Literature review

Intersecting exclusions

Displacement and gender-based violence among people with diverse sexualities and gender identities in Kenya

Rachel George, Jenny Rivett, Fiona Samuels and Emily Dwyer

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Key messages

People in Kenya with diverse sexual orientation, gender identity and expression and sex characteristics (SOGIESC), especially those who are refugees and asylum-seekers, experience multiple forms of violence. There is, however, limited data and literature on intersectionality and experiences of violence in Kenya and the region, and further work is needed to better understand and prevent gender-based violence (GBV).

Existing policies and programmes that focus on supporting refugees/migrants and people with diverse SOGIESC in Kenya are insufficient and inadequately integrated to address intersecting experiences and exclusions which drive and shape experiences of violence.

People with diverse SOGIESC share cross-cutting areas of experience which can shape understandings of intersectionality and GBV in Kenya and the region. These include experiences of stigma, violence and harmful norms, barriers to accessing services, and risks related to privacy and visibility.

Despite some common experiences, there is insufficient disaggregation within existing data and literature of the distinct realities of different population groups. Where there is a focus on some people with diverse SOGIESC, it is often incomplete. This can render certain experiences invisible and lead to inadequate policy and programming responses.

Recommendations to support people with diverse SOGIESC, including refugees/migrants, include: reforming existing laws and policies which are hostile and harmful to different sub-groups, introducing new laws and policies to address issues of intersectionality and inclusion, and improving GBV programme design and service provision taking into account the varied and context-specific realities of people of diverse SOGIESC, particularly for those in camp and urban settlement settings.

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About the authors

ORCID numbers are given where available. Please click on the ID icon next to an author's name in order to access their ORCID listing.

Rachel George[ID]
is a Research Fellow in the Gender Equality and Social Inclusion programme at ODI.

Jenny Rivett[ID]
is an independent Research Consultant.

Fiona Samuels
is a Senior Research Fellow in the Gender Equality and Social Inclusion Programme at ODI.

Emily Dwyer
is Founder and Co-Director at Edge Effect.

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Acronyms

CAL	Coalition of African Lesbians
CBI	cash-based intervention
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CRC	Convention on the Rights of the Child
CSO	civil society organisation
FCAS	fragile and conflict affected setting
GALCK	Gay and Lesbian Coalition of Kenya
GBV	gender-based violence
GSM	gender and sexual minority
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HRW	Human Rights Watch
INGO	international non-governmental organisation
IOM	International Organization for Migration
IPV	intimate partner violence
KHRC	Kenya Human Rights Commission
KNCHR	Kenya National Commission on Human Rights
LBT	lesbian, bisexual and transgender
LBQ	lesbian, bisexual and queer
LGBT	lesbian, gay, bisexual, transgender
LGBTQI+	lesbian, gay, bisexual, transgender, queer (or questioning), intersex +
LGBTQIA+	lesbian, gay, bisexual, transgender, queer (or questioning), intersex, asexual +
MSM	men who have sex with men
MSW	men who have sex with women
NGLHRC	National Gay and Lesbian Human Rights Commission (Kenya)
NGO	non-governmental organisation
ORAM	Organisation for Refuge, Asylum and Migration
SGBV	sexual and gender-based violence
SGM	sexual and gender minority
SOGI	sexual orientation and gender identity
SOGIESC	sexual orientation, gender identity and expression and sex characteristics

SRH	sexual and reproductive health
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNHCR	United Nations High Commissioner for Refugees
VAWG	violence against women and girls

1 Introduction

While many gaps remain, a small but growing body of literature has expanded to address the particular experiences of gender-based violence (GBV) among individuals and groups with diverse sexual orientations, gender identities and expressions, and sex characteristics (SOGIESC). This literature covers different settings, including fragile and conflict affected settings (FCASs) (Moore and Barner, 2017; Gray et al., 2020; Kiss et al., 2020; and others), and urban, refugee and migrant contexts (Refuge Point, 2017; Bhagat, 2018; Chynoweth, 2019; Rahill et al., 2019; Chynoweth, 2020; Marnell et al., 2020; and others). This literature can be situated within wider debates and literatures including, importantly, those focusing on sexual violence in conflict and/or fragile settings, with studies now also emerging to explore the gendered experiences of men and women alike as victims of sexual violence in conflict (see e.g. Gray et al., 2020). However, the experiences of people of diverse SOGIESC add another layer of complexity to these debates. Evidence shows, for instance, that people of diverse SOGIESC, based on discrimination in their home environment, tend to migrate more frequently (Millo, 2013), can also face heightened violence, and lack access to support and other services (Moore and Waruiru, n.d.; Dill et al., 2016; Rosenberg, 2016; Bhagat, 2018).

This literature review is part of a wider study exploring GBV faced by people of diverse SOGIESC in Kenya. In order to explore these issues through a fragility or/and a post-conflict lens, and thereby adding to the literature on this area, we also incorporate experiences of migrants – mostly from rural to urban areas in Kenya – as well as refugees with diverse SOGIESC. More generally, this study aims to contribute to filling existing gaps in understanding, capture learning, and shape approaches to more inclusive and effective GBV policies and programming for people of diverse SOGIESC, with a particular focus on fragile and post-conflict contexts. It explores the following questions:

1. What are the barriers to inclusive GBV prevention/protection approaches that take into account an intersectional view, particularly of the experiences of diverse SOGIESC and refugee/urban-migrant populations in Kenya?
2. What existing approaches exist to address these needs in Kenya?
3. What recommendations can we derive for policy and practice?

This desk review looks across several literatures to understand existing knowledge around the experiences of people of diverse SOGIESC and refugee/migrant communities in Kenya and the East Africa region, also drawing on global literature where relevant and useful. It draws on available academic and grey literature, including materials from international and national non-governmental organisations (INGOs and NGOs) and civil society, and policy documents. We carried out a structured review of selected key terms in a number of key academic databases, and targeted searching of NGO and grey literature to complement the analysis to add context and learning. Our searches resulted in 68 documents to include in this review. Appendix 1 gives further details of the methodology and search strategy.

In this report, following the definition of key terms in this introduction below, Chapter 2 provides an overview of the context in Kenya in terms of policy and legislation in relation to people of diverse SOGIESC, migration and GBV, including a brief analysis of the key gaps and challenges. Chapter 3 identifies and discusses cross-cutting experiences of people of diverse SOGIESC and refugee/migrant populations shaping outcomes related to GBV. Chapter 4 focuses on specific experiences of particular population groups, where there is a significant literature framed around a particular grouping. Finally, Chapter 5 highlights gaps in knowledge or understanding, and presents recommendations based on the literature review.

1.1 Framing and definitions

Before turning to the bulk of findings from the literature review, it is important to discuss definitions and framings for this study, focusing on the evolution of conceptualisations related to people of diverse SOGIESC. While there are similar discussions around defining and conceptualising gender-based violence (GBV), we do not cover this here, given that it has been done elsewhere,[1] and because we feel that our contribution focuses on the experiences of people of diverse SOGEISC. We have decided to primarily use the term 'GBV' instead of 'SGBV' (sexual and gender-based violence) because, while gender-based violence can be sexual, it also takes many other forms. Too often, especially among people of diverse SOGIESC, the 'sexuality' dimension is over-emphasised to the detriment of acknowledging the experience of other forms of GBV.

1.1.1 Meaning and use of 'intersectionality'

The approach taken in this desk review, and the wider study it feeds into, are based on the concept of 'intersectionality', a term that generally recognises how multiple and overlapping forms of inequality can 'operate together and exacerbate each other' (Crenshaw, 1989, as quoted in Steinmetz, 2020, paragraph 2). Or, put more simply, the idea that 'all oppression is linked' (Taylor, 2019).

Intersectionality as a term and concept is used differently by different actors, with no single agreed definition or clear approach to using it in practice. It also requires contextualisation and cultural specificity when exploring how to apply it in practice, making it relevant to different contexts (Harper et al., 2020). As shown in Figure 1, it is the intersection of different experiences and identities. Importantly, however, what is shown in Figure 1 is not exhaustive and will vary with different contexts and thematic areas.

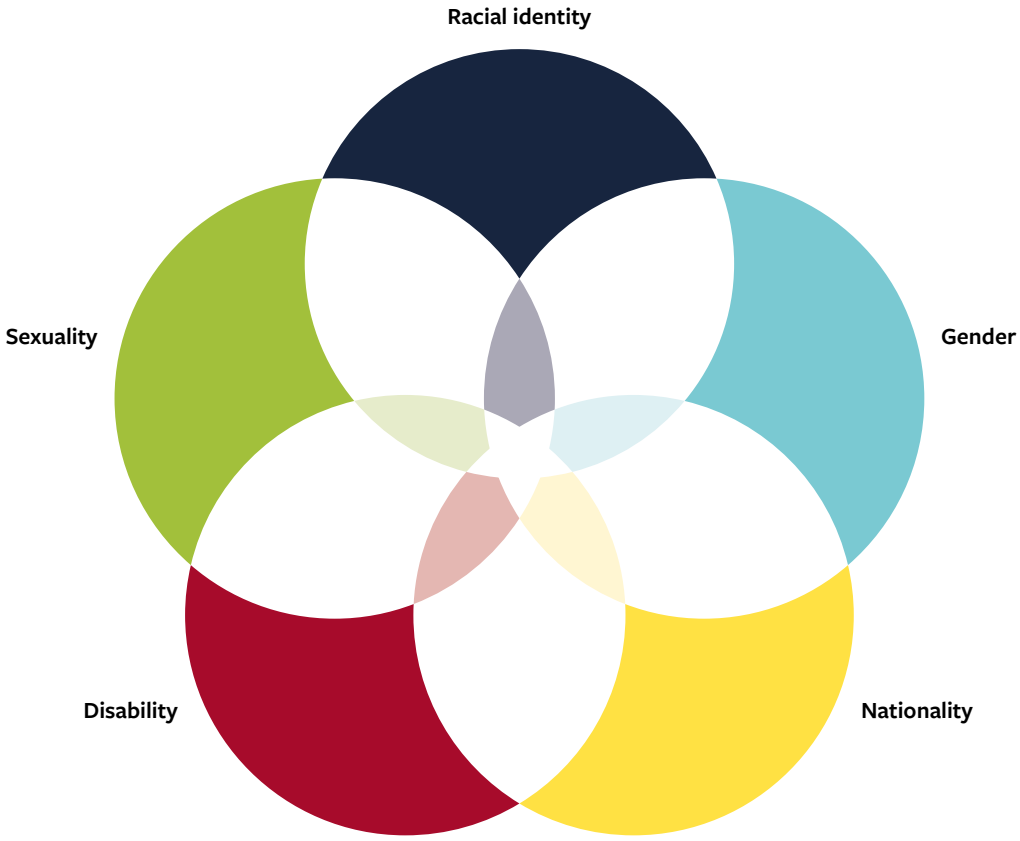
While the idea that experiences of inequality and marginalisation can overlap and compound is well documented and understood in development practice, and is of increasing relevance to work

1 For example: UNHCR, 'Sexual and gender based violence (SGBV) prevention and response'. *UNHCR emergency handbook* (https://emergency.unhcr.org/entry/60283/sexual-and-gender-based-violence-sgbv-prevention-and-response); Médecins sans Frontiers, 'Sexual and gender-based violence' (https://msf.org.uk/issues/sexual-and-gender-based-violence).

in various fields across policy, governance and global affairs, researchers and practitioners face challenges in operationalising the concept. Partly, this is because there is minimal data available to account for a full understanding of multiple experiences of marginalisation, that would allow for direct comparison and context-specific findings. Also, there are challenges in applying an intersectional approach in research, which requires drawing on multiple literatures and disciplines that often use different languages, concepts and approaches. This can also lead to gaps and challenges in bridging evidence, and requires researchers to draw lines between experiences and concepts that are framed differently, or to bridge gaps among scholarships using different frames of analysis or language.

More broadly, while the term intersectionality is growing in popularity, it is important to recognise limitations in its application. While acknowledging the importance of taking an intersectional approach, it can be impossible to 'list out' or tackle exhaustively how marginalisations can intersect in any one study. Another challenge is that, as the focus on intersectionality is often primarily on experiences of inequality and exclusion, approaches to intersectionality can risk focusing too heavily on 'victimhood' and 'vulnerability' of people, failing to focus sufficiently on their agency and areas of empowerment in relation to diverse identities.

Figure 1 Intersectionality as overlapping experience



Source: Taylor, 2019

While acknowledging the challenges and complexities, we draw on the concept of intersectionality in this study to provide a flexible context within which to consider the social realities and experiences of violence, marginalisation and vulnerability. We view this primarily through two identified lenses – experiences of people with diverse SOGIESC and refugees/migrants – to explore how overlapping identities and backgrounds shape outcomes and experiences related to violence. The ways in which these experiences intersect are discussed throughout the report, drawing on relevant learning, while we also identify gaps and limitations around existing knowledge. We also consider other forms of inequality where relevant – such as poverty, racial inequality and xenophobia – that may shape these experiences. These are by no means the only inequalities and vulnerabilities that shape experiences, but they are drawn out where appropriate and where they provide learning and contextual understanding around the two primary lenses. This focus on two lenses provides specific learning around their particular intersections, which could be built upon in future studies that may consider other intersecting factors in addition.

1.1.2 Diverse sexual orientation, gender identity and expression, and sex characteristics and related terminologies

The literature uses various terms to describe gender and sexuality, including: sexual orientation, gender identity and expression, and sex characteristics (SOGIESC), or variations such as SOGI and SOGIE; sexual and gender minorities (SGMs) or gender and sexual minorities (GSMs); and lesbian, gay, bisexual, transgender, queer (or questioning), intersex and other (LGBTQI+) or variations such as LGBT or LGBTQ. Each of these terms has a history, reflecting power relations and attempts to navigate contested spaces, and each compromises by emphasising some attributes over (or to the exclusion of) others. This diversity of terms in part reflects the limited dedicated literature, as well as differing disciplinary paradigms, as will be discussed below.

While the default choice is often a version of the acronym LGBTQI+, this label tends to evoke a generic 'community' that obscures critical differences in lived experience and systemic discrimination (and a tendency for the 'G' to loom larger in practice of LGBTQI+ organisations). LGBTQI is sometimes also seen as neo-colonial: while European colonisation brought laws, religion and norms that marginalised gender and sexual diversity in many parts of the world, the liberating force of global LGBTQI politics is sometimes perceived as seeking to fit that same diversity into restrictive categories. It also draws backlash from conservative forces, who see LGBTQI inclusion as an imposition of foreign values. Similarly, SGM or GSM are terms used to refer to people whose sexual orientation is not heterosexual, possibly including men who have sex with men (MSM), people with diverse sex characteristics, and people who are not cisgender (aligning with their sex assigned at birth) or whose gender does not fall into the binary of women/men. In some country and cultural contexts, SGM is favoured for avoiding specific identity boxes and evading some aspects of conservative backlash. Some users of the term SGM seek to invoke aspects of minority politics – in particular, activism and agency of marginalised people – while others find the term minoritising and therefore demeaning.

Use of the term SOGI and its variations is associated with discourse on international human rights, particularly the Yogyakarta Principles (2007) and deliberations of the UN Human Rights Council.[2] However, despite these origins and a lasting association with them, terms such as SOGI and SOGIESC have also moved beyond those forums and into broader use. All people have a sexual orientation (heterosexual, bisexual, homosexual or other) and a gender identity (woman, man, non-binary or fluid) that may or may not align with their sex assigned at birth.[3] A modifier, such as 'diverse', may therefore be used to distinguish people whose SOGIESC is deemed non-normative in law or society. In this way, SOGIESC emphasises difference in the context of equality, unlike LGBTIQ+, SGM and other formulations that focus on differences between individuals.

A second terminology that speaks to a particular disciplinary heritage is that of 'men who have sex with men or transgender women' (MSM/TG), which derives from HIV/AIDS advocacy and programming and refers to populations deemed at higher risk, including men who may have sex with other men or people of other genders but do not identify as gay or bisexual. Focusing on behaviour, rather than identity, enables inclusion of those who may not self-identify as part of a particular group but nonetheless experience particular risks or harms (Young and Meyer, 2005). Nonetheless, as Young and Meyer (ibid.) note, a focus on behaviour is also reductive of the lives and communities of sexual minorities, leading to 'transactional, decontextualised' accounts that leave out social and cultural meaning.

Translation brings about further complications: particular terms may have no direct equivalent in another language, requiring long constructions or borrowed words, or they may lose specificity, nuance or cultural significance in translation. For example, South Asian hijra people are sometimes described as transgender, third gender or non-binary, whereas hijra actually denotes one who conducts the cultural practice of hijragiri, which is distinct from those who might identify as transgender in the same South Asian communities.[4] Inherent in this discussion are questions of naming and power, as each term includes or excludes people on various grounds, and each begs the question of who gets to do the naming. For example, people of diverse SOGIESC have often been pathologised for their identities or behaviours, and transgender people in particular still face psychological assessments in order to be recognised as transgender in many contexts. Similarly, people seeking asylum may be judged not to be truly lesbians due to officials' stereotypical and Western notions of what constitutes lesbian identity or experience.

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2 The original Yogyakarta Principles outlined how existing human rights law should apply to people with any sexual orientation and gender identity (SOGI). Resolutions in the Human Rights Council from 2011 onwards recognised SOGI as protected characteristics of rights holders, obligating states to act to end violence and discrimination perpetrated on the basis of someone's SOGI, and strengthening the basis for SOGI to be an operative concern of organisations that undertake rights-based development. SOGI sometimes gains an E, referring to gender expression, and at other times an SC, referring to sex characteristics (and thereby including intersex people).

3 Possible exceptions are people who identify as asexual (who do not feel sexually attracted to any person) and people who identify as agender (who do not identify with any gender).

4 We hope that the primary data collection as part of this study will bring out some of these nuances for the Kenyan context.

An alternative to naming groups of people based on the diversity of their sexuality, gender or sex characteristics is to focus on the norms that marginalise people in those groups, in effect turning the spotlight onto the cause of the discrimination, violence or exclusion:

- Heterornormativity: the assumption that all people are or should be heterosexual in their sexual orientation.
- Cisnormativity: the assumption that all people are cisgender women or men, i.e. whose gender aligns with their sex assigned at birth.
- Gender binarism: the assumption that all people identify as one of two possible genders, female or male.
- Endosexism: the assumption that all people's physical sex characteristics align with the medical or societal expectations of male or female bodies.

These norms are frequently inscribed in law, institutions and social practices, and they are also embedded within the policy frameworks, guidance documents and tools used by many development and humanitarian organisations to inform research, design, funding and implementation of GBV services. The result is assumptions about women (that they are heterosexual, cisgender or endosexual) and failures to account for gendered violence against non-binary individuals, gay men or others. Exceptions are emerging, for example the Inter-Agency Minimum Standards for Gender Based Violence in Emergencies Programming notes that 'GBV programme actors should address the specific barriers and risks faced by women and girls with diverse sexual orientations and gender identities' and that GBV may impact non-binary people and men with diverse SOGIESC (UNFPA, n.d.). However, there is very little practical guidance on how to carry out programming on GBV that is inclusive of diverse SOGIESC, or funding for development of such services. A recent Edge Effect report for UN Women (Dwyer, 2021) suggests a norms-based approach that draws on the gender-responsiveness model (Table 1).

The reality is that the world is messy, and all of the options discussed above have strengths and weaknesses. Rather than prescribing a particular term as 'the right one', intervenors should cultivate an awareness of the history of different terms and how they include or exclude. Where there is also a tendency to essentialise and silo people on the basis of their SOGIESC, new research and programming should recognise that such attributes may be but one of many dimensions of who individuals are. As also discussed above, usage of terms is influenced by different perspectives and/or sectoral backgrounds of those writing – whether they are from health, rights or legal perspectives, for instance. Using specific terms may also serve to propose specific (often sectoral) actions and responses, or reflect a variety of political, cultural or strategic logics. Although the terms are not expressly interchangeable, some authors may also alternate between them – for example, Nyanzi (2013) uses a local slang term (*wachehe*), LGBTI and SOGI – to capture or even emphasise the multiplicity at play in everyday usage.

Table 1 Working for inclusion of diverse SOGIESC: a norms-based approach

Place on the diverse SOGIESC spectrum	Results/impact
Diverse SOGIESC Harmful	Aggravates underlying norms that exclude people with diverse SOGIESC and marginalisation associated with those norms.
Diverse SOGIESC Unaware	Lack of analysis and awareness may reinforce underlying norms that exclude people with diverse SOGIESC and marginalisation associated with those norms.
Diverse SOGIESC Aware	Analysis and awareness has not yet led to substantive effort to challenge norms that exclude people with diverse SOGIESC and the marginalisation associated with those norms.
Diverse SOGIESC Inclusive	Analysis and awareness has led to targeted initiatives that address marginalisation of people with diverse SOGIESC, but not necessarily in ways that challenge underlying norms.
Diverse SOGIESC Transformative	Analysis and awareness has led to targeted and mainstreamed initiatives that address marginalisation of people with diverse SOGIESC, and challenge underlying norms that lead to that marginalisation.

Note: SOGIESC, sexual orientation, gender identity and expression and sex characteristics
Source: Adapted from Dwyer, 2021

With all of these considerations in mind, in the rest of this literature review, we do not endorse any particular term but rather present the findings using the categories provided in the documents reviewed. Where we do speak more generally we have decided to use the terms 'LGBTQI+ community' and 'people with diverse SOGIESC'.

2 Policy and programming environment in Kenya

In this chapter, we explore some relevant policies and laws across the three overlapping areas of this study: the LGBTQI+ community, migrants and refugees, and gender-based violence (GBV). We also include or link to specific perspectives of people of diverse SOGIESC whenever possible. Where data is available, we discuss the shortcomings of these policies and consider them within broader debates in the region and beyond. We do not aim to provide an exhaustive overview of the policies, laws and programmes, as these will also be further added to and nuanced once the primary data collection has been carried out (Samuels et al., forthcoming).

2.1 LGBTQI+ laws and policies

Kenya is a major hub for regional migration, especially of refugees and asylum-seekers, but the LGBTQI+ dimension of this is little understood or studied. Official statistics available on the numbers of sexual and gender minorities living in Kenya are limited. In 2019, intersex individuals were included for the first time in Kenya's national census, which officially recorded 1,524 intersex people living in the country (Nelson, 2019). This inclusion of intersex is regarded as a win in terms of recognition. However, with the estimated intersex population in Kenya at between 129,000 and 215,000 (KNCHR, 2018), the census results also indicate continued lack of awareness and acceptance of intersex individuals.

The Kenyan Penal Code criminalises all same-sex relations, which are framed in law as 'unnatural offences'. Despite significant pressure from LGBTQI+ rights organisations in Kenya, and international actors, a petition to decriminalise homosexuality was rejected by the Kenyan High Court in 2019. As of 2020, 67 countries have laws criminalising same-sex relations. Of these countries, 31 are in Africa, where, in many cases – including Kenya – anti-homosexuality laws are inherited from colonial laws (Mendos et al., 2020). Anti-homosexuality laws in Kenya were first imposed by British colonisers in 1897, and the existing Kenyan Penal Code is an amended version of the 1930 Colonial Office Model Code (HRW, 2019).

The legal status of LGBTQI+ individuals in Kenya is frequently discussed in comparison with Uganda and the wider region – where the enforcement of laws criminalising same-sex relations is often markedly more severe. While arrests under anti-homosexuality clauses in the Penal Code in Kenya are infrequent, the literature emphasises the role of these laws in perpetuating stigma and creating a hostile environment for the LGBTQI+ population in Kenya (KHRC, 2011; Arcus Foundation, 2019). The literature also discusses how lack of understanding of diverse SOGIESC among authorities, combined with ambiguity in the Penal Code around what is actually criminalised, has resulted in harassment and arbitrary arrests of LGBTQI+ individuals (Goshal et al., 2020).

Anti-discrimination clauses and policies do not explicitly include sexual and gender minorities; however, case law has interpreted the anti-discrimination clause in the Constitution of Kenya to include sexual orientation in some instances (Arcus Foundation, 2019). A study conducted by the Kenya Human Rights Commission (KHRC) in 2011, found that 23% of LGBTQI+ individuals interviewed reported they were unable to nominate their partners as next of kin or share medical insurance policies when dealing with healthcare providers because their relationships were regarded by providers as 'illegitimate' (KHRC, 2011: 38–39). For transgender, intersex, and gender-diverse individuals in Kenya, the combined lack of legal recognition and lack of inclusion in anti-discrimination policies is a key barrier in access to services and state support (Arcus Foundation, 2019).

In Kenya, NGOs working on LGBTQI+ issues report challenges in obtaining legal registration and carrying out legal fundraising due to government legislation and policies that restrict organising on these issues on the grounds that they are promoting illegal (same-sex) relations (HRW, 2015; Goshal et al., 2020). In 2016, the National Gay and Lesbian Human Rights Commission (NGLHRC) observed an increase in targeted attacks against organising for intersex, transgender and gender-non-conforming populations in Kenya, in particular (NGLHRC, 2017).

2.2 Migrants and refugee laws and policies

As a regional hub for migration, Kenya is a country of destination, origin and transit for immigrants, refugees and asylum-seekers. The majority of migrant populations in Kenya are from the African region, with the largest community coming from East Africa. Official immigration figures have noted an increase in registrations of foreign-national immigrants since 2015, partially linked to regional dynamics including populations fleeing from situations of conflict and instability in Somalia (IOM, 2018). As of May 2017, Kenya hosted 490,656 refugees and asylum-seekers, equivalent to some 2% of Kenya's total estimated population (O'Callaghan and Sturge, 2018; Hargrave et al., 2020). Kenya also hosts one of the largest refugee and asylum-seeking populations in the world – 491,000 people as of August 2020, with some 65,000 refugees reported in the capital Nairobi, comprising the largest urban refugee population, mainly living in Eastleigh (Hargrave et al., 2020).

Kenya's policies related to refugees have mainly been focused on refugee encampment alongside restrictive measures specifically targeting Somalis under securitised frameworks as a result of the country's counter-terrorism policies, which often view Somali migrants with suspicion of terrorist aims (Njogu, 2017; O'Callaghan and Sturge, 2018). Following heightened Somali refugee influx to Kenya around 2014, alongside the al-Shabaab attacks beginning with an attack on Westgate Mall in 2013, the Somali refugee population faces mistrust and targeting by the government and general population, as Somali migrants have been blamed 'for everything from a measles outbreak to environmental degradation' and are often portrayed as a threat to Kenyan political and national security (Hargrave et al., 2020).

The majority of refugees in Kenya live in two large refugee camps: Dadaab in Garissa County and Kakuma in Turkana County, with an additional 67,267 refugees living in Nairobi and other urban areas. Much of the refugee/asylum-seeking population originates from Somalia (58.2%), as well as South Sudan (22.9%), the Democratic Republic of Congo (DRC) (7.3%) and Ethiopia (5.7%) (IOM, 2018). There is also internal displacement in Kenya, as a result of 'conflict, natural disasters, climate change and environmental degradation, and forced evictions' (ibid.).

Kenya's LGBTQI+ refugee and asylum-seeking community includes many people from Uganda, with this number increased during 2014 around the time of heightened tensions in relation to Uganda's 'anti-homosexuality bill' (Pincock, 2020). While data on LGBTQI+ migration remains limited, between 2014 and 2015, around 400 asylum claims from Uganda in particular were registered with the United Nations High Commissioner for Refugees (UNHCR) in Kenya, some of which include LGBTQI+ persons claiming asylum based on refugee status. Beyond this community of Ugandan migrants, the 2019 study investigating the experiences of male refugee survivors of sexual violence in Kenya found that the majority of refugee minors (under 18) with diverse SOGIESC were Somali (Chynoweth, 2019). While LGBTQI+ refugees fleeing to Kenya encountered some similar discrimination in Kenya, including anti-sodomy laws, the presence of UNHCR in Kenya provides a particularly supportive environment by comparison in some regards for LGBTQI+ migrants, particularly since the publication of UNHCR's Guidelines on International Protection No. 9 around claims to refugee status on the basis of sexual orientation and/or gender identity (Zomorodi, 2016; Pincock, 2020). However, evidence indicates many Ugandans fleeing to Kenya reported 'facing a similar hostile and homophobic environment' despite the legal differences and presence of UNHCR and the protective legislation promised (Pincock, 2020).

Millo (2013) found in a study of urban Ecuador, Ghana, Israel and Kenya that an incongruence in international and national laws can also harm populations, as civil society organisations (CSOs) and refugee protection professionals have reported conflict in fulfilling protection needs under international law and adhering to local law that criminalises same-sex relations.

> The penal code that outlaws same sex relations – the police and government institutions are using that penal code to really fight the LGBT community (Kenya, gender-based violence programme officer, Chynoweth et al., 2020: 5).

Restrictions in accessing legal protections can also serve as barriers to accessing services and support (ibid.). For example, in Kenya, various laws enacted since 2014 have restricted urban refugees' access to some forms of humanitarian documentation. These legal provisions include mandatory encampment policy and the revocation of Somalis *prima facie* refugee status, which previously provided for immediate refugee status for all Somalis on the basis of nationality, and the 2016 closure of a key Kenyan department for processing asylum claims, the Department of Refugee Affairs. Stress around legal documentation can exacerbate refugees' vulnerabilities in accessing services and support, which can compound with other vulnerabilities related to sexual orientation and gender identity.

> An adolescent boy from South Sudan described the difficulty in accessing services without legal protections: 'It is impossible to walk outside today, the UN doesn't give me a document for Nairobi, I only have for Kakuma. If they see that, [the police] will arrest me … Those who do not have the document cannot even go to the police. Without a document, no one can help you.' (Chynoweth et al., 2020: 5).

Additionally, Kenya's 2006 Refugee Act establishes a fairly strong refugee rights framework, although 'in practice many obstacles remain, including to realising refugees' right to work' (Hargrave et al., 2020). Kenya is also party to a number of international and regional commitments and conventions in relation to the protection of refugees, including the 1951 Convention relating to the Status of Refugees, the 1967 Protocol, and the 1969 OAU Convention.[5]

2.3 Gender-based violence laws and policies

A survey carried out by the Kenyan Government in 2019 found that 15.6% of women or girls and 6.4% of men or boys in Kenya had experienced an episode of sexual violence before the age of 18 (MLSP, 2019). The 2014 Kenya demographic and health survey data shows that 41% of ever-married women and 11% of ever-married men in Kenya have experienced either physical or sexual violence from a partner (KNBS, 2015). The Gender Violence Response Centre based in Nairobi recorded 5% of boys and 3% of men in Kenya having survived gender-based violence (GVRC, n.d.). In 2020, the Kenya National Bureau of Statistics found that, since the introduction of Covid-19 restrictive measures, nearly a quarter of Kenyans have witnessed or been aware of cases of domestic violence in their communities (UNOCHA, 2020).

There are a number of pieces of legislation that provide a legal framework for addressing GBV in Kenya from a rights and penal perspective, although they do not provide a comprehensive framework which would take into account intersectional experience of people of diverse SOGIESC, or the specific experiences of refugees/migrants. The Kenyan Bill of Rights (2010) provides that all members of society have the right to security and protection against all forms of violence and the Penal Code prohibits all forms of violence. Neither, however, explicitly refer to GBV or provide any preventative measures. Sections 13, 14 and 15 of the 2001 Children Act guarantees children the right to protection from multiple forms of violence, including physical and psychological abuse, and sexual exploitation. Sexual violence against both children and adults is addressed in the 2006 Sexual Offences Act, which criminalises rape – or 'defilement', the term used for rape of a child – but does not criminalise marital rape. In 2007, the Sexual Offences Act was revised to recognise men and boys as victims of GBV, and was also the first piece of legislation in Kenya to criminalise sexual harassment, and the text goes some way to addressing the role of power imbalances in GBV:

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5 For further details see OAU (1969) *OAU convention governing the specific aspects of refugee problems in Africa* (www.unhcr.org/uk/about-us/background/45dc1a682/oau-convention-governing-specific-aspects-refugee-problems-africa-adopted.html)

> Any person, who being in a position of authority, or holding a public office, who persistently makes any sexual advances or requests which he or she knows, or has reasonable grounds to know, are unwelcome, is guilty of the offence of sexual harassment (23:1, Sexual Offences Act, 2006).

In 2015, Kenya passed the Protection Against Domestic Violence Act that includes sexual violence within marriage, 'defilement', physical, verbal, emotional or psychological, sexual and economic abuse in its definition of domestic violence:

> 'Domestic violence', in relation to any person, means violence against that person, or threat of violence or of imminent danger to that person, by any other person with whom that person is, or has been, in a domestic relationship (Protection Against Domestic Violence Act, 2015).

Kenya has also signed key international and regional commitments related to GBV, including the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa that call for state measures to identify causes of violence against women in both the private and public spheres, and provide services for survivors of violence.

Sex work is not explicitly criminalised in Kenya, although a number of laws that prohibit the 'exploitation of prostitution', criminalise 'living on earnings of prostitution or aiding, abetting or compelling an individual to engage in sex work' and outlaw indecent exposure and 'loitering for immoral purposes' are used by law enforcement to penalise sex workers in Kenya (KESWA, 2018). This has implications for sex workers who experience GBV but are unable to access healthcare and judicial services for fear of arrest and prosecution.

GBV policy frameworks in Kenya have been developed at both the national and county levels that outline guidelines for prevention of and response to GBV – the definition of which includes sexual, physical, emotional and psychological violence, domestic violence, human trafficking, and harmful cultural practices (Republic of Kenya, 2014; NGEC, 2017). The policies highlight the need to coordinate the key actors responding to GBV in Kenya, including government departments, NGOs, medical providers, police, and civil society. Prior to, and alongside, the development of national and county-level GBV policies, a number of key documents provided guidelines for addressing GBV in the education and healthcare sectors in Kenya. The 2007 Education Gender Policy outlines measures for prevention and response to school-related GBV, and the development and implementation of anti-sexual-harassment policies at all levels of the education sector (NGEC, 2017). Specific guidelines for addressing GBV among adolescents, including early detection safety nets, referral mechanisms, and mitigation of risk factors, are provided in the 2015 National Adolescent Sexual and Reproductive Health Policy. Key GBV policies for the healthcare sector include the 2009 National Reproductive Health Strategy, the Vision 2030 strategy, and the National Guidelines on Management of Sexual Violence (2014). This documentation presents

sexual violence as a key issue of human rights and health, and outlines recommendations for medical practitioners including the creation of one-stop GBV centres in medical facilities, and training for practitioners in post-rape and survivor care (NGEC, 2017).

The literature identifies limitations to the existing GBV policies in Kenya in addressing the needs of LGBTQI+ individuals, in particular around the lack of provision of specialised services and training of staff on LGBTQI+ protection concerns (RHRN, n.d; Wilson et al., 2019). Despite revisions to the Sexual Offences Act in 2007 to recognise male survivors of sexual violence, the evidence from Kenya indicates that implementation of GBV legislation, policy and programming often focuses on women and girls, overlooking men and non-binary individuals (Chynoweth, 2019; Moore and Waruiru, n.d.).

2.4 Snapshot of programmes

Programming for refugees and migrants in Kenya of diverse SOGIESC (also widely referred to as LGBTQI+) is limited, and it appears that in many cases LGBTQI+ refugees living in urban settings depend on LGBTQI+ oriented organisations that are neither specialised in refugee protection concerns, nor provided with funding to support refugee populations (CAL and GALCK, 2016). Programming that does address GBV among refugees of diverse SOGIESC in Kenya includes advocacy for access to unbiased services and the creation of inclusive, safe spaces in Kakuma refugee camp (organised by Refugee Flag Kenya). Community-based programming for LGBTQI+ refugees in Nairobi includes the HIAS Refugee Trust safe shelter programme for survivors of GBV, and an outreach volunteer programme that works to raise awareness of GBV through community-led volunteer training (Mirghani et al., 2017).

More broadly, there are a range of organisations and initiatives working on key LGBTQI+ issues in Kenya, but these do not appear to engage refugee populations. There is a focus on HIV and health services for men who have sex with men (MSM), including advocacy for equal access to healthcare, training of healthcare providers, and the integration of specialised services in public healthcare facilities. The African Intersex Movement and Intersex Persons Society of Kenya are two organisations raising awareness of the GBV experienced by intersex people in Kenya through education and sensitisation of policy-makers, service providers, and communities, as well as advocating for rights for intersex people. Kenya's National Gay and Lesbian Human Rights Commission (NGLHRC) and the Transgender Education and Advocacy (TEA) organisation also provide legal aid to LGBTQI+ individuals and advocate for LGBTQI+ inclusion in policy and legal reform in Kenya. Initiatives such as the Cosmopolitan Affirming Church (CAC) work to reduce the social isolation experienced by many LGTBQI+ individuals in Kenya, by creating safe spaces to practise religion and offering psychosocial support. Appendix 2 provides a snapshot of existing programming in Kenya, giving further detail on key programmes and, wherever possible, showing their intersectional nature.

3 Shared experiences of the LGBTQI+ community including migrants

In this chapter we explore a range of experiences faced by members of the LGBTQI+ community, including those who are urban/migrants, accounting where possible for intersectional dynamics in which multiple identities and experiences can overlap to shape experiences. While we do distinguish, where possible and relevant, differences according to different population groups, the entry point is these often shared or cross-cutting experiences. We explore experiences in terms of the stigma, violence and norms, and barriers to accessing services that many face, and the key issues of visibility or invisibility. Many of these issues are picked up again in Chapter 4, which focuses on specific population groups. As elsewhere in this review, the focus is on Kenya, drawing where relevant on regional and global literature.

3.1 Stigma, violence and norms

In this section we explore the intersections and inter-relations of stigma and violence. This includes their links or basis in understandings of how harmful social and gender norms can shape experiences of people of diverse SOGIESC, and can also serve as a driver of violence.

A range of studies of different population groups and settings have identified that stigma against people of diverse SOGIESC can drive multiple forms and dimensions of violence, discrimination and exclusion, which are particularly acute within conflict and migrant settings. Much of this stigma is shaped by harmful social and gender norms that form the basis for rigid views on masculinities, femininities and sexuality and contribute to the normalisation of direct as well as indirect violence (in the form of discrimination), which can contribute to poor physical and emotional well-being. This can be particularly acute among people of diverse SOGIESC who already face multiple intersecting vulnerabilities, including that of migrant status. As Browne (2019) has identified, in most settings LGBTQI+ people are often considered to break or transgress established gender norms, and some groups of LGBTQI+ people ascribe to or create different versions of gender norms that fall outside of the traditional male–female binary. This divergence from widely held gender norms can make these groups susceptible to social stigma and ostracisation when their identities, practices and behaviours appear to violate these norms, resulting also in particular forms of gender-based violence (GBV) driven by a perceived violation of traditional gender roles and behaviours.

When viewed in a conflict framing, due to the fact that many conflicts are 'driven by nationalism, imperialism and militarism' and that 'they are also often shaped by homophobia, misogyny and [harmful] masculinity', efforts to support inclusive conflict response can suffer from being inadvertently exclusionary (Moore and Barner, 2017: 34). The critical nature of the relationship between unequal gender norms and nationalism, as well as between imperialism and militarism,

has been discussed in literatures on gender and conflict (see, for example, Yuval-Davis, 1997; Thapar-Bjorkert, 2013) including within an emerging literature on the treatment of people with diverse SOGIESC and nationalism (see, for example Curtis, 2013; Myrttinen and Daigle, 2017). This literature highlights how forms of hatred, discrimination and exclusion, such as homophobia, racism, xenophobia and sexism, are associated with conflict. These forms of exclusion serve as key contextual factors at the root of conflict and fragility; understanding and addressing them are critical in efforts to promote peace.

Violence against people with diverse SOGIESC in conflict settings can be inadvertent, based on insensitivity by service providers, community actors and institutions. But it can also be direct, brought on by abuse from service providers, and hostile laws, and, in the extreme, manifest in direct violence driven by homophobia or in combination with other forms of sexism or xenophobia (Moore and Barner, 2017).

Within the context of fragility and political violence in Kenya, the literature indicates that the impact of post-election violence in 2007 and 2017 on the LGBTQI+ population is not well understood, due to a dominant focus on the role of ethnic tensions in the violence (Arcus Foundation, 2019). In 2017, the NGLHRC recorded an increase in reports of physical violence and threats to life against LGBTIQ+ refugees during the election and post-election period (NGLHRC, 2017). The literature does little to unpack this intersection of political instability, people of diverse SOGIESC and migration in Kenya.

Anti-LGBTQI+ discourse in Kenya among politicians and religious leaders exacerbates the stigma and discrimination experienced by LGBTQI+ individuals (HRW, 2015; Kunzweiler et al., 2018). Negative representations of the LGBTQI+ population in the media also contribute to misinformation and hostility among the public. These representations include portrayal of LGBTQI+ individuals as 'deviant', false reporting of an 'upsurge' in the numbers of LGBTQI+ individuals in Kenya, and fabricated 'scandals' involving sexual and gender minorities, such as engagement in 'gay rituals' (HRW, 2015).

As stigma and exclusion are experienced differently by different groups, studies have found that GBV policies, services and programming in conflict and migrant settings often fail to adequately address the needs of specific sexual minority sub-groups who face multiple and often intersecting forms of violence. Stigma, which often drives violence and self-isolation, can also damage LGBTQI+ persons' ability to access services and protections. These dynamics can be particularly harmful among already vulnerable migrant and refugee populations, serving as both a driver of violence and a contributing cause of the lack of adequate response or protection in turn. As Chynoweth et al. (2020) found across diverse settings (in a study with migrant populations travelling through Libya and living in Rome and Sicily, Italy, among Rohingya refugees in Cox's Bazar, Bangladesh and among refugees from Eastern DRC, Somalia and South Sudan residing in urban areas in Kenya), a range of forms of stigma, including 'self-stigma' and 'social stigma' were particularly damaging to vulnerable LGBTQI people in a migrant setting.

Social stigmas and related experiences of GBV, which includes sexual violence as well as other forms of physical, emotional and psychological violence, can impact groups differently based on particular vulnerabilities, including experiences of intersecting or compounding vulnerabilities and experience. In Chapter 4, we discuss the distinct experiences of different groups in Kenya and the wider region, and here we highlight some of the key intersectional dimensions in the broader literature.

3.1.1 Stigma and sexual violence

Male survivors of sexual violence and sexual minority women can fail to be adequately protected in humanitarian discourse and law, which focuses on heterosexual and cisgender women as primary victims of violence within conflict. Harmful gender norms based on rigid and idealised views on masculinity and femininity can intersect with homophobia and sexism, in violence in various ways, exacerbating vulnerabilities of people with diverse SOGIESC. Multiple studies have noted a narrow focus of existing (S)GBV programmes on cisgender and heterosexual women, which can be exclusionary to diverse sexual and gender minorities and male survivors of sexual violence. These problems can in turn reinforce stigma already associated with both male survivors of sexual violence and sexual minority females (Moore and Barner, 2017; Rahill et al., 2019; Chynoweth et al, 2020). These findings highlight that, along with male survivors, women of diverse sexualities are often 'missing' from the programming and policy spaces intending to prevent GBV, and should be consulted to help shape more tailored, safe, accessible and effective services and programmes (Moore and Barner, 2017; Chynoweth et al., 2020; Plan International and Edge Effect, 2020). Kiss et al. (2020) found in a study of male and LGBT survivors of sexual violence in conflict situations in LMICs that that the mental health and psychosocial consequences of sexual violence against men and boys can sometimes differ from those experienced by women and girls (including how they process trauma, display symptoms and seek help). For some male survivors of sexual violence, their individual victimhood, sometimes framed as politicised attacks, was important to maintaining their masculinity. As a result, some male survivors of sexual violence in a study in Uganda highlighted their individuality (for example being targeted because they are high-profile, important figures in their communities) more than victimhood: 'you were not raped because you were vulnerable. You were raped because you were strong' (Gray et al., 2020: 212).

Many male survivors fear stigma, as their communities may ostracise them for their victimhood rather than support them if they report violence. To some, the stigma associated with sexual violence can challenge their masculinity, as '[a]cross settings, a number of refugees used the same language, saying that the male survivor is 'no longer [seen as] a man' (Chynoweth et al., 2020: 8).

Throughout their study, Chynoweth et al. (ibid.) found that a primary concern among refugee survivors was that their experience 'would become known to community and family members, both locally and in their country of origin. They consistently said that male survivors would be shunned, humiliated, and ostracized' (ibid.: 8), a view that highlights the particular, intersecting

vulnerabilities a migrant person of diverse SOGIESC can experience. For example, a refugee family reported that fearing stigma and gossip in the camp prevented them from reporting the sexual violence experienced by their son:

> A Somali woman shared: 'On behalf of the son [who was victimized], the community will abuse the family. They cannot even live in the community anymore, all the family will be impacted. Because it happened to their son, they will have to leave. Even if he is working with [the community], they will shun him' (Interviewee in Chynoweth et al., 2020: 8).

Chynoweth et al. (ibid.) found heightened feelings of guilt, shame and self-hatred in particular among male victims of male-perpetrated sexual violence which was particularly harmful to individuals' mental health and psychosocial well-being, and which can be exacerbated by harmful norms and stigma in society around gender and sexuality.

> He [a male victim of male-perpetrated GBV] started to think about guilt, sin, and shame. His family was strict Muslim and he couldn't share it with them. He felt like there is something wrong about him, something in him, that attracted the guard. Another thought is that because he didn't obey his father and this [rape] was the punishment. He thinks, 'So maybe if I had done what my father wanted me to do, this wouldn't [have] happen[ed]' (Interviewee in Chynoweth et al., 2020: 9).

These forms of self-blame can be particularly damaging when victims are unable to attain the adequate mental health and psychosocial support to address their experiences of violence. The framing used by providers can also shape the ways in which individuals are able to address their experiences. In a study in Uganda on experiences of sexual violence in war, some respondents found the label of 'sexual violence' was useful in framing their experiences and accessing redress, and helped them 'reconstitute themselves as surviving subjects' (Gray et al., 2020: 199).

These findings highlight the pressing need for policies and programmes to better address the needs of male victims, some of whom may be LGBTQI+ and/or refugees/migrants, and particularly to improve understanding and address the stigma they may face in their communities on reporting, in order to better address their unique experiences and needs.

Women and girls with diverse SOGIESC in conflicts and crisis can also face particular vulnerabilities shaped by stigmas in these settings, and compounding experiences of identity-based vulnerabilities and associated experiences of violence, which existing programming largely fails to account for (Plan International and Edge Effect, 2020). The challenges a straight, cisgender girl faces in a crisis may be amplified for a LGBTQI+ woman or girl, who may face judgement and ostracisation from her family, peers and community based on her sexual orientation or gender identity. Responses to GBV which better take into account the experiences of these women and girls require looking 'beyond the binary' of viewing gender as either male or female when considering the impact of cultural, gender and social norms on

LGBTQI+ experiences (ibid.). The same study noted that while the Covid-19 crisis has led to cisgender girls experiencing limited access to services due to reduced capacity of healthcare providers and distancing measures, LGBTQI+ girls experience additional barriers in accessing services due to stigma and discrimination from family members and healthcare providers, and lack of legal identity (ibid.).

3.1.2 LGBTQI+ migrants and refugees

Stigmas shaping the experiences of migrant and refugee LGBTQI populations in home, camp and host contexts can also drive violence and shape the effectiveness or associated responses to violence. This can be present in camp as well as urban settings, as people of diverse SOGIESC can face stigmas and violence in their own communities, among their own families, as well as within host communities and settings. Alessi et al. (2015) found in study of the experiences of LGBT children and youth asylum-seekers in the US and Canada (migrating from countries in Asia, Africa, the Caribbean, Eastern Europe, Latin America and the Middle East) that there can be particularly damaging impacts of these stigmas among migrant LGBT young people. Children and young people interviewed in the study reported extensive emotional distress shaped by stigma in both home and host country contexts, including thoughts of suicide and suicide attempts. A study in urban slums in Haiti identified these dynamics in particular among transgender men and women, which found that traditional gender-based roles and associated stigmas around gender identity can 'perpetuate sexual violence towards transwomen by cisgender heterosexual men and by transmen towards cisgender heterosexual women,' resulting in violent acts such as beatings, shootings, stabbings or stonings (Rahill et al., 2019).

Socio-political violence in the form of intimidation, sexual exploitation and physical assault on LGBTQI+ migrants and refugees has been reported by UNHCR and other refugee agencies in Kenya and other contexts. This can be particularly harmful to newly arrived queer refugees who are already in a vulnerable position lacking social connections, safety nets and adequate financial resources in new settings (Moore and Wariuru, n.d.). Some LGBTQI+ migrants seek connections in a host country through online dating and chat groups, but these come with risks including blackmail or even GBV from people who lie on the apps and exploit the community (ibid.). Moore and Wariuru (n.d.) also find that refugees who experience GBV based on their sexual orientation and gender identity are particularly vulnerable in relation to the legal and justice system: 'faced with the prospect of suffering further violence from authorities, refugees are generally unwilling to pursue legal remedies against perpetrators (of violence)' (ibid.: 3).

3.1.3 Further intersectional dimensions

Several studies discussed the intersections of the experiences of people of diverse SOGIESC and migrants/refugees with dimensions of race and ethnicity. Key findings around this are discussed in

this section. We note that other critical intersectional dimensions, such as class, religion, disability and others, would be relevant to explore, but did not emerge enough in the literature reviewed to be discussed here.

Marnell et al. (2020) find that, in the African context, xenophobic attitudes and related stigmas can intersect with other forms of discrimination, causing damaging effects on a range of vulnerable populations. Drawing on the case of South Africa, they note the Apartheid era exacerbated tensions, bringing 'intense anxieties over social and sexual interactions' (ibid: 88), including inter-racial relationships and same-sex relationships, and this is despite South Africa's 'progressive' constitution with respect to sexual and gender minorities and racial diversity. Similarly, Bhagat's (2018) study of queer migration in Cape Town finds that 'forced displacement for survival' is commonly experienced by queer LGBT migrants in South Africa, and that these experiences are often shaped by the intersection of racism, homophobia, transphobia and other forms of discrimination and hated. Bhagat finds among queer migrant populations in Cape Town that these individuals '[C]an experience ongoing displacement and racialized violence in new national contexts, and constant cycles of displacement and violence' (Bhagat, 2020: 363). In these settings, homophobia, transphobia and xenophobia can intersect, shape exclusion, and contribute to a gap between legal rights (which may aim to protect against discrimination) and everyday realities. Exclusionary actions based on discrimination around sexual orientation and gender identity, racism, xenophobia and other forms of hatred can intersect, and protections do not prevent violence and discrimination, in the everyday lived reality of marginalised groups.

3.2 Access to services and service provision

Services, including GBV protection and response programmes, health services including sexual and reproductive health services, provision of shelter or safe housing and legal aid, are all key areas requiring improvements to ensure they are safe, accessible and effective to deal with intersectional experiences of GBV in a range of settings. In a review of service utilisation barriers among male survivors of sexual violence in three refugee settings in Bangladesh, Italy and Kenya, Chynoweth et al. (2020) found that common barriers exist across a number of different service areas related to some core features. These include: few designated entry points for men to access the services, compounded with a reluctance of male survivors to access care through women-oriented service points. This is often the case within systems based on a poor awareness of sexual assaults against men, a view that men as survivors of sexual violence or male sexual assault is rare, or a failure to prioritise these instances. Exceptionally, in Nairobi, a few NGOs have conducted awareness-raising of available services for male and female refugee survivors. Overall though, there are few providers with specialised training on care for those with diverse SOGIESC and awareness of male sexual victimisation among refugees, and negative provider attitudes and practices, with some reports of men being mocked and told 'you are a man, you need to defend yourself. How can a man be raped?' Similarly, a study of LGBTI refugees in Ecuador, Lebanon, Uganda and India (Rosenberg, 2016) found that intersex experiences are particularly neglected

among service providers in refugee contexts; the author calls on refugee service providers working with children to have basic training on the rights of intersex individuals and referral pathways for services for them and their parents.

3.2.1 Health services

In terms of health services, Chynoweth et al. (2020) found that poor knowledge and information sharing among both service providers and users can be a significant barrier to effective health services. For example, one health facility in Nairobi estimated 60% of male survivors who sought services were ineligible for post-exposure prophylaxis, which needs to be taken 72 hours after the assault. Other help-seeking behaviours, where refugees may prefer to consult traditional healers, religious leaders and elders, often because of issues of confidentiality and trust, can also serve as a barrier to uptake of services, and particularly for issues related to mental health. Refugees in general, and members of LGBTQI+ communities in a range of contexts including Kenya, reported scepticism towards health service providers generally, including concerns around racism and xenophobia. The wider study by Rahill et al. (2019) of LGBTQI+ migrant experiences calls for more integrated social and health programmes to challenge gender inequalities, based also on diverse experiences and needs of LGBTQI+ migrants, and training on human rights and HIV risk reduction across programming areas, rather than considering 'health' only narrowly focused on sexual health.

Sexual health and HIV/AIDS services could arguably pay greater attention to the needs and experiences of intersecting diversities. Even as many HIV and AIDS programmes engage with people of diverse SOGIESC, many ultimately fail to serve the needs of these populations and suffer from issues of accessibility as well as ineffectiveness due to continued stigmas, discrimination and poor design. This also reflects a failure to engage LGBTQI+ people, refugees and other populations in collaborative ways to better understand their needs (Chynoweth, 2019). In a study among refugee populations in Uganda, Nyanzi (2013) finds that HIV/AIDS services lack a necessary sensitivity to LGBT/migrant experiences, noting that non-heteronormative sexual orientations and gender identities, including for those engaging in sex work, are often unrecognised or made invisible in HIV and AIDS responses in displacement and post-conflict settings in Africa. Pointing to this area as a critical gap in addressing the needs of these populations, Nyanzi calls for greater participation of local LGBT organisations in designing HIV/AIDS-related health services and programmes. Nyanzi (ibid.) also notes that before even being able to engage in such processes, barriers to the national registration of NGOs focusing on LGBT issues in contexts like Uganda, where these groups are not recognised, need to be removed.

Another angle to this debate, as highlighted by Wilson et al. (2019) in a study with sexual minority women in Kenya, is that an overwhelming focus among sexual health services on HIV-related services can be damaging as it can limit their accessibility and ability to improve lesbian women's sexual health as well as their general well-being and freedom from violence. They find that '[T]he narrow envisioning of sexual health as primarily the prevention of STIs has a potentially exacerbated impact on sexual minority women' (ibid.: 1496). First, this is because the risk of HIV

transmission is seen to be low in cases of sex between those assigned female at birth. This is sometimes misinterpreted to mean that women who identify as lesbian have no risk of acquiring HIV, which can perpetuate a 'myth of lesbian invulnerability' and a lack of attention to the ways sexual minority women may be at a high risk, for example, if they have sex with cisgender men – a study with WSW in Africa found that a 'substantial proportion' of WSW also reported having sex with men (Zaidi et al., 2016) – risky sex with cisgender women, as sexual minority transgender women, or through sexual assault or intravenous drug use. Thus, 'applying this narrow and disease-focused framework for sexual health leads to our missing the broader sexual health needs of sexual minority women' (Ibid.). Second, this can shape an inaccessible service approach, as the authors found that HIV service delivery is 'male-centred' and 'may not be fully inclusive or accepting of LBQ or other sexual minority women, and are not likely equipped to deal with their sexual health-related needs'. While some organisations explicitly frame their work as 'LGBTI friendly', they are typically primarily focused on men who are assigned male at birth, 'with limited services for others in the sexual and gender minority umbrella' (Wilson et al., 2019: 1504). These findings highlight that, when sexual health services fail to recognise the risks to people of diverse SOGIESC, and frame their work with a focus on just one population group, this can lead to exclusion from services. In particular, sexual-minority women may be excluded in this way, which contributes to the invisibility of their experience, and poorly addresses the needs of a diversity of people across the LGTBQI+ community.

Mental health is another area of concern, and a number of studies point out inadequate services in this area across settings and in relation to key intersecting vulnerabilities and identities (Moore and Waruiru, n.d.; Alessi et al., 2015, Plan International and Edge Effect, 2020). Thus, when reviewing access to such services among refugee and migrant populations, Moore and Waruiru (n.d.) note that queer refugees have limited access to mental health and psychosocial support because their unique needs and experiences are not prioritised. They recommend that agencies facilitate queer refugees' access to services and create responsive feedback and complaint mechanisms to ensure that mental health services evolve with the input and experience of these communities. Generally, mental health services need to be age- and gender-targeted, and also for members of the LGBTQI+ community, as noted by Alessi et al. (2015). In their study with 26 individuals from multiple world regions, including Africa, who obtained refugee or asylum status in the US or Canada on the basis of SOGI, the authors note that younger sexual and gender minority migrant populations can require particularly targeted services to support their mental health, given the psychological impact of childhood or adolescent abuse of LGBT forced migrant adults. This awareness also needs to include a greater understanding of country-specific sociocultural factors that drive discrimination and abuse based on sexual orientation and gender identities.

Risks of poor mental health among LGBTQI+ and refugee/urban/migrant populations may be particularly heightened in relation to the Covid-19 pandemic, due to discrimination individuals may face in lockdown settings and additional barriers to services. This highlights the need for phone- or online-based psychosocial support, and the provision of data and phone credit to support those who may be vulnerable, such as young LGBTIQ+ people (Plan International and Edge Effect, 2020).

3.2.2 Shelter and safe housing

A few studies focus on intersectional dimensions of experience, such as refugee/migrant experience and how this compounds the experience of being a person of diverse SOGIESC, and the impacts of discrimination and violence on housing and shelter among LGBTQI+ communities in urban settings as well as in refugee camps (Millo, 2013; Rosenberg, 2016). The study by Millo (2013) of protection gaps facing sexual-minority refugees and asylum-seekers in urban Ecuador, Ghana, Israel and Kenya found, across these contexts, reports of lack of safe shelter, threats by neighbours, blackmail, extortion and threats and evictions from landlords due to sexual orientation. The study finds individuals report coping mechanisms such as forming relationships with men to secure shelter – often resulting in experiencing sexual violence, and engaging in survival sex work,[6] as well as sexual exploitation in exchange for shelter (at least two participants had been kept as sexual slaves). Shelter in urban areas with high levels of crowding can thus expose LGBTQI+ people to hostile neighbours, financial and sexual exploitation and inability to secure housing because of stigmatisation. Several participants in Millo's study in Kenya reported experiences of violence from neighbours or relatives of romantic partners 'who accused gay refugees of corrupting their sons, husbands, or fellow workers. Two of these participants were arrested by police' (Millo, 2013: 10). In urban contexts, refugees have also reported being evicted from their buildings 'after interacting with visibly queer refugees' (Moore and Waruiru, n.d.: 5; CAL and GALCK, 2016).

> I think everyone looks at me and assumes that I am gay. One of my friends has been warned by her landlord not to have me over at her house because of how I look (Kenyan LBQ interviewee, CAL and GALCK, 2016: 23).

Housing-related vulnerabilities of queer refugees have also been linked to increased risks of HIV and other STIs:

> visibly queer refugees have reported that upon arrival in countries of asylum, they have been forced to engage in survival sex for accommodation. Consequently, there are increased reported cases of GBV and HIV, as well as sexually transmitted infections (Moore and Waruiru, n.d.: 5).

The study by Moore and Waruiru (n.d.) of challenges related to LGBTQI+ refugees and shelter in urban contexts (drawing also on insights from Nairobi) similarly finds inadequate safe housing and shelter among these groups. Queer refugees identified a lack of social safety networks, poor access to services, and isolation and persecution based on both homophobic/transphobic and xenophobic attitudes exacerbating vulnerabilities and violence related to housing.

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6 The term 'survival sex work' is often used for situations where an individual carries out sex work in dangerous circumstances due to severely limited options linked to factors such as poverty, mental health or homelessness. It is, however, a contested term due to its implications that other forms of work, including sex work carried out in other circumstances, is not also survival work.

Cities can often be perceived as safer spaces for LGBTQI+ people, but often these individuals face violence, homophobia and xenophobia and a range of challenges including those related to housing upon moving to densely populated urban environments (Moore and Waruiru, n.d.; Dill et al., 2016; Rosenberg, 2016; Bhagat, 2018). Rosenberg (2016) finds that urban migration of LGBTI refugees is often driven by belief that cities will be safer than camps – where many experience discrimination and violence, including sexual violence. Some had heard about an LGBTI community in the city via social media or word of mouth, but many face new risks upon entering the urban environment. Similarly, Moore and Waruiru (n.d.) find that shelter risks and concerns can differ based on refugee settings in camps versus urban settings. Urban settings can provide greater anonymity than camps and settlements for LGBTQI+ refugees, but they can also be hostile environments and can render refugees less easy to reach with material and cash assistance.

3.2.3 Other services (education, justice and legal)

LGBTQI+ populations can also face a range of barriers in relation to access to education and legal services. UNESCO's global review of violence in schools based on SOGIE found that verbal and physical abuse present barriers in access to education for many LGBTQI+ students, with limited support from teachers who either lack awareness and capacity to address these challenges, or hold negative attitudes towards LGBTQI+ individuals themselves (UNESCO, 2016). The Plan International and Edge Effect (2020) study on the impact of Covid-19 on young LGBTQI+ people finds that, as existing discrimination is exacerbated in times of crisis, this can impact educational outcomes, for example through bullying leading to dropping out of school and higher rates of illiteracy, and discrimination by teachers and employers. The same study finds that, in general, key services are not always safe spaces; hospitals, schools and police stations do not mitigate against street harassment and violence individuals may face in accessing them.

Various laws enacted since 2014 in Kenya, such as mandatory encampment policy and revocation of Somalis automatic right to refugee status, restrict urban refugees' access to some forms of humanitarian documentation as well as legal protection. Chynoweth et al. (2020) in their study among male survivors of sexual violence in refugee settings found that refugees with diverse SOGIESC can face particular barriers to accessing legal protection due to their lack of appropriate documentation (see also Chapter 2). Intersecting identities and vulnerabilities make access to legal and justice services challenging:

> Of course I cannot go to the police, first I am a woman, and then am lesbian and a refugee! They will not listen to me. They will rape me again and throw me in jail. I am nobody here … I know that and they know that too (Ugandan refugee in Kenya, CAL and GALCK, 2016: 25).

This experience highlights how multiple factors can serve as limitations to accessing services, and, in combination, these can impact an individual's ability to be seen, heard and responded to across various service providers without discrimination or risks to further violence.

3.3 Privacy, visibility and being 'out'

Privacy and discretion, and experiences of visibility or invisibility and being 'out', both as enforced by social stigmas and as self-imposed for safety and survival, is a key cross-cutting theme in this area. This theme intersects with many of the issues discussed above, and is touched on in the sections above, but we think it is important to highlight it separately here, as worthy of deeper exploration.

Harmful social norms embedded in society and reflected in policies and services, and related stigma, contributes to an overall 'invisibility' of people of diverse SOGIESC in conflict settings. In a review of the literature on sexual minorities in conflict settings, Moore and Barner (2017) find this can lead sexual minorities to become a 'hidden population' – including in many cases where same-sex relations are criminalised and thus prevent those who experience GBV in such cases from reporting it.

While there is discussion in the literature around the harms that can arise from LGBTQI+ communities being 'invisible' in society and within policies and programmes, these groups can also face risks associated with becoming more 'visible' – including rises in associated violence when individuals or groups are labelled and 'outed'. This is particularly concerning in relation to individuals' right to privacy and safety. In the case of refugees or migrants with diverse SOGIESC, these dangers exist in the host population and also among fellow refugees and their own families, leading to a widespread need for individuals to conceal their identity or relationship, which can put heavy strains on their mental health and well-being. Refugee/migrant people with diverse SOGIESC may also face an unwelcoming LGBTQI+ community in a host setting, shaped by racism and anti-refugee sentiments, meaning that LGBTQI+ spaces are also not safe. So, some individuals may choose to keep their SOGIESC hidden to preserve their safety. A recent report carried out by Edge Effect in Cox's Bazar, Bangladesh found that many refugees with diverse SOGIESC felt forced to hide their sexual and/or gender identities to protect themselves from violence, sometimes using marriage to conceal their SOGIESC status:

> I am married in my personal life … no one knows about my personal preferences … So, I have good relations with the neighbours … if anyone knows about this, living in the camp would be a threat to me (Dwyer, 2021: 43–44).

Anti-homosexuality legislation in Uganda has also incentivised some health workers, educators, parents, landlords and teachers to report homosexual individuals to the police, leading health workers to be reluctant to provide treatment, and making the situation more precarious for migrants and their legal status (Nyanzi, 2013). The risk of being exposed or 'outed' can also serve as a barrier to advocacy and political activity among these groups, resulting in political marginalisation (ibid.). In environments of hostile legal frameworks and societal stigma, LGBTQI+ populations can also fall victim to extortion and blackmail based on the threat of being

'outed' (Makofane et al., 2014) or they may fail to be provided with services and care for fear of being 'outed' – or even for fear of accusations of being labelled and stigmatised by providers (Chynoweth et al., 2020).

A gay Congolese man living in Nairobi said:

> I went to an NGO when I was raped ... I didn't tell them everything because of fear. They don't want to know that I'm gay. Once they find this out in the hospital, it's a big problem. They refuse to treat you (Interviewee in Chynoweth et al., 2020: 8).

According to a gender-based-violence programme officer in Kenya:

> The penal code that outlaws same sex relations – the police and government institutions are using that penal code to really fight the LGBT community ... If [a man] reports sexual violence in a government health facility, they probably will not help. In fact, you may be in much more trouble if you report – they will say you will be part of the LGBTI group (Interviewee in Chynoweth et al., 2020: 5).

The literature highlights a number of concerns around visibility and invisibility, as well as privacy of these groups, which can result from being 'labelled' by service workers or community members. Beyond the risks in some settings that labelling can have to people's lives and livelihoods, issues around labelling can include cases where individuals are labelled in ways which do not align with their own identity and preferences. In one example, a Malawian couple facing discrimination were supported by international advocacy groups and media aiming to support them as a 'gay couple', when actually one partner identified as a woman and viewed herself as trans, with some NGOs and media subsuming trans/gender identity in favour of the politics of sexual orientation based on their imposed views and political contextual understandings, without sensitivities to the individuals' own experiences and preferences (Moore and Barner, 2017). Millo (2013) found that, due to 'invisibility' of SOGI minority refugee and asylum-seekers, these populations turned to harmful survival mechanisms – such as hiding their sexual or gender identities, leading to poor mental health outcomes – adopted to survive homophobic and transphobic environments (ibid.). In other cases, SOGI minority refugees may have trouble navigating labels and terminologies that can differ from those in their home environments. How labels are used in different cultures can be confusing or harmful when there is no shared understanding:

> Muhammad from Sudan explained how the meaning of being gay changed for him after arriving in Israel: 'For Sudanese, if you say you're gay, it necessarily means you're passive or feminine, and if the man is attracted to men but he is on the active side, he is not considered to be gay. He is straight ... When we came to Israel, we heard that "gay" is both active and passive' (Millo, 2013: 9).

The public risks of 'outing' and mocking related to sexuality can also make LGBTQI+ people and migrants particularly vulnerable to social ostracisation and harassment in the public sphere:

> I am butch.[7] I always dress in a masculine way … That day they [a group of male cyclists] just started shouting at me, asking if I was a boy or girl … they were many … they surrounded me and started grabbing me and tearing off my clothes. They were laughing. They tore off my shirt and were pulling my trousers … this happened in broad daylight (Kenyan LBQ interviewee, CAL and GALCK, 2016: 17).

These findings indicate the importance of particular practices, policies or programmes for individuals' well-being, particularly as these elements can relate to privacy rights and overall well-being.

7 'Butch' is generally used to describe a gay woman who presents as traditionally 'masculine'.

4 Unpacking gender-based violence and related experiences of different population groups

This chapter presents the key findings and gaps in the literatures discussing the distinct experiences of different groups of LGBTQI+ individuals, including LGBTQI+ refugees and migrants, in Kenya and in sub-Saharan Africa. While LGBTQI+ individuals share some common experiences and protection concerns living in a context of stigma and discrimination, it is evident that, without disaggregation of the distinct realities of different LGBTQI+ populations, certain experiences are rendered invisible. Most of the literature features only limited disaggregation of data by these different population groups, conflating discussion of lesbian, gay, transgender male and female, non-binary, intersex and queer experiences. However, some key sources do provide detail on how legislation and policy, as well associated stigma and discrimination, impact different members of the LGBTQI+ population. Using the terminology and groupings presented by the literature, this chapter addresses the experiences of four population groups in Kenya and the wider region, further disaggregating refugee and migrant realities for: lesbian, bisexual, and queer women (LBQ); gay and bisexual men and MSM; transgender men and women; and LGBTQI+ children and adolescents.

Where the literatures provide disaggregated evidence on the experiences of women with diverse SOGIESC, the realities of LBQ women and transgender women are often discussed separately, and in many cases the experiences of transmen and transwomen are conflated. This is particularly the case in the literature discussing protection concerns, experiences of stigma and violence, and access to key services for women with diverse SOGIESC. This disaggregation of evidence is often linked by the literature to the level of 'visibility' or 'invisibility' of an individual's sexual or gender identity and the impact this can have on their experience of violence. While evidence indicates that consideration of the role of visibility in GBV is key, this framing can incorrectly imply that the sexual and gender identities of transgender women are always more visible than those of cisgender women. In this chapter, we discuss the evidence as presented in the literature.

4.1 Lesbian, bisexual and queer women

The invisibility of LBQ women within both LGBTQI+ communities and wider society is a key theme discussed in the literatures on Kenya and the region. A number of factors contribute to the low visibility of LBQ women in Kenya including heteronormative and patriarchal social structures that fail to recognise women's sexualities and restrict women's freedom of expression. Public discourse around diverse sexual orientations in Kenya is generally dominated by discussion of gay men and expressions of 'anti-gay' homophobia among politicians, while there appears to be limited understanding of women with diverse sexual orientations. A study conducted by

the Coalition of African Lesbians and the Gay and Lesbian Coalition of Kenya (CAL and GLACK, 2016) identified key stereotypes in discourse around LBQ women in Kenya where they are often depicted as victims of male abuse, or of 'westernisation', or regarded as members of a 'cult' that presents a threat to young girls (ibid: 16). Goshal et al. (2020) noted that LBQ respondents to a study were unsure about which 'label' to assign themselves to reflect their identity, which may also reflect the limited discussion around female sexuality and queerness in Kenya. Wilson et al. (2019) also highlight gaps in Kenyan health policies, that despite purporting to be inclusive of diverse SOGI, fail to recognise or address the distinct healthcare needs of LBQ women.

The literature highlights how this combination of invisibility and stigma around LBQ women has protection implications. In a 2017 report on violations against the LGBTQI+ community in Kenya, the National Gay and Lesbian Human Rights Commission (NGLHRC) concluded that LBQ women were significantly under-reporting violence, despite an increase in reports from this population group in 2015 and 2016, including increased incidents of being 'outed'. The literature also reports challenges in identifying and responding to protection concerns for LBQ women refugees due to this lack of visibility. In 2017, Refuge Point reported that LBQ women made up 18% of the LGBTIQ refugee community in Nairobi. The report indicated that mainstream protection approaches implemented by refugee humanitarian agencies can fail to capture this population group's protection concerns, as LBQ women refugees often do not vocalise their experiences of violence (Refuge Point, 2017). As Moore and Waruiru (n.d.), note, LBQ women in refugee settings are often provided with little attention by humanitarian agencies, rendering them even less visible than other groupings within the LGBTQI+ community. This is also, they argue, because such women are less mobilised and live alone and not in larger groups, compared to gay and bisexual men.

The lack of economic independence available for many women in Kenya may also contribute to the low visibility of LBQ women for whom being 'outed' can mean being left with little means of protection (NGLHRC, 2017).

There is a notable emphasis on directing attention to the experiences and protection needs of LBQ women in the literature, and in doing so also recognising the marginalisation that LBQ women experience within LGBTQI communities and networks. An interviewee noted in CAL and GALCK (2016), that some LBQ women face challenges in obtaining recognition of their sexual identity, due to stereotypical understandings of how diverse SOGIs are expressed:

> People behave as if gays are marked on their foreheads. I swear no one believes that I am a lesbian even when I tell them. It's because I am femme.[8] (Kenyan LBQ interviewee, CAL and GALCK, 2016)

Compared with the wider region, LGBTQI+ organising in Kenya is well-established. However, within these movements, few LBQ women hold positions of power, which may in part be

8 'Femme' is generally used to describe a gay woman who presents as traditionally 'feminine'.

attributed to a strong focus among NGOs on MSM in efforts to tackle HIV/AIDS (CAL and GALCK, 2016). The literature indicates that patriarchal structures within LGBTQI+ communities may contribute to the lack of visibility of LBQ experiences; responding to a 2017 study, LBQ women refugees in Kenya reported that male voices dominate LGBTQI+ refugee support spaces:

> If you're not masculine, you can't talk. Even in meetings, the boys dominate. We need to empower the lesbians. You need to call meetings for girls only. Having programmes that cater for lesbians. As much as the boys are vulnerable, we are vulnerable too … The atmosphere is oppressive (Interview with LBQ refugee, Nairobi, Refuge Point, 2017: 15).

The same study found that LBQ women refugees with children experienced stigma and marginalisation, from both the wider refugee community and the LGBTQI+ refugee community (Refuge Point, 2017).

The evidence from Kenya and East Africa (Uganda and Zimbabwe) demonstrates that LBQ women experience multiple forms of violence, including family violence, intimate partner violence, sexual harassment, and sexual violence (ORAM, 2013; CAL and GALCK, 2016; Refuge Point, 2017; Samaraweeram, 2019; Goshal et al., 2020). The risk of violence appears to be higher for LBQ women who are 'masculine presenting' and therefore more visibly non-conforming to heteronormative gender roles (CAL and GALCK, 2016), including the risk of family violence related to expectations of marriage (Goshal et al., 2020). Among LBQ women refugees in Kenya, reports of family violence include being forced into marriages and in some cases separated from their children by family members (Refuge Point, 2017). LBQ women's experiences of intimate partner and domestic violence, perpetrated by male and female partners, are discussed in the literature. However, data is relatively limited on the prevalence and nature of intimate partner violence (IPV) among LBQ women in Kenya and the region, as is exploration of the role of gendered norms in IPV in women's same sex relationships (Sanger and Lynch, 2018). Goshal et al. (2020) report that IPV rates are high among LBQ women in the region, and experiences include verbal, physical, emotional, economic and sexual violence, although no quantitative data is provided by the study. Of LBQ refugee respondents to a study in 2017, 16% reported experiencing IPV or domestic violence; the study did not indicate whether perpetrators of violence were male, female or nonbinary partners (Refuge Point, 2017).

Sexual harassment from neighbours, landlords, service providers, and police, and denial of services, appears to be a common experience for LBQ refugee women living in urban areas in Kenya (KHRC, 2011). LBQ refugee women report that sexual harassment and stigma experienced from healthcare providers creates distrust and reluctance to access healthcare services:

> He (doctor) got my number and started calling me. He tried to vibe me, and I told him I'm a lesbian. Then he starts calling me, asking me why I'm like that. I didn't report, I just dealt with it. I didn't know where to report. And I didn't go back (Interview with LBQ refugee, Nairobi, Refuge Point, 2017: 12).

This qualitative data also highlights barriers faced by LBQ refugees in reporting violations in Kenya, due to lack of clear reporting and referral mechanisms and a distrust of police who can themselves be perpetrators of harassment and violence.

Wider evidence from sub-Saharan Africa indicates that the intersecting vulnerabilities of gender and sexual orientation expose LBQ women to increased risk of sexual violence including 'corrective' rape (O'Malley and Holzinger, 2018; Samaraweeram, 2019). The evidence from Kenya is limited as to the levels of sexual violence experienced by LBQ women, which may be due to low levels of reporting by, and engagement with, the LBQ population. The KHRC found that many lesbians in three regions of Kenya reported receiving verbal threats of rape to 'straighten them' (KHRC, 2011: 27). Data suggests that many LBQ refugee women experience sexual violence, with 42% of respondents to the Refuge Point (2017) study reporting at least one incident. Challenges in identifying survivors of sexual violence have implications for providing appropriate psychosocial support, and for LBQ women survivors of rape that results in pregnancy, severely limited access to safe and legal abortion in this context presents further health risks (ORAM, 2013).

4.2 Gay and bisexual men and men who have sex with men

The literatures discussing the experiences of gay and bisexual men, and MSM, evidence high levels of stigma and discrimination against this population group in Kenya and East and Southern Africa (Stephenson et al., 2014; Rosenberg, 2016; Refuge Point, 2017; Kunzweiler et al., 2018). There is evidence that homophobic attitudes, perpetuated by public figures such as politicians and religious leaders, contribute to the discrimination experienced by MSM in Kenya from service providers, employers and landlords (Stephenson et al., 2014; Refuge Point, 2017; Kunzweiler et al., 2018). Discrimination by employers forces many gay and bisexual men to engage in survival sex work, which for refugees is further exacerbated by the additional barriers in access to livelihoods (KHRC, 2011; ORAM, 2013; Rosenberg, 2016; Refuge Point, 2017).

Access to safe housing is a particular concern for gay and bisexual refugees living in urban areas in Kenya and the region. In 2017, Refuge Point found that MSM refugees made up 77% of the overall LGBTQI+ refugee population in Nairobi, of whom over half had been evicted when landlords or neighbours became aware of their sexual identity. Anecdotal evidence indicates that this lack of access to safe, stable accommodation increases the risk of exposure to violence and sexual exploitation (Refuge Point, 2017). For male LGBTQI+ survivors of sexual violence, access to safe shelter is also a key challenge, as the majority of programming focuses on women and children survivors, excluding adult men (Horn and Seelinger, 2013).

Much of the literature discusses MSM experiences in relation to HIV/AIDS, and evidences significant barriers in access to healthcare due to discrimination, stigma and homophobic attitudes of service providers. The Kenya Human Rights Commission (KHRC, 2011) found that

gay and bisexual men in Kenya experienced a number of violations by medical staff, including breaching of privacy by sharing personal details with colleagues and denial of care, as well as a general lack of understanding of sexual and gender minorities.

> The doctor refused to believe that I was gay; he said he had only heard of gay people on TV and that I was simply lying (even after seeing my anal warts). He then called his colleagues to come spectate. It was quite embarrassing for me. He later told me to go read Leviticus 18:25, I felt judged (MSM sex worker, KHRC, 2011: 37).

For MSM seeking HIV-related medical care in Kenya and East and Southern Africa, stigma and homophobic attitudes among healthcare providers can contribute to a reluctance to access services (Bazzi et al., 2019; Stephenson et al., 2014). A study conducted by Taegtmeyer et al. (2013) found that psychosocial service providers for HIV-positive MSM lacked understanding of the distinct needs of this population group, although respondents expressed a desire to improve this understanding.

Male refugee survivors of sexual violence face a number of barriers in access to psychosocial and medical services in Kenya, including a lack of entry points for men in programming targeted at women and children, a lack of sensitisation and stigma among service providers – often based on 'traditional' understandings of masculinity – and a lack of awareness among survivors about the services available (Chynoweth et al., 2020). Male refugee survivors in Kenya also reported experiencing racism and xenophobia from service providers (ibid.). For male survivors of sexual violence with diverse SOGIESC, additional stigma and discrimination based on sexual and gender identity present further barriers in access to services. Horn and Seelinger (2013) found that while male LGBTQI+ survivors were not explicitly excluded from safe shelter programming, where services could be provided there was a reluctance among service providers to address the needs of this population group.

The literature indicates that rates of GBV experienced by gay and bisexual men are high, although data on the prevalence of violence is limited. In 2017, reports of violations to the National Gay and Lesbian Human Rights Commission were highest among gay- and bisexual-identifying men, and reports of GBV among MSM refugees were also high, including sexual abuse and exploitation from host and refugee communities (NGLHRC, 2017; Refuge Point, 2017). There are clear barriers to reporting violence and accessing justice for gay and bisexual men in Kenya, where police are often among the perpetrators of violence. For MSM refugees, the combined fear of xenophobia, homophobia, and retribution from perpetrators of violence can contribute to a reluctance to report violations (Refuge Point, 2017). In Uganda, qualitative data indicates that police violence and abuse of power prevents gay refugees from reporting incidents of violence and crime: 'It's like you are taking yourself to jail' (Interview with gay refugee, Uganda, ORAM, 2013: 11).

The Kenya Human Rights Commission (2011) found that MSM sex workers face high levels of harassment, exploitation, and violence from police in Kenya. Fear of arrest prevents many male

sex workers in Kenya from reporting violations (Valente et al., 2020). Many are forced by police to pay bribes or perform sexual favours under threat of arrest –on the grounds of either engaging in sex work or same-sex relations – and some report being raped by police officers (KHRC, 2011). Evidence from the wider region shows similar experiences of police violence among MSM sex workers, including refugees who face additional risks of exploitation due to their legal status (ORAM, 2013; Rosenberg, 2016).

Discussion of the distinct experiences of bisexual men in Kenya is limited, and the literature indicates that biphobia within both the LGBTQI+ community and wider society contributes to a reluctance among bisexual men to self-identify (Refuge Point, 2017). The invisibility of this population group has protection implications; among bisexual male refugees interviewed, Refuge Point found that 57% had experienced sexual violence, but the majority had not officially reported incidents (ibid.).

Experiences and prevalence of intimate partner violence and domestic violence among gay and bisexual men in Kenya is a key gap in the literature. Evidence from the wider region indicates that IPV is a common form of violence experienced by MSM and is an area that has been under-researched (Stephenson et al., 2014).

4.3 Transgender men and women

The experiences of transgender individuals in Kenya are discussed from a number of different angles within the literature. In some instances, protection concerns of transgender men and transgender women are discussed together, based on the understanding that these two groups share common experiences of violence and harassment in Kenya due to heightened visibility of their sexual and/or gender identities. In other cases, the experiences of transgender women are discussed alongside those of cisgender women with diverse sexual orientations. However, the distinct realities of transgender women are always highlighted within this group in the literature. Overall, there is limited data available on the experiences of transgender men in Kenya and East Africa, which may indicate a level of invisibility of transgender men in this context. In the refugee context, this may also reflect a low number of transgender men within the LGBTQI+ refugee community; in 2017, a study reported that the majority of transgender refugees in Nairobi identified as trans women (Moore and Barner, 2017).

All of the literatures that address the experiences of transgender individuals in Kenya present evidence of heightened exposure to violence and discrimination perpetrated by both the state and the public. The National Gay and Lesbian Human Rights Commission (NGLHRC) reported a notable increase in violations specifically against transgender and gender-non-conforming individuals in 2016 (NGLHRC, 2017). This is attributed to the visible non-conformity of transgender individuals' gender identities, in a context where traditional understandings of

gender as binary are dominant (HRW, 2015). The lack of legal recognition available in Kenya for transgender individuals also appears to exacerbate exposure to state violence, perpetrated by police and healthcare providers in particular (Goshal et al., 2020).

Combined with the conflation of diverse gender identities with sexual orientation by Kenyan authorities, the lack of legal recognition available for transgender individuals has led to arbitrary arrests for 'impersonation' – when the gender marker on identification documents does not match an individual's gender expression (Goshal et al., 2020: 14). This is a key protection concern for transgender refugees whose gender markers on identification documents do not reflect their gender expression; this increases exposure to harassment from state authorities, and during asylum applications, and in some cases is used by police to prosecute transgender individuals (Moore and Barner, 2017). The literatures present a strong sense of distrust of Kenyan authorities among transgender individuals due to experiences of police violence, including sexual assault, harassment, extortion and blackmail (HRW, 2015; Moore and Barner, 2017; Goshal et al., 2020). The fear of arrest or exposure to police violence prevents transgender individuals from reporting abuses perpetrated by civilians and state actors (ibid.).

Fear of violence and discrimination also prevents transgender individuals from accessing healthcare services. Transgender individuals in Kenya – in addition to facing severely limited access to specialised medical services for their distinct needs such as the healthcare required to aid transition – report mis-gendering by healthcare providers, such as recording the incorrect gender on official records even after being made aware of an individual's gender identity, pathologization of their gender identities or expression, and denial of care among violations perpetrated by service providers (KHRC et al., 2017; Goshal et al., 2020).

Transgender refugees face additional barriers to appropriate medical services due to both their refugee status and gender identity. Qualitative data indicates that experience of stigma among service providers and the lack of sensitised services available prevents transgender refugees from accessing psychosocial care:

> I don't go to counselling anymore. Counsellors do not understand transgender issues well, and they often ask inappropriate questions. I've been asked how I have sex. We need counsellors that understand the community (Interview with transgender refugee, Nairobi, Moore and Barner, 2017: 22).

The literature also highlights how the visibility of transgender individuals in urban areas in Kenya impacts access to safe housing. Stigma and discrimination mean that transgender individuals are often denied access to housing by landlords or are evicted on the request of neighbours. Transgender refugees face additional barriers in access to safe and permanent housing due to their refugee status, increasing their vulnerability to abuse and exploitation by landlords (Moore and Barner, 2017; Millo, 2013). Refugee communities are often housed together in urban areas and the distinct vulnerabilities of transgender refugees are frequently overlooked. LGBTQI+ individuals

are housed with non-LGTBQI+ refugee populations that can be hostile or violent towards gender-non-conforming individuals (Moore and Barner, 2017). Moore and Waruiru (n.d.: 5) also highlight that transgender refugees frequently cite the need for humanitarian agencies to provide safe housing for vulnerable transgender people, and that 'the relationship between a landlord and a trans tenant carries significant power imbalances and SGBV risks'. The same study also found that, in urban settings, transgender refugees can also face stigma from within the LGBTQI+ refugee community, who may refuse to be housed with transgender individuals due to fear that they will become more exposed to violence by association or vicinity (ibid.).

A study with transgender refugees in Uganda found that stigma within refugee communities can also cut access to traditional support networks – such as religious communities – further exacerbating social isolation:

> some church[es] don't allow transgenders to enter ... [saying] that 'you are going to spoil others.' That is why they do not allow us, they saw us like sinners and that we are not people like others; that we are demons – that is how some pastors call us (Interview with trans woman, Uganda, ORAM, 2013: 12).

The literatures document a number of negative coping mechanisms adopted by transgender refugees in urban settings. In response to the acute hostility and threat of violence experienced, transgender refugees report isolating themselves and hiding their sexual orientation or gender identities, which can cause severe psychosocial strain (Rosenberg, 2016). Engagement in survival sex work as a coping mechanism appears to be common among transgender refugees in Kenya and the region. Transgender individuals face significant barriers to accessing livelihoods in Kenya due to stigma, discrimination and the risk of arrest and prosecution by authorities conflating sexual orientation with gender identity. As sex work is criminalised in Kenya, sex workers lack the ability to report violence to police without putting themselves at risk of arrest. The literatures indicate that police abuses against transgender sex workers in Kenya are frequent, exploiting these legal vulnerabilities:

> I often [do] sex work to earn an extra coin. I was once out on the street waiting on a client and got arrested by the police and was driven around town and they eventually raped me (since I did not have any cash on me) and released me. I was unable to report the matter because I was afraid of what would happen to me (Cynthia, trans woman, Mombasa, Goshal et al., 2020: 49).

For transgender refugees, access to livelihoods is further limited by refugee status, rendering sex work one of the few ways to earn money. The intersecting vulnerabilities of gender identity, refugee status, and the criminalisation of sex work, expose transgender refugee sex workers in Kenya to an acute risk of violence, and fear of negative impacts on resettlement can further increase reluctance to report abuses (Moore and Barner, 2017). Transgender sex workers also report being denied access to healthcare by service providers in Kenya, which increases existing vulnerabilities to HIV and sexually transmitted diseases (Scorgie et al., 2013; Moore and Barner, 2017).

There is very limited discussion of transgender individuals' experience of intimate partner violence (IPV) in the literatures. A study conducted with transgender individuals in Kenya found that respondents were reluctant to discuss IPV with researchers. However, one transgender respondent indicated that the levels of IPV within the transgender community in Kenya are high, underscoring the need for greater attention on this issue:

> Most trans people shy away from mentioning that they are in fact victims of IPV. I believe we face the highest rate of IPV because our relationships transcend sexual orientation, gender identity and choice of work. I also believe, due to the rampant violence we face generally, we tend to stay away from relationships but that does not mean that we are not victims of IPV (Storm, trans person, Kisumu, Goshal et al., 2020: 50).

4.4 LGBTQI+ children and adolescents

There is relatively limited discussion of the distinct experiences of LGBTQI+ children and adolescents in Kenya and in the East African region more generally. The available literature indicates that identifying and engaging LGBTQI+ individuals under the age of 18 is particularly challenging for LGBTQI+ and refugee CSOs and NGOs in Kenya. Organisations that work with LGBTQI+ youth risk legal repercussions as this engagement can be interpreted under the law as 'recruitment' into homosexuality or 'perversion' of minors (Refuge Point, 2017; Arcus Foundation, 2019). At-risk LGBTQI+ unaccompanied minors are often missed by traditional identification processes due to a lack of knowledge among staff working with refugee and migrant communities (Refuge Point, 2017). Service providers in Mombasa expressed concern that refugee LGBTQI+ children and adolescents living with families may be being confined by family members for fear of stigma from the wider refugee community, rendering their protection concerns invisible (Chynoweth, 2019).

In a paper presenting recommendations for Kenya's national adolescent policy on sexual and reproductive health (SRH), Right Here Right Now outlines the additional obstacles faced by LGBTQI+ adolescents in accessing SRH services due to their sexual and gender identities (RHRN, n.d.). The paper highlights how sexual and reproductive challenges faced by non-LGBTQI+ adolescents in Kenya, such as access to information and services related to contraception, HIV, STIs, and sexual abuse and violence, are often exacerbated for LGBTQI+ adolescents (ibid.). Additional obstacles experienced include stigma and discrimination among service providers and lack of sensitised service provision for LGBTQI+ adolescents, and inaccessibility of specialised services for trans-adolescents due to age restrictions, financial implications or a lack of service provision (ibid.).

A study of male refugee survivors of sexual violence in Nairobi and Mombasa interviewed LGBTQI+ adolescents and found that all respondents had experienced sexual violence since arriving in Kenya (Chynoweth, 2019). The study found that the intersection of age, refugee status and SOGIESC appears to significantly heighten the vulnerabilities of LGBTQI+ refugee

adolescents, and the barriers they present in access to livelihoods can expose adolescents to exploitation and abuse. Qualitative data from a key informant interview describes a common experience of male LGBTQI+ adolescent refugees in Mombasa:

> Younger [boys] age 16 to 18, the parents have discovered that they are gay and they discontinue their support and schooling. They run away from home due to violence and come to Mombasa. Older men—gay people or even straight men—would bring them in and then [coerce] them to clean the house, take advantage of them, force them to have sex in the evening. They may not see it as a violence at the beginning, but it is a form of violence because the boy is not of age and they don't have the ability to choose freely for themselves. They have no choice about whether the sex is safe or not, or even to say no (Interviewee in Chynoweth, 2019: 36).

A key protection area for LGBTQI+ minors outlined in the literature is access to safe and appropriate shelter. Traditional housing for unaccompanied children and adolescents such as community-based foster care may expose LGBTQI+ minors to discrimination and violence, and untrained caregivers are unlikely to be able to respond to their distinct needs. Further, housing LGBTQI+ minors with adult members of the LGBTQI+ community presents risks of exploitation and abuse (Chynoweth, 2019).

5 Gaps and recommendations

The findings from this literature review highlight the benefits of the intersectional approach in focusing on several select key areas of intersecting experience – in our case, experiences of people of diverse SOGIESC and refugees/migrants. While it is by no means exhaustive of the multiple intersecting identities and experiences people face, this approach has helped ground the study in an understanding of two key areas of experience that can intersect and shape people's experiences and ultimately their safety and well-being. This approach has enabled an examination of a small, emerging evidence base around understanding experiences in which vulnerabilities can compound to shape unique outcomes. It also indicates ways in which an intersectional approach to research and policy, in turn, can address experiences of violence.

At the same time, this approach helps to show gaps in knowledge and challenges to fully understanding experiences. The available literature, particularly with a focus on Kenya, is relatively small. Studies on refugee/migrant experiences and experiences of people of diverse SOGIESC are largely based on small sample sizes, likely due to challenges in accessing these populations, and vulnerabilities related to the groups covered. The different groups are often addressed separately, without sufficient intersection, and drawing on varied datasets and methodologies. In this chapter, we present a summary of some of the gaps in evidence, and offer recommendations for programming and policy emerging from our review of the literature, focusing wherever possible on Kenya.

5.1 Gaps emerging from the literature review

The literature review identifies a number of key gaps in the evidence on LGBTQI+ and refugee/migrant experiences of GBV in Kenya. There is a strong focus on certain population groups, namely: gay men, lesbian women, and transgender women, and significantly less discussion of transgender men, bisexual, intersex, non-binary, and LGBTQI+ child and adolescent experiences. Further, the 'labelling' used to address the realities of persons with diverse SOGIESC renders invisible groups that do not identify with these labels, particularly due to the dominance of a 'Western' lens used by research and programming in contexts where sexual and gender identities are understood in different ways. While there is some evidence on the experiences and protection concerns for LGBTQI+ refugees in Kenya and the wider region, there is limited data available on LGBTQI+ urban migrant realities.

There is clear evidence that LGBTQI+ individuals in Kenya experience multiple forms of violence, the nature of which is often linked to the distinct realities of different groups within the LGBTQI+ and LGBTQI+ refugee community. There is, however, limited data available on the prevalence of violence, the perpetrators of violence, and the different types of violence experienced by the LGBTQI+ population. This is clearly due in part to the significant barriers to reporting that this population faces, as well as under-researching. There are indications that IPV and domestic

violence rates are high among certain LGBTQI+ groups, although this is an area that requires greater attention from research and programming. Within the context of fragility in Kenya, there is very little discussion of the impact of post-election violence on the LGBTQI+ refugee and migrant population, as well as the wider LGBTQI+ population, despite indications that violence and harassment increased during recent periods of unrest.

The literatures reviewed here offer limited discussion of other intersectional experiences of LGBTQI+ refugees and migrants. There is evidence, for instance, that, for some refugees and migrants, xenophobia based on ethnicity presents additional barriers to accessing services and legal documentation, and effects discrimination and stigma, as well as exposure to violence (Moore and Waruiru, n.d.; Dill et al., 2016; Chynoweth et al., 2020). However there is little exploration of how xenophobia impacts different ethnicities in Kenya and the region. It has also been noted, though not explored in detail in this literature review, that the experiences of LGBTQI+ people, and LGBTQI+ refugees, with disabilities are also under-represented in the literatures. Blyth et al. (2020) discuss the protection implications of the intersecting vulnerabilities presented by disability and people of diverse SOGIESC in humanitarian contexts, and also highlight the lack of data available on the experiences of people with disabilities and of diverse SOGIESC, and the need for research in this area. Further, there is a lack of exploration in the literature of the intersecting impact of poverty, religion or religious identity, and political identities with diverse SOGIESC, GBV and displacement.

5.2 Recommendations based on the literature review

5.2.1 Law and policy recommendations

The literature suggests a number of ways in which the reform of existing laws and policies, and/or the introduction of new laws and policies, can help to address issues of intersectionality and inclusion, better address issues related to GBV, and promote human rights, well-being and social cohesion. These broadly range from recommendations to abolish 'hostile' laws that negatively impact people of diverse SOGIESC to calls to enact stronger non-discrimination and rights-based legal frameworks by developing more specific protections directed against discrimination based on sex and sexuality in all areas of the law.

The existence of hostile laws was presented in the literature as a primary and cross-cutting barrier in many areas of experience among the relevant populations in Kenya and the region. Africa has some of the most widespread laws criminalising same-sex relations, although they vary in nature. They include laws pertaining to homosexual acts, sodomy, buggery, unnatural/indecent acts, debauchery, and other laws pertaining to a range of offences – that may not explicitly criminalise people with diverse SOGIESC but are often disproportionately applied to these population groups (HRW, n.d.). Authors across the literature we reviewed broadly call for the repealing these laws, including Kenya's unnatural offences law against 'carnal knowledge against the order of nature; acts of gross indecency between males' (Kenya's Penal Code revised

edition 2012 (2010), Sec. 162/165). This is due to the Kenyan law's *directly* harmful nature against LGBTQI+ people, including refugees, as well as the *indirect* ways in which these laws can shape bias and discrimination, harm the ability of GBV survivors to access services, and incentivise silence among victims who fear legal retribution for reporting experiences of violence and discrimination (Makofane et al., 2014; Moore and Barner, 2017; Chynoweth et al., 2020).

The materials we reviewed also point to the need for legal reform to promote specific protection and non-discrimination for LGBTQI+ people, and migrants/refugees, through the integration of more inclusive language and more direct and specialised legal protection through anti-discrimination laws that directly protect people from discrimination based on sex and sexuality, including by providing specific protections for children and minors (Alessi et al., 2015). The implementation of direct anti-discrimination clauses could help to address the experiences reviewed of LGBTQI+ individuals being denied medical insurance policies and other services based on sex and sexuality, by criminalising such actions as discriminatory (KHRC, 2011; Arcus Foundation, 2019). Existing international and regional child protection laws also need to be strengthened and better enforced to protect the rights of LGBT children and youth, also mandating legal consequences for those who abuse them (Alessi et al., 2015).

Similarly, the enactment and implementation of stronger non-discrimination laws to protect NGOs working with people of diverse SOGIESC, for example by addressing the challenges many of these organisations face in gaining government registration, is required to ensure that local organisations can operate on equal footing and address the needs of all Kenyans (NGLHRC, 2017; Goshal et al., 2020). This includes addressing legal clauses in which governments can interpret LGBTQI+ CSO and NGO activity as 'recruitment' into homosexuality or 'perversion of minors' (Refuge Point, 2017; Arcus Foundation, 2019).

Laws and policies in Kenya that contribute to difficulties for refugees in gaining legal status and necessary documentation also require reform, as they can prevent refugees who are people of diverse SOGIESC from accessing existing LGBTQI+ services and groups, while compounding with other exclusions they can experience as refugees and members of other ethnic and cultural groups. For example, the papers reviewed in this study call for reform of Kenya's mandatory encampment policy and revocation of Somalis automatic (*prima facie*) refugee status, to align with non-discrimination principles in the Kenyan Constitution and Kenya's wider commitments to human rights (Chynoweth et al., 2020).

Finally, existing laws that help to protect these populations can be strengthened and better enforced through improved resourcing and awareness-raising. Existing Kenyan laws and policies to protect victims of GBV include Kenya's Sexual Offences Act No. 3 (rev. 2007), the 2015 Domestic Violence Act, the National Guidelines on the Management of Sexual Violence, and the National Framework toward Response and Prevention of Gender-Based Violence in Kenya. These could be strengthened through greater resourcing and awareness-raising on their enforcement, for example through investment in more effective policing and service-delivery,

and sensitisation training among service providers and populations to improve implementation of these laws among diverse groups, including people of diverse SOGIESC and refugees/migrants. There could also be strengthened awareness and implementation improvements to align Kenyan law with international and regional commitments, such as to the CEDAW, the UN Convention on the Rights of the Child (CRC), the African Charter on Human and Peoples' Rights, and the Maputo Protocol. These international laws could be strengthened to better promote the rights of LGBTQI+ people and refugees, as there remains scope for improving the language and inclusivity of these documents. Improvements on the national, regional and global levels could be mutually supportive through efforts to improve the legal environment on all levels.

5.2.2 Service and programming recommendations

The literatures reviewed provide a range of key recommendations for GBV programme design and service providers working with LGBTQI+ people in Kenya. There is a notable focus on recommendations for programming with LGBTQI+ refugees in camp and urban settlement settings.

A key recommendation identified in the literature is the need to disaggregate approaches to protection and service provision according to the distinct needs of different LGBTQI+ population groups (Moore and Waruiru, n.d.; Millo, 2013; Refuge Point, 2017; Wilson et al., 2019). The ways in which 'key populations' are defined and targeted are significant and can impact effective service provision. For example, MSM services that also engage transgender women are inappropriate (Arcus Foundation, 2019). For healthcare providers to engage effectively with LGBTQI+ groups often rendered invisible, such as LBQ women, the literature points in particular to expansion of sensitised health services beyond the focus on HIV/AIDS (Wilson et al., 2019). Direct input in the design of programmes from the targeted user groups is key to ensuring that the services provided are appropriate and effective (Plan International and Edge Effect, 2020).

Sensitisation, training, and increasing capacity of key actors, including service providers and police forces, is presented as crucial by the literatures reviewed (Horn and Seelinger, 2013; Millo, 2013; Refuge Point, 2017; Arcus Foundation, 2019; Chynoweth, 2019). The stigma and discrimination experienced by LGBTQI+ people when attempting to access services is a major obstacle and requires targeted and ongoing sensitisation activities for staff to shift negative attitudes. Wilson et al. (2019) also indicate that programming that aims to shift public opinion towards LGTBQI+ people more generally will also positively impact access to services by reducing stigma and raising awareness of key issues affecting these population groups. Chynoweth (2019) suggest that identifying religious leaders within refugee communities who are sympathetic to the LGBTQI+ community for sensitisation activities may help to improve community awareness and reduce stigma and discrimination against LGBTQI+ refugees. UNCHR (2015) found that public acceptance of LGBTQI+ groups was particularly low in refugee camp settings, creating a hostile environment for LGBTQI+ refugees, which further highlights the need for community sensitisation activities.

The literatures highlight the challenges faced by service providers in identifying certain LGBTQI+ groups requiring support, and recommend improving staff capacity to identify distinct protection concerns (Millo, 2013; Refuge Point, 2017). They also recommend targeted outreach and engagement activities, in particular for groups that are largely 'invisible' and excluded from traditional engagement activities – such as LBQ women and LGBTQI+ children and adolescents (Millo, 2013). Coordination between service providers in urban settings is an area that requires strengthening, including linking existing LGBTQI+ support services with LGBTQI+ refugees and migrants who may not be aware of them. Connected to this is the development of effective referral pathways between service providers, once protection concerns have been identified, to ensure that LGBTQI+ individuals receive appropriate support (ibid.). The reluctance of many LGTBQI+ refugees to seek services is largely due to the lack of understanding of their distinct needs and experiences among service providers, and in many cases due to fear of experiencing discrimination, being 'outed', and even violence from service providers. Based on qualitative data, Refuge Point's (2017) study suggests that focal points allocated by LGBTQI+ refugee communities, or from within communities, may help to improve identification of individuals requiring support, as well as helping to identify and support informal social networks through which people with diverse SOGIESC tend to seek support, outside formal channels and services.

Access to safe shelter is a key protection issue for LGBTQI+ individuals, and particularly significant for certain groups such as refugees, transgender persons and unaccompanied minors. The literatures emphasise the need for provision of appropriate safe shelter to reduce expose to GBV. Due to increased vulnerabilities in relation to safe shelter and housing, Millo (2013) recommends establishing emergency shelter options for at-risk SOGI refugees to respond to the critical needs in these communities. For LGBTQI+ individuals living in urban settings, Moore and Waruiru (n.d.) suggest that programmes identify and map safe neighbourhoods and establish a network of 'queer-friendly' landlords to provide safe housing, in particular for transgender individuals. Some of the literature recommends that LGBTIQ+ individuals avoid living in large groups and instead suggest 'scattered, community-based housing for smaller groups of queer people', which could help these communities ensure their specific needs are met while mitigating risks of more crowded urban settings. Other sources suggest, however, that certain groups of LGBTQI+ refugees should be housed together, and separately from non-LGBTQI+ refugees, to reduce the likelihood of harassment and violence.

The literature also identifies some key gaps in shelter programming: for male survivors of sexual violence who are generally excluded from GBV survivor programming (Chynoweth, 2019), and for LGBTQI+ children and adolescents for whom traditional foster care may be inappropriate and may even expose them to violence (Refuge Point, 2017; Chynoweth, 2019). In addition, authors highlight the need for greater sensitivity and support services more widely integrated to support the links between shelter and other safety and well-being areas. In this, they suggest that a range of services should be linked to housing, including 'tailored shelter solutions for

LGBTQI+ urban migrant young people to help them to access education, psychosocial support, skills development, and to engender friendships and communities within their own homes' (Refuge Point, 2017: 5).

Moore and Waruiru (n.d.) recommend provision of cash assistance to LGBTQI+ refugees who have severely limited access to livelihoods, to help create stability by enabling them to pay rent – based on data showing that cash assistance is generally used by LGBTQI+ refugees to pay rent. Refuge Point (2017), however, presents important findings on the role of cash-based interventions (CBIs) in heightening the risk of GBV for LGBTQI+ refugees in Kenya. This study finds that unequal distribution of financial aid among LGBTQI+ refugee communities, such as aid for new arrivals and for particularly vulnerable individuals, can contribute to discrimination and exploitation within the LGBTQI+ refugee community (ibid.). Where financial aid for new arrivals is provided for only a few months and then cut off, this can expose individuals to sexual exploitation when trying to access limited housing and food supplies from other members of the LGBTQI+ refugee community (ibid.). The study recommends that CBIs are provided based on comprehensive protection assessments, and articulate exit strategies for individuals, rather than unconditional aid that when ceased can expose individuals to exploitation (ibid.).

Programming that creates better access to alternative livelihoods for LGBTQI+ groups is another key recommendation in the literature. The prevalence of engagement in survival sex work, and the exposure to sexual exploitation experienced by many LGBTQI+ refugees, is directly linked to the lack of economic independence available. Wilson et al. (2019) highlight the need for livelihood programming for LBQ women in Kenya, for whom economic dependence and limited access to livelihoods contributes to exposure to domestic violence and restricts access to key services.

Reforms are also needed to ensure that humanitarian systems in particular are made more inclusive, as humanitarian systems have been identified as spaces 'where diverse SOGIESC inclusion has fallen behind other inclusion domains' (Dwyer, 2021). Edge Effect and UN Women (2021) suggest focusing on capacity-building within humanitarian organisations to enable them to work more effectively and in more inclusive ways with LGBTQI+ people. This could include training, tools and other approaches developed through collaboration with diverse SOGIESC CSOs and NGOs, alongside transformative work at multiple levels across the humanitarian system to make it more inclusive of people of diverse SOGIESC and their needs and experiences within a humanitarian framework.

More generally, much of the literature calls for the need to ensure that services and approaches are improved in terms of being accessible and tailored to different groups within the wider group of people of diverse SOGIESC. Services should also be age-specific and should take into account country-specific sociocultural factors that drive discrimination and abuse based on sexual orientation and gender identities. Additionally, and given the intersecting nature

of experiences, social and health programmes need to be integrated, to address both human rights issues and HIV risk reduction, for instance. Finally, there is need to engage – to work closely with and to co-create and co-produce with – people of diverse SOGIESC when designing and implementing all programming and approaches. This applies across humanitarian, development and community services, in health, education and other critical policy sectors, to ensure that programmes and services are appropriate for different population groups and sensitive to context.

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Appendix 1 Methodology of literature review and search strategy

The literature review explores intersectionality and sexual and gender-based violence (SGBV) in fragile contexts, including how experiences of these forms of violence are shaped by multiple, intersecting vulnerabilities and identities and how protection and prevention efforts can best address them. Where possible, the study also includes wider issues related to social cohesion and peace or political inclusion. The study focuses on Kenya, but the desk review also draws on regional and global literature.

A1.1 Approaches for identifying literature and sources

Hand-searching

Searching websites for relevant literature on SGBV and intersectionality in fragile contexts, with a particular focus on Kenya and LGBTQI+ experiences:

- Leads provided by LVCT Health, Edge Effect and their partners
- 42 degrees Edge Effect Repositor
- Global communities/initiatives such as: What Works: whatworks.co.za/, Murad Code: www.muradcode.com/, Nadia's Initiative, https://everydaypeaceindicators.org/; https://redress.org/our-work/sexual-violence-in-conflict/; Global Protection Cluster www.globalprotectioncluster.org/themes/gender-based-violence/; IOM PROTECT project https://eea.iom.int/PROTECT-project; www.afrosantelgbt.org/
- Regional initiatives such as SVRI Africa Regional SGBV Network https://svri.org/who-we-are/networks/africa-regional-sgbv-network; https://amsher.org/
- www.commonwealth-covid19.com/
- NGOs (general): Oxfam, Plan International, ActionAid, Crisis Group, IRC, MSF, Population Council, CARE International, International Alert, HRW, Women's Refugee Commission, Refuge Point. LGBTQI+-focused organisations: Allout, Amnesty International, Arc International, Article 19, Diversity Pro, HIAS, Kaleidoscope Trust, Outright International, ILGA , Astraea Foundation. Relevant Kenyan NGOs: UHAI, Trans Alliance, CAL, NGLHRC and Jingsiangu; ISHTAR, GALCK, ICOP (Integrated Sexual Orientation Gender Identity and Expression Community Online Platform), PEMA Kenya, Rainbow Women of Kenya (RWoK), Minority Women in Action (MWA)
- UN agencies: WHO (WHO regional databases), UNICEF, UN Women, UNDP (United Nations Development Programme), UNAIDS (Joint United Nations Programme on HIV/AIDS), UNESCO, World Bank, UN Youth Envoy, UNHCR, IOM, ILO (International Labour Organization)
- Kenyan government websites, e.g. health ministries, women and family/youth ministries
- Additional: University of Manitoba (MSM/LGBT), African Population and Health Research Council, Kenya National Human Rights Commission (KNHRC).

Bibliographic database search

Searching academic databases and journals:

- Academic databases: Scopus, Web of Science, Google Scholar
- Journals: Conflict and Health, Journal of Conflict Studies, Journal of Gender-based Violence, Development and Change, LGBTQ Policy Journal; Sexuality Research and Social Policy; Studies in Gender and Sexuality; Sexuality & Culture; Sexualities; Culture, Health and Sexuality; Journal of Ethnic and Migration Studies; African Studies Review; Africa Studies Quarterly; Africa Development; Gender & Development; Public Health Action; African Security Review; Journal of Interpersonal Violence; International Review of the Red Cross; others as relevant
- Research/data repositories: Institute for Research into Superdiversity; Africa Portal; DiVA; Institute of Development Studies; http://kenyalaw.org/kl/; https://gsdrc.org/; www.42d.org/.

Targeted searches and snowballing

Targeted Google searches to pick up leads that we found in the other searches but did not have enough information on. We kept a running tab of leads in an Excel file. We also looked for sources identified in bibliographies of relevant articles and reports.

A1.2 Inclusion/exclusion criteria

Inclusion criteria

- Date: 2005 onwards
- Language: English
- Populations: LGBTQI+, Refugee/migrant/urban
- Geographic locations: Kenya, Commonwealth CSSF (fragile/conflict-affected) countries, East Africa/Africa regional, Horn of Africa, Global (where relevant)
- Type of literature: Empirical studies (e.g. based on data and or fieldwork), qualitative or quantitative literature, programme/ project evaluations, policy reports, laws, regulations, government documents and grey literature, systematic/ rigorous reviews, secondary literature-based overviews case studies, PhD theses/ dissertations

Exclusion criteria

We refined the inclusion/exclusion criteria during the research. We maintained a 'borderline folder' with literature of potential relevance.

A1.3 Search terms and strings

- Length and complexity of search strings were tested and adjusted based on volume and relevance of results (beginning with simpler combinations).
- Search strings used were be logged using a common format (online Excel, Table A1), recording the reference, source and link.
- All relevant documents identified were saved to a shared location, with references written as documents identified, and grouped by theme.
- We start the searches with the primary search terms and added secondary search terms if relevant and if feasible in the time available.

Table A1 Suggested search string terms

	Primary terms	Secondary terms
Location	Kenya **OR** East Africa* **OR** Eastern Africa	Africa **OR** Sub-Saharan Africa* **OR** Commonwealth **OR** Nairobi **OR** Mombasa **OR** Kisumu **OR** Dadaab **OR** Kakuma LMIC* **OR** Global South **OR** Developing countr* **OR** Conflict-affected **OR** Fragile countr* **OR** Fragile context*
SGBV	SGBV **OR** Sexual and gender-based violence **OR** GBV **OR** Gender-based violence **OR** Sexual violence **OR** IPV **OR** Intimate partner violence **OR** Rape **OR** Sexual assault **OR** Domestic violence **OR** Intra-household violence **OR** Family violence **OR** Spousal abuse **OR** Spousal violence **OR** Partner violence **OR** Sexual abuse **OR** Violence **OR** EVAWG **OR** EVAW **OR** Sexual exploitation **OR** Sexual harassment **OR** Identity-based violence **OR** Homophobic violence **OR** Transphobic violence **OR** Indecent assault **OR** Defilement	'Gender-based violence in emergencies'/ in refugee camps **OR** Coerced sex **OR** Traffick* **OR** EVAW **OR** EVAW(G)
Drivers of SGBV	Driver* **OR** Challenge* **OR** Problem* **OR** Factor* **OR** Risk* **OR** Protective **OR** Cause* **OR** Limitation* **OR** Norm* **OR** Gender **OR** Institutional **OR** Poverty **OR** Abuse **OR** Root **OR** Exacerbat* **OR** Gender norm* **OR** Social norm*	
Fragility	Conflict **OR** Fragil* **OR** Fragile state **OR** Fragile context **OR** Postconflict **OR** Post-conflict **OR** Conflict-affected **OR** Social cohesion **OR** Post-election violence **OR** PEV	Transitional democracy **OR** Weak state **OR** Contested politics **OR** Contentious politics **OR** Political inclusion **OR** Political voice **OR** Political representation **OR** Institution* **OR** Democra* **OR** Democratic strengthening **OR** Institutional strengthening **OR** Exclusion
Intersectionality	LGBTQI+ **OR** LGBT **OR** LGBTQI **OR** LGBTQ **OR** LGBTIQ+ **OR** LGBTIQ **OR** LBQ **OR** LBT **OR** LBTQ **OR** LGBTQIA+ **OR** Gay and Lesbian **OR** Gay **OR** Lesbian **OR** SOGI(E) **OR** Bi-sexual **OR** Bi **OR** Queer **OR** Transgender **OR** Transman **OR** Transwoman **OR** Transmen **OR** Transwomen **OR** Intersex **OR** Genderfluid **OR** Genderqueer **OR** Intersex **OR** Non-binary **OR** Sexuality **OR** Sexual identi* **OR** Sexual orientation **OR** Heteronormativ* **OR** Cisnormativ* **OR** Hijra **OR** Third gender **OR** MSM **OR** SOGI **OR** SOGIE **OR** SOGIESC **OR** Intersectional* **OR** Identity-based **OR** Marginali* **OR** Vulnerable group* **OR** Gender minorit* **OR** Sexual minorit*	

	Primary terms	Secondary terms
Migration	Migrat* **OR** Emigrat* **OR** Migrant* **OR** Internally displaced **OR** IDP **OR** Refugee* **OR** Rural-Urban **OR** Urban migrant* **OR** Urban refugee* **OR** Internal migra* **OR** Human mobility **OR** Refugee camp* **OR** Refugee settlement* **OR** Alum*	
Response	Program* **OR** Prevent* **OR** Protect* **OR** Service* **OR** Service delivery **OR** Support **OR** Response **OR** Provision **OR** Project **OR** Intervention **OR** Safeguard* **OR** Justice **OR** Survivor **OR** Victim **OR** Survivor-centered **OR** Survivor-centred **OR** Access **OR** Stigma **OR** Discriminat* **OR** Attitude* **OR** Civil society **OR** NGO **OR** Community-based **OR** Stigma	Helpline **OR** Counsellor **OR** Impact and effect* **OR** Norm change **OR** Behavior change
Policy	Polic* **OR** Policymak* **OR** Law* **OR** Legislation **OR** Regul* **OR** Government **OR** Minist*	Act* **OR** Bill* **OR** Convention **OR** Charter **OR** Mandate* **OR** Resolution* **OR** Court* **OR** Judicia* **OR** Justice **OR** Precedent* **OR** Treaty **OR** Actor* **OR** NGO* **OR** Donor* **OR** UN agencies **OR** Regional organi* **OR** 'policy implementation' **OR** implementation
Social cohesion and political inclusion	Social cohesion **OR** Social stability **OR** Political inclusion **OR** Political voice **OR** Exclusion **OR** Political representation **OR** Institutions **OR** Democracy **OR** Democratic strengthening **OR** Institutional strengthening	

A1.4 Search results

Academic database search results: 15 searches on Web of Science produced 311 results, 18 searches on Scopus produced 583 results. Six snowballing searches on Google and Google Scholar produced over 1,000 results.

Website hand-search results: we identified and hand-searched 55 relevant NGO, think tank, UN agency and government websites.

Additional sources: We also reviewed recommended bibliographies provided by project partners, Edge Effect and LVCT Health.

In total, we identified 68 relevant documents to inform this literature review.

Appendix 2 Snapshot of relevant programming in Kenya

A2.1 LGBTQI+ AND refugee/migrant AND SGBV/GBV/IPV programming in Kenya

HIAS – GBV prevention and response

Objectives and approach: Building strong, responsive pathways for survivors to access medical, mental health and legal services. The programme works to break the gendered cycle of vulnerability and violence for women and girls through strengthening community response and protection units, development of prevention models that seeks to transform men and boys to be allies, and empowerment of women and girls.

Timing: Ongoing from 2002.

Key components: Working closely with the local community, HIAS uses an array of strategic interventions to enhance the quality of care for survivors of GBV, including the provision of financial assistance, mental health and psychosocial counselling, therapy groups, and accessible and comprehensive health services. HIAS coordinates the GBV working group co-chaired by UNHCR, a collaboration that includes the collection of data and data management of GBV cases.

Target population and location: Forcibly displaced LGBTQ individuals, women and girls, and survivors of GBV in Nairobi, Eastleigh, Kayole, Kawangware and Mimosa.

HIAS – Safe housing for SGBV survivors

Objectives and approach: Community-led provision of safe housing for female and male SGBV survivors, including LGBTI persons. The HIAS initiative aims to: find alternative options for temporary safe housing for such survivors, secure their physical safety, reduce the risk of further abuse, reduce the stigma survivors face, build community capacity to respond to SGBV, and facilitate survivor re-integration into the community after rehabilitation following an SGBV incident. Recognising that communities typically have their own approaches to housing SGBV survivors, the HIAS approach to safe housing builds on existing systems by organising, monitoring, regulating and resourcing them.

Timing: Ongoing.

Key components: HIAS uses a case management approach to assess the appropriate intervention for SGBV survivors. Where safe housing is required, HIAS places survivors in the home of a trained caregiver, often an SGBV survivor themselves. HIAS matches survivors with caregivers from the same community, with attention to individual characteristics such as gender

and sexual orientation. Placement in homes is for up to three months, while both survivor and caregiver receive food and monetary support from HIAS, coupled with individual therapy sessions for the survivor.

Target population and location: Survivors of SGBV and LGBTI urban refugees in Nairobi.

Key findings: Although still in its early stages, there are indications of positive outcomes from this intervention. Programme observations suggest that the approach improves safety of the survivors through relocating them to a different neighbourhood. The model seems to also facilitate increased community participation in providing support to SGBV survivors, resulting in accelerated recovery of survivors from SGBV-related trauma. From the perspective of HIAS, there are indications that the approach has facilitated improved rehabilitation of survivors and mitigated the many challenges involved in managing stand-alone safe housing for SGBV survivors. For instance, living in a normal family environment and being able to interact with others and lead a normal daily life seems to benefit survivors compared to the use of shelters with an ethos of restriction and confinement. In addition, there are prospects for building on the current model, to enhance the capacity of caregivers to provide basic counselling. It might also be beneficial to incorporate caregivers located away from the normal residential areas of refugees, to provide more housing options for high-risk survivors in particular.

Refugee Flag Kenya

Objectives and approach: Creating an inclusive Kakuma Refugee Camp for all refugees and asylum-seekers, regardless of sexual orientation, gender identity and expression, ensuring equality for all and removing discrimination and violence against LGBTQI people.

Timing: Ongoing.

Key components: Advocacy for equal rights and protection against persecution and stigmatisation, creating a safe camp for all LGBT refugees, offering psychosocial support and legal advocacy, and advocating for unbiased nutritional, medical and housing care for all.

Target population and location: LGBTQI refugees in Kakuma.

Key findings: Homophobic attacks and violence by local people and other camp members; unwarranted arrest, detention, extortion and violence by the police; and denial of essential services including but not limited to denial of access to food and healthcare by other camp members and staff.

A2.2 LGBTQI+ AND refugee/migrant programming in Kenya

Gay and Lesbian Coalition of Kenya (GALCK)

Objectives and approach: Creating a safe and enabling environment for SOGIE organisations and individuals in Kenya, strengthening the coalition's capacity to provide comprehensive, rights-based services to GALCK member groups through capacity-building, positive visibility and stigma reduction.

Timing: Ongoing

Key components: Advocacy for equal rights and opportunities to LGBTQ people, capacity building and training.

Target population and location: LGBTQ people in Kenya.

Key findings:

- 750+ LGBTQ refugees in Kenya undergo inhumane treatment, lacking protection, safe housing and employment.
- LGBTQ people have become the targets of violence, persecution, blackmail and extortion by both the police and other Kenyans.
- Despite the increasing risks for refugees, the Kenyan Government has instructed that only refugees with specific documentation can live outside the camps.
- Queer refugees have struggled to find interpreters sensitised to the experiences of queer refugees.
- LGBTQ refugees rely on organisations specialised in queer issues, which have very limited capacity.

A2.3 LGBTQI+ and SGBV/GBV/intimate partner violence programming in Kenya

African Intersex Movement

Objectives and approach: Sharing information, skills and resources to amplify the voices of African Intersex people at the regional level; raising awareness and helping to end infanticide and killings of intersex people led by traditional and religious beliefs.

Timing: Ongoing from June 2019.

Key components:

- Advocacy and education for the human rights of intersex people in medical and legal settings, including the right to marry and form a family, and to amend sex or gender classifications.
- Campaigning to end mutilating and 'normalising' practices such as genital surgeries, psychological and other medical treatments, and to raise awareness that this results in significant trauma and mental health concerns.
- Ensuring that all professionals and healthcare providers can create and facilitate supportive, safe and celebratory environments for intersex people and their families.

Target population and location: Intersex people in Africa, headquartered in Nairobi, Kenya.

Key findings: There is stigma and misunderstanding of intersex people in Kenya; intersex organisations are less visible and have low capacity; and society perpetuates violence and killing of intersex people through cultural, religious and medical beliefs and practices.

LVCT Health – Towards Universal Comprehensive Health Care (TOUCH) Plus Project

Objectives and approach: To integrate HIV and SRH services for LGBT persons in 27 public health facilities in Kenya, and to reduce harmful social outcomes, resulting from stigma and discrimination, violence and sexual abuse as some of the documented challenges faced by the LGBT community who have recorded high HIV prevalence rates.

Timing: 2017 to March 2019.

Key components: Integration of HIV and SRH services for LGBTQ persons in public health facilities; reduction of the barriers to access and uptake of HIV and SRH services by MSM and LGBT persons.

Target population and location: MSM and LGBTQ persons in Nairobi, Mombasa, Vihiga, Kakamega Bungoma, and Siaya counties (27 public health facilities).

Men Against AIDS Youth Group (Maaygo)

Objectives and approach: Working towards achieving reproductive health, economic and financial empowerment, social justice and human rights of MSM, MSW and LGBT men.

Timing: Ongoing from 2009.

Key components: Primary healthcare including care and treatment for HIV and STIs, TB screening and referral; risk reduction counselling and psychosocial support groups; GBV/IPV assessment and referral; economic empowerment, financial literacy and skills-building.

Target population and location: MSM, MSW and LGBT people in Kisumu County.

A2.4 LGBTQI+ programming in Kenya

Artists For Recognition and Acceptance (AFRA)

Objectives and approach: A woman-aligned creatives' organisation addressing oppression by generating spaces to inspire conversation on SOGIE issues in Kenya for an awakened, liberal, equitable and inclusive society.

Timing: Ongoing from 2008.

Key components: Advocating for inclusion and acceptance of queer people in the art industry, creation of safe spaces, feminism and healing.

Target population and location: LBQ women in Kenya.

Health Options for Young Men on HIV/AIDS/STI (HOYMAS)

Objectives and approach: Promotion of health rights and universal access to health services (including primary healthcare, HIV and sexual and reproductive health services) and human rights, while sustainably facilitating the economic empowerment of gay and other male sex workers including those living positively with HIV in Kenya.

Timing: Ongoing from 2009.

Key components: Promotion and safeguarding of human rights, access to stigma-free health care, organisational development and sustainability, partnerships and linkages, empowerment of MSM/MSW community members.

Target population and location: MSM and MSW in Nairobi.

Key findings: Criminalisation of sex work in Kenya leads to increased cases of violence by police, clients, the general public, intimate partners and other family members. MSM have restricted access to healthcare due to stigma and discrimination. Widespread human rights abuses include coercive programming, mandatory testing, raids and forced rehabilitation.

HIV & AIDS People's Alliance of Kenya (HAPA Kenya)

Objectives and approach: To demystify HIV care and treatment, and address other sociocultural deterrents to access and adherence to treatment, including stigma and discrimination.

Timing: Ongoing from September 2011.

Key components: Strengthening the Prevention With Positives programme, advocacy at county and national levels, engaging in research to strengthen the Home Based Care programme.

Target population and location: MSM and MSW in Mombasa County.

Intersex Persons Society of Kenya

Objectives and approach: To create awareness on intersex conditions and advocate for protection, welfare and respect for the human rights of all intersex persons in Kenya.

Timing: Ongoing from November 2016.

Key components:

- Network support for intersex persons and their families.
- Raising awareness through public campaigns and education, to eliminate isolation, ridicule and stigma experienced by intersex persons.
- Improve knowledge on critical advocacy on issues such as stigma and discrimination, gender empowerment, cultural practices and poverty that fuels human rights violations and social exclusion of intersex children and adults, and parents of intersex children.

- Increase the availability of information on different forms of intersex variations and related challenges, and the effectiveness of community-based intervention in addressing them.
- Develop and strengthen networking and strategic partnership with human rights institutions, policy-makers, healthcare associations, legal institutions and community based organisations to protect intersex Kenyans.

Target population and location: Intersex persons in Nairobi.

Key findings: There is stigma against intersex persons and lack of awareness about intersex people and the difference between intersex and LGB people. Intersex people experience SGBV from the community, are persecuted by security officers and are harassed an denied services by the public and some institutions.

Ishtar MSM

Objectives and approach: Advancement of sexual health of MSM through service delivery, capacity development, advocacy and research.

Timing: Ongoing.

Key components: Capacity-building and social services, health and research, advocacy, policy development, monitoring and evaluation, MSM social well-being (individual and couple counselling and support group), open forum discussions, LGBT pride and other events, community security education, mobilisation and outreach, referrals to MSM-friendly health services, distribution of condoms and water-based lubricants, safer sex workshops, peer education and counselling and drop-in services.

Target population and location: MSM and LGBT people in Nairobi.

Minority Persons Empowerment Group (MPEG)

Objectives and approach: To provide information, education and awareness for MSM well-being and sexual reproductive health rights.

Timing: Ongoing from 2010.

Key components: Sexual reproductive health services, psychosocial support and establishment of a drop-in service centre (SASA Centre) in Thika.

Target population and location: LBQ women, MSM and MSW in Limuru, Githurai, Kiambu, Ruiru, Juja, Thika, Kenol, Muranga, Saba, Nyeri, Embu, and Meru.

Muamko Mpya

Objectives and approach: To amplify the unheard voices of marginalised communities by fostering equal access to services and opportunities through dissemination of appropriate information and technical support to promoting reliable access to justice, healthcare services, economic empowerment and good governance.

Timing: Ongoing from March 2016.

Key components:

- Advocating to abolish punitive legislation that impedes LGBT and sex workers' rights.
- Providing access to legal and paralegal services for LGBT people and sex workers.
- Promoting access to appropriate healthcare services and information for LGBT people and sex workers.
- Accelerating activism through community-based approaches and individual capacity-building.
- Developing a multi-stakeholder violence-response mechanism to ensure security for LGBT and sex workers.

Target population and location: MSM, MSW, persons living with HIV (PLHIV), LGBT persons and sex workers in Lamu Town, Shella, Mokowe and Mpeketoni.

Key findings: Combating HIV/AIDS transmission, increasing awareness of minority groups and their rights, provision of equal healthcare and treatment and linkages.

Nyanza, Rift Valley and Western Kenya Network (NYARWEK) – Let Good Be Told In Us (LGBTIU)

Objectives and approach: Advocacy for the rights of the LGBTI people in rural, pre-urban and urban settings.

Timing: Ongoing from 2009.

Key components: Advocacy for legal and healthcare services for LGBTIQ persons, community sensitisation and awareness creation on the existence, acceptance and tolerance of LGBTIQ persons.

Target population and location: LGBTI people in Kisumu, Kenya.

Key findings: There is stigma and intolerance of LGBTIQ persons. Essential services include HIV testing, primary healthcare and psychosocial support to LGBTIQ persons.

Other Sheep Africa

Objectives and approach: Raising awareness about sexual orientation and gender identity among Christian and Muslim religious leaders.

Timing: Ongoing from 2007.

Target population and location: Religious leaders and LGBT people in Kenya.

Persons Marginalized and Aggrieved (PEMA) Kenya

Objectives and approach: Championing the inclusion of gender and sexual minorities (GSM) by providing space for advocacy, networking and capacity-building of GSM and the general society, with the needed tools and information.

Timing: Ongoing from 2008.

Key components:

- Policy advocacy for human rights of and among GSM, legal redress and enhanced security for GSM.
- Health promotion including on HIV and AIDS, building capacity of healthcare providers, improving psychosocial support for GSM, integrating GSM in health policy forums and increasing knowledge.
- Economic and social empowerment through engaging GSM in training forums, business credits/loans, developing skills and establishing IGAs and partnerships with employers.
- Organisational strengthening and sustainability: utilising existing skills and capacities of PEMA Kenya, strengthening partnerships and linkages, enhancing transparency and accountability.
- Strengthening and improving PEMA Kenya's governance and management structures and systems.

Target population and location: Gender and sexual minorities (GSM) in Mombasa, Kenya.

Q-Initiative

Objectives and approach: To provide a transparent, membership-driven, empowered and inclusive space for the LGBT community.

Timing: Ongoing from 2010.

Key components:

- Creating safe spaces for LGB youth to thrive through social networking.
- Providing education (health, civic and sexuality education) creating awareness by holding sensitivity trainings on LGB issues.
- Promoting positive health-seeking behaviour through quarterly health outreaches and regular community outreaches on sexual and reproductive health.
- Upholding the human rights and security of LGB persons.
- Seeking empowerment and growth opportunities for LGB youth.

Target population and location: LGB people in Eldoret, Kenya.

Sullivan Reed

Objectives and approach: Bridge the gap in employee awareness on LGBT issues in general, as well as with regard to their companies' diversity and inclusion LGBT policies and actions.

Timing: Ongoing.

Key components: To show the gaps and offer recommendations to concerned entities in taking appropriate steps on LGBT issues.

Target population and location: All workers in 10 international corporations in Kenya.

Key findings: There was a gap in employee awareness on LGBT issues in general, as well as with regard to their companies' diversity and inclusion LGBT policies and actions. Employers sometimes have an optimistic perception of what the workplace is like for their LGBT employees. Both employees and employers believe that championing LGBT workplace equality leads to better productivity from the workforce in Kenya – it is more about building a social–cultural case for diversity and inclusion than building a business case.

Tamba Pwani

Objectives and approach: To increase awareness about the MSM community, their health needs, and experiences of ignorance, stigma, discrimination and violence.

Timing: Ongoing from November 2010.

Key components: Policy advocacy and networking on human rights; education and risk reduction through training workshops, experience sharing, use of media, outreach and sexual health awareness raising; and service delivery on sexual health and economic empowerment.

Target population and location: Gay, bisexual and transgender men and male sex workers in Kilifi County, Kenya.

The Cosmopolitan Affirming Church (CAC)

Objectives and approach: Welcoming LGBTIQ people of faith, majority Christians, to explore and experience their faith in an affirming environment, and to collaborate on a range of faith and justice issues connected to LGBTIQ dignity and inclusion.

Timing: Ongoing from 2014.

Key components:

- Provision of safe space for LGBTIQ people to practise their faith freely and offer psychosocial and psychospiritual support.
- Engaging grass-roots faith leaders and faith communities through joint worship experiences, theological training and community workshops to steer conversations on LGBTIQ equality and inclusion.
- Training and engaging the media on responsible and constructive reporting on LGBTIQ issues.
- Coordinating a movement of grass-roots faith and community leaders called the United Coalition of Affirming Africans (UCAA) whose members actively promote the human rights of LGBTI people across different social and media platforms.

Target population and location: LGBTQI people in Nairobi and Kisumu, Kenya.

The National Gay and Lesbian Human Rights Commission

Objectives and approach: Promote and protect the equality and inclusion of LGBTIQ individuals and communities in Kenya, and advance their meaningful participation in society.

Timing: Ongoing.

Key components: Promoting policy and legal reforms towards equality and full inclusion of sexual and gender minorities through strategic litigation, legal clinics, research and documentation and urgent action missions; promoting freedom of expression and association by building LGBTIQ movement and culture in Kenya through activities and calendar events; encouraging political and civic participation of LGBTIQ individuals and communities in Kenya through dialogue, lobbying, civic education and technical support to LGBTIQ political aspirants.

Target population and location: LGBTIQ people in Kenya.

The Transgender Education and Advocacy (TEA)

Objectives and approach: Defending and promoting the human rights of transgender/ transsexual people in Kenya.

Timing: Ongoing

Key components:

- Providing legal aid to transgender people wishing to change their names, photos and gender marks in their identification, academic and travel documents.
- Lobbying for legal reforms to reduce discrimination against transgender people.
- Sensitising policy- and law-makers, healthcare providers, civil society organisations, educators and the general public about transgender, gender and sexual diversity.
- Empowering transgender people with skills and information.

Target population and location: Transgender men, transgender women and the general adult population in Nairobi, Kenya.

Key findings:

- There is little or no help for those who want to change their identities in identifying and academic documents, and discrimination and stigmatisation of transgender people by government and community.
- There is harassment, detention and extortion of transgender persons by security personnel.
- There are high levels of anti-transgender and transphobia in Kenya, although less among those under 36, among women and among those with secondary and tertiary education.

Trans Alliance

Objectives and approach: To alleviate stigma and discrimination, and to improve healthcare through education, advocacy, capacity-building and social support and networking.

Timing: Ongoing from 2009.

Key components: Community health promotion and advocacy, psychosocial support; human rights advocacy through education, litigation, coalition building and security promotion; capacity-building programmes on institutional capacity and systems strengthening, and research collaboration.

Target population and location: LGBT people, male and female sex workers and MSM in Kisumu and Western Kenya.

Usawa Kwa Wote Initiative (Ukweli)

Objectives and approach: To empower the community through provision of capacity-building on sexual and reproductive health, and advocacy on social, health, legal, and economic issues, for sexual and gender minorities.

Timing: Ongoing from June 2010.

Key components: Peer-to-peer monthly programmes, HIV testing and counselling, persons living with HIV and AIDS support group, legal assistance and economic empowerment.

Target population and location: SGM male sex workers, South Coast, Kwale County, Kenya.

Key findings: SGM people face harassment from the police and the general community, being subject to mob attacks, expulsions from home, school and neighbourhoods, violence and repeated arrests. They have limited access to LGBTI-friendly health services.

A2.5 Refugee/migrant AND SGBV/GBV/IPV programming in Kenya

UNHCR Outreach Volunteers Programme

Objectives and approach: Providing community-based volunteer groups with skills in SGBV awareness-raising. Volunteers draw on different psychological approaches to support those affected by SGBV, including individual counselling for survivors, and roundtable dialogues for partners, guardians and minors.

Timing: Ongoing (start date unknown)

Key components: An initial five volunteers are identified and trained as peer educators on SGBV prevention and response. Efforts are made to identify and train SGBV survivors or caregivers of survivors, in particular.

These peer educators work as volunteers, but with technical and financial support for their respective activities, and are asked to identifying further for training.

Target population and location: Urban refugees and survivors of GBV in Nairobi, Kenya.

Key findings: Programme observations suggest that, as a result of this programme: more SGBV cases are identified and assisted, referral systems are clearer and more accessible to the community, and community support to survivors (including male survivors) is improved by reducing stigmatisation.

A2.6 SGBV/GBV/IPV programming in Kenya

The Coalition on Violence Against Women (COVAW)

Objectives and approach: Empowering women and girls to claim their rights; enabling equitable access to services, resources and opportunities; facilitating greater access to justice for survivors of sexual and gender-based violence (SGBV); and supporting change agents committed to eradication of all forms of violence against women and girls (VAWG).

Timing: Ongoing from 1995.

Key components: Access to comprehensive SGBV and sexual and reproductive health and rights (SRHR) services; women's economic empowerment, leadership development and access to justice; and institutional development.

Target population and location: Nairobi, Kwale, Narok, Kisumu, Migori and Kiambu.

Key findings: Interventions are designed to address norms, attitudes, laws, policies and practices that affect women's and girls' safety and general well-being in general, through support for implementation of gender-progressive laws, policies and guidelines and consistent engagement to prevent VAWG and to hold perpetrators of these violations accountable.

Sullivan Reed

As detailed in Section A2.4.

African Intersex Movement

As detailed in Section A2.3.

The National Gay and Lesbian Human Rights Commission (study)

Objectives and approach: A study to understand the needs and priorities of the LGBTIQ community.

Timing: 2012

Key components: Providing a coordinated national legal aid response mechanism for Kenya's LGBTIQ community across every city, town, rural area and county.

Target population and location: LGBTIQ people in Kenya.

Key findings:

- Punitive laws against expression of same-sex intimacy are a major barrier to equality.
- Conveying to Kenyan society that LGBTIQ persons are 'criminals' has allowed for ongoing and unfettered discrimination of the community.
- The LGBTIQ community was greatly in need of a national legal aid response mechanism to prevent and respond to discrimination on account of real or presumed sexual orientation and gender identity.

The National Gay and Lesbian Human Rights Commission

As detailed in Section A2.4.

Gay and Lesbian Coalition of Kenya

As detailed in Section A2.2.

LVCT Health – Towards Universal Comprehensive Health Care (TOUCH) Plus Project

As detailed in Section A2.3.

Artists For Recognition and Acceptance (AFRA)

As detailed in Section A2.4.

Intersex Persons Society of Kenya

As detailed in Section A2.4.

Men Against AIDS Youth Group (Maaygo)

As detailed in Section A2.3.

Refugee Flag Kenya

As detailed in Section A2.1.

The Transgender Education and Advocacy (TEA)

As detailed in Section A2.4.

Ishtar MSM

As detailed in Section A2.4.

The Cosmopolitan Affirming Church (CAC)

As detailed in Section A2.4.

Nyanza, Rift Valley and Western Kenya Network (NYARWEK) – Let Good Be Told In Us (LGBTIU)

As detailed in Section A2.4.

Persons Marginalized and Aggrieved (PEMA) Kenya

As detailed in Section A2.4.

Health Options for Young Men on HIV/AIDS/STI (HOYMAS)

As detailed in Section A2.4.

Muamko Mpya

As detailed in Section A2.4.