Integrating LGBTI inclusive Gender Based Violence risk prevention, reduction and mitigation in the context of war in Ukraine

The ongoing war in Ukraine has resulted in the need for immediate action to address the needs both of a significant population of Ukrainians fleeing the armed conflict, as well as for those who are staying in Ukraine. LGBTI people are often amongst vulnerable groups in crisis situations and specific attention is needed to ensure that they are safe, have safe refuge and that some fundamental basic needs are being met – ensuring they are not left behind.

While emergency situations make everyone vulnerable and deprived, existing discrimination and violence against LGBTI people can put them at heightened risks to be left in the blind spot of international protection and humanitarian relief programmes, including in gender-based violence (GBV) mitigation. Researchers, humanitarian agencies, and human rights advocates widely acknowledged that as a result of their non-conforming sexual orientation, gender identity, gender expression and sex characteristics, LGBTI persons are at particular risk of certain forms of GBV – due to e.g. social and/ or legal discrimination, restricted social status, or social isolation.

GBV against LGBTI people occurs in, and is likely exacerbated by, the context of armed conflict, other situations of violence, detention, and before, during, and after other humanitarian crises.

The consequences of GBV for any person, regardless of gender, age, sexual orientation and gender identity, gender expression and sex characteristics and other diversity factors, are extensive and devastating. They include physical and mental health problems, and psychosocial and socioeconomic impacts, and are both immediately harmful, as well as damaging in the long-term. Therefore, it is important to ensure that responses to GBV in current humanitarian crisis are inclusive for LGBTI people.

Gender-based violence: vulnerabilities and risk factors of LGBTI people

<table>
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<tr>
<th>Examples of violence to which LGBTI people might be exposed in Ukraine:</th>
<th>Factors that contribute to increased risk of violence against LGBTI people</th>
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<tr>
<td>• Social exclusion</td>
<td>• Discrimination based on sexual orientation and/or gender identity, gender expression, sex characteristics</td>
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<tr>
<td>• Sexual assault</td>
<td>• High levels of impunity for crimes against them</td>
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<tr>
<td>• Sexual exploitation and abuse</td>
<td>• Restricted social status</td>
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<tr>
<td>• Domestic violence (e.g. violence against LGBTI children by their caretakers, as well as partner violence)</td>
<td>• Trans people not legally or publicly recognised as their identified gender</td>
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<td>• Same-sex relationships not legally or socially recognised, and denied services other families might be offered</td>
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Measures and steps for humanitarian actors in different areas working on mitigation of GBV to consider, to ensure LGBTI people are not falling through the cracks and will receive protection and support they need

**In specific work on Gender-Based Violence:**

1. GBV cluster coordination should find ways to connect with LGBTI organisations and include their assessment of the needs of LGBTI people throughout designing and implementation of essential actions, from GBV risk prevention, reduction and mitigation response. The capacities of LGBTI organisations need to be taken into account and where possible, resources to support their engagement in GBV work provided.

   - Special attention to diversity of SOGIESC\(^2\) should be paid in assessment process to ensure that vulnerability factors and risks of LGBTI people and needs are considered in further GBV risk prevention and mitigation cycle. It is important to note the different needs for different LGBTI people and LGBTI people should be treated as heterogenous group where possible to ensure that no one within LGBTI umbrella is left behind.
   - It is important to ensure that resource mobilisation includes funding opportunities for LGBTI led organisations as they are often first point of contact for many GBV survivors from LGBTI community.
   - Ensure trainings for humanitarian stakeholders in programming include information about GBV against LGBTI people, risks, vulnerabilities and heterogenous nature of LGBTI community among others.

2. Humanitarian actors working on GBV risk mitigation and supporting survivors should where possible establish partnerships for coordination collaboration with LGBTI civil society to

   - Determine the specific protection and safety issues and access barriers related to LGBTI persons, including survivors of sexual violence.
   - Support local LGBTI organisations to respond to LGBTI survivors, as appropriate.
   - Identify safe shelters for LGBTI survivors and those at risk of sexual violence, as well as referral pathways.
   - Disseminate information about accessible support provided to GBV survivors.

3. Ensure that all assessments, monitoring and other data collection mechanisms on GBV include questions to assess specific vulnerability of LGBTI people, as well as include the disaggregation of data by sex, gender identity, sexual orientation, sex characteristics and other vulnerability factors where

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\(^2\) Sexual orientation, gender identity, gender expression, sex characteristics
possible. Expand the evidence base of experiences of GBV against LGBTI people in this crisis context and ensure safe and sensitive documentation where possible and collection of data, for evidence-informed policy, practices and advocacy at national and international levels.

4. Prevention and response to sexual violence should be inclusive for LGBTI people through making sure that there is an understanding where diverse LGBTI people go if subjected to sexual and gender-based violence, creating safe stigma-free spaces for LGBTI survivors, establishing LGBTI inclusive referral mechanism for survivors and making sure that SRH services are designed and provided safely all LGBTI people, including trans, intersex and gender non-conforming people among other measures.

Health interventions

Because of social stigma and marginalisation, LGBTI people, and particularly trans, intersex and non-binary people and other people who do not conform to culturally based gender norms can be at particular risk of violence, also when reaching out for health care. In fact, many cannot or do not dare to access care or support because of fear of further discrimination, harassment and even violence at health-care facilities. Health programmes must ensure that LGBTI people and particularly trans, intersex and gender non-conforming persons are able to access the full spectrum of health services they require, including sexual and reproductive health care as well as hormone replacement therapy and do not experience further harassment and discrimination in these settings. Health actors must also understand the different ways in which LGBTI people and particularly trans women and men experience violence, and ensure that health staff are adequately trained to meet the needs of all trans survivors.

- Implement strategies that maximise the quality of care available to survivors at health facilities
- Take into account specific measures to meet the needs of various at-risk groups (e.g. child survivors, LGBTI survivors, survivors with disabilities, etc.).

Protection

In most areas of the world, LGBTI people are at increased risk of violence, discrimination and oppression based on their sexual orientation, gender identity, gender expression and sex characteristics. When assessing safety factors in emergencies, protection actors should work with LGBTI experts to determine whether there may be particular challenges facing LGBTI individuals in accessing protection from police or security personnel due to discrimination. LGBTI persons should be consulted, when possible and in safe and appropriate ways, on factors that increase or decrease their sense of safety

Shelter, Settlement and Recovery

Lesbian, gay, bisexual, trans and intersex persons face unique difficulties during displacement. In most areas of the world, they are at significant risk of harassment, discrimination, and physical or sexual assault. SS&R strategies or guidelines should be inclusive of the rights and needs of LGBTI persons and address specific safety concerns, especially in contexts where there is widespread prejudice against LGBTI persons. With the assistance of LGBTI specialists, SS&R programmers should consult with local LGBTI organisations and consider culturally sensitive strategies to address the needs of LGBTI persons.

For example:

- Where appropriate and without putting them at greater risk, encourage the representation of LGBTI people and/or organisations on SS&R committees and ensure they are consulted on the
safe design of shelters. Capacities of LGBTI organisations to contribute need to be taken into account and where possible support made available.

• Consider that scattered-site housing mechanisms work better in certain contexts than communal ‘safe houses’ for LGBTI persons.

• Allow trans, intersex and non-binary people to choose the housing option that they believe is safest for them. For example, where shelters are gender-segregated, persons identifying as men should be housed with men and those identifying as women should be housed with women, unless they indicate other preferences based on safety.

• Consider allowing trans residents the ability to sleep near safe and well-trained night staff to lower the risk of assault and harassment.

In Camp Coordination and Camp Management (CCCM)

Camp design and safety should consider the specific risks of violence faced by LGBTI persons. When possible, CCCM actors should work with LGBTI specialists or consult organisations (including protection staff with expertise in this area) to ensure that basic protection rights and needs of LGBTI persons are addressed in CCCM programming.

For instance:

• If the setting mandates ID or ration cards or any other kind of universal documentation, allow people to self-identify their gender, including the option not to identify as male or female and instead listing M, F, or X for gender/sex.

• Provide separate spaces in registration areas to allow people to disclose sensitive personal information in confidence, including information regarding sexual orientation, gender identity, gender expression and sex characteristics.

• Ensure that registration staff is trained to assist LGBTI persons and ask appropriate questions that enable them to safely disclose information regarding their SOGIESC, particularly where it may relate to their security.

Child protection work

In most areas of the world, trans and intersex children and adolescents are at an increased risk of violence due to institutionalised discrimination and oppression based on their gender identity, gender expression or sex characteristics. Lesbian, gay and bisexual adolescents face similarly higher risks due to their sexual orientation. Both of these groups may face discrimination at the hands of police or security personnel due to prejudice or criminalisation laws.

• When assessing the risk factors for children and adolescents in emergencies, child protection actors should connect with LGBTI experts to assess the particular challenges faced by LGBTI children and adolescents when accessing protection from violence.

• Capacity-building—including on GBV-related protection rights and needs of LGBTI children—may need to be integrated into broader training initiatives.

• LGBTI persons and organisations should where possible be consulted (if this can be done in a safe and confidential way) on factors that increase or decrease their sense of safety.

• When working with survivors, a safe and confidential space should be made available to enable any child to discuss their gender identity and/or sexual orientation with an expert in LGBTI issues.

Food Security and Agriculture
LGBTI people face unique difficulties in food assistance programmes. For example, food assistance may be based on assumptions of heterosexual relationships and may exclude same-sex partners, Rainbow Families and lesbian, gay and bisexual persons. LGBTI persons may be further marginalised or forced out of lines during food and/or agricultural inputs distributions. Exclusion or delays in food distribution may force LGBTI persons to engage in risky practices like survival sex. When possible, food assistance programmers should consult with local LGBTI organisations and specialists to consider how targeted food assistance may impact the food security of LGBTI persons, and develop culturally sensitive strategies that ensure their basic rights and needs are addressed in a way that minimizes the risks of GBV.

**Housing, Land and Property**

Trans people—especially trans women—are often severely marginalised and face unique difficulties in accessing housing. For example, where laws do not protect them, they may not be consulted properly regarding the possession of their homes and may be forced to vacate with little compensation or fair alternative housing. They may be harassed and threatened by landlords or officials on the basis of their perceived sexual orientation or gender identity, resulting in the loss of HLP rights and even the denial of basic services. This, in turn, can force them to engage in sex work or other risky income-earning activities in order to survive. When possible, HLP programmers should consult with LGBTI specialists and local LGBTI organisations to explore culturally sensitive ways of ensuring that the basic rights and needs of trans persons are addressed in HLP programming.

**Resources used:**

1. Inter-Agency Standing Committee (IASC), *Guidelines for Gender-Based Violence Interventions in Humanitarian Settings*, 2015
5. The Norwegian Red Cross (NorCross) and ICRC, “That never happens here”: Sexual and gender-based violence against men, boys, LGBTIQ+ people, 2022

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