

**ANNUAL CONSULTATIONS WITH NGOs  
17 – 19 JUNE 2014 - International Conference Center Geneva**

**SIDE EVENT**

***BACKGROUND PAPER***

**Protection services for all:  
integrating and empowering the diversity of refugee populations  
in sexual and gender-based violence programming**

***Wednesday 18 June 2014, 13h15 – 14h30 - Room 3***

**Moderator**

Greg Garras, UNHCR, Division of International Protection

**Speakers**

Joan Timoney - Senior Director of Advocacy and External Relations, Women's Refugee Commission

Rachel Levitan - Senior Counsel, Refugees and Migration, HIAS

Third speaker TBD

A range of services have been put in place in both camp and urban settings to prevent and respond to sexual and gender-based violence (SGBV). There is increasing awareness, however, that certain refugee populations – including refugees with disabilities, older people, male SGBV survivors, and sexual minorities – are often overlooked in SGBV programming. UNHCR field offices, NGOs, and government actors, alike, experience challenges protecting these often-marginalized groups. Overworked and under-resourced, many say that they help any refugee who walks in their doors. Field research shows, however, that until service providers adapt programmes that both recognize and address the specific needs of these overlooked groups, these refugees will face ongoing exposure to SGBV and its mental, emotional, and physical effects. A central question that governments, INGOs and local community-based organizations and service providers must address is how SGBV prevention and response mechanisms can better meet the needs of all survivors. Recent research points to emerging good practices to empowering and bridge protection gaps for refugees with disabilities, older people, sexual minorities, and male survivors, in particular.

**Refugees with Disabilities** - The World Health Organization reports that rates of violence are 4 to 10 times greater among persons with disabilities than non-disabled persons. Women and girls with disabilities may be particularly vulnerable to SGBV in conflict and post-conflict settings. Various factors heighten their risks of SGBV, including: stigma and discrimination; the loss of community structures and protective mechanisms during displacement; perceptions that persons with disabilities cannot defend themselves or effectively report incidents of violence; isolation and lack of contact with community networks; and lack of basic assistance and services. While humanitarian agencies are increasingly aware of the need for greater disability inclusion,

they also need practical, proven strategies and tools to adapt their programs. The Women's Refugee Commission and the International Rescue Committee are currently conducting a two-year project in four countries to identify effective strategies and develop tools for disability inclusion in SGBV prevention and response programs. In this session, the WRC will report on its work to date with IRC in Ethiopia, Burundi, Jordan and North Caucasus and share information on tools currently under development.

**Older Refugees** - Today, people aged over 60 constitute 11% of the global population. By 2050, they will make up 22% - that amounts to almost 2 billion. With global aging accelerating, more older people are being displaced. Despite these large and growing numbers, no one knows the prevalence of sexual and gender-based violence against older people in situations of displacement. One of the few studies inclusive of older women in situations of protracted displacement was conducted in Eastern Democratic Republic of Congo. It found that over 15% of the people seeking health services for sexual violence were over 55. This is a rate on par with the rates of sexual violence experienced by younger women. Two HelpAge International reports recount older women being sent out of camps for firewood and foraging reported being raped in Darfur. Despite this, services are not available for their specific needs.

**Male Survivors of SGBV** - While increasing efforts have been made to address SGBV against women and girls in the conflict and displacement context, much less is known about sexual and gender-based violence against men and boys. As with female survivors, stigma and shame often prevent male survivors from reporting SGBV, and often only the cases with more severe medical implications reach the attention of service providers. Poverty, and in some cases a history of SGBV, leads many men and boys in the forced migration context to engage in survival sex, which in turn leads to a higher risk of SGBV. Adolescent refugee boys are particularly vulnerable to forced or survival sex work. Despite evidence of SGBV against men and boys in the forced displacement context, few refugee assistance agencies have learned how to systematically integrate their specific needs into SGBV response programming. Yet key steps are being taken to better serve male survivors, including the development of a tool for service providers by Refugee Law Project and Johns Hopkins to identify male survivors. HIAS' current research shows that directed outreach to refugee communities and specialized training for health and mental health service providers can help bridge the gaps facing male refugee survivors of SGBV. UNHCR has highlighted the need to mainstream the protection of male survivors, although recognizes the challenges inherent when reporting SGBV is so stigmatized.

**Sexual Minority Refugees** - Sexual minorities in many parts of the world face severe discrimination and persecution at the hands of both state and private actors. In some 77 countries, engaging in consensual same-sex sexual activities between adults is a criminal act. Even in countries where the laws are progressive on gender non-conformity and gay identity, pervasive social stigma leads to severe identity-based harm, often involving sexual violence ("corrective rape" in the case of lesbians). Sexual violence is particularly common among sexual minority refugees and asylum seekers. A 2013 HIAS study found more than 30% of those refugees interviewed experienced SGBV as minors, and close to 20% experienced SGBV as adults. Often without family support, many sexual minority refugees are socially isolated. Many turn to survival sex work or exchange sex for shelter, food, employment, or social support. Despite this, few disclose their sexual orientation or protection concerns to UNHCR fearing they may be excluded from protection services, refugee status or resettlement. HIAS' current research shows that NGOs and service providers are keenly interested in learning more about the needs of sexual minority refugee survivors of SGBV. It also shows that training for service providers, public information and education, the development of robust referral mechanisms,

and outreach to sexual minority refugees, can help integrate sexual minorities into SGBV prevention and response programming.

**NGO-UNHCR Partnership** - In order to most effectively implement good practices in this area, UNHCR and local partners must work together. UNHCR continues to emphasize capacity development for its own staff as well as for community members, implementing and operational partners, and governmental counterparts, in order to build expertise among a variety of actors in preventing and responding to SGBV. This year, UNHCR developed a draft *Facilitator's Guide to Prevent and Respond to SGBV*, which when finalized, will be used by UNHCR staff around the world to train NGOs, governmental actors, and community members. The modules provide specialized background and examples that touch on SGBV and the needs of all refugees, including refugees with disabilities, older people, sexual minorities and male survivors. Tested with the support of HIAS in Kenya, Uganda, Chad and South Africa, with participants from local UNHCR offices, operational NGOs and government agency staff, the *Facilitator's Guide* will be updated based on participant feedback, and will include materials that are accessible to a range of organizational stakeholders. This joint effort is one of many that UNHCR has and will continue to undertake to build the capacity of its own staff, local partners and other service providers so that SGBV prevention and response programming is truly inclusive. In addition, UNHCR is currently developing and will launch in 2015 a mandatory SGBV e-learning, which aims to develop capacity and improve the accountability of all staff and partners in preventing and responding to SGBV. The initiative aims to cement a common understanding of SGBV risks and responses and raise awareness about the tools and frameworks available to mitigate SGBV, provide examples of best practices on prevention and response strategies and projects, and underscore the accountability of all staff and partners to ensure all possible steps are taken to prevent and respond to SGBV in different contexts.