

**WORKING WITH LESBIAN, GAY,  
BISEXUAL, TRANSGENDER,  
INTERSEX AND QUEER (LGBTIQ+)  
PERSONS IN FORCED  
DISPLACEMENT**





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# Overview

In situations of forced displacement, individuals who are lesbian, gay, bisexual, transgender, intersex, queer and other diverse identities (LGBTIQ+) have the same rights and basic needs as, and face the same challenges as, other displaced persons. In addition, they encounter distinct protection risks because their real or perceived sexual orientation, gender identity, gender expression and/or sex characteristics (SOGIESC) do not conform to prevailing sociocultural norms.

Exclusion, stigmatization, discrimination, violence, exploitation and abuse in countries of origin drive many LGBTIQ+ persons, including adolescents and older persons, into situations of forced displacement. These challenges often persist in asylum countries, as they are frequently excluded from traditional support networks among both displaced and host communities and may continue to experience stigmatization and abuse.

While LGBTIQ+ persons may seek protection for reasons that are directly related to or different from their SOGIESC, they are at heightened risk of exclusion, exploitation, violence and abuse throughout the entire displacement cycle. They face numerous barriers to accessing humanitarian assistance and services such as safe accommodation, appropriate health care, gender-based violence (GBV) services, education and livelihoods opportunities. Barriers are especially acute for persons whose affirmed gender identity does not match their official identity documents. Moreover, in countries where protection for LGBTIQ+ persons to exercise their human rights is limited, they are often excluded from decision-making processes and leadership activities. Furthermore, they may be subject to harassment from security forces, arbitrary detention and refoulement.

The “UNHCR policy on age, gender and diversity” holds that all persons of concern to the United Nations High Commissioner for Refugees (UNHCR), including LGBTIQ+ persons, shall enjoy their rights on an equal footing with others and shall be able to participate fully in the decisions that affect their lives and the lives of their family members and communities. Furthermore, the UNHCR “Guidelines on international protection no. 9” state that persecution on the basis of one’s sexual orientation and/or gender identity can be considered as grounds for international protection. It is not the intention of UNHCR to identify “special rights” for LGBTIQ+ displaced persons, but rather to ensure that LGBTIQ+ displaced persons can access and fully exercise their rights on an equal basis with other human beings, as protected by existing international human rights instruments.

To meet the protection and assistance needs of LGBTIQ+ persons, the full range of compounding forms of discrimination that they face must be taken into account. For example, if they are members of national, religious, ethnic or linguistic minorities, if they are women, if they are children or older persons, and/or if they have

disabilities, they may experience compounded exclusion. Their marital status and educational background may also impact how they are treated. Thus, applying an age, gender and diversity approach is necessary to ensure that LGBTIQ+ persons of concern are able to fully access and benefit from UNHCR protection, assistance and solutions.

## A note on terminology

Colleagues may encounter various acronyms used to describe individuals who are lesbian, gay, bisexual, transgender and intersex, including but not limited to LGBTI, LGBTIQ+, GBLTQI+, LGBTQI+ and LGBTQIA+.

While the acronym LGBTIQ+ and its constituent terms (lesbian, gay, bisexual, transgender, intersex, queer and other diverse identities) are now used globally to describe persons with non-conforming SOGIESC, these terms are culturally specific and are not always used by persons of concern to UNHCR to describe themselves. What is considered respectful terminology varies across countries, regions, linguistic communities and individuals. The extent to which individuals self-identify with the following terms should not be assumed during protection interviews or credibility assessments.

In alignment with a number of other United Nations organizations, UNHCR adopts the use of LGBTIQ+ to reflect the rich diversity of lived experiences among individuals whose SOGIESC differs from prevailing norms. Please keep in mind that usage of this terminology across UN agencies is not standardized. UNHCR uses LGBTIQ+ as an umbrella term to include all persons whose SOGIESC is not adequately addressed by the categories of lesbian, gay, bisexual, transgender and intersex, in particular persons whose gender identity is fluid or non-binary.

In the past few years, many staff have expressed anxiety or a hesitance to discuss LGBTIQ+ issues for fear that they might use incorrect terminology. The following glossary provides a brief description of SOGIESC terms that colleagues are likely to encounter when working with advocates, practitioners and persons of concern to UNHCR. While there is no expectation that staff will memorise all terminology, the hope is that this glossary will prove to be a useful reference to alleviate uncertainty over terminology. When using these terms, it is also important to understand, and be sensitive to, how these and underlying concepts are used in specific cultural contexts. Making a good-faith effort to use terminology that is respectful, and asking for advice when you feel uncertain, will contribute significantly to gaining trust and opening doors to quality communication with persons of concern to UNHCR.

# Key terms

**SOGIESC:** An acronym for sexual orientation, gender identity, gender expression and sex characteristics. All people have SOGIESC, but not everyone’s SOGIESC makes them the target of stigma, discrimination or abuse.

**Persons with diverse SOGIESC:** An umbrella term for all persons whose sexual orientation, gender identity, gender expression and/or sex characteristics place them outside socioculturally normative categories.

**LGBTIQ+:** An acronym for lesbian, gay, bisexual, transgender, intersex, queer and other diverse identities. The plus sign represents individuals with diverse SOGIESC who identify using other terms. In some contexts, LGB, LGBT or LGBTI are used to refer to particular populations. Additional characters may be added, such as “A” for asexual, agender or ally, “2S” for two-spirit or “P” for pansexual. In many locations, the letter order varies, for example LGBTQI+ or GBLTQI+. SOGIESC-related acronyms are not static and continue to evolve over time. To ensure inclusivity and accuracy, they should be applied with careful consideration to the individuals or populations being referenced.

**Queer:** Historically a negative term in English-speaking contexts, “queer” has since been reclaimed by LGBTIQ+ persons to describe a wide range of diverse sexual orientations, gender identities and expressions in a positive way. While “queer” is used by some individuals who feel that they do not conform to a given society’s economic, social and political norms based on their SOGIESC, it is not always acceptable to persons of diverse SOGIESC and should therefore be used with caution.

## Sexual orientations

**Sexual orientation:** Refers to each person’s capacity for emotional, affective and sexual attraction to, and intimate relations with, individuals of a particular gender or more than one gender.<sup>1</sup> It encompasses hetero-, homo-, bi-, pan- and asexuality and a wide range of other expressions of sexual orientation. This term is preferred over “sexual preference”, “sexual behaviour”, “lifestyle” and “way of life” when describing an individual’s feelings of attraction to other people.

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**1.** Note that many jurisdictions still refer to sexual orientation as a person’s capacity for emotional, affective and sexual attraction to, and intimate relations with, individuals of a particular gender or more than one sex.

**Homosexual:** Refers to people of any gender who are attracted primarily to people of the same gender as their own. In English-speaking contexts, homosexual may be considered an outdated clinical term that should be avoided and is considered by many to be derogatory, although it is still used in some non-English-speaking contexts. It may be more appropriate to use “**gay**” or “**lesbian**” instead.<sup>2</sup>

**Lesbian:** Refers to a woman whose enduring physical, romantic and/or emotional attraction is to women.

**Gay:** Refers to a man whose enduring physical, romantic and/or emotional attraction is to men, although the term can be used to describe both gay men and women who are attracted to other women. Note that in some languages, the word “gay” can have a more negative connotation than the word “homosexual”. Always consult the person of concern to UNHCR on how they would like to be understood, as some people may prefer not to be identified by either of these terms.

**Bisexual:** Describes people who have the capacity for romantic, emotional and/or physical attraction to people of more than one gender.

**Pansexual:** Describes individuals who have the capacity for romantic, emotional and/or physical attraction to people of any gender.

**Asexual:** Refers to a person who may experience romantic or emotional attraction, but who generally does not experience sexual attraction to anyone. May describe themselves in English as “ace”.

**Heterosexual:** Refers to a person whose romantic, emotional and/or physical attraction is to people of a different gender (sometimes referred to as “straight”).

## Gender identities

**Gender:** Whereas sex characteristics refer to physiological characteristics, gender refers to the socially constructed roles, behaviours, activities and attributes that a society considers appropriate for individuals based on the sex they were assigned at birth. Gender roles are learned, changeable over time and variable within and between cultures. They are also often central to the way in which people define themselves and are defined by others.

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<sup>2</sup> Acceptance of terms may differ from one language to another. For example, in the Spanish and Portuguese languages, the term “homosexual” does not have the same derogatory connotation as it does in English; in fact the term “gay” may be perceived as more derogatory in these languages.

**Gender identity:** Refers to each person’s deeply felt internal and individual experience of gender, which may or may not correspond to the sex they were assigned at birth or the gender attributed to them by society. Gender identity includes the personal sense of the body, which may or may not involve a desire for modification of appearance or function of the body by medical, surgical or other means. A person’s gender identity is distinct from their sexual orientation.

**Cis/cisgender:** A person whose gender identity aligns with the sex they were assigned at birth. A cis person may have any sexual orientation.

**Trans/transgender:** These terms are used by some people whose gender identity and, in some cases, gender expression differ from what is typically associated with the sex they were assigned at birth. A transgender person may have any sexual orientation.

**Non-binary:** A person whose gender identity falls outside the male-female gender binary. This term can encompass a wide variety of gender experiences, including people with a specific gender identity other than man or woman, people who identify as two or more genders (bigender or pan/polygender), and people who do not identify with any gender (agender). Non-binary people may also describe themselves as “**gender queer** or **gender fluid** (someone whose gender is not fixed over time).

**Trans, transgender, non-binary, gender fluid and gender non-conforming:** Used as umbrella terms representing a variety of words that describe an internal sense of gender that differs from the sex assigned at birth and the gender attributed to the individual by society, whether one feels male, female, more than one gender, or no gender.

**Third gender/third sex:** Refers to people who do not identify as men or women or whose gender is not perceived to be male or female, and/or to individuals whose gender identity does not match their assigned sex at birth. It is more often used to refer to a person or group with a specific gender identity that may or may not be legally recognized. Third-gender groups include the *muxhe* of Mexico, the *khawaja sera* of Pakistan, the *hijra* of Bangladesh and the *fa’afafine* of Samoa. Some of these groups have legal third-gender recognition as well as specific social, cultural and economic roles that they play in their respective societies.

**Gender expression:** Refers to each person’s external manifestation of gender, which may or may not correspond to culturally normative expectations of masculine or feminine appearance and behaviour. Individuals use a range of cues – such as names, pronouns, behaviour, clothing, voice, mannerisms and/or bodily characteristics – to interpret other individuals’ genders. Gender expression is not necessarily an accurate reflection of gender



identity. A person's gender expression is distinct from their sexual orientation and sometimes also from their gender identity.

**Gender dysphoria:** A diagnosis contained in the American Psychiatric Association's "Diagnostic and Statistical Manual of Mental Disorders (DSM-V)",<sup>3</sup> which refers to a feeling of disconnect between one's sex characteristics and one's gender identity. However, as of 2019, the World Health Organization (WHO) no longer considers diverse gender identity as a mental illness and uses **gender incongruence** in its "International classification of diseases (ICD-11)", whereby gender incongruence is characterized by a marked and persistent incongruence between an individual's experienced gender and assigned sex.<sup>4</sup>

**Transition:** The process of changing one's gender presentation to be more in line with one's gender identity. Transition typically occurs over a long period of time and includes some or all of the following personal, medical and legal steps: telling one's family, friends and co-workers; using a different name, pronoun and/or title; dressing differently; changing one's name and/or sex on legal documents; and possibly undergoing surgical or hormone therapy or another type of treatment. The steps involved in transition vary from person to person.

**Gender confirmation treatment/gender-affirming treatment:** Refers to various medical interventions that may be one part of transition. Not all transgender people choose or can afford medical interventions such as hormone therapy or surgery. The terms "pre-operative" (or pre-op), "post-operative" (or post-op), "sex reassignment surgery" and "sex change operation" should be avoided because they can imply that transgender people who do not undergo medical transition are less valid. In many parts of the world, gender confirmation/affirming treatment is a requirement for legal gender recognition. The terms "sex reassignment surgery" and "sex change operation" are outdated and should be avoided.

**Passing:** Being perceived as cisgender or heterosexual by others. People who "pass" as cisgender and/or heterosexual are less exposed to violence and discrimination, but typically must conceal their gender identity or expression in order to maintain a level of safety. "Passing" is not a goal for all people with diverse sexual orientation or gender identity and is not attainable for many, due to circumstantial, familial, medical, physiological and financial barriers.

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3. See the fifth edition of the "Diagnostic and Statistical Manual of Mental Disorders (DSM-V)" (American Psychiatric Association, 2013).

4. WHO has removed trans- and gender-diverse related categories from the chapter on Mental and Behavioural Disorders in the eleventh edition of the "International classification of diseases (ICD-11)" (World Health Organization, 2019). Available from <https://icd.who.int/en> These categories are now in the chapter on Conditions Related to Sexual Health.

## Sex characteristics

**Sex characteristics:** Each person's physical features relating to sex, including chromosomes, gonads, sex hormones, genitals and secondary physical features emerging from puberty.

**Assigned sex at birth:** The sex assigned to a person at birth, typically based on the infant's external anatomy. Also referred to as "birth sex" or "natal sex". The phrases "assigned female at birth" (AFAB) and "assigned male at birth" (AMAB) refer to people with typical male or typical female sex characteristics, regardless of their gender identity or expression.

**Endosex:** Describes a person who was born with sex characteristics that fit typical gender-binary notions of male or female bodies (e.g. non-intersex). An endosex person may identify with any gender identity and any sexual orientation.

**Intersex:** An umbrella term to describe people who are born with natural biological sex characteristics that do not conform to culturally established standards of maleness and femaleness. These sex characteristics include variations at the level of chromosomes, gonads, sex hormones, genitals and secondary physical features emerging from puberty. There are more than 40 intersex variations and experts estimate that between 0.5 and 1.7 per cent of the world's population is born with intersex traits. An intersex person may identify with any gender identity and any sexual orientation.

# Shared protection needs among LGBTIQ+ displaced persons

All persons who are forcibly displaced face challenges. LGBTIQ+ displaced persons are at particular risk because they often encounter targeted discrimination, abuse and violence in countries of origin, transit and asylum. Many avoid seeking protection out of fear of further harm, their protection needs often go unmet and they are unable to participate in activities or access support that could benefit them.

It is important to keep in mind that everybody has SOGIESC, but certain people are targeted for discrimination and abuse because one or more elements of their SOGIESC do not conform with prevailing sociocultural norms.

As a result of their real or perceived sexual orientation, gender identity, gender expression or sex characteristics, people who are or who are perceived to be LGBTIQ+ persons often experience:

- stigmatization, pathologization,<sup>5</sup> abuse and violence, including gender-based violence (GBV), trafficking for sexual and/or labour exploitation,<sup>6</sup> torture or murder at the hands of state actors, militia, gangs, smugglers, community and family members or other displaced persons;
- lack of protection from police and security forces, including those who manage reception of, and group accommodation for, displaced persons;
- severe discrimination and exclusion from access to appropriate health care, GBV responses for survivors, housing, education, recreational activities, employment and other social services, including services to obtain official identity documents that correspond to their gender identity;

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**5.** Pathologization refers to the processes whereby gender variance is assumed to be caused by mental illness. As mentioned in footnote 4, WHO has officially de-psycho-pathologized transgender identities and removed transgender-related categories from the chapter on Mental and Behavioural Disorders in the eleventh edition of the “International classification of diseases (ICD-11)” (World Health Organization, 2019). Available from <https://icd.who.int/en>.

**6.** Forcibly displaced persons who are lesbian, gay, bisexual, transgender, intersex, queer and other diverse identities, including but not limited to cisgender and transgender women, are at risk of trafficking for sexual exploitation. Please refer to the joint International Organization for Migration and UNHCR “Framework document: developing standard operating procedures to facilitate the identification and protection of victims of trafficking” (2020). Available from [www.refworld.org/docid/5ee22b4f4.html](http://www.refworld.org/docid/5ee22b4f4.html).

- arbitrary extortion, arrest and/or detention, especially in countries that criminalize consensual same-sex relations and that forbid the legal change of one's gender identity;
- social banishment from their family, community members of the same ethnic, linguistic and/or faith group and/or from other support mechanisms;
- challenges to establish associations and to participate actively in society, due to stigmatization and exclusion.

LGBTIQ+ refugees may be subject to continued harm while they are in transit or once they arrive in countries of asylum. Many of them attempt to hide their SOGIESC in an effort to avoid being targeted for abuse, making it difficult for UNHCR and its humanitarian partners to identify them or facilitate their access to asylum procedures and humanitarian services. Some may not be aware that they can request assistance from UNHCR on issues related to how they are treated due to their non-normative SOGIESC. This is often the case for LGBTIQ+ adolescents, youth, older persons, women, people with a disability and members of ethnic and/or faith minorities.

LGBTIQ+ persons are at higher risk of not having access to the services that are available for all refugees and may require specific additional assistance. Humanitarian professionals must keep in mind that LGBTIQ+ persons experience barriers to accessing existing assistance, such as:

- safe and appropriate reception or care arrangements that respect the choice and privacy of the person seeking protection, including for adolescent or youth applicants who arrive with or without their family members;
- assistance in accessing asylum procedures, government-run services and services provided by humanitarian partners;
- protection from harassment, physical harm or GBV, both generally and in detention;
- access to legal counselling or representation, including information on the possibility of seeking asylum on the basis of SOGIESC-related persecution;
- safe and appropriate accommodation;
- safe, confidential and appropriate mental health counselling and psychosocial support;

- safe, confidential and appropriate medical care, including sexual and reproductive health and rights (SRHR)-based care, such as gender-affirming hormone treatment, support for menstruating or pregnant transgender men, and surgery or treatment for HIV-related health conditions or those related to sexually transmitted infections (STIs) and sexual transmitted diseases (STDs);
- access to appropriate livelihoods opportunities, taking into account the physical risks that some LGBTIQ+ persons may face if their work requires a high degree of public exposure in a homophobic and/or transphobic context;
- specific protection actions when they are at heightened risk, sometimes including access to local LGBTIQ+ support groups, expedited resettlement or inclusion in complementary pathway initiatives.

## Intersectionality: distinct protection challenges for LGBTIQ+ displaced persons

Persons who are lesbian, gay, bisexual, transgender, intersex, queer and other diverse identities are a diverse group of people. Although they may share some experiences, their needs are also quite distinct, depending on their SOGIESC and on other age, gender and diversity factors such as their nationality, ethnicity, faith, socioeconomic background, level of education, physical appearance and disability.

Persons who are lesbian, gay, bisexual, transgender, intersex, queer and other diverse identities are all at increased risk of exposure to GBV. They also experience persecution and discrimination in distinct ways, many of which are forms of GBV.<sup>7</sup>

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<sup>7</sup> Please note that these descriptions are meant as an overview only and do not capture all possible situations of potential abuse. Please refer to the “UNHCR policy on the prevention of, risk mitigation and response to gender-based violence” (UNHCR, 2020). Available from [www.unhcr.org/5fa018914/unhcr-policy-prevention-risk-mitigation-response-gender-based-violence](http://www.unhcr.org/5fa018914/unhcr-policy-prevention-risk-mitigation-response-gender-based-violence).

- **LGBTIQ+ children, adolescents and youth**<sup>8</sup> in unsupportive family, educational and social contexts may experience their discovery of identity and orientation as suppressing, hiding and feeling ashamed. In some cases, this may lead to self-harm where there are no support systems in place. Lack of positive acknowledgement and social validation has serious implications.
- **Lesbian women** may suffer persecution based on their gender identity, gender expression and sexual orientation. They may be exposed more frequently to honour crimes and “corrective rape” at the hands of private individuals, including family and community members. Their lower social and economic status in certain contexts may obstruct their access to asylum procedures, police and other forms of protection and support in countries of asylum. Some lesbians may also have been forced into heterosexual marriages, which may have resulted in children. Lesbian and gender non-conforming women may be less likely to proactively seek out reproductive health services due to the stigmatization they experience at the hands of un-sensitized medical professionals. Sometimes, lesbian and bisexual women are not accommodated in SRHR programmes, such as reproductive cancer clinics, information on safe sex or provision of commodities such as condoms.
- **Gay men** tend to have more mobility, visibility and social validation in certain social contexts and to live more public lives. As a result, they are often at immediate risk of physical harm due to their real or perceived SOGIESC, especially from state actors in countries where intimate relations between men is a criminal offence, regardless of whether or not these relations are consensual. In some contexts, men who are not related by genetic familial connections but who live together in shared accommodation may be scrutinized by landlords and neighbours. Men may be reluctant to disclose GBV to authorities or may have more limitations in accessing service providers when they experience GBV. In some countries, gay men accused of same-sex sexual conduct may be subject to forced anal examinations. Some gay men may also have been forced into heterosexual marriages, which may have resulted in children.
- **Bisexuality** is not well understood in many countries. Bisexual persons are attracted to persons of other genders as well as the same gender. They consider their sexual orientation to be fluid and flexible, creating the misperception that their sexuality is a matter of choice, not identity, and that they are using their sexual orientation in opportunistic ways. They may also be discriminated against by other persons with diverse SOGIESC.

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8. There is no universally agreed-upon international definition of youth. This guidance follows the United Nations definition, which for statistical purposes defines “youth” as persons between the ages of 15 and 24 years, without prejudice to any other definitions in use by agencies, programmes and/or Member States.

- **Transgender and gender non-conforming persons** are often misunderstood and severely marginalized. Their gender identity and gender expression may not match their physical appearance and sex assigned at birth on their official identity documents, which may lead to them being misgendered by both state authorities and humanitarian actors. Transgender persons are often accused of impersonation, as their physical traits might not match their identification documents and passport photos.

Transgender persons frequently experience abuse and discrimination from state authorities and rejection by family and community members. They are often subjected by both state and non-state actors to GBV, including rape, sexual abuse, physical assault and murder. Their frequent exclusion from access to education, housing and livelihoods support services may take the form of denial of resources, opportunities or services. Furthermore, they may experience difficulties accessing necessary materials and support for medical needs, such as hormone therapies and SRHR support for menstruating or pregnant transgender men.

Transgender women in humanitarian contexts are at particularly high risk of severe harm. Frequently excluded from access to safe housing and legal employment, they may engage in selling or exchanging sex in exploitative situations to meet their basic needs.

Authorities, humanitarian personnel and service providers may lack understanding of the specific needs of transgender and gender non-conforming persons, including the necessity of respecting chosen names and pronouns, as well as the need to develop safe and confidential referral pathways.

Some gender non-binary and third-gender people are also categorized as transgender persons, as many jurisdictions do not distinguish between transgender, non-binary and third gender.

- **Intersex persons** may endure exclusion and persecution – even from other LGBT+ persons, because they are viewed as having a physical disability or gender non-conformity related to their atypical sexual anatomy and secondary sex characteristics. They may have difficulty obtaining legal identity documents that reflect their gender or may not be issued legal identification documents at all.

In some contexts, intersex individuals may be subjected to early and irreversible surgery in countries of origin and asylum to “correct” their anatomy, or they may have ongoing medical needs related to their condition. Intersex children risk being subjected to non-consensual, unnecessary and harmful medical procedures that have no medical basis. This type of surgical intervention can cause a wide range of severe, negative physical and psychological health effects, including sterilization.

In other contexts, family members of intersex persons may also be stigmatized and abused because their intersex relative is thought to be abnormal or cursed. Intersex infanticide and mistreatment of an intersex person's family members have been reported in places that include, but are not limited to, sub-Saharan Africa, South America and South-East Asia.<sup>9</sup>

Parents of intersex children may face pressure to agree to surgeries or treatments without being informed of alternatives or potential negative consequences. The rationale is frequently based on social prejudice, stigma associated with intersex bodies and administrative requirements to assign sex at birth registration. The United Nations considers surgery and unnecessary treatments on intersex individuals to be fundamental human rights violations. A number of States and human rights bodies have also called for an end to unnecessary surgery and treatment, including the Committee on the Rights of the Child, the Committee Against Torture and the special procedures mandate holders on the right to health and on torture.<sup>10</sup>

Parents of intersex children may experience administrative challenges to officially register their child's birth and subsequently to access the child's birth certificate, which is necessary to enrol the child in school and to access medical and other services.

- **Pansexual persons** of any gender identity may experience persecution due to their real or perceived capacity for emotional, affective and sexual attraction to, and intimate relations with, individuals of their same gender or with multiple genders. For example, they may be targeted for being perceived to have an intimate relationship with a transgender person, regardless of their own gender identity. They may also be assumed to be bisexual.
- **Asexual persons** of any gender identity may experience persecution because they do not experience sexual attraction to anyone. In environments where individuals are expected to express sexual attraction within the context of a marriage, they may be forced to marry against their will. They may also be subject to GBV.

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9. "What are intersex rights?" (Open Society Foundations, 2021). Available from <https://www.opensocietyfoundations.org/explainers/what-are-intersex-rights>.

10. In 2020, 33 States called on the Human Rights Council to protect the rights of intersex persons in their bodily autonomy and right to health. See "Statement by the Kingdom of the Netherlands: Follow-up and implementation of the Vienna Declaration and Programme of Action" (Kingdom of the Netherlands, 2020). Available from <https://www.permanentrepresentations.nl/documents/speeches/2020/10/1/united-nations-human-rights-council--45th-session>.



# Key guiding principles

## Rights-based approach

LGBTIQ+ persons should have the same opportunities and support as other forcibly displaced persons, to exercise the full range of their human rights without discrimination, including access to asylum procedures and humanitarian programmes.

- While no binding international legal convention on the rights of LGBTIQ+ persons is yet in force at the time of writing, the **Yogyakarta Principles** (2007) and the **Yogyakarta Principles plus 10** (2017) provide the most authoritative global human rights guidance on protecting the rights of LGBTIQ+ persons.<sup>11</sup>
- Further guidance is available in **reports to the United Nations Human Rights Council from the United Nations Independent Expert on Sexual Orientation and Gender Identity**, particularly on general protection responsibilities to LGBTIQ+ persons and on conversion therapy.

### Actions:

- ▶ Familiarize yourself with the Yogyakarta Principles and the Yogyakarta Principles plus 10, as well as with the situation of LGBTIQ+ persons in the country of duty.<sup>12</sup>
- ▶ Follow the “UNHCR policy on age, gender and diversity” when designing assistance, protection and solutions interventions for LGBTIQ+ persons.
- ▶ Engage deliberate and regular messaging from senior management to advocate for, and promote protection of LGBTIQ+ persons as an integral part of UNHCR protection work.

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**11.** See “The Yogyakarta Principles: Principles on the application of international human rights law in relation to sexual orientation and gender identity” (International Panel of Experts in International Human Rights Law and on Sexual Orientation and Gender Identity, 2007) and “Yogyakarta Principles plus 10: Additional principles and state obligations on the application of international human rights law in relation to sexual orientation, gender identity, gender expression and sex characteristics to complement the Yogyakarta Principles” (Second International Panel of Experts in International Human Rights Law, Sexual Orientation, Gender Identity, Gender Expression and Sex Characteristics, 2017). Available from [www.refworld.org/pdfid/48244e602.pdf](http://www.refworld.org/pdfid/48244e602.pdf) and [www.refworld.org/docid/5c5d4e2e4.html](http://www.refworld.org/docid/5c5d4e2e4.html).

**12.** Note that extensive country of origin information on SOGIESC rights and conditions may not be available for all countries of origin or transit through which LGBTIQ+ individuals have traveled.

## Participation

The “UNHCR policy on age, gender and diversity” understands “participation” as working in partnership with persons of concern to UNHCR, putting them at the centre of decision-making and supporting their capacities and efforts as agents of change in their families and communities.

In line with UNHCR’s community-based protection approach, LGBTIQ+ persons, including children, adolescents and youth, should be viewed as people who have skills, resources and capacities. They must have equal opportunities to participate in policy and programme formulation, implementation and monitoring processes. Achieving a high standard of protection is only possible if LGBTIQ+ persons participate actively in identifying their needs and in proposing responses in terms of assistance, protection and solutions that are appropriate for their situations.

However, because LGBTIQ+ persons are frequently marginalized within the general displaced population and may not feel safe disclosing their SOGIESC in meetings with other displaced persons, strategies for identifying and reaching out to LGBTIQ+ persons may be more effective if established in collaboration with them and with local LGBTIQ+ support organizations.

Local LGBTIQ+ organizations and other civil society organizations, whether led by refugees or by nationals of the asylum host country, are invaluable partners in identifying the needs and priorities of LGBTIQ+ persons. These organizations can also help liaise with families and educational institutions to help ensure the inclusion of LGBTIQ+ displaced children and adolescents. National LGBTIQ+ support, advocacy and umbrella organizations in asylum countries can be effective key partners. It is worthwhile advocating for them to integrate LGBTIQ+ displaced persons into their programmes.

Nevertheless, it is important to note that some LGBTIQ+ organizations in the host country may not have the capacity, resources or interest to work with LGBTIQ+ displaced persons; some may also be penalized by their governments for working with persons perceived to be irregular migrants. It is best to bear this in mind when engaging local LGBTIQ+ support organizations.

## Actions:

- ▶ Map existing LGBTIQ+ networks and organizations at the regional, national and local levels, in order to establish referral links and other points of collaboration. Often displaced LGBTIQ+ persons do not know where to seek support and may experience discrimination from these same actors, due to xenophobia. Engaging these organizations in advance helps LGBTIQ+ displaced persons in establishing their own networks.
- ▶ Consult LGBTIQ+ refugees in participatory assessments of their protection needs to understand their protection risks and capacities. The results will guide the yearly planning and interventions. Due care must be taken to ensure that such consultations take place in a safe environment.
- ▶ Establish LGBTIQ+ peer support groups where LGBTIQ+ persons of concern can come together, find contacts, share feedback and have greater access to protection, assistance and solutions.
- ▶ Create confidential communication channels and hold regular on-site or online meetings with LGBTIQ+ persons to ensure that they can fully access feedback and response mechanisms.
- ▶ Empower LGBTIQ+ persons of concern to strengthen their networks and link with other existing LGBTIQ+ networks in countries of asylum, including national LGBTIQ+ support and advocacy organizations.
- ▶ Include LGBTIQ+ persons of concern in community leadership structures and committees. Encourage LGBTIQ+ persons of concern to participate in other relevant community structures, such as youth groups, women's groups, groups for persons with a disability, and outreach volunteer programmes.
- ▶ Encourage LGBTIQ+ persons of concern to participate in community-led solidarity initiatives with host community leaders.
- ▶ Sensitize community leadership in existing representation and governance structures for displaced persons and engage them in advocating for treating LGBTIQ+ persons of concern with respect and making communities safe for them.
- ▶ Create – in collaboration with LGBTIQ+ persons of concern and community volunteers, UNHCR and partner staff, as well as allies from other entities – contingency response plans to ensure their protection, with community volunteers on hand to offer them support if they are harassed or experience other protection threats from local security forces and political actors.

## Non-discrimination and inclusion

“Non-discrimination” involves ensuring that all programmes and activities are equally accessible to LGBTIQ+ persons, by identifying and removing attitudinal, environmental, programmatic and communication barriers.

“Inclusion” recognizes that some people face barriers to enjoying their rights on an equal footing due to discrimination on the basis of certain factors, including but not limited to: age, gender and diversity characteristics such as SOGIESC, disability, religion, ethnicity, and/or status as refugees, asylum seekers, internally displaced persons, returnees or stateless persons. It involves removing such barriers so that all people have equality of opportunity with regards to access to services and participation in society. These barriers can be related to policy and law, the physical environment, communication, or social and cultural beliefs. They can appear in legal frameworks and norms; institutional policies, standard operating procedures (SOPs) and budgets; and in attitudes and behaviour. For example, inclusion of LGBTIQ+ displaced persons in national public services may be inadequate and not fully rights-based. In such situations, UNHCR and partners provide critical support to improve the accessibility of such services to LGBTIQ+ persons.

The inclusion of LGBTIQ+ individuals in services may be challenging in situations where these services are set up to exclusively assist men or women but are not necessarily adapted for transgender, gender non-conforming or intersex persons. All service providers have a responsibility to design services that appropriately include LGBTIQ+ persons to the greatest extent possible, whether services are administered by government authorities or by non-governmental partners. UNHCR is particularly accountable for ensuring inclusivity among its partners who support LGBTIQ+ displaced persons through, inter alia, community centres, health clinics, shelters, schools and livelihood programmes. It is also essential to advocate with government authorities to do the same.

## Actions:

- ▶ Ensure that humanitarian programmes are genuinely inclusive of LGBTIQ+ persons – with particular attention to children and adolescents still in the process of understanding their gender identity and sexual orientation.
- ▶ UNHCR and non-governmental organization (NGO) partner staff must consult LGBTIQ+ persons of concern through the participatory processes mentioned above in order to identify barriers to their inclusion in programmes and services.
- ▶ UNHCR and NGO partner staff must make themselves aware of their own implicit biases against sexual orientations, gender identities and expression, and bodily diversity. For example:
  - ▶ Ensure that UNHCR and partner staff participate in trainings on SOGIESC protection and assistance, and that these are provided by designated UN staff or credible LGBTIQ+ support organizations.
- ▶ Work with families, teachers and counsellors of children and adolescents who are lesbian, gay, bisexual, transgender, intersex, queer and other diverse identities to address the bullying, stigmatization and emotional harm they may be experiencing.
- ▶ Work with shelter, GBV and mental health and psychosocial support partners to ensure that safe referrals and targeted services are available for LGBTIQ+ survivors who need emergency accommodation, GBV treatment and counselling.
- ▶ Ensure that public health centres provide adequate clinical services to transgender and intersex persons, who may not approach these facilities due to a lack of trained and specialized doctors.
- ▶ Ensure that livelihoods partners take into account the specific needs and capacities of LGBTIQ+ programme participants when designing appropriate economic resilience interventions, as work which requires physical exposure to the public may be particularly dangerous for transgender and gender non-conforming people.

# Addressing operational protection risks

## 1. Create a safe environment for self-disclosure

Within the general forcibly displaced population, LGBTIQ+ persons are often reluctant to disclose their SOGIESC, regardless of whether they are living in camps, urban or rural areas. In or near reception facilities, they are at high risk of experiencing GBV, harassment, or discriminatory and abusive treatment perpetrated by other refugees, by host community members and sometimes also by security personnel. If they are being held in detention, they are often afraid to reveal their sexual orientation, gender identity, gender expression and/or sex characteristics (SOGIESC) to staff and other detainees. Some LGBTIQ+ displaced persons may not seek services at all, due to fear of stigmatization, discrimination and abuse.

Some LGBTIQ+ persons of concern may approach UNHCR or its partners directly for assistance, protection and solutions, while others may not. Moreover, because of the aforementioned protection concerns, LGBTIQ+ persons may not immediately or explicitly disclose their SOGIESC during registration proceedings, in protection, Refugee Status Determination (RSD) or resettlement interviews, or in community meetings conducted for the general displaced population.

Moreover, LGBTIQ+ persons of concern may be reluctant to disclose their current or former partners, spouse and/or children, owing to a perception that doing so would negatively impact their eligibility for international protection and/or prioritization for third country resettlement. However, when LGBTIQ+ refugees do not inform UNHCR and the resettlement country about their dependent family members during registration, protection, RSD and resettlement procedures, this can lead to long-term or permanent separation from their dependent family members once they have been resettled, as their family members may not be eligible for reunification in the resettlement country. Belatedly providing this information to resettlement States also undermines trust in UNHCR procedures.

The following sections provide suggestions on how UNHCR colleagues and partners can safely and respectfully reach out to, identify and register LGBTIQ+ persons of concern. Please also refer to applicable guidance in the section on Cross-cutting actions.

## Outreach and communication

A key challenge in establishing and maintaining effective communication with LGBTIQ+ displaced persons is the reluctance of many LGBTIQ+ individuals to self-disclose, due to isolation, fear and acute security concerns. They may remain invisible to UNHCR and humanitarian partners throughout all phases of their displacement. A discreet but proactive outreach approach must be taken, ensuring minimum protection and safety safeguards.

### Example approaches

- ▶ Seek out and consult with NGOs or other civic organizations and actors to identify and connect with LGBTIQ+ persons of concern. In particular, liaise with national, local and refugee-led organizations that focus specifically on LGBTIQ+ support and advocacy, or that are otherwise trusted by LGBTIQ+ persons.<sup>13</sup>
- ▶ Recruit and train specialized LGBTIQ+ outreach volunteers to safely disseminate messages to LGBTIQ+ persons of concern through face-to-face meetings and secure digital platforms.
- ▶ Train LGBTIQ+ persons of concern on digital safety protocols so that if they are apprehended by security forces, the information stored on their mobile phones remains secure.
- ▶ Where possible, empower forcibly displaced LGBTIQ+ persons to establish their own safe online communication channels in order to build communities and share accurate information.
- ▶ Create information leaflets in different languages explaining how and where LGBTIQ+ persons can seek assistance from UNHCR, including services provided by each partner organization. Communication should be accessible in different formats appropriate for LGBTIQ+ persons with different types of disabilities. Communication for children and adolescents should be provided in language they can understand. Leaflets can be in paper or digital forms.
- ▶ Establish and communicate dedicated times when LGBTIQ+ persons of concern can be safely and confidentially received at the Office.
- ▶ Make information available in places and through communication channels that LGBTIQ+ consider to be safe, including UNHCR helplines and secure social media platforms.

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**13.** Proactively engaging LGBTIQ+ support organizations in host countries could be challenging or counterproductive in asylum contexts where LGBTIQ+ organizations are ostracized or otherwise targeted by government authorities. As visible advocacy could intensify protection risks, UNHCR staff are advised to exercise discretion.

## Example approaches

- ▶ Ensure that the Office premises provide a safe and welcoming environment. Display safe space posters, flyers, and paraphernalia where they can be seen by persons of concern to UNHCR, such as the reception area or in washrooms. Wear UNHCR safe space buttons and pins when conducting field visits, registration, protection, RSD or resettlement interviews to assure LGBTIQ+ persons that they are welcome.
- ▶ Select, train and monitor interpreters to engage respectfully with LGBTIQ+ persons who approach the Office for protection and assistance.
- ▶ Select, train and monitor focal points in partner organizations to engage respectfully with LGBTIQ+ persons who approach the Office for protection and assistance.

## Pronouns: addressing transgender, non-binary and gender non-conforming individuals

A key protection challenge that many LGBTIQ+ persons face relates to perceptions of their gender identity and/or gender expression. Colleagues may meet persons of concern to UNHCR who describe themselves as trans, transgender, non-binary, gender fluid or queer.

If conditions permit, the optimal practice is to ask self-identified LGBTIQ+ persons of concern what name, gender, pronoun and title they use during registration and protection interviews. Do not assume that this necessarily corresponds to what is stated on their birth or other official identity documents. However, note that asking for such information in some registration contexts may exacerbate protection risks for LGBTIQ+ persons of concern. In such cases, it is still essential to respect their preferred pronouns.



## Registration

LGBTIQ+ persons of concern should be explicitly and appropriately included in identification and registration processes, and registration staff are usually the first point of contact that any person of concern has with the Office. To gain their trust and confidence, UNHCR colleagues must create a safe and confidential registration environment for all registrants, using the do no harm approach.

The privacy of registrants should be respected at all times, and a person's sexual orientation, gender identity and expression and bodily status should be recorded in a manner that does not increase risks to their physical safety or emotional well-being.

Staff may need to balance data collection with a commitment to minimizing exposure of LGBTIQ+ persons to harm. However, minimizing the data on file should not mean forgoing collection of information such as gender identity and health status, because not having these data on hand often leads to misgendering and further harm, especially for transgender, gender non-conforming and intersex persons. To minimize the risks, these data must be elicited in a safe and confidential manner, assigning staff appropriate access to these data.

## Example approaches

- ▶ Design registration activities that ensure privacy and confidentiality for registrants, especially LGBTIQ+ registrants.
- ▶ LGBTIQ+ children and adolescents may not always disclose their SOGIESC during registration procedures conducted with their families. Child protection and registration focal points must coordinate to ensure that the needs of LGBTIQ+ children and adolescents are safely and confidentially identified.
- ▶ Registration activities could be conducted in conjunction with specialized outreach meetings with LGBTIQ+ persons of concern, if appropriate.
- ▶ Where possible, design the registration form such that information on gender identity can be recorded, in addition to sex assigned at birth (the latter is usually what is shown on official identity documentation).
- ▶ Record the specific needs of LGBTIQ+ persons using the relevant specific needs code, as appropriate. Avoid using the specific needs codes for general recording of self-identified LGBTIQ+ persons.
- ▶ Develop SOPs for the safe and confidential recording of SOGIESC-related data, where contextually appropriate. This could include the use of Alias fields, protection incident fields or other confidential and secured fields.
- ▶ During registration interviews, ask if the applicant has a partner and/or children. This is critical when considering their protection needs and family reunification status.
- ▶ Include the applicant's preferred name and pronouns in the Individual Note or Alias section of their registration file, so that UNHCR staff know to address them accordingly.
- ▶ In some contexts, proactive efforts to identify LGBTIQ+ persons increases their visibility in negative ways and intensifies their protection risks. Identification and outreach must be balanced with creating safe spaces to encourage self-disclosure.
- ▶ Some LGBTIQ+ persons of concern may choose to use nicknames or aliases on social media platforms to maintain anonymity and safety, even in their interactions with local LGBTIQ+ support organizations. Especially in contexts where LGBTIQ+ support organizations or other partners follow up on reported protection threats and incidents (such as blackmail and abduction of LGBTIQ+ persons of concern), it is important that UNHCR personnel are able to identify the individual by their nickname or alias.

## 2. Provide access to information on asylum procedures

States bear the primary responsibility of determining whether a lesbian, gay, bisexual, transgender, intersex, queer or other diverse identity applicant for international protection will be granted refugee status/asylum. When host country authorities carry out asylum adjudication, UNHCR assumes a support and observer role in the process in order to fulfill its supervisory responsibility under Article 35 of the 1951 Refugee Convention. In other contexts, UNHCR carries out RSD directly through its mandate.

In all cases, UNHCR colleagues have a responsibility to identify and address barriers faced by LGBTIQ+ persons in accessing asylum procedures, whether these procedures are carried out by host government authorities or by UNHCR under its mandate. However, some LGBTIQ+ persons of concern may not be aware that they can request asylum on the basis of persecution endured due to their SOGIESC. These include but are not limited to:

- children, adolescents and youth;
- individuals applying for protection as part of a family group, especially when they are not the registered head of household;
- individuals being held in detention facilities;
- individuals who have not disclosed their SOGIESC and who apply for protection on the basis of other Convention grounds, including those who have already received a negative RSD decision on different grounds and who wish to reopen their case.

### Example approaches

- ▶ With the support of civil society organizations and referral networks trusted by LGBTIQ+ persons, inform LGBTIQ+ persons that they have the right to seek asylum due to persecution related to their SOGIESC.
- ▶ Establish a confidential referral link between the Office and LGBTIQ+ persons of concern. It may be important to establish a targeted confidential link for LGBTIQ+ children, adolescents and youth.
- ▶ Manage data protection risks of LGBTIQ+ applicants in situations where sharing SOGIESC information with national authorities would increase the applicants' protection risks.

## Example approaches

- ▶ In some contexts, systematically applying specific procedures for LGBTIQ+ asylum seekers could increase the risk of them being identified by family members or other asylum seekers. Always choose procedures with the consent of the applicant and provide appropriate counselling.
- ▶ Although this guidance is not specifically focused on how to carry out RSD procedures, RSD personnel must refer to “Guidelines on international protection no. 9”, “Procedural standards for Refugee Status Determination under UNHCR’s mandate”, “Guidelines on determining the best interest of the child” and the relevant country guidance documents when fulfilling their RSD mandate for LGBTIQ+ adults and children, and when advising host States on their asylum procedures.
- ▶ Where possible, train national asylum adjudicators and judges to appropriately interview and assess the credibility of asylum claims from LGBTIQ+ persons in accordance with international refugee and human rights standards. Ensure that they understand that during such interviews, it is not permissible at any point to ask invasive questions about an applicant’s sexual behaviour or to use inappropriate practices to establish the applicant’s SOGIESC.
- ▶ Where possible and appropriate, establish a LGBTIQ+ specific referral mechanism between UNHCR and relevant national authorities, as well as community and legal networks.
- ▶ In situations where UNHCR conducts mandated RSD and resettlement assessments, interview family members separately, especially if there is any indication that they are LGBTIQ+ persons during the registration and/or protection interviews. Such identification and interviews need to be conducted by personnel who are trained in interviewing and providing support to LGBTIQ+ persons. Staff should also refer the individuals in need of support to the members of the protection team, who are trained to respond to the identified social, legal, medical or other needs and vulnerabilities in a timely and appropriate manner.
- ▶ Work with detention administrators and referral networks to identify and reach out to LGBTIQ+ persons at risk within the general detainee population.
- ▶ Equip confidential interviewing spaces with LGBTIQ+ safe space signs.
- ▶ For LGBTIQ+ persons of concern who are at risk (such as persons living with HIV, transgender and intersex persons), consider applying differentiated case-processing modalities, including accelerated processing.

### 3. Ensure physical security from exploitation and abuse, including gender-based violence

- Security during the asylum process is a major concern for LGBTIQ+ persons, especially for those whose real or perceived gender identity and gender expression do not conform to sociocultural norms.
- LGBTIQ+ persons may be attacked and harassed by family members, peers, other displaced persons, members of the host community, or by security forces such as border guards and police. These incidents can take place anywhere: in reception centres, in or near the Office, on the street, in public spaces, on transportation or in safe shelters and private accommodation, among other locations.
- LGBTIQ+ children, adolescents and youth may be at heightened risk of neglect and violence because of their increased vulnerability and dependency.
- LGBTIQ+ persons of all ages are at risk of being trafficked for sexual and labour exploitation.
- LGBTIQ+ persons may be at risk of arbitrary detention, and if they are detained, they may be attacked by other inmates or guards.
- In some contexts, there is a misconception that LGBTIQ+ persons have mental disorders, which can result in their being detained or placed in institutional psychiatric facilities.
- In some contexts, there is a misconception that gay and bisexual men and transgender women cannot experience GBV, which is thought to be a risk experienced by only cisgender women and girls.
- In countries where consensual same-sex relations, cross-dressing or sex work is criminalized or where negative attitudes towards LGBTIQ+ persons are widespread, the authorities may not be able or willing to protect them. Where such laws exist, LGBTIQ+ persons may require specific assistance and appropriate counselling.
- LGBTIQ+ adults and children are also at high risk of experiencing sexual violence and exploitation. GBV increases vulnerability to HIV exposure, and persons living with HIV or AIDS are very likely to suffer non-consensual public disclosure of their HIV status and even refoulement by countries that have discriminatory HIV policies. Some severely marginalized LGBTIQ+ groups, particularly transgender persons, may be forced to engage in transactional sex work as they may be excluded from licit employment. These individuals can be abused and exploited by both displaced and local populations and may not be protected by the authorities.

## Example approaches

Protect LGBTIQ+ persons from GBV by taking the following steps:

- ▶ Work with partners to develop SOPs and safely identify LGBTIQ+ persons of concern at heightened risk.
- ▶ Integrate LGBTIQ+ persons into all protection programming, especially GBV prevention, risk mitigation and response mechanisms, including adequate risk mitigation measures based on GBV risk assessments.
- ▶ Provide LGBTIQ+ persons with all information on the risks they face in relation to legislation in the host country on consensual same-sex relations or behaviours thought to violate local morality codes. Host country authorities may use various means to implement such criminal provisions, such as searching homes, clothing, mobile phones, social media accounts or raiding private parties.
- ▶ Consult trusted local LGBTIQ+ persons support organizations, referral networks and partner organizations to identify and/or establish confidential arrangements for LGBTIQ+ persons of concern, including safe accommodation and referrals to LGBTIQ+-sensitive health care providers, including but not limited to clinical management of rape, SRHR, and mental health and psychosocial support.
- ▶ Ensure that safe and confidential clinical management of rape services are also available to men and transgender persons who are survivors of gender-based violence, as a majority of such services are designed for cisgender women and girls who are survivors of gender-based violence.
- ▶ Ensure that LGBTIQ+ survivors of gender-based violence have access to medical professionals who are trained to work with them and who are sensitized to their protection risks. Medical professionals include clinical management of rape forensic physicians who in some contexts may be required to report all rape cases to local authorities.
- ▶ Work with administrators of detention facilities to ensure that LGBTIQ+ detainees are placed in gendered accommodation that respects their wishes. This is particularly applicable for transgender detainees. For example, transgender women should be detained with women and not with men.
- ▶ Ensure that LGBTIQ+ detainees living with HIV have access to their medical treatment while in detention.

## 4. Provide access to LGBTIQ+-inclusive services and programmes

LGBTIQ+ displaced persons frequently experience discrimination and stigma when they attempt to access housing, health, psychosocial support, employment and other services in host countries.

- Identifying appropriate and safe alternative care for unaccompanied LGBTIQ+ children and adolescents can be particularly challenging and requires careful assessment before placing the child or adolescent in the care of families.
- Institutional care should be avoided for all children and adolescents, particularly those who are LGBTIQ+. Creating separate care arrangements (e.g. supervised independent living arrangements) can result in targeting of LGBTIQ+ children and adolescents.
- LGBTIQ+ refugees and asylum seekers who are lesbian, gay, bisexual, transgender, intersex, queer and other diverse identities are often exposed to mistreatment and exclusion from housing, health, cash-based interventions (CBI), employment and educational programmes.
- In particular, transgender, gender non-conforming and intersex refugees may encounter difficulties obtaining official identity documents that correctly reflect their gender identity.
- A lack of financial, social and other support from homophobic or transphobic family members and displaced communities leaves many LGBTIQ+ persons particularly vulnerable. Lesbian, bisexual and transgender women may be especially at risk in environments where women have inferior social and economic status.

## Age, gender and diversity-inclusive programming

Consistent with the “UNHCR policy on age, gender and diversity”, the following approach should be adopted for all areas of programming:

- Assume that applications for protection already include LGBTIQ+ persons, whether they have disclosed themselves or not.
- In consultation with LGBTIQ+ persons or LGBTIQ+-focused organizations, design all responses to be inclusive of and accessible to LGBTIQ+ persons, keeping in mind that members of this diverse group have distinct needs.
- Include targeted actions to enable LGBTIQ+ persons to participate on an equal basis.
- Make a particular effort to put qualified, professional and LGBTIQ+-sensitive service providers in contact with LGBTIQ+ persons.
- Include LGBTIQ+ individuals in different activities conducted by UNHCR and its partners.
- Enroll LGBTIQ+ persons of concern into CBI programmes and vocational and skills training sessions that are held in safe environments, such as LGBTIQ+-friendly community centres or organizations.
- To ensure continuity of care, adopt an integrated case management approach for service provision for LGBTIQ+ persons of concern. Colleagues are advised to coordinate among field, registration, protection, RSD, resettlement, shelter, GBV, health, CBI and livelihood focal points, among others.



## Access to shelter

Safe and dignified accommodation is a critical protection need for LGBTIQ+ displaced persons, many of whom are excluded from traditional support networks such as family or ethnic diaspora links and are at high risk of homelessness. Camp and other group reception settings can be hostile, stigmatizing and abusive, especially for people among the general displaced population whose gender identity or expression do not conform to social norms. Furthermore, gender-specific shelter arrangements (such as safe houses for survivors of gender-based violence) may not always be appropriate for hosting LGBTIQ+ persons of concern.

To mitigate this, UNHCR colleagues can consider implementing the following measures. It is important to keep in mind that there is no one-size-fits-all approach for all LGBTIQ+ persons of concern in all situations. Each person's situation needs to be assessed individually and should take into account their own preferences, to the extent possible.

### Example approaches

- ▶ Work closely with trusted local LGBTIQ+ support organizations, referral networks and partner organizations to identify and/or establish safe accommodation arrangements for LGBTIQ+ persons, including respectful landlords and safe neighbourhoods.
- ▶ In camp and group reception settings, consult with LGBTIQ+ camp residents directly to identify the type of accommodation that would be safest for them. Some LGBTIQ+ residents choose to live together in a camp setting, while others prefer to minimize their visibility within the camp population.
- ▶ During camp site-planning and when liaising with camp security personnel, ensure that toilet and washroom facilities in camp settings are safe for LGBTIQ+ persons, especially transgender and gender non-conforming people. Include privacy barriers and establish gender-neutral toilets and washrooms where possible.
- ▶ In urban areas as well as camp settings, consider communal or scattered housing for LGBTIQ+ persons of concern. Keep in mind that the appropriateness of each option may vary by neighbourhood, and gender-segregated housing is not always the safest option. In some contexts, many LGBTIQ+ persons prefer to live separately from other displaced persons of concern to UNHCR to minimize their exposure to homophobic or transphobic stigma and abuse. To the extent possible, take the individual's own preferences into consideration.

## Example approaches

- ▶ Where possible and according to local contexts and norms, support LGBTIQ+-refugee-led community-based organizations to rent and manage a standalone house in a safe neighbourhood, which can accommodate LGBTIQ+ residents with particularly vulnerable profiles (e.g. visibly gender non-conforming or transgender persons, survivors of gender-based violence and persons with acute health needs). Work with them to develop rules and regulations for residents.
- ▶ Consider setting up collective living arrangements in situations where it is not safe for women to live alone.
- ▶ Ensure that LGBTIQ+ persons are not assigned to accommodation that is remote or isolated from LGBTIQ+-friendly support centres and networks. Physical proximity to these resources is vital for the safety and protection of LGBTIQ+ persons.
- ▶ In some situations, LGBTIQ+ persons may be able to stay for a short period in emergency accommodation usually reserved for cisgender persons (such as transgender women in women's shelters).
- ▶ Work with partners to set up emergency accommodation for cisgender and transgender gay and bisexual men.
- ▶ Ensure and regularly check that staff at all partner shelter providers are sensitized and trained in working with LGBTIQ+ displaced persons.

## Access to health services

Because of the abuse, social isolation, and homophobia/transphobia they experience, many LGBTIQ+ individuals experience mental health challenges, including but not limited to post-traumatic stress disorder, anxiety and depression. Moreover, LGBTIQ+ adolescents and youth may require specific reproductive health counselling and support.

LGBTIQ+ persons may also be at risk of HIV and AIDS and tend to have less access to critical prevention and care services. Those who are living with HIV suffer a double stigma. Moreover, transgender, gender non-conforming and intersex persons may require medical treatment or medication that they cannot receive or financially afford.

Staff should make a particular effort to put qualified and professional service providers in contact with LGBTIQ+ persons. UNHCR may promote the following forms of support:

## Example approaches

- ▶ **Safe and appropriate health care arrangements for persons of concern to UNHCR who are lesbian, gay, bisexual, transgender, intersex, queer and other diverse identities:** Proactively consult trusted local LGBTIQ+ support organizations, referral networks and partner organizations to identify and/or establish safe and appropriate health care arrangements for **LGBTIQ+ persons of concern**, including respectful medical staff, confidential visitation hours and access to medicines. This is especially relevant for transgender and intersex persons of concern to UNHCR, as many of them do not reach out to health care services due to a lack of trained and specialized medical staff.
- ▶ **SRHR:** Negotiate subsidized rates through which LGBTIQ+ persons of concern can access health care with LGBTIQ+-sensitive providers, including but not limited to general health care, treatment for HIV, GBV-related trauma, and specific needs of transgender and intersex persons (e.g. hormones or reproductive health support)
- ▶ **Menstrual hygiene management:** Ensure that women and transgender men can safely obtain menstrual care products, have a safe, private clean space in which to change materials and to hygienically dispose of menstrual waste.
- ▶ **Mental health and psychosocial support:** Confidential LGBTIQ+-sensitive mental health and psychosocial support services are a critical lifeline. Work with trusted LGBTIQ+ support organizations and partners to establish individual and group counselling services, as well as community-based activities.
- ▶ **Pandemics and epidemics<sup>14</sup>:** During large-scale public health crises, LGBTIQ+ persons may find it difficult to access necessary preventive care products and to practice social distancing. Conduct targeted outreach to make sure that LGBTIQ+ persons are able to procure these essential non-food items.

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**14.** For example, the COVID-19 pandemic has severely impacted persons who are lesbian, gay, bisexual, transgender, intersex, queer and other diverse identities, including displaced persons, who experienced both deprioritized access to essential health services and sometimes also scapegoating. While COVID-19 is not a sexually transmitted disease, persons who are lesbian, gay, bisexual, transgender, intersex, queer and other diverse identities have been falsely accused of having the virus in certain contexts. See "COVID-19: the suffering and resilience of LGBT persons must be visible and inform the actions of states" (Office of the United Nations High Commissioner for Human Rights, 2020). Available from [www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25884&LangID=E](http://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25884&LangID=E).

## Cash and voucher assistance

In some contexts, one standard CBI allocation is available for all registered LGBTIQ+ persons of concern to UNHCR (with allowances made for age or family status), while in other situations, this amount may be adjusted based on the individual's specific vulnerability profile.

Due to their high risk of isolation, stigma and abuse, LGBTIQ+ persons have distinct needs that need to be taken into consideration when determining CBI amounts. The following CBI actions are recommended for LGBTIQ+ displaced persons:

### Example approaches

- ▶ Protection, CBI and Livelihoods colleagues are advised to coordinate closely when including in CBI programmes.
- ▶ CBI allocations must factor in essential needs such as costs of rental accommodation (if living outside a camp or reception centre); food; essential hygiene items; transportation to and from places of residence, the Office and service providers; mobile phone access and data; necessary health treatment for the individual and any children they may have, including emergency post-GBV care, mental health and psychosocial support services, SRHR and gender-affirming treatment; and any other protection needs.
- ▶ In contexts where refugees – including LGBTIQ+ refugees – must prove their eligibility to receive cash assistance by confirming that their physical appearance matches the photograph on their national identity document or UN certificate, protection and CBI focal points are advised to liaise to ensure that validation requirements can be met.
- ▶ Work with partner NGOs to liaise with local financial services institutions so that transgender and gender non-conforming persons of concern to UNHCR can open and use bank accounts. Establish and train focal points at financial institutions who will not turn away clients who are lesbian, gay, bisexual, transgender, intersex, queer and other diverse identities or subject them to inappropriate questioning.
- ▶ Ensure that cash distribution points are safe for transgender and gender non-conforming persons of concern. Where possible, consider using digital alternatives to cash (e.g. e-money).
- ▶ Maintain regular and transparent communication with LGBTIQ+ persons of concern about CBI allocations, and facilitate their access to complaint and feedback mechanisms.



## Livelihoods

Like other displaced persons, LGBTIQ+ individuals in many asylum countries are not able to legally work while their claims are being processed. Recognized refugees, certain asylum seekers and internally displaced persons who can work legally may experience acute challenges accessing their local labour market, and their specific protection needs are such that traditional CBI and livelihoods interventions may actually increase their protection risks. Moreover, in many contexts, LGBTIQ+ persons of concern work in the informal economy where they have few labour protections. Transgender persons experience particularly high levels of stigma and abuse in many job sectors and may be forced into selling and exchanging sex.

In operations with livelihood programmes, it may be necessary to implement livelihood interventions specifically designed for LGBTIQ+ persons of concern. Advocacy with relevant authorities and/or private sector actors is also essential.

### Example approaches

- ▶ Protection, CBI and Livelihoods colleagues are advised to coordinate closely when including LGBTIQ+ persons in livelihood programmes.
- ▶ In some contexts, women may have restricted freedom of mobility, and public exposure may put gender non-conforming and transgender persons at risk of GBV. In such cases, vocational (re)training and access to livelihood programmes should take into account the physical safety needs of LGBTIQ+ persons and the degree to which they would be accepted by participants and potential employers linked to vocational training for lower-skilled trades and service sectors.
- ▶ Actively consult LGBTIQ+ persons on their livelihood preferences, and where possible, include them in existing livelihood programmes.
- ▶ Consult trusted LGBTIQ+-supportive referral networks, local businesses and partner organizations to identify and/or establish bespoke economic resilience interventions that protect the safety of LGBTIQ+ persons.
- ▶ Explore innovative upskilling vocational training and livelihood options such as home-based work using digital platforms.
- ▶ Work with LGBTIQ+ persons of concern to develop creative and community-based partnerships and interventions, with plans for longer-term sustainability.

## 5. Solutions: local integration, third country resettlement and complementary pathways for the admission of refugees to third countries

Given the homophobic and transphobic human rights environments in many countries of origin, voluntary repatriation may not necessarily be a safe solution for LGBTIQ+ persons seeking protection from UNHCR, as they may be at high risk of harm upon return.

Local integration in asylum countries is a potential solution for LGBTIQ+ persons of concern, if they are able to safely and sustainably access the essential rights and services mentioned in section 4, as well as participate fully as an empowered decision-maker in the asylum country.

When intolerance of and prejudice against LGBTIQ+ individuals is evident in asylum countries, the likelihood that they will be able to safely integrate into these countries decreases. In these environments, LGBTIQ+ refugees may also be at high risk of experiencing abuse and refoulement.

Resettlement in a third country is sometimes the only viable durable solution for LGBTIQ+ refugees at heightened risk. However, it is essential to manage expectations that third country resettlement will automatically occur for LGBTIQ+ persons who seek assistance from UNHCR, as this outcome is not guaranteed for any person of concern, and fewer than 1 per cent of recognized refugees are resettled annually. It is important to establish safe channels to ensure that LGBTIQ+ persons of concern have means to report the risks they face in asylum countries in a confidential manner, as well as to ensure that UNHCR staff and partners can identify individuals facing these risks.

Where appropriate and if options are available, access to complementary pathways for admission to third countries may also be supported and/or facilitated.

Like other groups, resettled LGBTIQ+ persons have specific challenges that are not immediately resolved upon admission to a third country. Some continue to face discrimination based on multiple factors, such as their refugee or legal status and linguistic challenges, compounded by the fact that their sexual orientation, gender identity, gender expression or bodily diversity are not accepted by diaspora or local host communities in their new country. Some refugees who arrived in third countries through resettlement or complementary pathways will require ongoing mental health care, medical support and financial assistance. Transgender and intersex refugees often need medical treatment that not all third countries provide. If they are to settle in rural locations far from LGBTIQ+ resources and networks, they may experience isolation and have difficulties integrating.

Psychosocial support and assistance with cultural integration that is sensitive to their own experience and expressions are essential for LGBTIQ+ refugees, and LGBTIQ+ support organizations that are competent in working with displaced persons can be helpful resources.

## Example approaches

- ▶ Consult trusted local LGBTIQ+ support organizations, referral networks, NGOs and partner organizations to identify and refer LGBTIQ+ persons with specific protection needs who may require resettlement.
- ▶ Work with trusted LGBTIQ+-supportive NGOs and refugee-led organizations to explain how the resettlement consideration process works. Clarify that this is not a right automatically granted to all recognized refugees, but rather a protection solution only for persons with the most acute vulnerabilities.
- ▶ Use the Heightened Risk Identification Tool<sup>15</sup> and the Resettlement Assessment Tool: Lesbian, Gay, Bisexual, Transgender and Intersex Refugees<sup>16</sup> to undertake priority processing for resettlement. The latter document also contains practical guidance on conducting refugee resettlement interviews, completing Refugee Resettlement Forms and selecting resettlement countries.
- ▶ In contexts where third country resettlement is the only viable solution for LGBTIQ+ refugees, ensure utmost confidentiality in discussions with all resettlement partners so that refugee communities do not associate resettlement opportunities with an applicant's SOGIESC.
- ▶ Ask refugees if they would like their SOGIESC information to be shared with resettlement countries. If a refugee consents to having their SOGIESC information shared with resettlement States, ensure that their chosen name and gender are accurately reported on the Refugee Resettlement Form, to avoid them being traumatized upon arrival in the resettlement country.
- ▶ Seek to place LGBTIQ+ persons who have been approved for third country admission in supportive third countries.

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**15.** The risk factors for persons who are lesbian, gay, bisexual, transgender, intersex, queer and other diverse identities are primarily contained in the “legal and physical protection” section of the Heightened Risk Identification Tool. However, sections on children, the elderly, survivors of violence and torture, and women may also be relevant, as may other indicators. Work with NGOs, LGBTIQ+-focused organizations and other actors to identify persons who are lesbian, gay, bisexual, transgender, intersex, queer and other diverse identities at heightened risk.

**16.** “Resettlement assessment tool: Lesbian, gay, bisexual, transgender and intersex refugees” (UNHCR, 2019). Available from [www.refworld.org/docid/5d2731c64.html](http://www.refworld.org/docid/5d2731c64.html).

## Example approaches

- ▶ UNHCR should make sure that the resettlement country considered for LGBTIQ+ refugees provides adequate protection and support. In situations where UNHCR is aware that the refugee who is lesbian, gay, bisexual, transgender, intersex, queer or another diverse identity has a private/self-initiated admission in progress (e.g. through family reunification, scholarship, mobility, etc.) to a country where there is no adequate protection environment, UNHCR and partners should inform them of the risks and enable them to make an informed decision.
- ▶ When facilitating LGBTIQ+ refugees' access to complementary pathways, UNHCR and partners should seek to ensure that adequate protection safeguards are in place.
- ▶ When recommending transgender and intersex individuals for third country admission, ensure that the resettlement country covers gender re-assignment surgery for those who wish to undergo such treatment.
- ▶ When applicable, resettle same-gender partners and their children together.
- ▶ Liaise with the International Organization for Migration and other actors engaged in resettlement and complementary pathways to ensure that LGBTIQ+ persons can participate in pre-departure cultural orientation and appropriate language courses, as needed.
- ▶ Pre-departure orientation for LGBTIQ+ refugees should include an introduction to the LGBTIQ+ social and legal environment in the third country, as well as contact information for LGBTIQ+ support and advocacy organizations – especially organizations working with LGBTIQ+ refugees.
- ▶ Focal points for resettlement and complementary pathways programmes in third countries should seek to ensure that LGBTIQ+-sensitive housing, mental health and psychosocial support, health, job training and other social services are available and accessible for newly arriving LGBTIQ+ refugees.
- ▶ Focal points for resettlement and complementary pathways programmes in third countries should liaise with authorities and LGBTIQ+-sensitive civil society organizations in the third country, to connect the newly arrived individual or family with supportive groups and resources and to facilitate targeted support for LGBTIQ+ refugees in asylum countries, regardless of whether they have arrived via resettlement mechanisms.



# Cross-cutting actions

## 1. Change attitudes about LGBTIQ+ persons and promote respect for diversity

Attitudes and beliefs of service providers, family members of LGBTIQ+ persons, and members of the broader displaced and host communities are central to the inclusion or exclusion of forcibly displaced LGBTIQ+ persons, including children who are discovering their gender identity and sexual orientation and who may be suppressing these due to social expectations and negative peer pressure.

Negative attitudes and beliefs about non-conforming SOGIESC are often the most significant barriers LGBTIQ+ persons face to fully exercising their rights and accessing services. These attitudes and beliefs exacerbate their social isolation and can lead to violence against them. Highlighting the capacities and positive contributions and aspirations of LGBTIQ+ persons can help to challenge negative stereotypes.

### Example approaches

- ▶ Awareness-raising campaigns should emphasize the rights and capacities of LGBTIQ+ persons and not reinforce medically pathologizing approaches. Use opportunities to challenge myths and prejudices about persons whose SOGIESC differs from social norms.
- ▶ In contexts where it is safe to publicly organize events on LGBTIQ+ rights, the International Day Against Homophobia, Biphobia and Transphobia – which takes place annually on 17 May – could be a worthwhile platform to raise awareness about the experiences of LGBTIQ+ displaced persons. Many national celebrations of LGBTIQ+ rights (known as Pride celebrations) take place in the month of June.
- ▶ The International Transgender Day of Visibility, which takes place annually on 31 March, is also an opportunity to highlight the needs of transgender persons who have been displaced.
- ▶ In contexts where it is not safe to publicly organize such awareness-raising events, staff should liaise with LGBTIQ+ persons of concern to learn how they would like to have their needs presented through awareness-raising activities, including at the UNHCR Office if it is perceived as a safe space for LGBTIQ+ displaced persons.
- ▶ Where appropriate, work with human rights actors to collaboratively amplify the centrality of LGBTIQ+ persons' human rights.
- ▶ Private sector allies can also be important actors in advancing respect for and appreciation of LGBTIQ+ persons.

## 2. Establish and maintain safe spaces for self-disclosure

Safe spaces for LGBTIQ+ persons of concern include not only physical spaces but also virtual (online) spaces.

### Example approaches

- ▶ Seek out and consult with NGOs or other civic organizations and actors to identify and connect with LGBTIQ+ persons of concern. In particular, liaise with national, local and refugee-led organizations that focus specifically on LGBTIQ+ support and advocacy, or that are otherwise trusted by LGBTIQ+ persons of concern.
- ▶ Provide information in different languages, forms and locations about how and where LGBTIQ+ persons can seek assistance from UNHCR. This includes child-friendly information for LGBTIQ+ children, as well as establishing and communicating dedicated times when LGBTIQ+ persons of various ages can be safely and confidentially received at the Office.
- ▶ Make information available in places and through communication channels that LGBTIQ+ persons consider to be safe, including secure social media platforms.
- ▶ Ensure that the Office premises provide a safe and welcoming environment. Display safe space posters, flyers, and paraphernalia where they can be seen by persons of concern to UNHCR, such as the reception area or in washrooms.
- ▶ Train UNHCR staff and partners across job functions to better understand and respectfully communicate with LGBTIQ+ persons of concern – this includes not only registration, protection and programme focal points, but also resettlement, RSD, field, shelter, health, security, reception staff and any colleagues who interact directly with LGBTIQ+ persons. Staff training should also include facilitating safe disclosure and referrals in cases of GBV incidents.
- ▶ When LGBTIQ+ persons may request additional communication support, due to, for example, having a disability or linguistic diversity, ensure that professional sign language or other linguistic interpreters are trained, sensitized and follow confidentiality requirements. This will minimize potential disclosure of information interpreted and consequent stigma to the LGBTIQ+ individual.

### 3. Ensure accountability mechanisms are inclusive and child-friendly

LGBTIQ+ persons must be able to meaningfully participate in programming, make informed decisions, provide feedback and raise concerns in a safe manner. This means that they must be able to access confidential mechanisms for communication, including information and feedback and complaints mechanisms, in multiple and accessible formats.

#### Example approaches

- ▶ Consult with LGBTIQ+ persons on their communication needs and preferences.
- ▶ Prepare all key messages in multiple formats and languages.
- ▶ Consult with NGOs, LGBTIQ+ support organizations and other appropriate civil society groups to disseminate messages.
- ▶ Ensure that information is disseminated through a variety of channels and in many accessible locations.
- ▶ Ensure that confidential feedback and complaints mechanisms are made available in a variety of secure channels and accessible locations.
- ▶ Plan for the provision of regular community meetings with LGBTIQ+ persons of concern to hear their concerns, explain procedures, clarify misunderstandings and follow up on requests for assistance.
- ▶ Provide training to staff and partners on identifying and training interpreters.

### 4. Build partnerships in solidarity with LGBTIQ+-focused civil society actors

NGOs and civil society organizations, particularly those that specialize in support and advocacy for LGBTIQ+ persons, are essential and valuable resources and allies for UNHCR. In fact, they may be the first point of contact between LGBTIQ+ displaced persons and service providers in asylum countries.

However, some LGBTIQ+-focused organizations are unaware of the particular needs of LGBTIQ+ displaced persons or may be hesitant to help them, due to laws in their country that criminalize assistance of persons with irregular migration status, non-conforming SOGIESC, or both, and to xenophobic attitudes. It is important that UNHCR ensures that local organizations align with the Code of Conduct and treat refugees requesting services with dignity. LGBTIQ+ persons need to be aware of the reporting mechanisms in place.

Moreover, some LGBTIQ+ support groups may work with only one subset of the LGBTIQ+ community, such as men who are living with HIV. Transgender, gender non-conforming and intersex persons have challenges and needs that may be distinct from those of cisgender persons, regardless of their sexual orientation.

It is also important to bear in mind that some humanitarian service providers with more conservative approaches may not be prepared to meaningfully include LGBTIQ+ persons in their programming.

## Example approaches

- ▶ Develop and maintain relationships with LGBTIQ+ organizations who can provide services needed by LGBTIQ+ persons of concern. Work with them in solidarity to advocate among authorities in countries where diverse SOGIESC is criminalized, or where protections for LGBTIQ+ persons are weak.
- ▶ Create a confidential referral mechanism by mapping the needs of LGBTIQ+ individuals, in liaison with LGBTIQ+-specialized civil society actors, NGOs and other relevant service providers.
- ▶ Create a network of sensitized staff with different functions to provide relevant support for LGBTIQ+ persons of concern.
- ▶ Mainstream issues affecting LGBTIQ+ persons into existing awareness-raising and training activities with appropriate partners.
- ▶ Ensure that local partner organizations align with UNHCR's Code of Conduct and commit to treating all refugees who request their services with dignity.
- ▶ Assist service providers to make their programmes inclusive and accessible to LGBTIQ+ displaced persons.
- ▶ Where possible, work with partner organizations and authorities to ensure that partnership agreements include a commitment to build staff capacity on providing LGBTIQ+ sensitive services.
- ▶ Collaborate with local LGBTIQ+ organizations to develop staff training sessions.
- ▶ Make LGBTIQ+ persons of concern aware of reporting mechanisms in case they experience harassment or stigmatization.

# Key resources

- “The Yogyakarta principles: Principles on the application of international human rights law in relation to sexual orientation and gender identity” (International Commission of Jurists, 2007). Available from <http://yogyakartaprinciples.org/principles-en/>.
- “The Yogyakarta principles plus 10: Additional principles and state obligations on the application of international human rights law in relation to sexual orientation, gender identity, gender expression and sex characteristics to complement the Yogyakarta principles” (International Commission of Jurists, 2017). Available from <http://yogyakartaprinciples.org/principles-en/yp10/>.
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- “UNICEF programme guidance for the second decade: Programming with and for adolescents”, figure 9 (United Nations Children’s Fund, 2018). Available from <https://www.unicef.org/media/57336/file>.
- “Practices of so-called ‘conversion therapy’: Report of the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity”, A/HRC/44/53 (United Nations General Assembly, 2020). Available from <https://undocs.org/A/HRC/44/53>.
- “Vulnerability screening tool: identifying and addressing vulnerability – a tool for asylum and migration systems” (United Nations High Commissioner for Refugees and International Detention Coalition, 2016). Available from [www.refworld.org/docid/57f21f6b4.html](http://www.refworld.org/docid/57f21f6b4.html).
- “Field handbook for the implementation of UNHCR BID guidelines” (United Nations High Commissioner for Refugees and International Rescue Committee, 2011). Available from [www.refworld.org/pdfid/4e4a57d02.pdf](http://www.refworld.org/pdfid/4e4a57d02.pdf).
- “Code of conduct and explanatory notes” (United Nations High Commissioner for Refugees, 2004). Available from <https://www.unhcr.org/admin/policies/422dbc89a/unhcr-code-conduct-explanatory-notes.html>.
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- “Heightened risk identification tool, version 2” (United Nations High Commissioner for Refugees, 2010). Available from [www.refworld.org/pdfid/4c46c6860.pdf](http://www.refworld.org/pdfid/4c46c6860.pdf).
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