal tears;
- sexual dysfunction including erectile dysfunction;
- infertility;
- genital, rectal, and lower back pain, as well as generalized body pains;
- other physical injuries sustained during the assault, such as broken bones or lacerations; and
- for trans men (including those taking testosterone) and lesbian, bisexual, and other queer women: pregnancy and trauma to the vulva, vagina, cervix, breasts, and related areas.

Physical signs of sexual abuse of boys and LGBTIQ+ adolescents can include:⁸

- bruises, bleeding, swelling, sores or discharge in genitals, anus or mouth;
- pain, burning, and/or itching of the genitals or anus, or other signs of STIs;
- trouble eating or swallowing;
- pain during urination and/or bowel movements;
- weight loss or weight gain;
- bedwetting, incontinence, and soiling (unrelated to toilet training); and
- frequent stomach complaints with no identifiable diagnosis.

Note that for many child survivors, physical symptoms or indications of sexual abuse are not apparent.

Key Actions for Health Providers

The following is drawn from guidance and resources developed by WHO, UNFPA, UNHCR, UNICEF, the GBV AoR, and the Inter-agency Working Group on Reproductive Health in Crises, among others.⁹

Understanding the issues

- Recognize that men, boys, and LGBTIQ+ persons can be sexually victimized and understand that this violence is not uncommon, particularly against LGBTIQ+ persons.
- Understand that some common forms of sexual violence against men, boys, and LGBTIQ+ persons may differ from those against straight, cisgender women and girls, such as genital violence, enforced rape of others, and so-called “corrective” rape, resulting in differing health impacts.
- Understand the terms, innuendoes, euphemisms, and metaphors regarding sexual victimization as well as the evolving language on LGBTIQ+ related issues in the local context.

Capacity development

- Recruit professional, respectful providers and staff, and integrate values-oriented questions into the hiring process to assess homophobic, transphobic, and other negative attitudes and prejudices.
- Ensure that at least one provider (ideally one woman provider and one man provider) is trained, sensitized, and experienced in providing clinical care for men/boy survivors and LGBTIQ+ survivors, including children of all ages (below 18 years), where possible.
- Train, sensitize, and supervise staff (including interpreters and cultural mediators) to promote survivor-centered, respectful, and nonjudgmental behaviors and practices to survivors of all ages, genders, and sexualities.

8 Adapted from IRC and UNICEF, [Caring for Child Survivors of Sexual Abuse: Guidelines for health and psychosocial service providers in humanitarian settings](#) (2012), p. 31.

9 The Key Actions are drawn from the following guidelines and resources: WHO, UNFPA, UNHCR, [Clinical management of rape and intimate partner violence survivors: Developing protocols for use in humanitarian settings](#) (2020); GBV AoR, [The Inter-agency Minimum Standards for Gender-Based Violence in Emergencies Programming](#) (2019); Inter-agency Working Group on Reproductive Health in Crises, [Reproductive health in humanitarian settings: An inter-agency field manual](#) (2018); MOSAIC, [Male Survivors of Sexual Assault: A Manual on Evaluation and Management for General Practitioners](#) (2015). UNHCR, IOM, [Training package on the protection of LGBTI persons in forced displacement](#) (2015); IRC and UNICEF, [Caring for Child Survivors of Sexual Abuse: Guidelines for health and psychosocial service providers in humanitarian settings provides guidance specific to boys](#) (2012); IRC/UCLA, [Clinical Care for Sexual Assault Survivor: Multimedia Training Tool](#) (2008).



- Assess provider attitudes and ensure supervision includes addressing homophobic, transphobic, and other negative attitudes and behaviors of all staff who interact with men/boy survivors and LGBTIQ+ survivors.
- Establish and enforce strict confidentiality systems and practices.

Entry points

- Ensure the availability of men-, boy-, and LGBTIQ+ friendly health focal points, in addition to women-oriented health focal points (such as midwives and traditional birth attendants).
- Ensure systems to receive discrete disclosures or referrals of sexual violence are inclusive of men/boy survivors and LGBTIQ+ survivors.
- Establish sensitized entry points for trans survivors specifically given that trans women may not be able to access care from women-oriented service points and trans men may have specific sexual and reproductive health needs, such as pregnancy resulting from rape.

Survivor-centered care

- Offer the option of a man or a woman health provider and never assume who the survivor would prefer to speak to. Where a provider of the preferred gender is unavailable, offer a trained chaperone of the preferred gender to accompany the survivor.
- Ensure consent in all aspects of the physical examination.
- Reassure survivors (as needed) that the assault was not their fault and that many other men, boys, and LGBTIQ+ persons have also been victimized to help reduce self-blame.
- Acknowledge the difficulty in seeking care and validate their courage in doing so.
- Use and reflect back the language and terms that the survivor uses (as appropriate); be sensitive to terms such as "sexual violence," "rape," "victim," and "survivor," as men/boy survivors may not identify as a victim or conceptualize their experiences as sexual violence.
- Prepare and offer the survivor a medical certificate, and confidentially and safely store a copy of the certificate; only the survivor should decide if and when to use the certificate to pursue asylum, protection, justice, or compensation.

Inclusive practice

- Record information related to sexual orientation, gender identity or expression, or body diversity in a respectful manner.
- Develop inclusive forms and consider making "gender" a write-in question rather than offering only "male" and "female" options.
- Use preferred names and pronouns (without question), and reflect the patient's language when referring to body parts.
- Never assume a client's gender or sexual orientation. If unsure, ask the person what resources they think would be best for them.
- Where possible, establish at least one unisex toilet, in addition to gender-specific toilets.
- Ensure services are accessible to survivors with disabilities, including LGBTIQ+ survivors with disabilities.
- Consider asking LGBTIQ+ sensitized staff and providers to wear a rainbow pin, which signals LGBTIQ+ friendly care.

Referral pathways

- Ensure clear referral systems (including communication and follow-up strategies) are in place to refer men/boy survivors and LGBTIQ+ survivors for additional sensitized care.

- Identify a referral facility for survivors requiring specialized surgeries, such as treatment of anal fistulae and testicular and penis amputation.
- For intersex children and adults, survivors should be referred to knowledgeable and empathetic health providers, where possible.

Considerations for Health Service Provision

Entry points

- Men/boy survivors may be more likely to access sexual violence care in clinics providing integrated care for victims of violence as compared to other types of clinics (standalone sexual violence facilities or associated with maternity services) where sexual violence disclosure upon admission is required.¹⁰

Signs and symptoms

- Symptoms for men/boy survivors may be vague, such as body aches, generalized pains with no clear injuries, and headaches. Back pain may be a sign of sexual victimization among men and boys due to genital, rectal, or abdominal trauma, physical or psychological trauma responses, or STIs.

Disclosure

- Medical care may facilitate men/boy survivors' disclosure of sexual violence, especially if there are observable physical impacts that health care providers can sensitively inquire about during the medical history and interview.
- Survivors may take years to disclose. Even if the assault occurred a long time ago, it is important to offer a physical exam and HIV and STI testing. For survivors seeking an asylum claim based on survivor status, documenting any scars or evidence is critical.
- Depending on the cultural and linguistic contexts, men and boys may not use language such as "rape" to describe their experiences. They may instead speak about torture, abuse, or related terms.

Common fears among survivors

- Some survivors may experience involuntary arousal (arousal non-accordance), such as erection, vaginal lubrication, and orgasm, during an assault. This may cause additional distress, including shame and confusion about sexuality. It is important to reassure the survivor that this is a normal physiological response among survivors of all genders and sexualities, and it has no bearing on sexual orientation or mean that the survivor "wanted" or enjoyed the assault.¹¹
- Myths such as "only gay men are sexually assaulted" or "all raped men become gay" may be addressed by explaining that while LGBTIQ+ persons are vulnerable, men and boys are also vulnerable to sexual violence in humanitarian contexts regardless of sexual orientation or gender identity. It may be helpful to explain that sexual violence is about power, violence, and control, not about sexual desire, and that surviving sexual violence does not define current or future sexual orientation.

10 A. Broban, et al., "Assault and care characteristics of victims of sexual violence in eleven Médecins Sans Frontières programs in Africa. What about men and boys?" *PLoS ONE* 15(8) (2020).

11 For more information on arousal non-accordance among men/boy survivors, see: Living Well, [Sexual assault and arousal](#).



Medical certificates

- In humanitarian settings, the health provider who examines the survivor should write the medical certificate. The survivor may not wish to take a copy, but it is archived and the survivor informed that it can be requested and accessed in the future. Recording, providing, and safe archiving of medical certificates require training and standard operating procedures. Medical certificates should be drafted for survivors of all genders.

Barriers to service uptake¹²

- *Negative provider attitudes and practices* - Negative provider attitudes, disbelief, dismissal, humiliation, homophobia, transphobia, and belief in myths such as “men can't be raped,” strongly deter survivors from accessing care and must be comprehensively addressed through training, sensitization, and supervision.
- *Lack of knowledge among health providers* - Health providers tend to focus on anal rape and may overlook other common forms of sexual violence against men and boys, such as enforced rape of others, genital violence, and forced sex acts. Health providers should be sensitized to common forms of sexual violence against men and boys.
- *Capacity challenges* - Not all health providers who care for women/girl survivors will be able to effectively care for men/boy survivors and LGBTIQ+ survivors. Sensitized, experienced health providers and referral points should be identified, where possible.
- *Lack of knowledge among survivors* – Men/boy survivors (including gay and bisexual men/boys) may not conceptualize their experiences as sexual violence, which they may associate with women and girls only, and may not explicitly disclose sexual victimization. Men/boy survivors and LGBTIQ+ survivors may be unaware that the health impacts of sexual violence can be treated or managed. These issues should be clarified and included in relevant health promotion sessions and outreach efforts with communities.
- *Legal barriers* - Criminalization of same-sex relations and forms of gender expression (that target gender nonconforming individuals) strongly deters men/boy survivors and LGBTIQ+ survivors from accessing care, particularly in settings with mandatory reporting for health providers. The act of penile-anal penetration itself, rather than the intention of the parties involved, is frequently criminalized.
- *Confidentiality concerns* – Men/boy survivors and LGBTIQ+ survivors are often extremely concerned about confidentiality breaches and worry that their families or communities will learn about their victimization or sexual orientation. Ensuring the highest standards of confidentiality in service provision, including with interpreters and administrative staff, is essential.

Additional considerations for LGBTIQ+ survivors

- Some LGBTIQ-friendly services may predominately focus on gay men and may be less welcoming or appropriate for lesbians, bisexual women, trans women, or trans men, or nonbinary persons; for example, they may not include pregnancy-related services.
- Trans men can become pregnant from rape (including those taking testosterone), or may have been subjected to female genital mutilation/cutting, and may be uncomfortable accessing sexual and reproductive health services oriented to women.
- Like straight, cisgender women and men, some LGBTIQ+ persons sell sex and may experience sexual violence while doing so. It is critical for health providers to maintain a nonjudgmental, respectful, and empathetic approach to any person selling sex.

¹² Adapted from: S.K. Chynoweth et al., “A social ecological approach to understanding service utilization barriers among male survivors of sexual violence in three refugee settings: a qualitative exploratory study,” *Conflict and Health*, 14(43) (2020).

Additional considerations for boy survivors

- Health providers may dismiss or may not recognize that boys, especially adolescent boys, can be sexually abused by other boys, girls, and women.
- Some health providers may mistakenly believe that clinical management of rape does not apply to (cisgender) boys given that they cannot become pregnant; rape survivors of all genders should be offered clinical management of rape.
- Some adolescent boys and LGBTIQ+ youth may be sexually exploited in the context of selling sex; it is important to treat them with respect and not blame, dismiss, or ridicule them.

Community Outreach and Awareness Raising

Even in settings where sensitized sexual violence services are in place, many men, boy, and LGBTIQ+ survivors may be unaware that services are available for them or how to access care. They may not realize the benefits of accessing care, such as post-exposure prophylaxis to minimize HIV transmission if taken within 72 hours post assault. Some may believe that they were the only ones victimized, or may not be aware that mental health recovery is possible with care and support. As such, community outreach and awareness-raising efforts are critical to facilitate survivors' access to care. The establishment of confidential services, outreach activities, and trust-building efforts with the community can encourage service utilization.

Considerations when developing community outreach and awareness programs to raise awareness about sexual violence services:

- Engage with the affected community to design and implement the awareness-raising efforts, including men/boy survivors, adolescent boys, LGBTIQ+ persons, and local LGBTIQ+ organizations.
- Ensure disaggregated approaches to respective LGBTIQ+ communities.
- Clarify how, where, and when men, boy, and LGBTIQ+ survivors can access sensitized care, and the benefits of doing so.
- Once good quality, strictly confidential services are in place, highlight the confidential nature of services.
- Ensure that operating hours are accessible for men, adolescent boys, and LGBTIQ+ persons who work.
- Consider engaging and sensitizing members of the affected community to conduct outreach activities and connect survivors with services as soon as possible.
- Build trust with women who may facilitate the identification of men/boy survivors within their family, such as husbands and sons.
- Underscore messages of "you are not alone," "it is not your fault," and "help is available."
- Include images of men/boy survivors in posters and other awareness-raising materials and advertise services in male-specific settings, such as men's bathrooms or barbershops.
- Explore the use of advertisements for LGBTIQ+ friendly sexual violence services in LGBTIQ+ oriented apps such as Grindr, Hornet, or Her.
- Promote relevant hotlines, where available, as they are anonymous and men, boy, and LGBTIQ+ survivors can seek confidential support.



Case Study: Enabling Medical Care Uptake at Sea

On the *Aquarius* search and rescue vessel in the Mediterranean, MSF health providers raised awareness about sexual violence against men and boys and available services through convening private groups of 10 to 15 men and adolescent boys who spoke the same language. One man and one woman health provider met with the groups and gave a short speech acknowledging how difficult their journey had been and that many other men and boys had disclosed suffering sexual violence in Libya, during transit, and in their home country. They clearly defined sexual violence and provided examples of different forms, and explained that sexual violence has medical and psychological consequences that can be treated or managed. They underscored that free, confidential medical care was available on the ship, that refugees had the option of speaking with a man or woman health provider, and that staff could be approached at any time. The providers said that sexual violence can happen to anyone, that it was not survivors' fault, that they did not need to feel ashamed, and that they were not alone. Providers emphasized the medical consequences of sexual violence, which they found helped enable disclosures due to men's and boys' fears of existing or potential sexually transmitted infections. Posters about the availability of post-sexual violence medical care that depicted men/boy survivors were placed in the men's bathrooms. As a result, the proportion of men/boy survivors who came forward for medical care increased from 3 percent in 2017 to 33 percent in 2018.

Source: Women's Refugee Commission, *"More Than One Million Pains": Sexual Violence Against Men and Boys on the Central Mediterranean Route to Italy*, 2019, p. 52.

Relevant Health Resources

- Women's College Research Institute et al. [Providing Trans-Affirming Care for Sexual Assault Survivors: e-Learning Curriculum](#) (forthcoming)
- American Society for Emergency Contraception. [Emergency Contraception for Transgender and Nonbinary Patients](#) (2020)
- WHO, UNFPA, UNHCR. [Clinical management of rape and intimate partner violence survivors: Developing protocols for use in humanitarian settings](#) (2020)
- Inter-agency Working Group on Reproductive Health in Crises. [Reproductive health in humanitarian settings: An inter-agency field manual](#) (2018)
- MOSAIC. [Male Survivors of Sexual Assault: A Manual on Evaluation and Management for General Practitioners](#) (2015)
- WHO and United Nations Office on Drugs and Crime (UNODC). [Strengthening the medico-legal response to sexual violence](#) (2015)
- IRC/UCLA. [Clinical Care for Sexual Assault Survivors: Multimedia Training Tool](#) (2014 revision)
- IRC and UNICEF. [Caring for Child Survivors of Sexual Abuse: Guidelines for health and psychosocial service providers in humanitarian settings provides](#) (2012)
- FORGE. [Practical Tips for Working With Transgender Survivors of Sexual Violence](#) (2008)

Mental Health and Psychosocial Support

The impact of sexual violence on a survivor’s mental health can be severe. Survivors frequently experience short- and long-term mental health consequences, although intensity, manifestation, and duration vary by person. Gender and sexual orientation can play roles in terms of impact as well as the response to sexual victimization. For example, among lesbian survivors, internalized homophobia is associated with post-traumatic stress disorder symptom severity and avoidant behavior that may impede service uptake.¹³

Despite high exposure to potentially traumatic experiences among forcibly displaced populations, mental health and psychosocial support (MHPSS) services are frequently weak in humanitarian settings. Mental health care is often scarce and MHPSS service provision tends to focus on psychosocial support. MHPSS providers are often not specifically trained or sensitized to care for LGBTIQ+ survivors, who may be fearful of accessing care due to harmful mental health practices such as “conversion therapy.”¹⁴ Men may be particularly reluctant to use MHPSS services due to gender norms. MHPSS interventions should be inclusive of sexual violence survivors but should not specifically target survivors. Consistent screening for suicidality, major depression, and post-traumatic stress disorder among survivors should be established, immediately after the assault as well as months later. A gender, disability, and age analysis, inclusive of diverse LGBTIQ+ populations, is critical to identify and address barriers to MHPSS service utilization.

MHPSS-Related Impacts

Short- and long-term mental health impacts that men/boy survivors and LGTBIQ+ survivors may experience include:

- denial, shock, disbelief
- anxiety
- depression
- post-traumatic stress disorder
- paranoia
- memory loss and confusion
- emotion regulation challenges including overwhelming feelings of self-blame, shame, helplessness, humiliation, anger, rage, loneliness, and fear
- dissociation, derealization (feeling detached from one’s surroundings), depersonalization, dissociative personality disorder
- sleep disturbances
- disordered eating
- flashbacks and hallucinations (visual and auditory)
- self-destructive behaviors, such as drug and alcohol abuse
- escapism, such as increased focus on study or taking care of others
- confusion and distress about gender identity and/or sexual orientation
- psychosexual dysfunction

13 S.D. Gold et al., “Psychological Outcomes Among Lesbian Sexual Assault Survivors: An Examination of the Roles of Internalized Homophobia and Experiential Avoidance”, *Psychology of Women Quarterly*, 33(1), (2009): pp. 54–66.

14 “Conversion therapy” or “reparative therapy” are harmful and discredited practices that attempt to change a person’s sexual orientation or gender identity, which is not possible. See: United Nations Independent Expert on protection against violence and discrimination based on Sexual Orientation and Gender Identity, [Report on Conversion Therapy](#) (2020).



- somatization, such as back and pelvic pains, chest pains, headaches, and the sensation of something crawling on the skin
- suicidal ideation and attempted or completed suicide

Key Actions for MHPSS Providers

The following is drawn from guidance and resources developed by WHO, UNHCR, IOM, and the Gender-Based Violence Information Management System (GBVIMS) Steering Committee.¹⁵

Understanding the issues

- Recognize that men, boys, and LGBTIQ+ persons can be sexually victimized and understand that this violence is not uncommon, particularly against LGBTIQ+ persons.
- Recognize common forms of sexual violence against men, boys, and LGBTIQ+ persons, such as genital beatings, forced nudity, forced witnessing, and corrective rape.
- Understand the terms, innuendoes, euphemisms, and metaphors regarding sexual victimization, as well as the evolving language on LGBTIQ+ related issues in the local context.

Capacity development

- Ensure the availability of providers who are LGBTIQ+ friendly and competent, and are trained to respond to the needs of diverse sexual violence survivors.
- Train and monitor staff (including interpreters and cultural mediators) to promote survivor-centered, respectful, and non-discriminatory behaviors and practices to survivors of all genders and sexualities.
- Promote clinical supervision of MHPSS providers working with survivors of sexual violence and LGBTIQ+ persons generally, including assistance with self-care and stress management.

Entry points

- Establish accessible entry points to MHPSS services and programs for men/boy survivors and LGBTIQ+ survivors (including lesbians and other queer women), as it may be inappropriate or they may be uncomfortable accessing care through women-oriented service points.
- Engage with LGBTIQ+ persons, organizations, and networks to identify trusted organizations providing good quality MHPSS care to LGBTIQ+ survivors.

Survivor-centered care

- Offer the option of a man or a woman provider and never assume whom the survivor would prefer to speak to.
- Reassure survivors—as needed—that the assault was not their fault, that their reactions are normal, and that many other men/boy survivors and LGBTIQ+ persons have also been victimized, given that survivors often feel alone in their experiences. Support the survivor to

¹⁵ The Key Actions are drawn from the following guidelines and resources: GBVIMS Steering Committee, [Interagency gender-based violence case management guidelines: providing care and case management services to gender-based violence survivors in humanitarian settings](#) (2017); WHO, UNHCR, [mhGAP Humanitarian Intervention Guide \(mhGAP-HIG\) Clinical Management of Mental, Neurological and Substance Use Conditions in Humanitarian Emergencies](#) (2015); UNHCR, IOM, [Training package on the protection of LGBTI persons in forced displacement](#) (2015); UNHCR, [Operational Guidance. Mental Health and Psychosocial Support Programming for Refugee Operations](#) (2013); WHO, [Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines](#) (2013); UNHCR, [Need to Know Guidance: Working with Men and Boy Survivors of Sexual and Gender-based Violence in Forced Displacement](#) (2012); WHO, [Mental health and psychosocial support for conflict-related sexual violence: principles and interventions](#) (2012).

- develop empathy for themselves and other survivors, including women and girls.
- Reassure the client that you personally will respect the confidentiality of their information and do so, given that confidentiality (and sometimes lack of confidence in services/responses broadly) are key concerns for survivors. Acknowledge the difficulty in seeking care and validate their courage in doing so.
- Offer counseling to family members, if desired by the survivor, recognizing that boy survivors and LGBTIQ+ survivors may have been victimized by family members, and married male survivors may face rejection by their spouses.
- Where safe, feasible, and sustainable, consider establishing support groups and peer networks for men/boy survivors and LGBTIQ+ survivors, especially as many of these survivors are isolated and alone. Where possible, disaggregate support groups for LGBTIQ+ survivors.
- Use and reflect back the language and terms that the survivor uses (as appropriate); be sensitive to terms such as “sexual violence,” “rape,” “victim,” and “survivor,” as men/boy survivors may not identify as a victim or conceptualize their experiences as sexual violence.
- Never assume a client’s gender or sexual orientation. If unsure, ask the person what resources they think would be best for them.

Referral pathways

- Establish clear procedures on receiving disclosures of sexual violence, including from men, boys, and LGBTIQ+ persons.
- Develop referral protocols (including communication and follow-up strategies) to refer men/boy survivors and LGBTIQ+ survivors to sensitized, trained service providers with appropriate entry points for men/boy survivors and LGBTIQ+ survivors.

Considerations for MHPSS Service Provision

Awareness of sexual violence

- Awareness and knowledge of sexual violence against men, boys, and LGBTIQ+ persons can vary significantly (among both providers and clients) by culture, context, age, and gender.

Providing good quality MHPSS care

- Key to the provision of good quality, sensitized MHPSS care is the recruitment of professional, respectful providers and staff. Integrating values-oriented questions into the hiring process may help to assess homophobic, transphobic, and other negative attitudes and prejudices.
- MHPSS providers should be comfortable discussing culturally sensitive issues, such as sex, sexuality, gender, same-sex sexual relations, and sexual violence, and develop an understanding of local gender norms and sensitivities around men/boy sexual victimization and LGBTIQ+ issues generally.
- Some men/boy survivors may exhibit intense anger, including homophobia. Men and boys victimized by women/girl perpetrators may express misogyny. Understanding this can help providers respond appropriately and sensitively.
- Derealization and other dissociative symptoms, such as feeling numb and detached from one’s body, self, or surroundings, are common among survivors of sexual violence. It is critical for mental health providers to understand that survivors may not exhibit observable emotional distress that reflects the intensity of their experiences or the depth of the mental health impacts.
- It is important for providers to be aware of their own limitations regarding their workload, prioritize self-care, and set expectations with the client.



Common Myths of Sexual Violence against Men and Boys

- *Myth:* Sexual violence against men and boys is rare.
 - » *Reality:* Sexual violence is perpetrated against men and boys around the world. Globally, around 8% of boys are estimated to suffer sexual abuse in childhood.¹
- *Myth:* Men cannot be sexually victimized as they are physically strong enough to ward off an attack.
 - » *Reality:* Anyone can suffer sexual violence.
- *Myth:* Experiencing anal rape will cause a straight man to become gay.
 - » *Reality:* Sexual violence has no impact on sexual orientation.
- *Myth:* Only gay men rape men and boys.
 - » *Reality:* Sexual violence is about violence, not desire or sexual orientation. Many men who perpetrate sexual violence against men or boys identify as straight (heterosexual).
- *Myth:* Men or boys who experienced an erection during rape must have enjoyed it.
 - » *Reality:* During anal rape, some male survivors may experience an erection or orgasm. Spontaneous arousal is also common during other forms of sexual violence, such as forced witnessing. This is a normal physiological response that has no bearing on desire or pleasure.
- *Myth:* Men and boys don't disclose sexual victimization.
 - » *Reality:* Men and boy survivors disclose to people they trust in supportive, respectful environments.

Myths specific to boys

- *Myth:* Most boys who are sexually abused become perpetrators as adults.
 - » *Reality:* The majority of sexually abused boys do not perpetrate violence as adults.²
- *Myth:* Boys are less harmed by sexual abuse and exploitation than girls.
 - » *Reality:* Sexual abuse and exploitation are harmful to all children.
- *Myth:* Boys are "lucky" to be sexually exploited or abused by a woman.
 - » *Reality:* Sexual victimization by a perpetrator of any gender is harmful.

For an in-depth discussion on myths related to men/boy survivors in humanitarian settings, see Touquet et al. "From 'It rarely happens' to 'It's worse for men': Dispelling misconceptions about sexual violence against men and boys in conflict and displacement," *Journal of Humanitarian Affairs* (2021).

¹The lifetime prevalence rate of childhood sexual abuse for girls is 18%. World Health Organization, *Global Status Report on Violence Prevention* (Geneva, 2014), p. 14.

² World Health Organization Regional Office for Europe, *The Cycles of Violence: The Relationship Between Childhood Maltreatment and the Risk of Later Becoming a Victim or Perpetrator of Violence* (Copenhagen, World Health Organization, 2007), p. 9.

Addressing common concerns among survivors

- Myths such as "only gay men are sexually assaulted" or "all raped men become gay" may be addressed by explaining that while LGBTIQ+ persons are at risk, men and boys are also vulnerable to sexual violence in humanitarian contexts regardless of sexual orientation or gender identity. It may be helpful to explain that sexual violence is about power, violence, and control, not about sexual desire,

and that surviving sexual violence does not define current or future sexual orientation.

- Note that sexual arousal responses, such as erection, vaginal lubrication, and orgasm, during an assault (known as arousal non-concordance) are common physiological responses and have no bearing on sexual orientation or that the survivor enjoyed the assault. This may occur during many types of sexual violence, including rape and forced witnessing, against survivors of all genders and sexualities.
- Men/boy survivors and LGBTIQ+ survivors may be particularly worried about confidentiality and may inquire about other clients to assess whether providers will break confidentiality.¹⁶ It is important to establish and enforce strict confidentiality systems and practices.
- Supporting men/boy survivors to reflect on traditional masculine gender norms and challenge the idea that “real men can’t be victims” may be helpful to address self-blame and low self-worth.

Disclosure

- It is not essential for survivors to explicitly disclose sexual victimization to enable healing or recovery. The priority is to create a safe, supportive, and trusting environment where confidentiality and non-judgement are prioritized, and where staff are trained in receiving disclosures and do not pressure, force, or rush a survivor to disclose.
- Men/boy survivors and LGBTIQ+ survivors who disclose do so to people they trust, including men and women. Disclosure—if, when, how, and to whom—is an individual preference.
- Some survivors may find it easier to disclose to an outsider or a foreigner, rather than someone from their ethnicity, culture, or religion.
- Restrictive gender norms, stigma around same-sex relations, misconceptions that sexual violence against men and boys is rare, and difficulty in identifying as a victim can impede disclosure.
- Explicitly acknowledging that sexual violence against men, boys, and LGBTIQ+ persons can be widespread in conflict, imprisonment, during flight, and in displacement, may help survivors open up and may help reduce self-blame.
- Many men/boy survivors may not conceptualize their experiences as sexual violence and may prefer to speak about “torture” or other non-sexual forms of violence. It is important to reflect the language they use.

Barriers and enablers to MHPSS service uptake

- The establishment of confidential services, outreach activities, and trust-building efforts with the community can help enable service uptake among men/boy survivors and LGBTIQ+ survivors.
- Restrictive masculine norms may limit health-seeking behavior among men/boy survivors and MHPSS care in particular.
- For additional barriers, see “Barriers to service uptake” in the Health section.

Additional considerations for boy survivors

- See “Considerations for service provision” under the Child Protection section.

Additional considerations for LGBTIQ+ survivors

- LGBTIQ+ persons are often (justifiably) wary of MHPSS providers’ competency in and openness to LGBTIQ+ issues, and may be fearful of “conversion therapy” in particular. This limits MHPSS-seeking behaviors. Knowledgeable, trustworthy, LGBTIQ+ friendly MHPSS providers are essential to support service uptake.

¹⁶ S. Martin, *Sexual Violence against Men & Adolescent Boys and Sexual and Gender Minorities: Documentation of Findings based on a joint ICRC-Norwegian Red Cross Research Project*, ICRC/Norwegian Red Cross, (internal report).



Caring for Trans Survivors of Sexual Violence

Service providers often need additional support, sensitization, and training to sufficiently support trans persons. Key considerations when caring for trans survivors include:

- **Trained staff.** Ensure availability of staff trained in or sensitized to caring for trans persons.
- **Inclusive forms.** Develop inclusive forms that do not force a client to only choose between “male” and “female.” Consider making “gender” a write-in question. (This is also helpful for nonbinary persons.)
- **Preferred language.** Use the client’s preferred names and pronouns (without question), and reflect client language when referring to body parts.
- **Listening and not making assumptions.** Listen to the survivor and do not assume that being trans was linked to sexual victimization. Some survivors may believe there is a connection between sexual violence and their trans identity, while others do not.
- **Staying on topic.** Ask relevant questions and do not probe with intrusive or off-topic questions related to being trans. Providers may be curious or have questions about being trans: focus on the client’s needs and explore your personal questions about gender identity outside of the treatment context.
- **Respecting disclosure decisions.** Understand that some trans persons are open about their trans identity while others prefer not to disclose. This is an individual choice and lack of disclosure should not be perceived as denial or deceit.
- **Body or gender dysphoria.** Recognize that some trans persons struggle with body or gender dysphoria. As a result, it may be difficult to differentiate between gender dysphoria, body dysphoria, and the impacts of sexual victimization.
- **Clear policies.** If gender-segregated support groups are offered, develop clear policies on which groups trans people can access. Consider providing trans-only support groups, where possible.

Adapted from: FORGE, [*Practical Tips for Working With Transgender Survivors of Sexual Violence*](#), (2008).

- Where feasible, local LGBTIQ+ organizations should be supported to provide and/or expand their MHPSS care as they may be more competent and trustworthy in responding to LGBTIQ+ survivors. LGBTIQ+ persons may prefer to seek care at an LGBTIQ+ organization, where available, before a general MHPSS service provider.
- The rainbow flag is widely recognized among LGBTIQ+ persons and can be useful to signal LGBTIQ+ friendly care, such as LGBTIQ+ sensitized providers, interpreters, outreach workers, and other staff wearing rainbow pins.
- A respectful, nondiscriminatory approach is critical. Using language that reflects and signals that you are familiar with diverse experiences, identities, and sexualities can help build trust, comfort, and rapport. For example, when introducing yourself to a client, consider explicitly mentioning your preferred gender pronouns for yourself (she/he/they).
- Some LGBTIQ+ survivors might blame themselves for the assault or believe that they are being punished for their sexual orientation or gender identity/expression. Some may believe that sexual violence “caused” them to become LGTBIQ+. It may be helpful to explain that sexual orientation and gender identity are not choices, that sexual violence has no bearing on sexual orientation, gender identity, or desire, and that only the perpetrator is to blame for sexual violence.

- Confidentiality is essential, especially as LGBTIQ+ persons may be concerned that their sexual orientation or gender identity will be revealed to their families or communities.
- LGBTIQ+ youth are particularly vulnerable to sexual victimization and often have limited familial or social support.
- Like straight, cisgender women and men, some LGBTIQ+ persons sell sex and may experience sexual violence while doing so. It is critical for MHPSS providers to maintain a nonjudgmental, respectful, and empathetic approach to any person selling sex.
- Exacerbating factors that may prevent MHPSS service use among LGBTIQ+ survivors include

Case Study: Survivor-Led Peer Support in Uganda

Established in 2011, the Men of Hope Refugee Association Uganda (MOHRAU) is an organization developed for and by men survivors of conflict-related sexual violence that emerged out of the Refugee Law Project. Originally started as a support group, MOHRAU's activities significantly expanded to include community awareness-raising, advocacy, and capacity development. It offers a range of trainings to its members, including on human rights, computer literacy, and leadership skills. A study on MOHRAU's activities found that the peer support groups provided a valuable space for men survivors to facilitate individual and group healing, including the establishment of new identities. The support groups worked to challenge patriarchal conceptualizations of men's invulnerability and hegemonic masculinity, and helped foster more egalitarian understandings of interpersonal relationships.

Source: Men of Hope Refugee Association Uganda. *Men of Hope Magazine*. 2015; J. Edström et al., *Therapeutic Activism: Men of Hope Refugee Association Uganda Breaking the Silence over Male Rape in Conflict-related Sexual Violence*. Institute of Development Studies, 2016.

insecurity, poverty, insecure housing, social and familial exclusion, poor community networks, discrimination, homophobia, and transphobia.

Relevant MHPSS Resources

- FORGE. [A Guide for Facilitators of Transgender Community Groups: Supporting Sexual Violence Survivors](#). (2016)
- WHO, UNHCR. [mhGAP Humanitarian Intervention Guide \(mhGAP-HIG\) Clinical Management of Mental, Neurological and Substance Use Conditions in Humanitarian Emergencies](#). (2015)
- Health and Human Rights Info. [Mental health and gender-based violence. Helping survivors of sexual violence in conflict – a training manual](#) (2014)
- UNHCR. [Need to Know Guidance: Working with Men and Boy Survivors of Sexual and Gender-based Violence in Forced Displacement](#). (2012)
- WHO. [Mental health and psychosocial support for conflict-related sexual violence: principles and interventions](#). (2012)
- UNHCR. [Need to Know Guidance: Working with Lesbian, Gay, Bisexual, Transgender & Intersex Persons in Forced Displacement](#). (2011)
- WHO, War Trauma Foundation, and World Vision International. [Psychological first aid: Guide for field workers](#). (2011)
- FORGE. [Practical Tips for Working With Transgender Survivors of Sexual Violence](#). (2008)



Special Considerations for Specific Populations

Detainees

Men, boys, and LGBTIQ+ persons in detention are at high risk of sexual violence. Detention sites may refer to official detention centers, make-shift detention sites (such as basements or abandoned buildings), prisons, police custody, and other forms of captivity. Transgender detainees are particularly vulnerable to sexual victimization, especially if they are misgendered and placed with the wrong population. Detainees who have been held in detention or captivity for longer periods are at risk of sexual violence, including sexual torture.

Victims of torture

Men, boys, and LGBTIQ+ persons who have been subjected to torture frequently experience some form of sexualized torture. Men/boy victims of sexual torture may prefer to use the term "torture" rather than discuss sexual violence or rape. The impacts of torture are profound, multidimensional, and long-term. Comprehensive care is required to support the victim's rehabilitation and successful re-entry into society.

Persons selling sex

In addition to straight, cisgender women, men and LGBTIQ+ persons also sometimes sell sex in humanitarian settings. Adolescent boys may be sexually exploited in the context of selling sex. Persons who sell sex are at high risk of sexual violence by the police, clients, community members, and others. However, service providers and authorities may be dismissive or not take this violence seriously. Persons who sell sex frequently encounter discrimination, stigmatization, and sometimes harassment by service providers and others, and may be particularly reluctant to access care. Collaborating with persons who sell sex and organizations involved in sex work can help inform effective program design and support access to care.

Persons with disabilities

Persons with disabilities, including men, boys, and LGBTIQ+ persons, are at far greater risk of sexual violence than their non-disabled counterparts. Persons with intellectual disabilities are particularly vulnerable as they may be more easily manipulated, may not be able to clearly give consent or object to sexual activity, and may face greater difficulties in speaking out. Some survivors with disabilities rely on the perpetrator for care and support, further impeding disclosure and access to services. Persons with disabilities generally may have less access to information and knowledge about available services. Sexual violence services may not be physically accessible, and providers may hold deep-seated biases or misconceptions about persons with disabilities. Survivors with genital or rectal trauma and who use a wheelchair often face significant difficulties managing urinary or fecal incontinence.

Ethnic and religious minorities

Persons from ethnic and religious minority groups are frequently at greater risk of violence and harassment, including sexual violence. They often encounter numerous barriers to accessing care, including discrimination by service providers, lack of information about available services, and language- and cultural-related impediments. Service providers providing sexual violence care must ensure respectful, non-discriminatory care and identify and address access barriers for ethnic and religious minorities.

Protection

The right to protection, including legal protection and physical protection, underpins humanitarian response. Sexual violence survivors of all genders and sexualities often have an array of protection needs, including access to safety, legal redress, sensitized health care and other services. Yet the protection-related needs of adult men survivors and LGBTIQ+ survivors (like straight, cisgender women) are often unmet due to discriminatory policies, inadequate or dysfunctional judicial processes, confidentiality concerns, lack of information, and under-trained staff, among other barriers. LGBTIQ+ persons face a multitude of serious protection concerns and may encounter discrimination and disrespect when trying to access protection-related services.

It is critical that protection staff are equipped to adequately and efficiently support those at risk of sexual victimization and respond to survivors of all sexualities and genders. Programs should be informed by gender, age, disability, and cultural analyses. For protection issues related to boys and LGBTIQ+ adolescents, see the Child Protection section.

Protection-Related Needs

Survivors of sexual violence have a variety of protection-related needs, including:

- immediate safety
- safe shelter/housing (short- and/or long-term)
- justice/legal redress
- referral to sensitized case management, health, MHPSS, and other services
- material assistance and livelihood support
- respectful, confidential, and survivor-centered support
- expedited refugee status determination (where applicable)
- expedited resettlement referral for third country resettlement, if no appropriate services or protection are available in the country of first asylum

Key Actions for Protection Providers

The following is drawn from guidance and resources developed by Sphere, the IASC, UNHCR, and IOM, among others.¹⁷

Understanding the issues

- Recognize that men and LGBTIQ+ persons can be sexually victimized and understand that this violence is not uncommon, particularly against LGBTIQ+ individuals.
- Understand that men survivors may continue to be at risk of sexual violence.
- Recognize the common forms of sexual violence against men as sexual violence, such as forced

¹⁷ The Key Actions are drawn from the following guidelines and resources: Sphere Project, *The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response, fourth edition* (2018); IASC, *Gender Handbook for Humanitarian Action* (2017); UNHCR, *SGBV prevention and response - A training package* (2016); IASC, *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery* (2015); UNHCR, IOM, *Training package on the protection of LGBTI persons in forced displacement* (2015); UNHCR, *Need to Know Guidance: Working with Lesbian, Gay, Bisexual, Transgender & Intersex Persons in Forced Displacement* (2011).



witnessing, forced nudity, genital violence, and enforced rape of others.

- Understand the terms, innuendoes, euphemisms, and metaphors regarding sexual victimization as well as the evolving language on LGBTIQ+ related issues in the local context.

Capacity development

- Sensitize protection staff on men/boy survivors and LGBTIQ+ persons generally.
- Ensure interviewers for asylum-related claims are familiar with sexual violence against men, boys, and LGBTIQ+ persons, such as forced witnessing, enforced rape of others, and so-called “corrective” rape, including the specific forms and characteristics of sexual violence against men, boys, and LGBTIQ+ persons in the country of origin.
- Ensure specially trained staff are available to conduct interviews related to refugee status determination and resettlement for LGBTIQ+ persons. (See: Tips for Protection Staff: Interviewing LGBTIQ+ Persons, below.)
- Monitor and provide supervision to ensure consultations with LGBTIQ+ persons are respectful, confidential, and appropriate.
- Ensure staff (including security guards, drivers, administration staff, and others) are sensitized to LGBTIQ+ issues and consider wearing a rainbow flag pin, which can be useful to signal LGBTIQ+ friendly care.
- Hire LGBTIQ+ staff at all levels, including security personnel, outreach workers, and protection specialists.

Coordination and collaboration

- Collaborate with LGBTIQ+ persons, specialists, networks, and organizations to determine the specific protection and safety issues and access barriers related to LGBTIQ+ persons, including survivors of sexual violence.
- Partner and support local LGBTIQ+ organizations to respond to LGBTIQ+ survivors, as appropriate.
- Work with partners, such as local LGBTIQ+ organizations and networks, to identify safe shelter for men survivors and LGBTIQ+ survivors and those at risk of sexual violence.
- Establish a contingency plan on how to gain technical support from a GBV specialist before survivors present.

Inclusive programming

- Ensure protection programs are inclusive of men at risk of sexual violence, men survivors, and LGBTIQ+ persons, as appropriate (and without compromising targeted protection programming for women).
- Identify and reinforce community-based protection mechanisms for men at risk of sexual violence, men survivors, and LGBTIQ+ persons.
- Identify the material needs of men at risk of sexual violence, men survivors, and LGBTIQ+ persons, and ensure they have safe, non-discriminatory, and confidential access to material assistance.
- Establish confidential complaints mechanisms for communities to report concerns, including sexual exploitation and sexual violence; identify and address any reporting barriers, particularly for LGBTIQ+ persons.
- Support men survivors and LGBTIQ+ survivors to access legal aid providers who are sensitized to and have experience working with these groups of survivors.
- Ensure community outreach and awareness-raising efforts on sexual violence, as well as any sensitization and trainings on sexual violence such as of the police and judiciary, address men at

risk of sexual violence, men survivors, and LGBTIQ+ persons.

- Assess sexual violence-related risks of persons in detention facilities, such as age- and gender-segregation, inclusion of LGBTIQ+ persons in policies and protocols, and the specific vulnerabilities and needs of trans detainees.

Referral pathways

- Develop response and referral pathways to sensitized referral points for men survivors that do not rely on women and girl safe spaces.
- Develop referral pathways to appropriate, sensitized services for LGBTIQ+ survivors, including sensitized referral points for trans persons (integrated into existing referral pathways or develop separate referral pathways, as appropriate).

Tips for Protection Staff: Interviewing Men Survivors

- » **Be alert to the signs:** Men survivors often delay reporting sexual victimization, and may only do so when they need urgent medical attention. Potential signs of sexual victimization include the inability to sit comfortably, complaints of lower back pain, and expressions of intense anger, irritability, or homophobia. Be sure to recognize these potential signs, respond in a sensitive, survivor-centered manner, and offer information about medical care and other services.
- » **Build rapport and sensitively raise sexual violence.** In settings where referral pathways for men survivors are in place, appropriately trained staff can sensitively raise the issue of sexual violence after rapport has been established. Underscore that painful issues, like sexual violence, can be confidentially discussed if and when the person is ready to speak about them. Explain that experiencing sexual violence has no impact on sexual orientation. (Note that a spontaneous erection or orgasm during an assault are common physiological responses and have no bearing on sexual orientation or that the survivor experienced pleasure.)
- » **Respect the gender-based violence guiding principles.** Adhere to the guiding principles in every interaction. Have an empathetic, nonjudgmental attitude, respect the survivor's story and wishes, and support referral to services if desired. Offer the choice of men or women interviewers and interpreters.

Adapted from: UNHCR. *SGBV prevention and response - A training package*. (2016), p. 15.

Considerations for Protection Service Provision

Disclosure

- Men survivors and LGBTIQ+ survivors may be wary or reluctant to disclose sexual victimization due to confidentiality concerns and lack of knowledge about the benefits of disclosure.
- Men survivors may not conceptualize their experiences as sexual violence, which may be associated with women and girls alone. They may prefer to speak about torture or general violence instead. It is important to reflect and use their language.



Safety planning

- There are rarely safe shelter places available for adult men. Safe shelter is also often difficult to secure for adolescent boys who have been sexually victimized; exploring creative solutions may be necessary to identify safe shelter and housing options. Contingency plans should be in place before a survivor presents.
- In many contexts, LGBTIQ+ persons and sometimes men/boy survivors are unlikely to receive positive support from police or other protection services due to homophobia, biphobia, and transphobia. In some cases, the police can be perpetrators themselves. Extensively explore with the person their current and past experiences with the police as well as safety risks of reporting to authorities.
- Be aware of and take seriously warning signs of self-harm and suicidality.

Legal aid

- Like women and girls, men survivors and LGBTIQ+ survivors often face significant barriers to access justice:
 - » Many national laws maintain narrow legal definitions of rape that do not include men/boy victims.¹⁸ Legal redress for men survivors may fall under other categories, such as sexual assault, which may carry lesser penalties.¹⁹
 - » Common forms of sexual violence against men and boys, such as forced rape of others or forced witnessing, may not fall under national law (although they may be prosecutable under international law in specific contexts).
 - » Same-sex sexual relations are criminalized in many countries. This significantly impedes men/boy survivors from accessing services, since the act itself is criminalized, and dually dissuades LGBTIQ+ survivors.
 - » Persons in humanitarian settings often flee from or reside in settings with weak rule of law and widespread impunity toward sexual crimes. They may have low confidence in or knowledge of seeking justice, and thus be less likely to seek support.
 - » The public nature of some court systems may impede legal redress uptake by sexual violence survivors and LGBTIQ+ persons generally.
 - » Law enforcement (police) may perpetrate additional sexual violence when survivors report sexual victimization.
- In some contexts, access to justice may be a motivating factor for men/boy survivors to seek services. Access to justice can aid the healing and recovery process for survivors.
- Legal aid clinics can be useful to raise-awareness about sexual violence against men, boys, and LGBTIQ+ persons, as well as how to access care, including referrals.

LGBTIQ+ specific considerations²⁰

- LGBTIQ+ persons are highly vulnerable to sexual violence, including by humanitarian aid workers and in detention. Trans persons are especially vulnerable in detention or incarceration,

18 Globally, 62 countries do not provide legal protection for male rape victims. *Report of the Secretary General on Conflict Related Sexual Violence [s/2016/361]* (2016), p. 4.

19 For example, in Jordan and Lebanon, the penal codes define rape as an act carried out by a male perpetrator against a (non-spousal) female victim. Legal redress for male rape survivors can be pursued under other provisions, such as indecent assault and sodomy, although these carry lesser punishments. UNHCR, *"We keep it in our heart": Sexual violence against men and boys in the Syria crisis* (2017), p. 57.

20 This section is drawn from: GBVIMS Steering Committee, *Interagency gender-based violence case management guidelines: providing care and case management services to gender-based violence survivors in humanitarian settings* (2017); UNHCR, IOM, *Training package on the protection of LGBTI persons in forced displacement* (2015); UNHCR, *Need to Know Guidance: Working with Lesbian, Gay, Bisexual, Transgender & Intersex Persons in Forced Displacement* (2011).

particularly if they are misgendered and placed with the wrong population.

- Protection staff may be untrained, unprepared, or uncomfortable assisting LGBTIQ+ persons. This should be addressed through training, values clarification, sensitization, and supervision.
- Safe shelter is a significant concern for LGBTIQ+ persons. Scattered site housing may be isolating, whereas designated LGBTIQ+ safe houses may increase visibility and therefore vulnerability. Collaborating with local LGBTIQ+ partners can help identify and assess housing options, including immediate shelter for survivors.
- Legal redress for LGBTIQ+ persons for any form of victimization may be difficult due to discrimination, stigma, retribution, and concerns about being outed. Legal recourse is extremely challenging and potentially dangerous in settings which criminalize same-sex sexual relations and forms of gender expression that target gender nonconforming individuals.
- Resettlement is often considered as a main protection tool for LGBTIQ+ persons who are at risk in hostile settings. Given limited resettlement slots and long wait times during which LGBTIQ+ persons may be at risk, it is important to work with local LGBTIQ+ organizations and other partners to identify alternative protection solutions.
- LGBTIQ+ persons face numerous barriers to access material goods, services, reporting mechanisms, and protection processes. They may prefer to isolate rather than risk exposure, discrimination, humiliation, denial of aid, or violence when trying to access assistance.
- Documentation that includes a person's sex that does not align with their gender identity or expression can put them at risk of harassment, abuse, exclusion, and denial of aid.
- Participatory assessments may not include or be accessible by LGBTIQ+ persons; assessment methodologies that do not take into account LGBTIQ+ related confidentiality and safety concerns may risk exposing LGBTIQ+ persons and place them at greater risk of harassment or violence.
- Common places where information about services is shared, such as community centers, may not be safe for LGBTIQ+ persons to access or may not offer relevant information for LGBTIQ+ individuals. Online LGBTIQ+ groups or spaces, including dating apps, may be good alternatives.

Case Study: Supporting Trans Women Refugees in Lebanon

In 2016, the Women's Refugee Commission partnered with MOSAIC to pilot a project to support the safety and well-being of Iraqi, Syrian, Palestinian, and Lebanese trans women living in Beirut, Lebanon. The project involved creating a safe, welcoming space where participants could comfortably meet and discuss issues of concern. Bridge-building efforts were undertaken to foster a sense of community and collective resilience among the participants, and information about available services was shared. A series of art and drama therapy group sessions were facilitated by an experienced social worker, which helped identify common themes and experiences among participants. As a result, participants reported a strengthened sense of community and belonging; community-based protection was enhanced through the expansion of their peer network, which helped with sharing information about physical safety and security, accessing resources, and engaging in advocacy and community-building.

Source: WRC, MOSAIC. [*Supporting Transwomen Refugees: Tailoring activities to provide psychosocial support and build peer networks among refugee and host community transwomen*](#). 2017.



Tips for Protection Staff: Interviewing LGBTIQ+ Persons

1. **Promote physical safety and confidentiality.** Ensure the environment is safe and promotes confidentiality. Where possible, provide a separate, private physical space or offer different days or hours for LGBTIQ+ persons.
1. **Be prepared.** Understand the specific protection challenges and vulnerabilities of LGBTIQ+ persons, generally as well as specific to the setting. Use a disaggregated approach to identifying protection concerns according to respective LGBTIQ+ communities and do not assume that all LGBTIQ+ persons have the same needs and vulnerabilities. Learn sensitive and appropriate interviewing techniques. Familiarize yourself with LGBTIQ+ related terms and stay abreast of the most up-to-date and appropriate language, including local slang.
1. **Self-reflect.** Reflect on your own attitudes, assumptions, and biases about gender, sexuality, and LGBTIQ+ persons. If you are unable to undertake a nonjudgmental, respectful interview, inform your supervisor and do not undertake the interview in accordance with the principle of "do no harm."
1. **Ensure competency.** For protection staff engaged in refugee status determination and resettlement interviews, ensure availability of specially trained staff who are sufficiently equipped to assess the international protection needs of LGBTIQ+ persons in alignment with international criteria and standards.
1. **Conduct a respectful, dignified interview:**
 - a. Offer the choice of sensitized men or women interviewers and interpreters.
 - b. Use the correct terminology, including preferred names and pronouns (without question), and reflect the individual's language when referring to body parts.
 - c. Never assume the individual's sexual orientation or gender identity.
 - d. Ask relevant questions and do not probe with intrusive or off-topic questions related to being LGBTIQ+.
 - e. Record information related to sexual orientation, gender identity or expression, or bodily diversity in a respectful manner.
 - f. Use a respectful, professional, and nonjudgmental approach.
 - g. For survivors of sexual violence: adhere to the guiding principles in every interaction, respect the survivor's story and wishes, and support referral to services if desired.

Adapted from: UNHCR and IOM. [*Training package on the protection of LGBTI persons in forced displacement, Module 2: Conducting interviews.*](#) (2015).

Relevant Protection Resources

- Human Dignity Trust. [Pan-Commonwealth Human Rights, Gender & Sexual Diversity Training Toolkit](#) (2019)
- ORAM. [Sexual & Gender Minority Refugees Safe Space Checklist.](#) (2019)
- FORGE. [Is Your Agency Ready to Serve Transgender and Nonbinary Clients?](#) (2019)
- IASC. [Gender Handbook for Humanitarian Action.](#) (2017)
- UNHCR. [SGBV prevention and response - A training package.](#) (2016)

- IASC. [Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery](#). 2015.
- UNHCR, IOM. [Training package on the protection of LGBTI persons in forced displacement](#) (2015)
- UNHCR. [Need to Know Guidance: Working with Men and Boy Survivors of Sexual and Gender-based Violence in Forced Displacement](#). (2012)
- UNHCR. [Need to Know Guidance: Working with Lesbian, Gay, Bisexual, Transgender & Intersex Persons in Forced Displacement](#). (2011)

Child Protection

Girls and boys in humanitarian settings are highly vulnerable to sexual violence including sexual abuse, and children’s reporting of sexual victimization is low. Specialized services for child and adolescent survivors are often weak or lacking. Much is still unknown about how best to program for boy survivors and boys at risk, and programs for adolescents of all genders need strengthening. LGBTQ+ adolescents are particularly vulnerable to sexual abuse and exploitation and face numerous challenges in accessing services. They may be driven out of their homes or suffer violence, including sexual violence, by family members. When reporting violence or trying to access care, they may face discrimination, be denied services, or suffer additional abuse by service providers or authorities. Yet programs and sensitized services for LGBTQ+ adolescents are rare in humanitarian settings and programmatic guidance is lacking.

Under the international humanitarian framework, caring for child survivors of sexual abuse is the joint responsibility of child protection and GBV actors. In every humanitarian setting, child protection and GBV actors must agree on responsibilities and accountabilities to ensure adequate service provision for child survivors of all genders and sexualities. As such, it is essential that child protection and GBV actors collaborate closely to promote a coordinated, multi-sectoral response to child survivors and children at risk of sexual violence. Programs should be informed by gender, age, disability, and cultural analyses. All efforts should be underpinned by a survivor-centered approach with consideration of the best interests of the child.

Child Protection-Related Needs

Children and adolescents who have experienced sexual victimization need and have a right to:

- confidential and survivor-centered support that is accordance with the best interests of the child;
- immediate safety;
- respectful, sensitized case management, including an individual action plan to access health, MHPSS, and other services;
- clinical management of sexual assault;
- mental health and psychosocial support, including support to return to school and participate in community events;
- safe shelter/housing, especially if the abuse occurred in the home;
- justice/legal redress;
- material assistance;
- livelihood/vocational support for adolescents, where appropriate; and
- participation in the decisions about their case, contingent on maturity level.



Key Actions for Child Protection Providers

The following is drawn from guidance and resources developed by the Alliance for Child Protection in Humanitarian Action, the IASC, the Global Protection Cluster/Child Protection, UNHCR, IOM, and the GBVIMS Steering Committee, among others.²¹ Note that many of the following actions apply to girls as well.

Understanding the issues

- Recognize that sexual abuse and exploitation of boys is common around the world.²²
- Recognize that adolescents can have diverse sexualities and genders, and that LGBTIQ+ adolescents²³ and children and adolescents with disabilities²⁴ are at increased risk of sexual abuse.
- Understand that gender norms that allow boys more freedom and access to public spaces, combined with less oversight by caregivers and misconceptions that boys are not targeted for sexual abuse, can increase vulnerability to sexual abuse and exploitation.
- Understand the contexts that increase vulnerability to sexual victimization: see *Considerations for Service Provision: Vulnerable Contexts*, below.

Capacity development

- Address disbelief or dismissal of the unique vulnerabilities of boys to sexual violence including sexual exploitation (particularly in settings where reporting among boy survivors is low) by sharing prevalence data (where available) and referring to guidance such as the [Minimum Standards for Child Protection in Humanitarian Action](#) that include programming for boys at risk and boy survivors.
- Provide training and other capacity development support to build competencies of child protection services providers to effectively respond to and care for boy survivors and LGBTIQ+ adolescent survivors in age-, gender-, and culturally sensitive ways, as necessary.
- Employ LGBTIQ+ persons in child protection staff and leadership, and solicit their input in program design and implementation.
- Sensitize child protection staff and leadership to the unique vulnerabilities and needs of LGBTIQ+ adolescents.

21 The Key Actions are drawn from the following guidelines and resources: The Alliance for Child Protection in Humanitarian Action, [Minimum Standards for Child Protection in Humanitarian Action](#) (2019); The Children's Society, [Boys and Young Men at Risk of Sexual Exploitation: A Toolkit for Professionals](#) (2018); Global Protection Cluster/Child Protection, [Key messages: Integrating GBV considerations in child protection assessments, monitoring and reporting](#) (2018); IASC, [Gender Handbook for Humanitarian Action](#) (2017); GBVIMS, [Interagency gender-based violence case management guidelines: providing care and case management services to gender-based violence survivors in humanitarian settings](#) (2017); IASC, [Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery](#) (2015); UNHCR, [Child Protection Issue Brief: Sexual Violence against Children](#) (2014); UNHCR, [A Framework for the Protection of Children](#) (2012).

22 Prevalence of childhood sexual abuse of boys from 24 countries ranged from 3% to 17%. J. Barth et al., "The current prevalence of child sexual abuse worldwide: A systematic review and meta-analysis," *International Journal of Public Health*, 58(3), 469-483 (2013).

23 A meta-analysis of studies in the United States found that sexual minority children (i.e., lesbian, gay, and other children with diverse sexual orientation) were 3.8 times more likely to suffer sexual abuse than straight/heterosexual children. Mark S. Friedman et al. "A Meta-Analysis of Disparities in Childhood Sexual Abuse, Parental Physical Abuse, and Peer Victimization Among Sexual Minority and Sexual Nonminority Individuals," *American Journal of Public Health* 101, no. 8 (August 1, 2011): pp. 1481-1494.

24 Children with disabilities are almost 3 times more likely to experience sexual violence than non-disabled children. Jones et al., "Prevalence and risk of violence against children with disabilities: a systematic review and meta-analysis of observational studies," *The Lancet* (2012); 380: 899-907.

Coordination and collaboration

- Coordinate (when feasible and safe) with local child welfare systems and child protection networks to enhance protection and meet the needs of boy survivors and LGBTIQ+ survivors.
- Coordinate with GBV actors to identify service delivery gaps, minimize overlap, and work together to meet the needs of boy survivors and LGBTIQ+ survivors; where applicable, include needs/risk analysis in humanitarian needs overview processes.
- Work with partners to ensure that reception areas for separated and unaccompanied children are staffed with a mixed team (women and men) who are trained to safely and confidentially support and refer boy survivors and LGBTIQ+ adolescent survivors.
- Collaborate with LGBTIQ+ persons, agencies, and specialists to assess vulnerabilities and barriers to accessing protection and services for LGBTIQ+ adolescents.

Entry points

- Support creation of child-friendly spaces, adolescent clubs or groups, sports programs, and other programs for adolescents and children that are equipped to receive disclosures of sexual violence.
- Support creation of LGBTIQ+ friendly spaces or support groups for LGBTIQ+ adolescents that are equipped to receive disclosures of sexual violence.
- Meaningfully engage with boys and LGBTIQ+ adolescents to incorporate sexual violence-related messages into child protection community outreach and awareness-raising activities, such as where to access services and how to report risks.

Case management

- Integrate boy survivors and LGBTIQ+ adolescent survivors into case management standard operating procedures.
- Support access to good quality case management delivered by caseworkers with knowledge and experience in caring for boy survivors and LGBTIQ+ adolescent survivors, where possible.
- Identify sensitized and suitable referral points for boy survivors and LGBTIQ+ adolescent survivors, including health care professionals with experience in working with intersex children, where possible.
- Coordinate with GBV actors to develop referral pathway for boy survivors (including adolescent boys) and LGBTIQ+ adolescent survivors.
- Identify and monitor appropriate and safe alternative care placements and shelters for boy survivors and LGBTIQ+ adolescent survivors where removal from the home is in the best interests of the child. Note that this may be difficult for adolescent boy survivors and LGBTIQ+ survivors; work with partners to identify creative, safe solutions.
- Assess needs and, if appropriate, enable access to cash and voucher assistance and/or in-kind material support to enable boys and LGBTIQ+ adolescent survivors to rapidly access care.
- Identify ways to support families and caregivers of child and adolescent survivors, including LGBTIQ+ survivors. This may include the referrals for provision of MHPSS for family members and caregivers, peer-to-peer support, and the establishment of support groups.

Risk mitigation and safety

- Use participatory and age/gender-appropriate methodologies to incorporate gender analysis into safety risks and barrier mappings to enhance protection for boys and improve access for boy survivors.
- Safely and sensitively engage LGBTIQ+ adolescents to identify their safety risks and barriers to



- accessing services. Ensure a disaggregated approach according to respective LGBTIQ+ groups.
- Assess risks, map vulnerabilities, and monitor vulnerable groups, such as boys who are unaccompanied, living on the street, associated with armed forces, the head of the households, involved in child labor, or trafficked, as well as boys with disabilities, and LGBTIQ+ adolescents.
- Support efforts to strengthen community-based protection for boys; strengthen or help develop community-based protection mechanisms for LGBTIQ+ adolescents.
- Monitor family reunification processes for risk of sexual violence, including for boys and LGBTIQ+ adolescents.
- Ensure inclusion of boys and LGBTIQ+ adolescents in alternative care standard operation procedures; carefully monitor children, including boys and LGBTIQ+ adolescents, placed in alternative care such as foster families and group homes and assess for risk of sexual violence.

Working with Sexually Exploited Adolescent Boys

- » **Offer options.** Offer the option of working with a man or a woman. Never assume who the survivor would prefer to work with.
- » **Build trust.** Focus on spending time with the boy and building a trusting relationship. Some may be involved in unlawful activities, like petty theft; don't judge or shame them. Trust is critical to establish in order to broach the subject of sexual exploitation or abuse.
- » **Be aware of assumptions.** Assess vulnerabilities and risks while being mindful of gendered assumptions. Ask yourself whether your conclusions or responses would be the same if the survivor were a girl. For example, some professionals may assume that boys are more resilient or less vulnerable, and may thus perceive boys needing less protection or services than girls. Many boys selling sex in the context of sexual exploitation identify as straight; do not make assumptions about sexual orientation.
- » **Understand anger.** Adolescent boys who are sexually exploited may be more likely to externalize their anger and trauma, and may be labelled violent, aggressive, or as a perpetrator rather than a victim.
- » **Recognize women/girl perpetrators.** For adolescent boys who are sexually exploited by a woman or girl, the response from peers may be one of admiration, and professionals may not recognize this as abuse or take it as seriously as with a man/boy perpetrator.
- » **Include examples of boys and young men.** Related materials, resources, case studies, and examples should depict adolescent boys and young men survivors, including information on how adolescent boys and young men become victimized. Adolescent boys may disengage when examples refer solely to girls and young women.
- » **Refer to specialized services.** Refer survivors to service providers skilled at working with adolescent boys, including sexual and gender diverse persons and ethnic/religious minorities.

Adapted from: The Children's Society. [*Boys and Young Men at Risk of Sexual Exploitation: A Toolkit for Professionals*](#). 2018.

Considerations for Service Provision

Vulnerable contexts

Boys and LGBTIQ+ adolescents are vulnerable to sexual victimization in a variety of contexts including:

- **Detention** – Detention centers, both formal facilities as well as make-shift sites of detainment and captivity, are key settings where sexual violence against boys and LGBTIQ+ adolescents is perpetrated. Transgender adolescents who are misgendered and placed with the wrong population are especially at risk.
- **Child labor** – In many humanitarian settings, boys are engaged in some form of child labor (such as selling goods or working in shops, construction, or agriculture). They are often exposed to multiple forms of exploitation, and are highly vulnerable to sexual exploitation. For example, employers may demand a sexual favor before paying their wages. LGBTIQ+ adolescents, particularly in settings where same-sex sexual relations and forms of gender expression are criminalized, are also extremely vulnerable and at risk of blackmail, given their limited work options, social isolation, and poor access to protection and legal recourse.
- **Institutional settings** – Boys and LGBTIQ+ adolescents residing in institutional settings, such as orphanages, mental health facilities, and other forms of institutionalized care, are highly vulnerable to sexual abuse. Other settings with restricted movement, such as quarantine, may also increase vulnerability.
- **Online** – Boys and LGBTIQ+ adolescents are vulnerable to online sexual exploitation, and may be approached or groomed through social media, chats, or gaming. LGBTIQ+ youth may not be free to express or explore their sexuality and may seek out LGBTIQ+ focused hook-up apps, which can increase their risk of exploitation and abuse.
- **Trafficking** – Although most boys who are trafficked are trafficked for labor and not for sex, trafficked boys remain highly vulnerable to sexual violence and exploitation. LGBTIQ+ adolescents are particularly vulnerable to trafficking, including for sex, due to social isolation, limited community-based protection, and sometimes desperation stemming from the desire to escape their family or community.
- **Unaccompanied children** – Unaccompanied children, including children living and working on the streets and children traveling along migration routes, are highly vulnerable to sexual violence by gangs, smugglers, traffickers, and others. They may be preyed upon by perpetrators, forced to exchange sex for passage or safety, or forced to sell sex to raise money for their onward journey.
- **Association with armed forces** – Boys and other children and adolescents associated with armed forces, including those forced to fight as well as porters and laborers, are at risk of sexual victimization, such as sexual violence during initiation processes, enforced rape of others in the context of conflict, and sexual enslavement.
- **Ethnic and religious minorities** – Boys and other children and adolescents from ethnic and religious minority groups are frequently at greater risk of violence and harassment, including sexual violence. They often encounter various barriers to accessing care, including discrimination by service providers, lack of information about available services, and language- and cultural-related impediments.
- **Communities with limited knowledge of sexuality** – In communities with low knowledge of sex and sexuality, and where sex and sexuality are considered highly sensitive topics, children and adolescents may not understand what constitutes abuse given their limited knowledge of appropriate and inappropriate touching, which increases their vulnerability to sexual victimization.
- **Contexts with accepted child sexual abuse practices** – In some contexts, sexual abuse and exploitation of children is a normalized and accepted practice, such as the *Bacha Bazi* in certain parts of Afghanistan and Pakistan or in some religious institutions. Children in these settings are especially vulnerable to sexual abuse.



Children with Disabilities

Children and youth, including boys and LGBTIQ+ adolescents, with different types of disabilities are at high risk of sexual violence:

- Children with disabilities are almost 3 times more likely to experience sexual violence than non-disabled children.¹
- Children and adolescents with intellectual disabilities are at 4.6 times the risk of sexual violence than non-disabled children.¹
- Deaf/hard of hearing children (boys and girls) also appear to be especially vulnerable to sexual abuse.²

Child and adolescent survivors with disabilities face significant barriers to accessing care. They may be isolated with a limited support system, may struggle to speak out or communicate clearly, may have physical impairments that prevent escape or access to care, and often have less access to information and knowledge about available services. When they do disclose, they may be discounted or dismissed. Caregivers—whom they rely on for care and support—may be perpetrators, further impeding disclosure and access to services. They are often excluded from child protection, GBV, and other programs. Providers may hold deep-seated biases against or misconceptions about persons with disabilities, such that a disability is protective against sexual abuse or that a survivor with a disability is less impacted by the abuse. Providers and case managers may fail to maintain strict confidentiality with child and adolescent survivors with disabilities.

LGBTIQ+ adolescents with disabilities are particularly vulnerable to sexual violence by family members, carers, support workers, and community members. They face additional marginalization, isolation, and invisibility, and may encounter discrimination from both disability and LGBTIQ+ communities.

It is critical to meaningfully include children, including boys and LGBTIQ+ adolescents, with disabilities in sexual violence-related programming. For related resources, see: WRC/ChildFund, *GBV Against Children and Youth with Disabilities: A Toolkit for Child Protection Actors* (2016) and WRC/IRC, *Building Capacity for Disability Inclusion in Gender-Based Violence Programming in Humanitarian Settings: A Toolkit for GBV Practitioners* (2015).

1 Jones et al. Prevalence and risk of violence against children with disabilities: a systematic review and meta-analysis of observational studies. *Lancet* 2012; 380: 899–907.

2 Wakeland et al. (2018) What is the prevalence of abuse in the deaf/hard of hearing population? *The Journal of Forensic Psychiatry & Psychology*, 29:3, 434-454.

Perpetration

- Though men are the main perpetrators of sexual violence and abuse, it is important to recognize that women may also inflict sexual violence, abuse, and exploitation, and this violence is in no way less harmful than violence by men perpetrators.
- Other children, particularly older boys, may perpetrate sexual abuse of younger boys.
- Perpetrators may lure or groom boys through showing them pornographic images or videos (such as on their mobile phones) to facilitate sexual contact.
- Boys and LGBTIQ+ adolescents being sexually exploited in the context of selling sex are primarily exploited by men, but may also be exploited by women and LGBTIQ+ perpetrators.

Common fears among survivors

- Boy survivors may believe that they were “tainted” by the abuse and may fear becoming a perpetrator themselves. Note that most boys who have suffered sexual abuse during childhood do not perpetrate sexual violence as adults.²⁵
- Like men, straight boys may mistakenly believe that sexual abuse or exploitation can cause them to “become gay.” Gay or bisexual boys may believe that their sexual orientation was caused by abuse. Sexual orientation is never the cause or result of sexual abuse.
- Boys may feel guilty about their perceived “involvement” in the abuse, particularly sexual exploitation, and may feel that they did not do enough to prevent the violence. They may have been curious about a situation, or did not want to disappoint the perpetrator. The roles of power, deceit, coercion, and fear should be explained to clarify that victims are never at fault.
- LGBTIQ+ survivors may believe that they “deserved” the abuse as punishment for transgressing sexual or gender norms. It may be important to explain or underscore that no one ever deserves to be violated or abused.

Disclosure

- Boy survivors may not explicitly disclose sexual abuse or exploitation and may instead use euphemisms or allude to victimization such as “you can’t imagine what they do, they gave me a pain that I can’t forget” or seemingly innocuous comments such as “he was kind to me.”
- Like girls, boys and LGBTIQ+ adolescents with physical or developmental disabilities are particularly at risk of sexual abuse and exploitation and may face greater difficulties in disclosing violence.
- Boys (as opposed to girls) may be more likely to disclose to a family member or relative than to a friend, neighbor, or romantic partner;²⁶ however, more research on this topic is necessary.

Barriers to service utilization²⁷

- *Negative provider attitudes and practices* – Disbelief, shaming, victim-blaming, breaking confidentiality, and homophobic or transphobic biases greatly deter survivors from accessing care. Negative reactions from service providers to a boy’s sexual victimization may be linked with negative health behaviors later in life.²⁸ When disclosing sexual victimization, boys may be blamed for the assault and perceived as the perpetrator not the victim.
- *Lack of knowledge* - Even when children disclose sexual victimization, they are often unable to access care due to lack of knowledge of available services and lack of knowledge of benefits of accessing services, among other reasons.
- *Restrictive gender norms* - Adolescent boys may be particularly hesitant to disclose or seek services due to gendered conceptualizations of masculinity.
- *Social stigma* - Boys (straight, gay, and bisexual) frequently worry about being perceived as gay by their peers, family, or community, particularly in settings with high levels of homophobia. They may fear bringing shame to or being expelled by their family, or being ostracized by their community. LGBTIQ+ survivors may fear being outed.

25 D. Salter et al., “Development of sexually abusive behaviour in sexually victimised males: A longitudinal study,” *The Lancet* 361(9356) (2003): 471–476.

26 Findings from research in Haiti, Honduras and Uganda. *Together for Girls, What works to prevent sexual violence against children: Evidence review* (2019), p. 20.

27 Adapted from S.K. Chynoweth et al. “A social ecological approach to understanding service utilization barriers among male survivors of sexual violence in three refugee settings: a qualitative exploratory study,” *Conflict and Health*, 14(43), (2020).

28 K. Havig, “The health care experiences of adult survivors of child sexual abuse: A systematic review of evidence on sensitive practice,” *Trauma, Violence, & Abuse*, 9(1), (2008): 19-33.

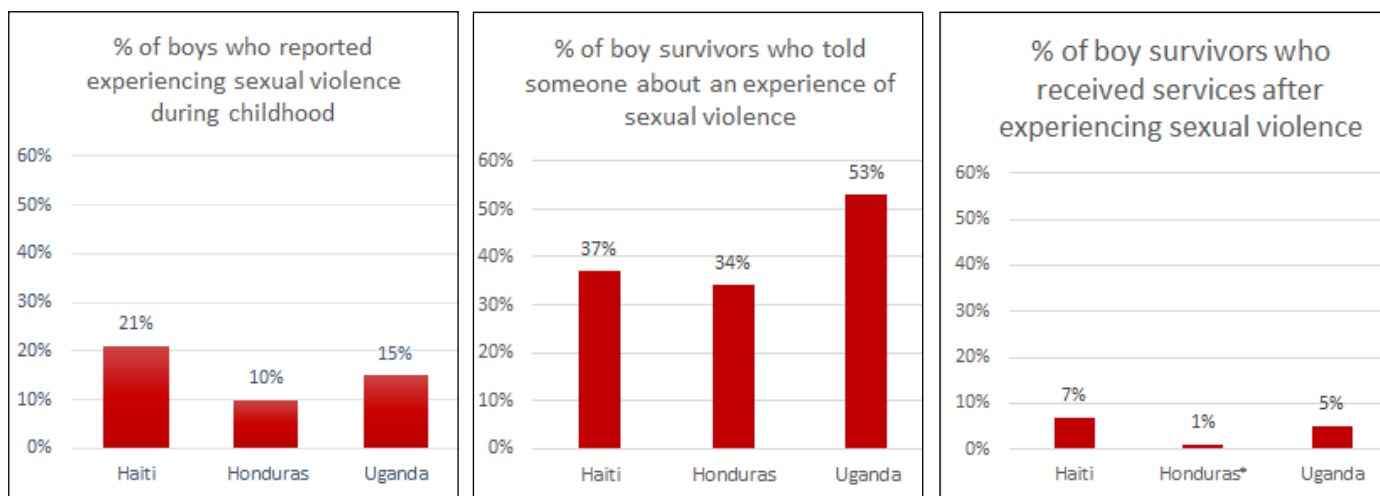


- *Fears of reprisal* – Boys and LGBTIQ+ adolescents may be worried about reprisals (from the perpetrator, peers, or family and community members) and re-victimization.
- *Legal barriers* - National laws may not address all forms of sexual victimization of boys (such as enforced rape of others). Homophobic legal frameworks may also impede access to care and justice for both straight and LGBTIQ+ survivors. Invasive forensic exams, lack of or ambiguous legal status, and weak legal systems are additional barriers. Instead of pursuing legal redress, families may seek informal justice, which is often faster and less intimidating. However, these processes usually focus on restitution and compensation and not accountability or punishment. Mandatory reporting can also deter service uptake; the best interests of the child should guide provider decision-making.

Resilience and support

- For some boy survivors, religion and spiritual belief may be important coping mechanisms that can help build resiliency; for others, religion may contribute to feelings of alienation and distress.
- Supportive family members, friends, and social networks can provide much-needed emotional support and security, and can be important sources of resilience.
- Education programs, vocational training, and music and sports therapy may also be beneficial sources of support.

Sexual Violence, Disclosure, and Service Uptake among Boys in 3 Countries



*Estimate may be unreliable.

Source: D. Ligiero et al. *What works to prevent sexual violence against children: Evidence review*. Together for Girls. 2019.

Case Study: The Women’s Rehabilitation Organization (WRO) in Iraqi Kurdistan

After a woman approached a WRO center hinting at problems within her family, a WRO social worker explored further and discovered that a neighbor had raped the woman’s 11-year-old son. The mother isolated and beat her child, blaming him for the assault. She was reluctant to receive services or take legal action due to fears of stigma and ostracism should the assault become known to the community. To prevent alerting the community as well as the perpetrator, WRO social workers began conducting secretive home visits at night. After gaining the trust of the mother and son, the social workers helped the boy to receive medical, psychosocial, and legal assistance. The perpetrator was later convicted and sentenced to seven years in prison.

Source: UNHCR, *“We Keep It in Our Heart”: Sexual Violence Against Men and Boys in the Syria Crisis*, 2017, p. 52.

Relevant Child Protection Resources

- UNICEF/Women’s Refugee Commission. *Supporting Young Male Refugees and Migrants Who Are Survivors or at Risk of Sexual Violence: A Pocket Guide for Frontline Workers* (title TBC). (2021)
- GBV AoR. [Cross-Border Care, Safety and Risk Mitigation for Child and Adolescent Survivors on the Move: Practical Guidance for Frontline Services and Workers](#). (2020)
- Alliance for Child Protection in Humanitarian Action. [Minimum Standards for Child Protection in Humanitarian Action](#). (2019)
- The Children’s Society. [Boys and Young Men at Risk of Sexual Exploitation: A Toolkit for Professionals](#). (2018)
- Family for Every Child. [Caring for Boys Affected by Sexual Violence](#). (2018)
- Alliance for Child Protection in Humanitarian Action. [Field Handbook on Unaccompanied and Separated Children](#). (2017)
- GBVIMS. [Interagency gender-based violence case management guidelines: providing care and case management services to gender-based violence survivors in humanitarian settings. 2017](#).
- IASC. [Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery](#). (2015)
- Global Protection Cluster/Child Protection Working Group. [Inter-Agency Guidelines for Case Management and Child Protection](#). (2014)
- Global Education Cluster. [Guidelines for Child Friendly Spaces in Emergencies](#). (2011)



Gender-Based Violence

In humanitarian settings, women and girls are at increased risk of many forms of gender-based violence (GBV),²⁹ and they are disproportionately affected by sexual violence. Key GBV actors have emphasized the need to center women and girls in GBV programming.³⁰ Women- and girl-only spaces form an essential component of GBV programming, and these are not appropriate for men/boy survivors, who require their own specialized programming delivered through different sectors such as health, MHPSS, and protection. At the same time, GBV actors have some responsibilities to address men/boy survivors in GBV referral and response plans. For example, GBV case management should be inclusive of survivors of all genders, and GBV actors should coordinate closely with child protection providers to ensure adequate service provision for boy survivors.

GBV actors have also called for an intersectional approach to GBV programming that includes women and girls of diverse sexualities and gender identities.³¹ Lesbian, bisexual, trans, and queer (LBTQ+) women and girls are at high risk of GBV, including so-called “corrective” rape and forced marriage. Specialized GBV services are essential to mitigate these risks and ensure that LBTQ+ women and girls who have suffered violence receive the care they need. However, LBTQ+ women and girls may not feel comfortable accessing care through traditional women- and girl-focused service points that are frequently designed for cisgender, straight women and girls.

GBV-Related Needs

LBTQ+ women and girls at risk of sexual violence or who have experienced sexual victimization need and have a right to:

- confidential and survivor-centered support;
- immediate safety;
- respectful, sensitized case management, including an individual action plan to access health, MHPSS, and other services;
- clinical management of sexual assault (including access to emergency contraception and safe abortion);
- mental health and psychosocial support, including support to return to school and participate in community events;
- safe shelter/housing, especially if the abuse occurred in the home;
- justice/legal redress; and
- material assistance and livelihood support, where appropriate.

Key Actions for GBV Actors

The following is drawn from guidance and resources developed by the GBV AoR, the GBVIMS Steering Committee, IASC, UNFPA, IRC, UNHCR, and IOM, among others.³²

29 Note that the term “GBV” is not recommended when describing sexual violence and other violence against men and boys. A key driver of GBV is gender inequality, which men and boys do not experience. Although some violence against men and boys (particularly sexual violence) involves gendered dimensions, it is confusing and inaccurate to use the term GBV. COFEM, *Feminist Pocketbook: Tip Sheet #7: Violence Against Men and Boys* (2018).

30 GBV AoR, *The Inter-agency Minimum Standards for Gender-Based Violence in Emergencies Programming* (2019), pp. vii–viii.

31 Ibid., p. vii.

32 The Key Actions are drawn from the following guidelines and resources: GBV AoR, *The Inter-agency Minimum Standards*.

Understanding the issues

- Recognize that LBTQ+ women and girls are in every displaced population, even if they are not overtly visible.
- Recognize that LBTQ+ and other gender- and sexuality-nonconforming women and girls are at high risk of sexual violence, particularly trans women/girls and masculine-presenting women/girls.
- Recognize that adolescents can identify as LGBT+, and that they are heterogenous with different vulnerabilities and needs.
- Recognize women/girl perpetrators and women's capacity to inflict violence, including in same-sex relationships.
- Recognize that boys and men can be sexually victimized (predominately by men but sometimes also by women) and understand that this violence is not uncommon.

Capacity development

- Employ LGBTIQ+ persons in GBV-related work, including as caseworkers.
- Sensitize staff members to the unique vulnerabilities and needs of boys, men, and LGBTIQ+ persons, including appropriate language and terms related to LGBTIQ+ related issues in the local context.
- Address disbelief or dismissal of the vulnerabilities of men and boys to sexual victimization by sharing relevant data and reports and underscoring that low reporting among men/boy survivors does not necessarily reflect prevalence.

Coordination and collaboration

- Ensure procedures are in place to respond to disclosures from men and boys, including protocols for referrals to sensitized service providers with appropriate service entry points for men/boy survivors, including gay, bisexual, and trans men and boys.
- Assess referral services to ensure that they are sufficiently sensitized to support LGBTIQ+ and/or men/boy survivors and integrate diverse survivors into referral pathways (or establish separate pathways, as appropriate).
- Coordinate closely with child protection actors to develop referral pathways for boy survivors (including adolescent boys) and LGBTIQ+ adolescent survivors.

GBV programming for lesbians, bisexual women, trans women, and other queer (LBTQ+) women

- Include LBTQ+ women and girls in GBV prevention, mitigation, and response programming.
- Ensure LBTQ+ related programming is disaggregated according to respective LBTQ+ communities and targeted to address their unique and diverse needs, where possible.
- Work with LBTQ+ organizations and networks to identify safe spaces, housing, and protection arrangements for LBTQ+ women. Do not assume a women's safe house is accessible to or safe for LBTQ+ women as cisgender, straight women may be hostile, discriminatory, violent, or out them to the community, or same-gender perpetrators may try to access these services to continue perpetration.

for Gender-Based Violence in Emergencies Programming (2019); GBV Sub Cluster (Turkey Hub/Syria), *Standard Operating Procedures for Gender-Based Violence Prevention and Response* (2018); IRC, *Guidelines for Mobile and Remote GBV Service Delivery* (2018); GBVIMS, *Interagency gender-based violence case management guidelines: providing care and case management services to gender-based violence survivors in humanitarian settings* (2017); UNHCR, IOM, *Training package on the protection of LGBTI persons in forced displacement* (2015); UNFPA, *Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies* (2015); IASC, *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery* (2015); UNHCR, *Need to Know Guidance: Working with Lesbian, Gay, Bisexual, Transgender & Intersex Persons in Forced Displacement* (2011).



Case Management³³

Preparation of GBV case management services

- Ensure clear procedures are in place to respond to disclosures from men and boys, including protocols for referrals to sensitized service providers with appropriate service entry points for men/boy survivors, including gay, bisexual, and trans men and boys.
- Maintain the integrity of women and girls safe spaces and do not bring men or adolescent boy survivors (above the age of 12) into the space.
- Support men/boy survivors in an appropriate alternative location, such as a health clinic. Identify and prepare these alternative locations before receiving cases and ensure that partners are aware of ways to access them to avoid bringing men and boys into women and girl safe spaces.
- Self-reflect and address any negative feelings, assumptions, and biases about men/boy survivors and LGBTIQ+ persons; if you are unable to provide nonjudgmental, respectful case management, recuse yourself and inform your supervisor in accordance with the principle of “do no harm.”
- Work to ensure that case management entry points are accessible to survivors with disabilities; consider providing transportation to and from entry points.
- For supervisors: assess staff and ensure caseworkers to ensure that they are sensitized and equipped to provide case management for LGBTIQ+ persons and men/boy survivors.
- For hiring managers: when hiring caseworkers, inquire about attitudes and experiences in working with men/boy survivors and LGBTIQ+ survivors to screen for biases that could negatively impact the provision of case management.

Intake interviews

- Provide the option of a man or a woman caseworker; do not assume the survivor's preference.
- Never assume the survivor's sexual orientation or gender identity. If unsure, ask the survivor what resources they think would be best for them.
- Ask relevant questions and do not probe with intrusive or off-topic questions related to being LGBTIQ+ or a survivor. Explore personal questions about gender identity or sexual orientation outside of the case management context.
- Use language carefully, including preferred names and pronouns (without question), and reflect the individual's language when referring to body parts; if you are unsure of which pronouns to use (for the survivor or their partner), ask the survivor what their preferences are.
- Be mindful of gendered assumptions, such as assuming men/boy survivors are more resilient or that all perpetrators are men.
- See the Protection section for tips on interviewing LGBTIQ+ persons and men survivors.

Safety planning

- Recognize that LGBTIQ+ and men/boy survivors may remain at risk of sexual violence; they often have poor support networks and may have difficulty identifying persons they can trust. Take time to work with the survivor to identify persons, places, and organizations where they can receive immediate safety and support. Assess each option to understand the risks and support the survivor to choose the lowest-risk option.
- Assess and discuss safety risks before including reporting to authorities in safety planning, particularly in settings where same-sex relations and forms of gender expression are criminalized.

³³ The case management section was drawn from: GBVIMS, [*Interagency gender-based violence case management guidelines: providing care and case management services to gender-based violence survivors in humanitarian settings*](#) (2017), and was informed by the resources listed in the previous footnote.



- Identify and connect the survivor with relevant support programs, such as support groups specific for men/boy survivors or LGBTIQ+ survivors, to help build sources of support. Consider advocating for the establishment of such services if they do not exist.
- Be aware of and take seriously warning signs of self-harm and suicidality.

Ongoing case management support

- Ask permission before disclosing someone's diverse sexual orientation or gender identity to another staff person and only do so if it is relevant for the care and support of the survivor.
- Validate the survivor's strength and bravery in seeking care.
- Avoid judgment about unhealthy coping mechanisms, such as excessive alcohol or drug use.
- Clarify that many men, boys, and LGBTIQ+ persons have experienced sexual violence, which can reassure them that they are not alone and not to blame; underscore that the violence was not their fault.
- Recognize that men/boy survivors may express anger or homophobia; for men/boy survivors who have been victimized by a female perpetrator, they may express intense misogyny.
- Support the man/boy/LGBTIQ+ survivor and, as with all survivors, understand that the support you provide may be the main safe space in which the person can begin the recovery process.

Coordination of services

- Carefully consider mandatory reporting for LGBTIQ+ and men/boy survivors as it may not be in the best interest of the survivor and may put the survivor at risk of re-victimization.
- Consider accompaniment for LGBTIQ+ survivors to safely access services, given the numerous barriers to service usage including insecurity or harassment travelling to the service and dismissive or discriminatory attitudes by providers.
- Identify and connect survivors to appropriate livelihoods programs, including for LGBTIQ+ persons, as income generation may support recovery and well-being for those who are able to work.
- Assess referral services to ensure that they are sufficiently sensitized to support LGBTIQ+ and/or men/boy survivors and integrate diverse survivors into referral pathways (or establish separate pathways, as appropriate).

Considerations for Service Provision

Case management

- It may be unrealistic to expect that all caseworkers can support LGBTIQ+ survivors and a focal point may be needed.
- Using the appropriate terms and preferred pronouns, and reflecting the survivor's language can help build trust; using inappropriate, outdated, or derogatory terms or misgendering the survivor can be deeply harmful.
- Men/boy survivors may be in denial that they have experienced sexual violence and/or may not identify as a victim or survivor. It is important to respect their language and the way that they understand their experiences.
- Men/boy survivors may need specific support to follow through on medical and other appointments as many struggle to continue treatment and service usage due to confidentiality concerns, shame, and service provider operating hours that conflict with work schedules, among other barriers.



Barriers to service uptake

- Safety is a key consideration for LGBTIQ+ survivors, particularly in countries that criminalize consensual same-sex relations and forms of gender expression that target gender nonconforming individuals. Even in settings where these activities and expressions are not criminalized, negative social norms can make it dangerous for a survivor's diverse sexual orientation or gender identity to be known to family or community members, who may target the survivor for additional violence or harm.
- In many contexts, LGBTIQ+ persons (and sometimes men/boy survivors) are unlikely to receive

Mobile/Flexible Case Management for Men Survivors and LGBTIQ+ Survivors

Mobile or flexible case management for men and adolescent boy survivors as well as for LGBTIQ+ survivors can be established through multiple avenues:

Men and adolescent boy survivors

- » **Health facilities.** Sexual violence services in health clinics should always be accessible to men and adolescent boy survivors. Staff should be trained to support survivors of all genders and sexualities. Health providers can help refer survivors to case management services.
- » **Partner organization.** Mobile teams can identify and collaborate with a partner organization that is already implementing services or activities with men and/or boys. They can deploy a caseworker on a rotating basis to the partner organization.
- » **Private spaces in the community.** Identifying a private space in the community is usually a feasible option given that men and boys frequently have more access to community spaces. Mobile GBV outreach workers can be trained in GBV case management so that if disclosure occurs during outreach, they can meet with men/boy survivors on the spot or at a later point in private spaces identified in the community.
- » **Hotlines.** Hotlines are anonymous and can facilitate access to services for men who may avoid in-person service use due to stigma and other barriers. Men are often more likely to have access to phones and thus able to seek confidential support through a hotline or online chat service.

LGBTIQ+ survivors

- » **LGBTIQ+ or nontraditional partner organizations.** Host community LGBTIQ+ organizations can be the best source of information on safe neighborhoods, safe shelter, and LGBTIQ+-friendly service providers. Identifying and partnering with local LGBTIQ+ or non-traditional service providers to support the case management needs of LGBTIQ+ survivors can facilitate service uptake. Outreach networks with links to the LGBTIQ+ community can help inform them about GBV case management services.
- » **Hotlines.** Hotlines are anonymous and can facilitate access to services for LGBTIQ+ persons who may avoid in-person service use due to stigma, confidentiality fears, and other barriers.
- » **Women and girl safe spaces.** Lesbian, bisexual, and other women and girls with diverse sexual orientation or gender identity/expression can access case management through safe spaces established for women and girls.

Source: IRC. *Guidelines for Mobile and Remote GBV Service Delivery*. (2018), p. 35-36.



positive support from police or other protection services due to homophobia and transphobia. In some cases, the police can be perpetrators themselves. Extensively explore with the person their current and past experiences with the police and laws as well as safety risks before including reporting to authorities in safety planning.

- For LGBTIQ+ survivors, accessing supportive and safe services is often difficult. Many have had experiences in seeking care that led to harm, exclusion, and discrimination by hostile or dismissive providers who do not believe (or do not care) that the sexually violent act was non-consensual.

Perpetrators

- Family members may perpetrate violence, including sexual violence, against LGBTIQ+ persons, which may commence during adolescence or childhood.
- LGBTIQ+ survivors who were victimized by an LGBTIQ+ perpetrator may be reluctant to report due to negative ramifications to the community at large.
- Survivors who were victimized by a woman or girl may not identify their experience as violence or assault due to gendered notions of violence perpetration. Service providers may also dismiss or not take seriously disclosures involving women/girl perpetrators.

Myths of Sexual Violence against Lesbian, Bisexual, and Trans Women

- » *Myth:* Trans women are “asking for it” because of their “deviant lifestyle.”
 - * *Reality:* No one “asks” or deserves to be sexually assaulted. Being transgender is about someone’s gender identity; transgender persons are commonplace in societies around the world. Being transgender is not “deviant” and it is not a lifestyle.
- » *Myth:* If a man “has sex with” a lesbian, he can make her straight.
 - * *Reality:* Sexual contact (consensual or forced) has no impact on sexual orientation. This is an extremely harmful myth that contributes to so-called “corrective” rape.
- » *Myth:* If a woman rapes another woman, that isn’t “real” rape.
 - * *Reality:* Sexual violence by a perpetrator of any gender is harmful. It is not worse, more serious, or more “real” if it is perpetrated by a man.
- » *Myth:* Bisexual women can’t be raped since they are attracted to everyone.
 - * *Reality:* Anyone can be raped; consent applies to everyone. Being attracted to multiple genders does not mean someone is attracted to all persons.



Case Study: Child and Adolescent Survivors Initiative in Iraq

In 2018, the inter-agency Child and Adolescent Survivors Initiative (CASI) was piloted in the Anbar and Salah ad Din governorates of south-central Iraq. The objective was to improve the quality of and access to services for child and adolescent survivors of sexual violence. As part of this effort, CASI facilitated a five-day training on [*Caring for Child Survivors of Sexual Abuse: Guidelines for Health and Psychosocial Providers in Humanitarian Settings*](#) for a cohort of gender-based violence and child protection case management actors. Following the training, CASI facilitated monthly group coaching sessions to provide additional support. During one of these sessions, a GBV caseworker from a national NGO shared that they had recently received a case of a boy survivor. Although the NGO served women and girls, the caseworker told her supervisor she felt comfortable taking on the case given her participation in the training and coaching sessions. She also flagged the responsibility to do so given that there were no other trained actors in the operating area. Based on this advocacy, the NGO supported the caseworker's request, and she was able to provide services to the boy survivor.

Source: CASI advisor

Relevant GBV Resources

- GBV AoR. [The Inter-agency Minimum Standards for Gender-Based Violence in Emergencies Programming](#) (2019)
- GBV Sub Cluster (Turkey Hub/Syria). [Standard Operating Procedures for Gender-Based Violence Prevention and Response](#). (2018)
- GBVIMS. [Interagency Gender-based Violence Case Management Guidelines: Providing Care and Case Management Services to GBV survivors in Humanitarian Settings](#). (2017)
 - » Part IV: Chapter 1: GBV Case Management with Lesbian, Gay, Bisexual, Transgender and Intersex Survivors
 - » Part IV: Chapter 2: GBV Case Management with Male Survivors of Sexual Violence
- UNHCR, IOM. [Training package on the protection of LGBTI persons in forced displacement](#) (2015)
- UNFPA. [Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies](#) (2015)
- Global Protection Cluster/Child Protection Working Group. [Inter-Agency Guidelines for Case Management and Child Protection](#). (2014)
- IRC and UNICEF. [Caring for Child Survivors of Sexual Abuse: Guidelines for health and psychosocial service providers in humanitarian settings provides](#) (2012)
- UNHCR. [Need to Know Guidance: Working with Lesbian, Gay, Bisexual, Transgender & Intersex Persons in Forced Displacement](#). (2011)

Other Sectors

Livelihoods³⁴

Access to livelihoods and income generation is important for men, boys, and LGBTIQ+ persons at risk of sexual violence, as well as men/boy survivors and LGBTIQ+ survivors. Men may be the primary source of income in a family and, for those who are able, working can help the recovery process and can help reduce tensions within the family. Livelihoods may be protective for those at risk of sexual exploitation, such as unaccompanied boys and LGBTIQ+ persons. At the same time, livelihood opportunities in humanitarian settings are often informal and exploitative, and can increase vulnerability to sexual exploitation. Safe and appropriate livelihoods for LGBTIQ+ persons are scarce in humanitarian settings, and boys working in the context of child labor are particularly vulnerable to sexual exploitation. In addition, survivors often face substantial barriers to livelihoods due to the impacts of sexual victimization, such as mental health challenges, social stigma, and compromised physical health. For men/boy survivors in particular, work-related opportunities often require physical strength, which may be difficult, especially for those suffering from severe physical trauma, recovering from surgical interventions, or struggling with depression or other mental health repercussions. Livelihood programs may not consider the barriers to employment facing LGBTIQ+ persons, and may exclude them.

Some key actions:

- Consult with men, adolescent boys, LGBTIQ+ persons, and LGBTIQ+ organizations and networks to develop and implement livelihood programs that are accessible to those at risk of sexual violence, as well as survivors.
- Ensure livelihood programs identify and mitigate risks of sexual violence and exploitation, including for men and LGBTIQ+ persons to the extent possible.
- Ensure livelihood programs encompass vulnerable groups but do not solely target sexual violence survivors, which may compromise confidentiality and safety.
- Create livelihood opportunities for adolescents and LGBTIQ+ youth, who are particularly vulnerable to sexual exploitation.
- Coordinate with other sectors/sub-sectors, such as GBV, MHPSS, and Health, to ensure a comprehensive and coordinated response to men/boy survivors and LGBTIQ+ survivors.
- Ensure protocols are in place for staff to receive and refer survivors, as livelihood programs may be used as an entry point for men/boy survivors in particular.
- Cash-based interventions (CBIs):
 - » Consider targeted CBIs to promote economic self-reliance, particularly for survivors recovering from surgery or with severe physical or mental health impacts.
 - » Ensure CBI delivery mechanisms are tailored to minimize access barriers, including for men, boys, and LGBTIQ+ persons, recognizing that different groups may need specific approaches.
 - » Understand that LGBTIQ+ persons may prefer discreet CBI delivery mechanisms, such as

34 This section draws on recommendations and insights from: IASC, *Gender Handbook for Humanitarian Action* (2017); UNHCR, *SGBV prevention and response - A training package* (2016); IASC, *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery* (2015); UNFPA, *Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies* (2015); UNHCR, IOM, *Training package on the protection of LGBTI persons in forced displacement* (2015); UNHCR, *Need to Know Guidance: Working with Men and Boy Survivors of Sexual and Gender-based Violence in Forced Displacement* (2012).



- mobile phone transfers, due to stigma and discrimination.
- For LGBTIQ+ persons in particular:
 - » Include LGBTIQ+ persons in livelihood programming design and coordinate with LGBTIQ+ organizations to ensure programs are appropriate, non-discriminatory, and do not increase stigma.
 - » Identify and support employers open to hiring LGBTIQ+ persons to promote safe and respectful workplaces.
 - » Monitor programs and solicit feedback from LGBTIQ+ participants.
 - » Ensure income generation activities are appropriate for trans persons given that they face significant barriers to formal income generation activities and are at particular risk of sexual exploitation and other forms of exploitation.
 - » Consider home-based work, where feasible and appropriate, in settings with widespread discrimination against LGBTIQ+ persons.

WASH³⁵

Survivors of sexual violence with urinary and/or fecal incontinence have specific water, sanitation, and hygiene (WASH)-related needs, such as consistent access to free incontinence products and other sanitary and hygiene supplies. Poorly designed WASH facilities and shelters, such as those lacking in privacy, can put some LGBTIQ+ persons—particularly trans and intersex persons—at risk of harassment and violence, including sexual violence. Thoughtful, well-designed WASH interventions can reduce vulnerability to violence, assist with recovery, help maintain the dignity of survivors, and help reduce the possibility of stigmatization.

Some key actions:

- Undertake a participatory assessment inclusive of men/boy survivors and LGBTIQ+ persons to identify WASH-related needs, minimize risks, and identify barriers to accessing WASH facilities.
- Establish mechanisms to ensure survivors of all genders who require them have dignified, confidential, and sustained access to incontinence and sanitary products.
- Include waste bins to dispose incontinence and sanitary products in all toilets (not only women's toilets), which can help minimize exposure and stigmatization for men/boy survivors; ensure regular disposal of waste bins.
- Provide support to survivors with disabilities for whom basic hygiene activities may be particularly difficult and time-consuming.
- For LGBTIQ+ persons in particular:
 - » Ensure WASH interventions are sensitive to LGBTIQ+ needs and promote safety and security, including for trans, intersex, and nonbinary people.
 - » Consult with trans persons, LGBTIQ+ specialists, and local transgender organizations to ensure WASH interventions are safe and meet the basic needs and rights of trans persons, who are at risk of assault in sex-segregated WASH facilities.

³⁵ This section draws on recommendations and insights from: IASC, *Gender Handbook for Humanitarian Action* (2017); IASC, *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery* (2015); UNHCR, IOM, *Training package on the protection of LGBTI persons in forced displacement* (2015).

Shelter³⁶

Access to safe shelter is essential to enhance protection against sexual violence. LGBTIQ+ persons, especially trans individuals, face unique challenges in accessing housing. In urban settings, housing is often difficult to secure for LGBTIQ+ persons due to lack of reliable income, owners who may refuse to rent to or evict them, or hostility from roommates or neighbors. In camp settings, same-sex families may not be recognized and may be separated. Across displacement contexts, LGBTIQ+ persons are at risk of harassment, violence, exploitation, and extortion by owners, neighbors, and roommates who may threaten to “out” them to the community or—in settings where same-sex relationships and forms of gender identity/expression are criminalized—report them to the authorities. Group housing or safe houses may increase visibility and thus vulnerability to harassment or violence. At the same time, scattered housing may isolate LGBTIQ+ persons. For unaccompanied boys, group shelters may be unsafe and may expose boys to violence, including sexual violence.

Some key actions:

- Include LGBTIQ+ persons, organizations, and networks in the design and monitoring of shelter programs; assess risks of different forms of housing in the local context.
- Collaborate with partners to identify safe and respectful owners.
- Establish gender-responsive, LGTBIQ+ inclusive mechanism for persons to report shelter needs.
- Where possible, establish housing for LGBTIQ+ persons close to local LGBTIQ+ services to enhance safety and support.
- For group shelters for boys, ensure consistent monitoring of safety risks and establish clear reporting mechanisms.

36 This section draws on recommendations and insights from: IASC, *Gender Handbook for Humanitarian Action* (2017); IASC, *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery* (2015); UNHCR, IOM, *Training package on the protection of LGBTI persons in forced displacement* (2015); The National Center for Transgender Equality, *Making Shelters Safe for Transgender Evacuees* (2013); UNHCR, *Need to Know Guidance: Working with Lesbian, Gay, Bisexual, Transgender & Intersex Persons in Forced Displacement* (2011).



Making Shelters Safe for Trans Persons

- » **Respect a person's self-identification of their gender.** A person's stated identity should be recognized and respected, and shelter staff/volunteers should use the name and pronoun (e.g., "he" or "she" or "they") that the person prefers. If you don't know what terms to use, ask politely.
- » **Understand that people may not have updated identification.** Refugees and others who fled their homes in crisis may not have identification that correctly identifies their gender or the name they use. The gender and name a person provides should be respected and used, regardless of the gender and name listed on their documents.
- » **Respect a person's evaluation of what housing options are safe or unsafe for that person.** Transgender people should be allowed to choose the housing option that they believe is the safest for them. Generally, if shelters are sex-segregated, people who identify as men should be housed with men and people who identify as women should be housed with women. This is true regardless of whether people have IDs showing their name and gender, or whether they look masculine or feminine, or whether they've had sex reassignment surgery. A person's own evaluation of their safety should always be respected.
- » **Respond to inappropriate behavior or harassment by any person.** Harassment of any person, including a transgender person, should not be tolerated. Do not base policies or rules on stereotypes about transgender people. Do not assume, for example, that just because a person is transgender or was assigned male at birth, that they are a physical threat to others. Enforce rules based only on inappropriate behaviors.
- » **Ensure safe toilet and shower options.** Transgender people should be welcome to use toilets and showers that correspond to their self-identified gender, or the facilities that feel safest for them. If possible, gender-neutral toilets should be made available (in addition to gender-specific options).
- » **Understand that transgender people may not "look like" the people they feel they are.** Displaced persons are generally without their personal toiletries, clothing, makeup, shaving supplies and all of the other items they typically use to groom. For example, a transgender woman may be unable to shave facial hair without her toiletries. This does not mean she should be treated with disrespect or not seen as a woman.
- » **Keep a person's transgender status confidential, unless they tell you otherwise.** This minimizes the risk of discrimination and violence. Transgender status is personal health information that is no else's business.

Source: [*The National Center for Transgender Equality. Making Shelters Safe for Transgender Evacuees.*](#) (2013)

Definitions

Cisgender means “having a gender identity that matches one’s assigned sex.”³⁷

Conflict-related sexual violence refers to “incidents or patterns of sexual violence, that is rape, sexual slavery, forced prostitution, forced pregnancy, enforced sterilization, or any other form of sexual violence of comparable gravity, against women, men, girls or boys. Such incidents or patterns occur in conflict or post-conflict settings or other situations of concern (e.g., political strife). They also have a direct or indirect nexus with the conflict or political strife itself, i.e., a temporal, geographical and/or causal link.”³⁸

“**Conversion therapy**” or “reparative therapy” are harmful and discredited practices that attempt to change a person’s sexual orientation or gender identity, which is not possible.³⁹

“**Corrective**” rape refers to rape perpetrated with the intent to force an LGBTIQ+ person to become heterosexual or cisgender and as punishment for transgressing gender norms. The term “corrective” rape originated in South Africa to describe the widespread practice of men raping lesbians in order to “cure” them of and punish them for their sexual orientation.⁴⁰

Forced witnessing is “a form of sexual violence that involves compelling a person to watch or listen to the perpetration of sexual violence against another person, such as a family or community member or fellow detainee, using coercion, threats of harm, or physical force.”⁴¹

Gender identity refers to “one’s innermost concept of self as male, female, a blend of both or neither – how individuals perceive themselves and what they call themselves. One’s gender identity can be the same or different from their sex assigned at birth.”⁴²

Gender-based violence is “an umbrella term for any harmful act that is perpetrated against a person’s will and that is based on socially ascribed (i.e., gender) differences between males and females. The term ‘gender-based violence’ is primarily used to underscore the fact that structural, gender-based power differentials between males and females around the world place females at risk for multiple forms of violence...This includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty, whether occurring in public or in private life. The term is also used by some actors to describe some forms of sexual violence against males and/or targeted violence against LGBTI populations, in these cases when referencing violence related to gender-inequitable norms of masculinity and/or norms of gender identity.”⁴³

LGBTIQ+ is an acronym referring to lesbian, gay, bisexual, transgender, intersex, queer, and other persons with diverse sexual orientation, gender identity and gender expression, and sex characteristics.

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

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

39 Human Rights Campaign, *The Lies and Dangers of Efforts to Change Sexual Orientation or Gender Identity*.

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

41 S.K. Chynoweth et al., “Characteristics and impacts of sexual violence against men and boys in conflict and displacement: a multi-country exploratory study,” *Journal of Interpersonal Violence* (2020).

42 Human Rights Campaign, *Glossary of Terms*.

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



Intersex is “an umbrella term used to describe a wide range of natural bodily variations. In some cases, these traits are visible at birth, and in others, they are not apparent until puberty. Some chromosomal variations of this type may not be physically apparent at all.”⁴⁴

Nonbinary is “an adjective describing a person who does not identify exclusively as a man or a woman. Non-binary people may identify as being both a man and a woman, somewhere in between, or as falling completely outside these categories. While many also identify as transgender, not all non-binary people do.”⁴⁵

Queer is “a term people often use to express fluid identities and orientations. Often used interchangeably with ‘LGBTQ’.”⁴⁶

Rape is “physically forced or otherwise coerced penetration—even if slight—of the vagina, anus, or mouth with a penis or other body part. It also includes penetration of the vagina or anus with an object. Rape includes marital rape and anal rape/sodomy. The attempt to do so is known as attempted rape. Rape of a person by two or more perpetrators is known as gang rape.”⁴⁷

Sexual abuse refers to “the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.”⁴⁸

Sexual exploitation refers to “any actual or attempted abuse of a position of vulnerability, differential power or trust for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another. Some types of forced and/or coerced prostitution can fall under this category.”⁴⁹

Sexual orientation is “an inherent or immutable enduring emotional, romantic or sexual attraction to other people.”⁵⁰

Sexual violence includes “at least, rape/attempted rape, sexual abuse and sexual exploitation. Sexual violence is ‘any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic a person’s sexuality, using coercion, threats of harm or physical force, by any person regardless of relationship to the victim, in any setting, including but not limited to home and work.’ Sexual violence takes many forms, including rape, sexual slavery and/or trafficking, forced pregnancy, sexual harassment, sexual exploitation and/or abuse, and forced abortion.”⁵¹

Straight refers to people whose enduring physical, romantic, and/or emotional attraction is to people of another gender. Also known as “heterosexual.”

Trans is “an umbrella term for people whose gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth. Being transgender does not imply any specific sexual orientation. Therefore, transgender people may identify as straight, gay, lesbian, bisexual, etc.”⁵²

44 Human Rights Campaign, [Glossary of Terms](#).

45 Ibid.

46 Ibid.

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

48 Ibid.

49 Ibid.

50 Human Rights Campaign, [Glossary of Terms](#).

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

52 Human Rights Campaign, [Glossary of Terms](#).



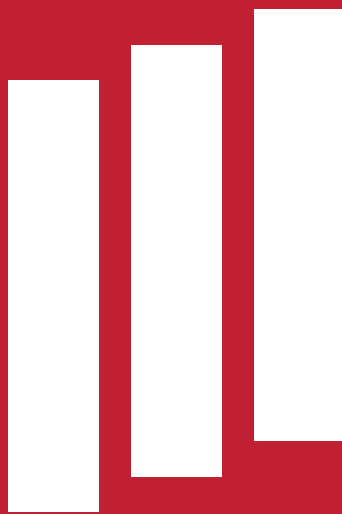
Unaccompanied children (also called unaccompanied minors) “are children who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so.”⁵³

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



Acronyms and Abbreviations

CBIs	Cash-based interventions
GBV	Gender-based violence
GBVIMS	Gender-Based Violence Information Management System
IASC	Inter-Agency Standing Committee
IOM	International Organization for Migration
LBTQ	Lesbian, bisexual, transgender, and queer
LGBTIQ+	Lesbian, gay, bisexual, transgender, intersex, queer, and other persons with diverse sexual orientation, gender identity and gender expression, and sex characteristics.
MHPSS	Mental health and psychosocial support
MSF	Médecins Sans Frontières
STI	Sexually transmitted infection
UNHCR	United Nations High Commissioner for Refugees
WASH	Water, sanitation, and hygiene
WHO	World Health Organization
WRC	Women's Refugee Commission



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