

# SEXUAL VIOLENCE AGAINST TRANS WOMEN REFUGEES IN URBAN KENYA

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# BACKGROUND

Up to 150,000 refugees and asylum seekers reside in Nairobi and Mombasa, Kenya

Widespread sexual violence against women and girls

Less is known about the sexual victimization of people with diverse SOGIE/SC

- **STUDY AIM:** to examine the nature and characteristics of sexual violence perpetrated against men, women and trans women refugees in Nairobi and Mombasa.



# METHODS

1

WRC undertook fieldwork in Nairobi and Mombasa in April and May 2019

2

Key informant interviews with 40 humanitarian responders and human rights experts and 24 FGDs with 149 refugees and asylum seekers, including 4 focus group discussions with persons with diverse SOGIESC (18+)

3

Data were coded and analyzed thematically using NVIVO 12

4

Ethical approval from the University of New South Wales and the Kenya Medical Research Institute

# TRANS WOMEN REFUGEES' EXPERIENCES OF SEXUAL VIOLENCE

1

May be at increased risk of violence, including SV, from family and community members rather than armed groups

2

Suffered sexual victimization in their countries of origin and after arrival in Kenya

3

Particularly vulnerable to sexual violence, exploitation and abuse. Livelihood barriers contributed to increased vulnerability.

*"I was going to see someone, and I was wearing makeup. Oooh, it was too much pain. The police saw that I was wearing makeup, that I was dressed as a woman and was with my boyfriend. I was wearing a niqab, the officer pulled it down. The officer told me to come downstairs, he started touching and groping me. Then he took me to his home... He raped me and his friend also did that."*

-Trans woman refugee from Somalia

# CONSEQUENCES OF SEXUAL VIOLENCE AMONG TRANS WOMEN REFUGEES

Mental  
health,  
physical,  
economic and  
social  
repercussions

Post-traumatic stress disorder, anxiety, depression, sexual dysfunction, somatization

Rectal fissures and fistulae, hemorrhoids, STIs

Physical and mental impacts can hinder livelihoods

Shame and ridicule

*“You may have been sexually abused by a parent. They may force you to sleep with a woman to become straight...They may put a mattress in the middle [of the room] and make you have sex with a woman to [become straight]. It causes a lot of trauma.”*

-Young trans woman refugee from Somalia

# AVAILABILITY OF SERVICES

## NAIROBI

A few good quality, sensitized services were available for trans women refugees.

## MOMBASA

Few post-sexual violence services were identified.

Lack of services to meet basic needs, such as food and shelter

Funding cuts to humanitarian organizations

Comprehensive, good quality MHPSS for survivors are scarce

Significant unmet protection needs

# SERVICE BARRIERS

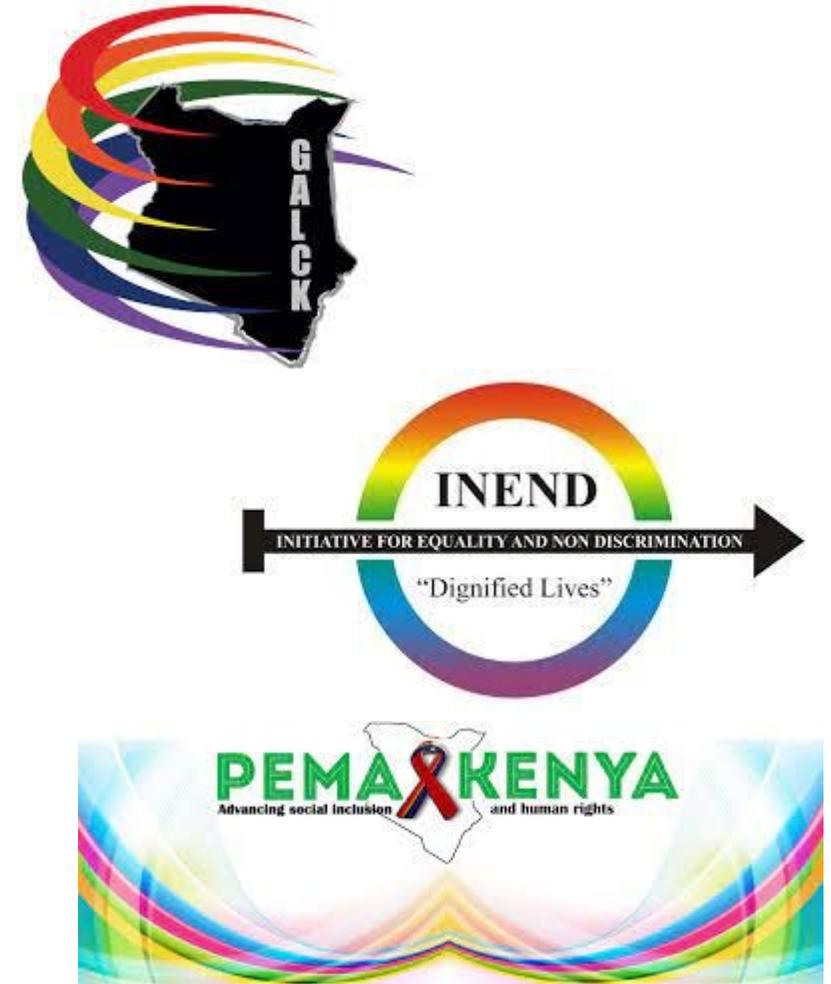
1. Transphobic provider attitudes and practices
2. Lack of safe transport
3. Limited access to urban refugee documentation (particularly for refugees with camp-based documents)
4. Economic hardship and scarce livelihood opportunities
5. Legislative barriers
6. Poor awareness of service availability
7. Fears and mistrust
8. Socio-cultural and language barriers
9. Divisions within LGBTIQ communities
10. Tension between Kenyan and refugee populations

*“We have a broken heart here. We feel insecure. No one wants to help us.”*  
- Trans woman refugee from Somalia

*“Women’s organizations are supposed to work with us because we are also women. Maybe they want us first to transition, and then they will work with us, but we can’t even access the hormones, so we are left out completely of all their work.”*  
- Trans woman refugee from South Sudan

# SERVICE ENABLERS

1. Government and civil society efforts to advance care for survivors in Kenya as a whole
2. Legislation mandating free post-sexual violence care at government health facilities
3. Lack of mandatory reporting for service providers
4. An inclusive definition of sexual assault under the Sexual Offences Act (2006)



# RECOMMENDATIONS FOR SERVICE PROVIDERS

1

Address transphobic attitudes among services providers

2

Deepen engagement with transwomen refugees in developing prevention and risk mitigation strategies for sexual exploitation

3

Continue to expand safe shelter options for transwomen refugees, such as specific discreet safe houses

4

Continue to expand sensitization trainings of service providers, the police, the judiciary, and others to improve respectful, appropriate responses to trans women survivors

5

Ensure efforts employ disaggregated approaches to address the unique protection needs of trans women refugees

# RECOMMENDATIONS FOR DONORS

1

Fund organizations serving those with diverse SOGIESC, particularly refugee-led, to ensure inclusive support

2

Sufficiently fund livelihood initiatives, including tailored programs for trans women (and SV survivors)

3

Support provision of comprehensive MHPSS for survivors and their families, and sensitized, disaggregated support for trans women

4

Support safe shelter for trans women refugees

5

Increase resettlement of refugees with diverse SOGIESC

# CONCLUSION

1

This study presents initial insights into sexual violence against trans women refugees in urban settings in Kenya and identifies opportunities to strengthen sexual violence prevention and response mechanisms.

2

Trans women refugees appear to experience frequent sexual violence in urban settings in Kenya and in their home countries, particularly from families and community members. Prevention and response services are lacking, although some service availability in Nairobi.

3

Urgent funding is needed to fill the gaps in tailored and appropriate sexual violence approaches for trans women refugees, and to meet their basic needs.

4

Transphobic attitudes among services providers should be addressed and humanitarian and national actors should deepen engagement with transwomen refugees in developing sexual violence prevention and response approaches.

# THANK YOU AND LET'S CONNECT!

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## OPPORTUNITIES TO COLLABORATE



[Strengthening Sexual Violence Prevention and Response for Crisis Affected Adolescent Boys and Male Youth](#)



INTER-AGENCY WORKING GROUP  
ON REPRODUCTIVE HEALTH IN CRISES

[Inter-Agency Working Group on Reproductive Health in Crises and the Task Team on Male Survivors of Sexual Violence](#)