

Applicants with diverse sexual orientations, gender identities, gender expressions and sex characteristics

Information note



Practical guide on applicants with diverse sexual orientations, gender identities, gender expressions and sex characteristics

Information note

November 2024

On 19 January 2022, the European Asylum Support Office (EASO) became the European Union Agency for Asylum (EUAA). All references to EASO, EASO products and bodies should be understood as references to the EUAA.



Manuscript completed in October 2024

Neither the European Union Agency for Asylum (EUAA) nor any person acting on behalf of the EUAA is responsible for the use that might be made of the following information.

Luxembourg: Publications Office of the European Union, 2024

Print ISBN 978-92-9410-392-5 doi: 10.2847/2009618 BZ-01-24-013-EN-C

PDF ISBN 978-92-9410-391-8 doi: 10.2847/5502852 BZ-01-24-013-EN-N

© European Union Agency for Asylum (EUAA), 2024

For any use or reproduction of elements that are not owned by the EUAA, permission may need to be sought directly from the respective rightholders. The EUAA does not own the copyright in relation to the following elements:

— Cover illustration: [FotografiaBasica], © [476725956], 2015.

About the note

This information note complements the [Practical guide on applicants with diverse sexual orientations, gender identities, gender expressions and sex characteristics](#). It intends to help professionals working in the field of asylum in enhancing their awareness and skills regarding key terms and concepts relating to diverse sexual orientations, gender identities, gender expressions and sex characteristics (SOGIESC) and more precisely, regarding SOGIESC in the context of asylum and reception.

While the three main parts of the guide ⁽¹⁾ provide practical guidance and recommendations on integrating SOGIESC-specific considerations into asylum and reception, this note includes more theoretical background information. It covers the elements, concepts and notions typically associated with (diverse) SOGIESC and delves into the variety of characteristics and needs of lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) applicants. Therefore, it addresses those asylum and reception professionals that seek to expand their knowledge on SOGIESC and/or are looking for specific information on key SOGIESC terms and concepts.

This information note is divided into two chapters.

- Chapter [1. SOGIESC terms and concepts](#) covers basic SOGIESC terms and concepts. It provides insight on the main terminology misconceptions or frequently asked questions on SOGIESC.
- Chapter [2. Norms, biases and intersectionality](#) elaborates on prevalent gender norms and biases as well as on intersectionality in asylum, explaining how various personal needs and identities intersect, rendering LGBTIQ applicants particularly vulnerable.

⁽¹⁾ EUAA, [Practical guide on applicants with diverse sexual orientations, gender identities, gender expressions and sex characteristics – Examination procedure](#), October 2024; EUAA, [Practical guide on applicants with diverse sexual orientations, gender identities, gender expressions and sex characteristics – Reception](#), October 2024; EUAA, [Practical guide on applicants with diverse sexual orientations, gender identities, gender expressions and sex characteristics – Cross-cutting elements](#), October 2024.



Contents

List of abbreviations.....	6
1. SOGIESC terms and concepts.....	7
2. Norms, biases and intersectionality	15
2.1. Norms and biases.....	15
2.1.1. Addressing bias.....	17
2.2. Intersectionality in asylum.....	18





List of abbreviations

Abbreviation	Definition
COI	country of origin information
CRC	United Nations Convention on the Rights of the Child
EASO	European Asylum Support Office
EUAA	European Union Agency for Asylum
EU+ countries	EU Member States and the Schengen associated countries (Iceland, Liechtenstein, Norway and Switzerland)
GBV	gender-based violence
IGM	intersex genital mutilation
LGBTIQ	lesbian, gay, bisexual, transgender, intersex and queer
Member States	EU Member States
NRM	national referral mechanism
SOGIESC	sexual orientations, gender identities, gender expressions and sex characteristics
THB	trafficking in human beings
UN	United Nations





1. SOGIESC terms and concepts

This chapter aims to raise knowledge, awareness and understanding of SOGIESC-related terms, elements, concepts and notions – including of their complexity. Besides providing a glossary of terms ⁽²⁾, it addresses common questions and misconceptions on SOGIESC and the individual groups under this umbrella by highlighting distinct challenges, characteristics and particularities that are common to such groups.



Keep in mind

The terms and notions mentioned in this guide are culturally relevant and mainly used in the Western scientific and academic context. This means that not all applicants use the same terminology to express themselves or to self-identify.

Such terms may depend on the cultural and linguistic context of the individual speaker as well as on other elements such as trauma or self-denial. Some applicants may also use the same terms but with different meanings. It is crucial to remain open to such terminological diversity and give the necessary space for expression and self-identification. Awareness of the cultural specificity of the terms and concepts is essential ⁽³⁾. In addition, concepts, attitudes and terminology are not static and may change over time ⁽⁴⁾.

People with diverse/non-conforming SOGIESC: an umbrella term for those people whose sexual orientations, gender identities, gender expressions and/or sex characteristics vary from the culturally mainstream categories.

LGBTIQ: stands for lesbian, gay, bisexual, trans/transgender, intersex and queer. The acronym often features a plus sign (LGBTIQ+) to represent people with diverse SOGIESC who identify using other terms. Additional letters may be added, such as ‘A’ for asexual, agender or all or ‘P’ for pansexual.

Sex: a person’s biological status which is determined by several indicators (or ‘sex characteristics’), including sex chromosomes, gonads ⁽⁵⁾ producing hormones, internal

⁽²⁾ The terms and definitions used in this guide are based on the ILGA-Europe, [Glossary](#), 2024, and the UN High Commissioner for Refugees and the International Organization for Migration, [2021 SOGIESC AND MIGRATION TRAINING PACKAGE](#), 2021, unless stated otherwise.

⁽³⁾ For more information about different terms on SOGIESC used in the various cultural contexts and/or main countries of origin, consult Organization for Refuge, Asylum & Migration, [Sexual Orientation, Gender Identity and Gender Expression: Essential Terminology for the Humanitarian Sector](#), 2016 and to EUAA, [COI Research Guide on LGBTIQ](#), February 2023, section ‘Variations in concepts and terms’, p. 21.

⁽⁴⁾ EASO, [Researching the situation of lesbian, gay, and bisexual persons \(LGB\) in countries of origin](#), April 2015, p. 13.

⁽⁵⁾ Gonads refer to organs that produce sex cells.



reproductive organs and external genitalia. Sex is typically categorised as male, female or intersex.

Sex assigned at birth: the sex assigned to a person at birth, typically based on the infant's external anatomy. This is also referred to as the 'birth sex' or 'natal sex'. The phrases '**assigned female at birth**' (**AFAB**) and '**assigned male at birth**' (**AMAB**) refer to people with typical male or female sex characteristics at the time of birth. They refer to each person's physical features relating to sex, including chromosomes, gonads, sex hormones, genitals, reproductive organs and chromosomes.

Gender: a social construct of norms, behaviours, attributes and roles that a given society considers appropriate for individuals based on the sex they were assigned at birth. Gender is often categorised as male, female or non-binary. As a social construct, gender varies from society to society and can change over time.

Intersex: an umbrella term describing a wide range of natural bodily variations, sex characteristics (sexual anatomy, reproductive organs, hormonal structure and/or levels and/or chromosomal patterns) and secondary sex characteristics (muscle mass, stature, hair distribution, breasts) that do not fit the typical binary notions of male or female bodies, regardless of their gender identity or expression.



Closer look: intersex persons

In some countries, intersex persons are considered taboo or cursed and may be subjected to ritual ceremonies. Their families can be persecuted for having an intersex child or may face pressure by medical practitioners to authorise non-vital surgical, hormonal or medical interventions, resulting in strained family relations. They may have difficulty obtaining legal identity documents that reflect their gender or they may not be issued legal identification documents at all. Intersex persons could also be subjected to harm when they publicly choose to present/express a gender that is different from their sex assigned at birth, if they choose to publicly transition from one sex to the other or if they elect to identify as non-binary.

Involuntary, non-vital and medically unnecessary surgeries or interventions (e.g. hormonal interventions) performed on intersex persons (intersex genital mutilation (IGM)) are a human rights violation (in breach of Articles 1 and 3 of the Charter of Fundamental Rights of the European Union ⁽⁶⁾). They can result in serious, life-long physical impairments and infections or even sterilisation. The absence of informed consent when authorising any medical intervention, let alone important interventions that modify the sex characteristics of a person, are a violation of the person's right to human dignity, the right to health, the best interests of the child and the person's bodily integrity and autonomy. The obligation to respect human dignity (Article 1 of the Charter of Fundamental Rights of the European Union), requires that intersex persons have the possibility to identify themselves as they wish, including the use of a pronoun of their choice in languages that have gendered personal pronouns.

⁽⁶⁾ European Union, [Charter of Fundamental Rights of the European Union](#), 26 October 2012, 2012/C 326/02.



Gender identity: each person's deeply felt internal and individual experience of gender, which may or may not correspond to the sex they were assigned at birth or to the gender attributed to them by society. It includes the personal sense of the body and other expressions of gender, including dress, speech and mannerisms, which may or may not involve a desire for modification of appearance or function of the body by medical, surgical or other means.

Discovering one's own gender identity

People can realise that they are transgender at any age. Some people can trace their awareness back to their earliest memories. Others may need more time to realise that they are transgender. Some people may spend years feeling like they do not fit in without really understanding why or may try to avoid thinking or talking about their gender out of fear, shame or confusion. Trying to repress or change one's gender identity does not work. In fact, it can be very painful and damaging to emotional and mental health.

For many transgender people, recognising who they are and deciding to start gender transition can take a lot of reflection. Transgender people risk social stigma, discrimination, and harassment when they tell other people who they really are. Despite those risks, being open about one's gender identity and living a life that feels truly authentic can be a life-affirming and even life-saving decision.

Gender binary: a mainstreamed system based on the belief that there are only two genders, male and female and that a person must strictly self-identify as one or the other. This system does not realistically reflect the diversity of gender in our societies.

Non-binary: umbrella term used to describe a person that falls outside the categories of male or female woman. It can be used to describe individuals who identify as having a gender that is neither exclusively male nor female, both male and female, or neither male nor female. Two more common terms that fall within this umbrella are **genderqueer** or **genderfluid** (fluctuating between the two genders).

Cis/cisgender: describes a person whose gender identity and the sex they were assigned at birth align.

Agender: describes a person who does not identify with any gender. This term may also include people who experience a lack of gender and people whose gender is neutral. Agender people have a range of sexual orientations, gender expressions and sex characteristics.

Transgender/trans ^(?): describes a person whose gender identity is different from the gender they were assigned at birth. 'Trans' is often used as a shorthand for transgender.

Male-to-female (MTF) / female-to-male (FTM): some trans women may refer to themselves as M-to-F or MTF (male-to-female). Some trans men may refer to themselves as F-to-M or FTM

^(?) The two terms are used interchangeably in the guide.



(female-to-male). These terms may be considered controversial due to their focus on trans people's sex assigned at birth and their inherent exclusion of non-binary and other diverse gender identities.

Transsexual: people who identify entirely with the gender role opposite to the sex assigned at birth and seek to live permanently in the preferred gender role. This often is accompanied by a strong rejection of their physical primary and secondary sex characteristics and the wish to align their body with their preferred gender.

The difference between transgender and transsexual

You may often come across the terms 'transgender' and 'transsexual' and not be sure what is the exact meaning of each term.

Transgender is an umbrella term used to describe people whose gender identity differs from the sex they were assigned at birth. This includes people who identify as non-binary, genderqueer, agender, genderfluid and more. Transgender people may or may not choose to transition medically or socially.

Transsexual is a specific subset of transgender people who choose to transition medically and socially. This includes taking hormones, changing their name and/or pronoun and sometimes undergoing gender affirmation surgeries. Transsexual people often identify as a gender different from the one they were assigned at birth. They may or may not identify as transgender. You should also be aware that many transgender people have negative associations with the word transsexual, which is also quite outdated as a term.

Transgender or trans are now the generally accepted and promoted terms to describe those who have a gender that is different from what was assigned at birth. When speaking broadly or about a group of unspecified people, it is best to use 'trans people'.

Gender dysphoria: for some trans people, the difference between the gender they are thought to be at birth and the gender they know themselves to be can lead to serious emotional distress that, if not addressed, affects their health and everyday lives. Gender dysphoria is the medical terminology for someone who experiences this distress.

It is important to highlight that not all trans people have gender dysphoria. Many trans people do not experience serious anxiety or stress associated with the difference between their gender identity and their gender of birth.



Did you know?

In 2019, the World Health Organization officially adopted the International Classification of Diseases 11th Revision (ICD-11) ⁽⁸⁾ that removes trans-related categories from the Chapter on Mental and Behavioural Disorders. This means that trans identities have been formally de-psychopathologised and removed from the list of mental illnesses.

Gender transition: a series of steps people may take to live in the gender they identify with. A person's transition can be social and/or medical. Steps may include coming out to family, friends and colleagues; dressing and acting according to one's gender; changing one's name and/or sex/gender on legal documents; medical treatments including hormone therapies and possibly one or more types of surgery ⁽⁹⁾.

Transitioning can help many transgender people lead healthy, fulfilling lives. No specific set of steps is necessary to complete a transition – it is a matter of what is right for each person. It is important however to note that a trans person can still be a trans person without going through any type of gender transition.

Hormone replacement therapy: hormone therapy that can be taken as part of transition-related medical care or intersex-specific healthcare.

Gender confirmation/affirmation care ⁽¹⁰⁾: a range of social, psychological, behavioural and medical interventions in the context of transition-related healthcare, which aims to match sex characteristics with self-perception. These interventions may include hormone therapy, hair growth or removal treatments, breast implants or breast reduction, speech therapy, the removal and/or construction of genitals and other reproductive organs, bone restructuring to feminise facial features or reducing the size of the Adam's apple ⁽¹¹⁾.

Legal gender recognition: process whereby a trans and/or intersex person's gender is recognised in law, or the achievement of the process.

Gender expression: each person's presentation of their gender through physical appearance – including but not limited to dress, hairstyles, accessories, cosmetics – and mannerisms, speech, behavioural patterns, names and personal references. Noting further that gender expression may or may not conform to a person's gender identity. Through a diverse gender

⁽⁸⁾ World Health Organization, 'International Classification of Diseases 11th Revision – The global standard for diagnostic health information', accessed 24 September 2024, <https://icd.who.int/en>.

⁽⁹⁾ Medical interventions might include hormone therapies, surgeries and other in order to bring the primary and secondary sex characteristics of a person's body into alignment with their internal self-perception.

⁽¹⁰⁾ The term 'gender reassignment surgery' is increasingly becoming outdated.

⁽¹¹⁾ In the past, this procedure was often called 'sex change', a term currently perceived as incorrect because trans patients who undergo such interventions do not perceive this as changing their sex but rather as making their body congruent with the gender they always had.



expression, people become more visible and as a result more at risk of being abused or mistreated. Similarly, it can also result in the perception that the person has a non-conforming sexual orientation or gender identity, even if they do not.

Gender non-conforming (people): being gender non-conforming means not conforming to gender stereotypes. For example, someone's clothes, hairstyle, speech patterns or hobbies might be considered more feminine or masculine than what is stereotypically associated with their gender.

All persons and identities that fall under the LGBTIQ umbrella can be gender non-conforming. For example, some women who were raised and identify as women present themselves in ways that might be considered masculine, e.g. having short hair or wearing stereotypically masculine clothes.

Cross-dresser (or transvestite): a person who chooses to dress in clothing typically associated with the opposite gender. Being a cross-dresser is a form of personal or gender expression and is not indicative of one's sexual orientation or gender identity. Some cross-dressers do it as a form of self-expression and gender exploration, while others do it for other reasons including entertainment, personal comfort, and to challenge gender norms.

Sexual orientation: a person's capacity for profound affection, emotional and sexual attraction to and intimate and sexual relations with individuals of a different gender, of the same gender or of more than one gender. Sexual orientation is **not a matter of choice**; it is not something one can choose or be required to change. It is scientifically acknowledged that sexual orientation is determined by factors a person cannot influence. However, a person's sexual orientation can be dynamic over the time. Traditionally, the term sexual orientation includes heterosexual, homosexual, bisexual and asexual orientations.

Homosexual: a person who is sexually, emotionally and/or romantically attracted to persons of the same gender.

Lesbian: a woman who is sexually, emotionally and/or romantically attracted to women.

Gay: a man who is sexually, emotionally and/or romantically attracted to men. Other persons who are attracted to the same gender or multiple genders may also define themselves as gay.

Heterosexual: a person who is sexually, emotionally and/or romantically attracted to a gender other than one's own. The term 'straight' is often used to refer to heterosexual persons.

Bisexual: a person who is sexually, emotionally and/or romantically attracted to persons of more than one gender. Bisexual persons do not necessarily need to have equal sexual attraction to both genders.

Pansexual: a person who is sexually, emotionally and/or romantically attracted to people of any gender.

Asexual: a person who may experience romantic or emotional attraction but generally does not experience sexual attraction.





Discovering one's own sexual orientation

As in the case of trans people, there is no single answer to this question. For some people, self-realisation might come at an early age during childhood. Other people might realise this at a later stage, often after having emotional or sexual relationships with people of the opposite gender. Some people know that they are lesbian, gay, asexual or bisexual for a long time before they eventually engage in any type of relationship with others.

Some people engage in sexual activity (with same-sex and/or other-sex partners) before putting a label on their sexual orientation. Prejudice and discrimination make it difficult for many people to come to terms with their sexual orientation. This is why claiming a lesbian, gay, bisexual or asexual identity may be a slow process.

Queer: a term inclusive of people who identify beyond traditional gender categories and heteronormative social norms. Traditionally the term 'queer' was derogatory and, for some, it still carries negative connotations. Many LGBTIQ persons however have reclaimed the term as a symbol of pride.

Sexual behaviour: the actual sexual acts performed by a person. People may or may not express their sexual orientation in their behaviour. Sexual behaviour is not always an accurate indicator of sexual orientation. For instance, a man who is attracted to other men can see himself as heterosexual even if he only has sexual relations with men.

Men who have sex with men (MSM): men who engage in sexual activities with persons of the same gender but do not necessarily identify as gay or bisexual. The term is mainly used in the medical field ⁽¹²⁾.

Women who have sex with women (WSW): women who engage in sexual activities with persons of the same gender but do not necessarily identify as lesbian or bisexual. The term is mainly used in the medical field ⁽¹³⁾.

Situational sexual activities: under some social circumstances (single-sex schools, army, imprisonment, etc.), people may choose to have same-sex sexual activities. This does not always mean that such persons identify themselves as gay, lesbian or bisexual. In a very specific context, such sexual acts do not necessarily correspond to a homosexual and/or bisexual orientation.

Heteronormativity: the assumption that everyone is heterosexual, that heterosexuality is superior to all other sexual orientations and that it is the only acceptable form of sexual orientation. Heteronormativity affects our understanding of gender and sexual orientation.

⁽¹²⁾ It is important to note that the terms 'men who have sex with men' and 'women who have sex with women' refer to sexual behaviours and sexual activities between men or women, regardless of how they identify themselves. On the contrary, the concepts of gay men and lesbian women may refer to identities and may include same-sex sexual activities.

⁽¹³⁾ As above.





According to its system of norms, people are either a man/boy or woman/girl. Women and girls are expected to be feminine and boys and men are expected to be masculine, with everyone expected to be heterosexual.

Cisnormativity: the assumption that cisgender is the norm and that this identity should be privileged over any other form of gender identity ⁽¹⁴⁾.

Coming out ⁽¹⁵⁾: the process through which a person discloses their diverse SOGIESC identity.

(Public) outing: the act of publicly disclosing a person's diverse SOGIESC against their will.

Homo/bi/trans/intersexphobia: negative cultural and personal beliefs, opinions, attitudes and behaviours based on prejudice, disgust, fear and/or hatred of people of diverse SOGIESC (either towards all or against a specific or more than one group under L, G, B, T, I and/or Q).

⁽¹⁴⁾ LGBTQ+ Primary Hub, 'Heteronormativity & Cisnormativity', accessed 24 September 2024, <https://www.lgbtqprimaryhub.com/heteronormativity-cisnormativity>.

⁽¹⁵⁾ 'Coming out' is not to be confused with 'self-realisation' for which there is no specific time or series of events and which may be solely an internal matter without any external manifestation.





2. Norms, biases and intersectionality

This chapter navigates social norms and biases and explores their impact on how diverse SOGIESC are perceived within society or within smaller groups and communities. It also delves further into intersectionality with a focus on asylum, by providing an overview of the main intersecting identities, needs and characteristics of LGBTIQ applicants in the context of asylum.

2.1. Norms and biases

Norms are social rules or standards of accepted behaviour shared by members of a social group. Such norms include beliefs, values and behaviours that are considered acceptable by a given society. They are based on the intersection of different social identities such as ethnic origin, class, gender and sexual orientation.

Norms can have a positive impact in a society but can also promote unfair or unfavourable systems. There are norms which limit the possibilities or even oppress a group of people. These norms often dictate how people should interact and behave in relation to one another and tend to be based on a hierarchical structure of power and privilege. Norms differ between different cultures, communities, linguistic contexts, periods of time, religions, countries, professions, families and so on.

Examples of common societal norms that are generally rooted in patriarchy and homo/bi/trans/intersexphobia include the following expectations:

- men are expected to take leadership roles in the family and workplace;
- women are expected to be subservient to their male counterparts;
- men are expected to make money and take care of the family;
- women are expected to stay at home and take care of domestic duties;
- women are expected to have longer hair compared to men;
- all men are considered inherently physically stronger compared to women.

Attitude or behaviour that is in line with societal norms is called **conformity**. Thus, **non-conformity** refers to a situation when one does not follow the norm and therefore can be perceived as different.

Non-conformity with prevailing societal norms could have severe impact on the person's situation and rights, including their health, security, freedom, dignity, well-being and even life. A person who is not conforming to prevailing societal norms on gender or sexual orientation, e.g. through their actions, words, attitude, behaviour or demeanours, could be marginalised, harassed, discriminated against or even persecuted. Examples of such violations include hate crimes, domestic or honour-related abuse or killing, forced marriage, 'corrective' rape and threats against LGBTIQ persons or persons perceived as LGBTIQ.



Bias is that tendency to think or feel in a certain way about a person or group of people. It is a prejudice or preconceived opinion that is not based on real facts or reasons. Bias can be based on race, gender, age, sexual orientation or any other characteristic. It can manifest in individuals, organisations and institutions and can lead to inequity and injustice.

We all have unconscious or implicit biases that are gradually influenced or built upon our experiences and prevailing societal or communal norms. Biases can have a strong effect on our work as they may influence how we treat and interact with others, how we make decisions and whom we may favour or exclude or discriminate against.

When it comes to SOGIESC, examples of common societal biases that are generally rooted in homo/bi/trans/intersexphobia include the statements in the column on the left of the table. In the column on the right, you can find the reason why each of the statements below constitute ‘false science’.

Bias	Bias debunked
LGBTIQ people are a danger to children.	There is no evidence that confirms that LGBTIQ people constitute a threat to children.
Gay men are more likely to be paedophiles than heterosexual men.	There are studies showing that the vast majority of paedophiles are heterosexual men.
Gay men look effeminate.	People with diverse sexual orientations may express themselves in a broad variety of ways.
All trans women engage in sex work.	There is no evidence that the trans identity is generally associated with sex work.
Bisexuality is not an actual sexual orientation; bisexuals are not yet sure whether they are homosexual or heterosexual.	Dating people of different genders does not imply ambivalence over one’s sexual orientation.



Take a moment to reflect

- Have you ever thought that lesbian women look ‘more masculine’ or gay men look ‘more feminine’?
- You are accompanying your child to their first day at school. Are you surprised to see that some of the children in the class have same-sex parents?
- When meeting someone, have you ever thought ‘he/she must be gay/lesbian’ simply by the way they act, look or talk?



Since persons with diverse SOGIESC are not a homogenous group, it might also be the case that one has bias against some people with a specific diverse SOGIESC and not have bias against others. It is important to recognise and address our own biases early to be able to work with all applicants with diverse SOGIESC in a fair and equal manner.

2.1.1. Addressing bias

When working with applicants of diverse characteristics, including SOGIESC, it is important to continuously recognise and address your own bias.

As staff working directly with applicants for international protection, you can address your bias, among others, by practising the following.

- Identify and acknowledge your biases and prejudices.
- Explore and learn more about your own biases: when and how did you adopt them? What is maintaining them? How do they influence your everyday life, work and interaction with others?
- Prioritise and identify the biases to overcome first, for instance those that have the most negative impact in your life and work.
- Expose yourself to positive information and facts about the groups of people that you are more biased against (e.g. read testimonies, unbiased scientific information and other balanced and unbiased facts or watch relevant documentaries or films).
- Discuss with your colleagues and encourage mutual correction of expressed bias and prejudices when such incidents take place (e.g. correct inappropriate comments and laughter driven by stereotypes or bias against diverse SOGIESC). For guidance on how to deal with stereotypes and assumptions as factors of distortion during the various stages of the examination of an asylum application, consult the [Practical guide on applicants with diverse SOGIESC – Examination procedure](#), Section 1.2. The impact of cultural, social and linguistic background.



Identify and assess your bias

- Use the Heartland Alliance simple and practical checklist to self-assess your bias and prejudices towards LGBTIQ persons ⁽¹⁶⁾.
- Take the Harvard Implicit Association Test ⁽¹⁷⁾, covering a wide range of common topics related to biases.
- Consult the Intersectionality Toolkit ⁽¹⁸⁾ developed by IGLYO and do the practical exercise at page 19 (*Guided Fantasy: a walk in the park*). It can help you identify your bias and reflect on how to address it. You can practise with your colleagues or other peers.

⁽¹⁶⁾ Heartland Alliance, [Rainbow Response: A practical guide to resettling LGBT refugees and asylees](#), Appendix I: Assessing Discomfort: Self-Assessment, no date, p. 62.

⁽¹⁷⁾ Project Implicit, 'Harvard Implicit Association Test', accessed 24 September 2024, <https://implicit.harvard.edu/implicit/takeatest.html>.

⁽¹⁸⁾ IGLYO, 'Intersectionality Toolkit', 2015, accessed 4 September 2024, https://issuu.com/iglyo/docs/inter_toolkit.



2.2. Intersectionality in asylum

In this section, we explore the main intersecting identities of LGBTIQ applicants along with their particular needs, characteristics and challenges. Note that the references below cannot exhaust all the possible intersecting identities and, as such, they focus on those usually identified in the asylum and reception context ⁽¹⁹⁾.

(a) LGBTIQ children and youth

LGBTIQ children and youth ⁽²⁰⁾ might struggle to come to terms with their diverse SOGIESC out of fear of stigma and isolation from their families and communities. The main challenges and concerns identified regarding LGBTIQ young people in migration include:

- marginalisation, harassment, neglect, discrimination, bullying from peers, community and family, eventually leading to higher likelihood of dropping out of school;
- sexual violence and exploitation ⁽²¹⁾;
- mental health concerns, including suicidal thoughts and attempts, depression, anxiety, post-traumatic stress disorder and self-harm;
- drug/substance use;
- ‘conversion’ therapy practices ⁽²²⁾ (taking place either in the country of origin or in the country of asylum) often imposed by family or community members;
- non-consensual, medically unnecessary and irreversible medical interventions on intersex children (e.g. intersex genital mutilation) that can have severe life-long negative psychological and physical impacts, including sterilisation;
- homelessness or housing/care arrangements that are inappropriate/inadequate to their specific needs and characteristics;
- lack of information on the asylum and reception pathway, on the available services and support including LGBTIQ organisations and networks.

When working with children of diverse SOGIESC, it is important to ensure respect of the core principles of the United Nations (UN) Convention on the Rights of the Child (CRC) ⁽²³⁾ throughout the asylum and reception pathway. The applicable principles include **non-**

⁽¹⁹⁾ For more information on the factors and determinants that influence the vulnerability of displaced persons, see IOM, *IOM Handbook on Protection and Assistance for migrants vulnerable to violence, exploitation and abuse*, 2019, and especially section 1.1. The IOM determinants of migrant vulnerability model.

⁽²⁰⁾ Reference is made in this note to ‘youth’ in accordance with the UN definition, as defined in the UN, ‘*Global Issues – Youth*’, accessed 24 September 2024, <https://www.un.org/en/global-issues/youth>, which considers ‘youths’ to be aged between 15 and 24 years old.

⁽²¹⁾ Research suggests that LGBTIQ children and youth are often targeted for childhood sexual assault, Edwards, K.M., Shorey, R.C., Glozier, K. *Primary Prevention of Intimate Partner Violence Among Sexual and Gender Minorities*. In: Russell, B. (eds) *Intimate Partner Violence and the LGBT+ Community*. Springer, Cham, 2020.

⁽²²⁾ ‘Conversion’ therapy is any attempt to change an individual’s sexual orientation, gender identity or gender expression to align with heterosexual and cisgender norms. Methods that have been used to this end include forms of brain surgery, surgical or hormonal castration, aversive treatments such as electric shocks, nausea-inducing drugs, hypnosis, spiritual interventions, visualisation, psychoanalysis, and arousal reconditioning. https://en.wikipedia.org/wiki/Conversion_therapy.

⁽²³⁾ UN General Assembly, *Convention on the Rights of the Child*, United Nations, Treaty Series, vol. 1577, p. 3, 20 November 1989.



discrimination ⁽²⁴⁾, the consideration of the **best interests of the child** ⁽²⁵⁾, **the right to participation** in all actions and decisions affecting them (Article 12(1) CRC) as well as the **right to survival and development** ⁽²⁶⁾ (Article 6(2) CRC). For children with diverse SOGIESC, this entails elements related to their well-being, including self-expression of SOGIESC, as well as health-related elements that take into account their individual characteristics and needs, such as access to essential healthcare and the enjoyment of the highest attainable standard of physical and mental health.

(b) Victims of gender-based violence

The directive establishing minimum standards on the rights, support and protection of victims of crime defines gender-based violence (GBV) as follows.

Violence that is directed against a person because of that person's gender, gender identity or gender expression or that affects persons of a particular gender disproportionately ... ⁽²⁷⁾.

Furthermore, the directive on combating violence against women and domestic violence highlights the following.

Victims experiencing intersectional discrimination are at a heightened risk of violence. They could include ... women applicants for international protection, ... lesbian, gay, bisexual, trans or intersex persons ... ⁽²⁸⁾.

Women and girls are disproportionately affected by GBV. Nevertheless, individuals of various identities, particularly those with diverse SOGIESC, are also vulnerable to violence due to them being perceived as non-conforming to the prevailing, heteronormative societal norms.

Some of the main challenges and concerns regarding LGBTIQ people's exposure to or experience of GBV are listed below.

- Unsafe or inadequate living conditions for LGBTIQ applicants, including overcrowding, lack of privacy and lack of safe access to basic amenities (especially hygiene facilities) make them more exposed to harassment and abuse.

⁽²⁴⁾ The UN Committee on the Rights of the Child interprets the right in Article 2 CRC to include sexual orientation and gender identity. See Committee on the Rights of the Child, [General comment No. 20 \(2016\) on the implementation of the rights of the child during adolescence](#), CRC/C/GC/20, 2016, paragraph 34 and [General Comment No. 13 \(2011\) on the right of the child to freedom from all forms of violence](#), CRC/C/GC/13, 2011, paragraphs 60 and 72, point g, stressing that States Parties must address discrimination against vulnerable or marginalised groups of children including children who are lesbian, gay, transgender or transsexual.

⁽²⁵⁾ Article 3 CRC.

⁽²⁶⁾ The Committee on the Protection of the Rights of all Migrant Workers and Members of their families ask States, with respect to the migrant child's right to life, survival and development, to take measures to also: 'consider the specific vulnerable circumstances that could face migrant children on the basis of their gender identity and other factors, such as (...) sexual orientation that may aggravate the child's vulnerability to sexual abuse, exploitation, violence, among other human rights abuses, throughout the entire migratory process.'

⁽²⁷⁾ Recital 17 [Directive 2012/29/EU](#) of the European Parliament and of the Council of 25 October 2012 establishing minimum standards on the rights, support and protection of victims of crime, and replacing Council Framework Decision 2001/220/JHA (OJ L 315/57, 14.11.2012).

⁽²⁸⁾ Recital 71 [Directive \(EU\) 2024/1385](#) of the European Parliament and of the Council of 14 May 2024 on combating violence against women and domestic violence (OJ L, 2024/1385, 24.5.2024).





- LGBTIQ persons are more exposed to honour crimes and ‘corrective’ rape at the hands of individuals including family and community members. Especially when it comes to family members, LGBTIQ persons are more vulnerable to all forms of domestic violence, including denial of services and social control over their lives. Such abusive practices can have long-lasting physical, psychological and social impacts on the victims.
- LGBTIQ people are often forced by their families, communities or religious/community leaders into marriages with someone of the opposite sex, which may also result in children.
- LGBTIQ victims of GBV often face significant barriers to accessing support services, including a lack of safe spaces, a lack of financial resources and the fact that service providers sometimes fail to understand their specific and actual needs.
- LGBTIQ persons that are further marginalised, especially trans applicants, might engage in transactional sex and therefore be at a heightened risk of being exposed to GBV.

(c) Persons with health-related concerns, persons with disabilities and elderly persons

The UN Committee on Economic, Social and Cultural Rights has stated that the International Covenant on Economic, Social and Cultural Rights prohibits any discrimination in access to healthcare on the grounds of sexual orientation and gender identity ⁽²⁹⁾.

Due to long-lasting stigma, discrimination and marginalisation or as a result of previous persecution, LGBTIQ applicants often deal with serious mental health concerns, such as anxiety, post-traumatic stress disorder, depression and suicidal ideation. Many of them have undergone or are at risk of being subjected to inhuman or degrading treatments and practices, including degrading physical examinations, ‘conversion’ therapy, forced or coerced sterilisation (especially of trans persons) as well as medically unnecessary procedures performed on intersex children and adults without their consent. Prevalence of drug/substance use is also a significant concern when it comes to LGBTIQ people in the migration context ⁽³⁰⁾. Many LGBTIQ girls and women might have been subject to or be at risk of being subject to female genital mutilation/cutting and similar practices. Other LGBTIQ applicants might have HIV+ status or suffer from sexually transmitted illnesses. This might be more relevant to LGBTIQ applicants engaged in transactional sex.

Some trans and intersex applicants might have already started hormone replacement treatment before arriving in the country of asylum. This may have happened either under medical supervision or by self-medicating using irregularly purchased hormones (which are often of low quality and can cause serious health problems). In some cases, the sudden interruption of hormone assumption can have serious health consequences, especially when not followed by medical supervision. Furthermore, trans and intersex applicants might need

⁽²⁹⁾ See Article 2 of UN Committee on Economic, Social and Cultural Rights, [General Comment No. 14: The Right to the Highest Attainable Standard of Health](#), 11 August 2000, E/C.12/2000/4, paragraph 18.

⁽³⁰⁾ For more information, consult Nematy, A., Namer, Y. and Razum, O. [LGBTQI+ Refugees’ and Asylum Seekers’ Mental Health: A Qualitative Systematic Review](#), 2023.





immediate medical attention to deal with complications related to previous gender-affirming surgery or ‘corrective’ interventions (for intersex people).

Similarly, lack of access to sexual and reproductive healthcare ⁽³¹⁾ often leaves LGBTIQ applicants with an increased risk of contracting HIV and other sexually transmitted illnesses, unwanted pregnancies, among other serious health and life outcomes.

The UN Committee on the Rights of Persons with Disabilities has expressed concerns about discrimination against LGBTIQ people with disabilities as well as on sterilisation and other non-necessary medical procedures on intersex children ⁽³²⁾.

Due to the intersection of disability and SOGIESC, LGBTIQ applicants with disabilities might encounter particular challenges and barriers in asylum, including the following.

- **Lack of appropriate accommodation:** they may be unable to access certain locations due to physical barriers or may be prevented from living in certain locations due to stigma and discrimination.
- **Inadequate protection from violence and exploitation:** they may be particularly vulnerable to violence and exploitation due to stigma and discrimination. In some cultures, disability amongst people with a diverse SOGIESC is seen as a ‘punishment from God’ because of the person’s perceived or true identities. Violence towards such individuals is often also treated as a good deed.
- **Lack of access to social networks and peer support:** they may be unable to enter and maintain appropriate social networks and peer support due to their impairment or due to stigma. This often leaves them in isolation, further increasing their vulnerabilities.
- **Limited access to services (healthcare, psychological and legal support):** they might face barriers due to lack of understanding of their unique needs.

Similarly, LGBTIQ elderly persons are particularly vulnerable as their SOGIESC intersects with age-related challenges, for instance possible mobility limitations or other physical or mental health conditions. Due to their intersecting needs they might face more barriers in accessing timely and appropriate support and services (e.g. healthcare, financial allowance) in the host country.

⁽³¹⁾ ‘Sexual and reproductive healthcare’ refers to a wide spectrum of services and care, including maternal and newborn care, access to contraception, family planning, the prevention and treatment of HIV or other sexually transmitted illnesses as well as clinical and psychosocial support for victims of gender-based violence. Besides the provision of services per se, the term also includes access to comprehensive sexual and reproductive health information, awareness raising and education (see also European Parliament, ‘[MEPs for Sexual and Reproductive Rights](#)’, 2020, accessed 24 September 2024).

⁽³²⁾ UN Committee on the Rights of Persons with Disabilities, [Concluding Observations on the initial report of Canada](#), CRPD/C/CAN/CO/1, 2017, paragraph 19; [Concluding observations on the initial report of Lithuania](#), CRPD/C/LTU/CO/1, 2016, paras. 15-16; [Concluding Observations on the initial report of Uganda](#), CRPD/C/UGA/CO/1, 2016, paras. 8-9; [Concluding observations on the initial report of Chile](#), CRPD/C/CHL/CO/1, 2016, paragraph 42.



(d) Victims of torture

The UN Committee against Torture has underscored that:

- state obligations under the Convention against Torture ⁽³³⁾ apply to all persons regardless of sexual orientation, gender identity or sex characteristics; and
- state obligations include preventing and addressing torture and ill-treatment against LGBTIQ people ⁽³⁴⁾.

LGBTIQ applicants who have experienced persecution due to their non-conforming SOGIESC (or to other reasons), might have been subjected to torture. These persons often fear persecution if they disclose their sexual orientation or identity. LGBTIQ persons may associate the targeted violence and torture to which they have been subjected to their SOGIESC because of the trauma that they have faced. As a result, they often face additional barriers and risks in the asylum and reception context, including the following.

- **Fear of disclosing their SOGIESC:** they often face significant stigma, shame and fear of reprisal if they disclose their identity while seeking international protection. This can make them feel isolated and unable to access the support and assistance needed to make a successful claim, often leaving them without the rights and protections that they would otherwise enjoy.
- **Lack of trust towards the authorities and the police:** they often approach state actors in destination countries with caution because of their previous experiences. This can prevent them from explaining the reasons they are seeking protection and make it difficult to establish that they have a well-founded fear of persecution. Similarly, LGBTIQ applicants who are victims of torture often mistrust law enforcement authorities because of the trauma they have experienced. They might also have experienced failure of justice or retribution for the perpetrators of their torture. This may lead to feelings of powerlessness and mistrust of the justice system.
- **Lack of specialised services and/or challenges in accessing them:** they often face challenges on accessing tailored support ⁽³⁵⁾ that might help them overcome the trauma they have gone through. In some cases, this type of support might not even exist in the country of asylum, due to financial, institutional or other reasons. A lack of support might significantly exacerbate their existing trauma and evolve into additional special needs and vulnerabilities (e.g. disabilities or other serious health issues).

⁽³³⁾ UN General Assembly, [Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment](#), United Nations, Treaty Series, vol. 1465, p. 85, 10 December 1984.

⁽³⁴⁾ UN Committee Against Torture, [Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment – General Comment No. 2: Implementation of article 2 by States parties](#), 24 January 2008, CAT/C/GC/2, paragraph 21; [Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment – General Comment No. 3: Implementation of article 14 by State parties](#), CAT/C/GC/3, 13 December 2012, paragraphs 32 and 39.

⁽³⁵⁾ Specialised support for victims of torture, includes a range of specifically trained mental health professionals, social workers, doctors and in some cases lawyers and human rights experts.



The Istanbul Protocol ⁽³⁶⁾

The UN Istanbul Protocol – Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment was developed to enable states to address one of the most fundamental concerns in protecting individuals from torture, i.e. effective investigation and documentation.

The Protocol sets out specific provisions on how effective legal and clinical investigation and documentation into allegations of torture or ill-treatment should be carried out. It also contains a series of principles that articulate minimum standards for state adherence to ensure the effective investigation and documentation of torture and ill-treatment.

(e) Victims of trafficking in human beings

Victims of trafficking in human beings (THB) ⁽³⁷⁾ are considered as persons having special needs in the Common European Asylum System (CEAS). As such they are entitled to special reception conditions and special procedural guarantees ⁽³⁸⁾.

LGBTIQ individuals are emphasised amongst the groups at the highest risk of human trafficking ⁽³⁹⁾. Recent studies and research increasingly show that LGBTIQ individuals are at higher risk of becoming victims of trafficking ⁽⁴⁰⁾.

The cumulative effects of experiencing hardship, violence, discrimination or social marginalisation can render LGBTIQ persons especially vulnerable to THB. Traffickers frequently target individuals who lack strong support networks, face financial strains, have experienced violence or are somehow marginalised in the society ⁽⁴¹⁾.

⁽³⁶⁾ UN, [Istanbul Protocol – Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment](#), June 2022 edition.

⁽³⁷⁾ ‘Trafficking in persons’ means the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation includes, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs. Definition provided by Article 3(a) of UN, [Protocol to Prevent, Suppress and Punish Trafficking in Human Beings, especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime](#), 2000 (also known as Palermo Protocol). The Protocol has been signed and ratified by all EU+ countries.

⁽³⁸⁾ See Article 24 of [Directive \(EU\) 2024/1346](#) of the European Parliament and of the Council of 14 May 2024 laying down standards for the reception of applicants for international protection (OJ L 1346, 22.5.2024) and Article 20(4) of [Regulation \(EU\) 2024/1347](#) of the European Parliament and of the Council of 14 May 2024 on standards for the qualification of third-country nationals or stateless persons as beneficiaries of international protection, for a uniform status for refugees or for persons eligible for subsidiary protection, and for the content of the protection granted, amending Council Directive 2003/109/EC and repealing Directive 2011/95/EU of the European Parliament and of the Council (OJ L 1347, 22.5.2024).

⁽³⁹⁾ United States of America Department of State, [Trafficking in Persons Report](#), 2016, p. 1.

⁽⁴⁰⁾ UN Office on Drugs and Crime, [Global Report on Trafficking in Persons 2020](#), 2021, p. 38.

⁽⁴¹⁾ Polaris Project, [Sex Trafficking and LGBTQ Youth](#), 2019.



Recent studies show that LGBTIQ children and young adults can be especially vulnerable to THB for forced labour and sexual exploitation⁽⁴²⁾. Without adequate family and community support, LGBTIQ youth may be at particular risk of sex trafficking. Young people are more vulnerable to manipulation and have less means to protect themselves as compared to adults. As a result, their LGBTIQ identity increases their vulnerability as they are often marginalised in society and outcast by their relatives who may force them out of their home.

Discrimination, exclusion and the resulting poor socioeconomic status are the main factors influencing the risk of being trafficked. As also highlighted by study from the European Commission⁽⁴³⁾:

this is also seen in specific instances of discrimination and exclusion of LGBTIQ children within certain African communities, which pushes such children to run away and live in fear and uncertainty.

Persons who find themselves in a difficult life situation can easily be receptive to prospects of a better life. For some, the exploitation situation can feel as their best option.

Keep in mind that recruitment to the trafficking networks can take place in the country of origin, during the migration journey or even in the country of asylum. The fact that an applicant is currently in the EU territory does not automatically place them in a safer position. Therefore, staff working with applicants and especially with LGBTIQ applicants should always be alert and aware of the risks, challenges and needs of this specific group within the asylum context.

With the obligation to comply with the provisions laid down in the EU anti-trafficking directive⁽⁴⁴⁾ and having ratified the Palermo Protocol⁽⁴⁵⁾, EU Member States and the Schengen associated countries (Iceland, Liechtenstein, Norway and Switzerland) (EU+ countries) have a duty to take measures to prevent human trafficking, identify victims of THB and provide them with protection and support. States also have a duty to strengthen their investigation policies and facilitate timely and efficient prosecution of perpetrators.

Most countries have specific laws and policies for the protection of victims and prosecution of perpetrators. When such cases are identified, they should be safely referred to the competent authorities. Many countries have established a national referral mechanism (NRM)⁽⁴⁶⁾ which defines the procedures and roles of all frontline actors who may come into contact with (possible) victims of THB, ensuring confidentiality, the effective flow of information and

⁽⁴²⁾ Most of the research on LGBTIQ persons' vulnerability to trafficking in persons has been conducted in North America, and, to a lesser extent in Europe and Latin America. UN Office on Drugs and Crime, [Global Report on Trafficking in Persons 2020](#), 2021.

⁽⁴³⁾ European Commission, Directorate-General for Migration and Home Affairs, Dimitrova, D., Slot, B., De Micheli, B., et al., [Study on high-risk groups for trafficking in human beings: final report](#), Publications Office, 2015, p. 44.

⁽⁴⁴⁾ [Directive 2011/36/EU](#) of the European Parliament and of the Council of 5 April 2011 on preventing and combating trafficking in human beings and protecting its victims, and replacing Council Framework Decision 2002/629/JHA.

⁽⁴⁵⁾ UN General Assembly, [Protocol to Prevent, Suppress and Punish Trafficking in Human Beings, especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime](#), 15 November 2000.

⁽⁴⁶⁾ The NRM allows subjects such as the police, border police, asylum case officers, local authorities and non-governmental organisations (NGOs) to share information about potential victims and help their access to advice, accommodation and support.



safeguards for victims. Besides the existence of an NRM, all countries have one or more national authorities and other relevant organisations, such as civil society organisations, working in the field of trafficking in human beings at national level. These actors also serve as first-response providers on case reporting ⁽⁴⁷⁾.



Good practice

Greece's National Referral Mechanism for the Protection of Human Trafficking Victims is a coordinating mechanism which monitors all the stages of a victim's inclusion in the country's protection system. As part of the Greek NRM, several tools and information provision materials have been developed and used throughout the relevant procedures by the competent authorities ⁽⁴⁸⁾.

Capacity building training sessions addressing first-line professionals are delivered, applying a gender-sensitive approach which also considers the specific needs of LGBTIQ persons that might be victims of THB. The training material includes information on and links to discrimination, social exclusion as well as prosecution and life-threatening situations against LGBTIQ persons which make them more vulnerable to exploitation and THB. Real scenarios and case studies are also included and LGBTIQ-related bodies and organisations are directly involved in the facilitation.

Moreover, the NRM tools that are used by professionals in the field to report presumed victims of THB are LGBTIQ-inclusive. More specifically, the section of the reporting form to be filled in with the victim's demographic data includes a field about the person's gender followed by the question '*Does the victim consent to the filing of the sex as referred to on identification documents? 1. Yes 2. No (specify)*'.

Finally, awareness raising activities related to diverse SOGIESC and THB have been organised. For instance, in June 2020, the National Centre for Social Solidarity (national NRM coordinator) organised a webinar, in the framework of Pride month celebration, inviting speakers from international organisations (UN Office on Drugs and Crime, UN Women) and Red Umbrella (a civil society organisation) offering services to LGBTIQ persons that are engaged in transactional sex and might be potential victims of sexual exploitation and THB.

⁽⁴⁷⁾ The European Commission has a dedicated webpage called 'National Referral Mechanism' with in-depth national information and resources on THB for every Member State, accessed 24 September 2024, https://home-affairs.ec.europa.eu/policies/internal-security/organised-crime-and-human-trafficking/together-against-trafficking-human-beings/eu-countries_en.

⁽⁴⁸⁾ More information on the Greek NRM, including the tools and leaflets produced in several languages can be found at <https://ekka.org.gr/index.php/en/ethnikos-mixanismos-anaforas-en>, accessed 24 September 2024.





Scan to access all the parts
of this Practical Guide



Publications Office
of the European Union

