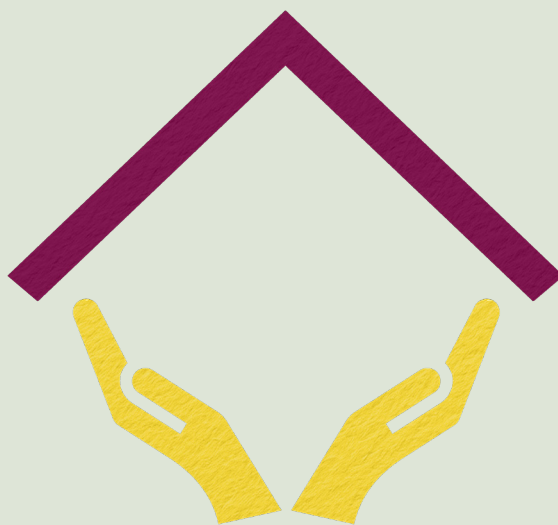


Applicants with diverse sexual orientations, gender identities, gender expressions and sex characteristics

Reception



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

Reception

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.



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About the guide

Why was this guide created? The mission of the European Union Agency for Asylum (EUAA) is to facilitate and support the activities of EU Member States and the Schengen associated countries (EU+ countries ⁽¹⁾) in the implementation of the Common European Asylum System (CEAS). According to its overall aim to promote a correct and effective implementation of the CEAS and to enable convergence, the EUAA develops common operational standards and indicators, guidelines and practical tools. Among other topics, the EUAA is committed in supporting the EU+ countries in dealing with applicants with diverse sexual orientations, gender identities, gender expressions and sex characteristics (SOGIESC).

How to use this guide. This guide is structured in three standalone yet complementary and interlinked parts, which cover different topics relevant to SOGIESC in asylum.

- [Cross-cutting elements](#) provides information and guidance that are cross-cutting and relevant to both asylum procedure and reception, including legal framework, safe spaces and inclusive communication, interpretation, information provision, capacity building, cooperation and coordination.
- **Reception** provides guidance and practical recommendations on the design and management of reception systems and the provision of reception conditions in a manner that takes into account the special reception needs of LGBTIQ applicants on both an individual and a collective basis.
- [Examination procedure](#) provides practical guidance specifically focused on the key aspects relating to the examination of applications for international protection with SOGIESC-based claims, including the registration, personal interview, evidence and risk assessment as well as the legal analysis.

The guide was developed during the reform process of the CEAS. The instruments of the new Pact on Migration and Asylum entered into force in June 2024 and will enter into application in June 2026. The guide includes references to both legal frameworks, depending on the relevance.

The guide is complemented by an [information note](#) which provides in-depth information on SOGIESC-related concepts and terms.

Who should use this guide? This guide is primarily intended for staff working directly with international protection applicants in asylum: registration officers, case officers and reception staff. Specific sections are also addressed to managers and policymakers. Furthermore, this guide is useful for any other person or organisation working or involved in the field of asylum.

Each of its parts targets slightly different audiences, based on its content and scope.

⁽¹⁾ The 27 EU Member States and Iceland, Liechtenstein, Norway and Switzerland.

- [Cross-cutting elements](#) primarily targets the whole spectrum of staff in the national authorities. Specific sections marked 'For managers' and/or 'For policymakers' explicitly target those professionals in asylum. It can also be useful to other stakeholders who are involved in asylum (e.g. civil society organisations).
- **Reception** primarily targets reception staff as well as other stakeholders who are involved in or working directly with applicants in reception (e.g. civil society organisations). Specific sections marked 'For managers' and/or 'For policymakers' are explicitly targeting those professionals in the context of reception.
- [Examination procedure](#) primarily targets registration officers and asylum case officers. Additionally, it is useful for quality officers and legal advisers, as well as policymakers in the national determining authorities and any other person working or involved in the field of international protection in the EU context.

How was this guide developed. This guide was created through a coordinated approach between three EUAA Networks. The development was facilitated and coordinated by the EUAA.

- [Cross-cutting elements](#) and the [information note](#): drafted by experts from asylum and reception authorities, international organisations, civil society organisations and academia, with valuable input from the United Nations High Commissioner for Refugees and ILGA-Europe. Before finalisation, a consultation took place with EU+ countries through the EUAA Vulnerability Experts Network.
- **Reception**: drafted by experts from reception authorities and civil society organisations, with valuable input from the United Nations High Commissioner for Refugees and ILGA-Europe. Before its finalisation, a consultation took place with EU+ countries through the EUAA Network of Reception Authorities.
- [Examination procedure](#): drafted by experts from across the EU, with valuable input from the European Commission, the United Nations High Commissioner for Refugees, the European Union Agency for Fundamental Rights and the European Council on Refugees and Exiles. Before finalisation, a consultation took place with all EU+ countries through the EUAA Asylum Processes Network.

How does this guide relate to national legislation and practice? This is a soft convergence tool. It is not legally binding and reflects commonly agreed standards as adopted by the EUAA Management Board on 31 October 2024.

How does this guide relate to other EUAA tools? Each of this guide's parts are to be read in conjunction with other available EUAA practical guides and tools.

[Cross-cutting elements](#) should be read in conjunction with the *Guidance on Vulnerability in Asylum and Reception: Operational standards and indicators* ⁽²⁾ and the EUAA Let's Speak Asylum Portal ⁽³⁾.

⁽²⁾ EUAA, [Guidance on Vulnerability in Asylum and Reception: Operational standards and indicators](#), May 2024.

⁽³⁾ EUAA [Let's Speak Asylum](#) portal.

Reception should be read in conjunction with the *Guidance on Reception Conditions* ⁽⁴⁾, the *Guidance on Reception Conditions for Unaccompanied Children* ⁽⁵⁾ and the *Guidance on contingency planning in the context of reception* ⁽⁶⁾. All these guides are complemented by the *Guidance on Vulnerability in Asylum and Reception: Operational standards and indicators* ⁽⁷⁾ as well as the *Guidance on Reception: Operational standards and indicators* ⁽⁸⁾.

[Examination procedure](#) should be read in conjunction with the *Practical Guide on Personal Interview* ⁽⁹⁾, the *Practical Guide on Evidence and Risk Assessment* ⁽¹⁰⁾, the *Practical Guide on Qualification for International Protection* ⁽¹¹⁾, and the *Practical guide on Subsequent Applications* ⁽¹²⁾.

Disclaimer

This guide was prepared without prejudice to the principle that only the Court of Justice of the European Union can give an authoritative interpretation of EU law.

⁽⁴⁾ EASO, [Guidance on Reception Conditions: Operational standards and indicators](#), September 2016.

⁽⁵⁾ EASO, [Guidance on Reception Conditions for Unaccompanied Children: Operational standards and indicators](#), December 2018.

⁽⁶⁾ EASO, [Guidance on contingency planning in the context of reception](#), March 2018.

⁽⁷⁾ EUAA, [Guidance on Vulnerability in Asylum and Reception: Operational standards and indicators](#), May 2024.

⁽⁸⁾ EUAA, [Guidance on Reception: Operational standards and indicators](#), May 2024.

⁽⁹⁾ EASO, [Practical Guide on Personal Interview](#), October 2014.

⁽¹⁰⁾ EUAA, [Practical Guide on Evidence and Risk Assessment](#), January 2024.

⁽¹¹⁾ EASO, [Practical Guide on Qualification for International Protection](#), April 2018.

⁽¹²⁾ EASO, [Practical Guide on Subsequent Applications](#), December 2021.

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Note on terminology

In the guide, the terminology used reflects the current EU asylum *acquis* and applicable international instruments, as well as developments of such terminology, as reflected in doctrine, policy papers, relevant EU strategies, etc.

- The term ‘asylum’ refers to the whole asylum process, including reception.
- The terms ‘asylum procedure’ or ‘asylum procedures’ are used interchangeably.
- The term ‘reception’ refers only to reception/reception processes.
- The term ‘registration officer’ refers to a member of the staff of national competent authorities, involved in any stage of the registration and lodging of applications for international protection.
- The term ‘case officer’ refers to an official who conducts parts of the procedures in applications for international protection, such as personal interviews and/or other interviews, with applicants for international protection.
- The term ‘reception worker’ refers to a practitioner who is in direct contact with applicants for international protection in a reception context, regardless of whether their employer is a governmental or non-governmental organisation, a private contractor or a local authority. This includes social workers, education and healthcare staff, interpreters, administration or coordination staff, etc.
- The term ‘manager’ refers to staff members of national asylum and reception authorities who are responsible for managing resources and administering groups of staff (e.g. departments, units, etc.). They might also be responsible for developing, approving or monitoring the implementation of operational procedures and workflows.
- The term ‘applicants (or persons) with diverse SOGIESC’ is used interchangeably with the term ‘LGBTIQ applicants’ (or persons).



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Legend

The legend indicates the specific target group for each of the chapters in this part: policymakers, managers and reception workers in the context of reception. Each target group is represented by a distinctive icon for ease of reference to the respective chapter(s).

Icon	Target group	Chapters
	Policymaker	1. Provision of reception conditions 2. Risk mitigation for LGBTIQ applicants in reception 3. Identification, assessment and response to the needs of applicants with diverse SOGIESC 4. Mainstreaming SOGIESC in contingency planning
	Manager	1. Provision of reception conditions 2. Risk mitigation for LGBTIQ applicants in reception 3. Identification, assessment and response to the needs of applicants with diverse SOGIESC 4. Mainstreaming SOGIESC in contingency planning
	Reception worker	1. Provision of reception conditions 2. Risk mitigation for LGBTIQ applicants in reception 3. Identification, assessment and response to the needs of applicants with diverse SOGIESC



List of abbreviations

Abbreviation	Definition
COA	Central Agency for the Reception of Asylum Seekers (Netherlands)
CEAS	Common European Asylum System
CSO	civil society organisation
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)
Fedasil	Federal Agency for the Reception of Asylum Seekers (Belgium)
FRA	European Union Agency for Fundamental Rights
GBV	gender-based violence
HIV	human immunodeficiency virus
IGM	intersex genital mutilation
IPSN	identification of persons with special needs
LGBTIQ	lesbian, gay, bisexual, transgender, intersex and queer
Member States	EU Member States
NFI	non-food item
PTSD	post-traumatic stress disorder
SOGIESC	sexual orientations, gender identities, gender expressions and sex characteristics
RCD (2024)	reception conditions directive — 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
RCD (recast)	reception conditions directive – Directive 2013/33/EU of the European Parliament and of the Council of 26 June 2013 laying down standards for the reception of applicants for international protection (recast)
SRH	sexual and reproductive health
STI	sexually transmitted infection(s)
THB	trafficking in human beings
UNHCR	United Nations High Commissioner for Refugees



Introduction

As enshrined in the Common European Asylum System (CEAS), applicants for international protection are entitled to reception conditions that aim to guarantee them a dignified living until the asylum process is completed. These conditions include:

measures and services to meet the basic material and psychosocial needs of all applicants (e.g. housing, food, clothing, health care and psychological services) as well as distinguishing between different categories of persons by identifying and addressing their special reception needs and vulnerabilities ⁽¹³⁾.

For those with special reception needs, Directive 2013/33/EU (RCD (recast)) ⁽¹⁴⁾ provides that ‘The reception of persons with special reception needs should be a primary concern for national authorities in order to ensure that such reception is specifically designed to meet their special reception needs’ ⁽¹⁵⁾. The same provision is included in the new Directive (EU) 2024/1346 (RCD (2024)) ⁽¹⁶⁾.

LGBTIQ applicants might have specific needs in reception. Such needs should be identified and addressed in a timely and appropriate manner so that applicants fully enjoy the rights enshrined in EU law so that they are guaranteed a dignified living. Specific measures should also be in place in a collective manner to mitigate risks for applicants with diverse sexual orientations, gender identities, gender expressions and sex characteristics (SOGIESC) in reception.

In this part of the guide, you will first find SOGIESC-specific considerations for the design, planning and implementation of reception conditions in a manner that considers the needs of applicants with diverse SOGIESC. Furthermore, the part elaborates on the most appropriate procedures to prevent further harm and respond to the special reception needs of applicants with diverse SOGIESC in an individual manner. Furthermore, specific recommendations and good practices are provided for a SOGIESC-safe and -inclusive reception system.

This part is structured around the core thematic areas on reception, including the provision of reception conditions, risk mitigation, identification, assessment and response to the specific needs of individual applicants with diverse SOGIESC as well as contingency planning.

⁽¹³⁾ European Migration Network, ‘[reception](#)’ in the Asylum and Migration Glossary.

⁽¹⁴⁾ [Directive 2013/33/EU](#) of the European Parliament and of the Council of 26 June 2013 laying down standards for the reception of applicants for international protection (recast), (OJ L 180, 29.6.2013).

⁽¹⁵⁾ Recital 14 RCD (recast).

⁽¹⁶⁾ Recital 14 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).



1. Provision of reception conditions



The authorities responsible for the reception of applicants should make sure that their measures and procedures are based on two main pillars: (i) the provision of reception conditions for all applicants (on a collective basis) and (ii) the provision of special reception conditions to those applicants entitled to them, following identification and assessment (on an individual basis).

Regarding the first pillar, the design, set-up and running of a reception system needs to be in line with the CEAS, thus also integrating specific considerations regarding the needs and characteristics of specific groups of applicants, such as LGBTIQ applicants. By following the structure and thematic areas covered by the RCD (recast) and RCD (2024), this section details the SOGIESC-specific considerations to consider when providing reception conditions. Regarding the second pillar (individual case management in reception), relevant information and guidance are elaborated in Chapter [3. Identification, assessment and response to the needs of applicants with diverse SOGIESC.](#))

The RCD (2024), which replaced the RCD (recast), aims to ensure common standards in reception across the EU Member States and the Schengen associated countries (EU+ countries). It includes several provisions that refer to applicants with special reception needs. The most fundamental provision on this matter is enshrined in the **general principle of Article 24**, which establishes that ‘Member States shall take into account the specific situation of applicants with special reception needs’ ⁽¹⁷⁾. The same Article includes a non-exhaustive list of categories of applicants for international protection who are more likely to have special reception needs. Lesbian, gay, bisexual, trans and intersex persons are explicitly mentioned as one of those groups of applicants (point f).

In addition, the following **overarching principles** should always guide Member State efforts to provide reception conditions that are SOGIESC-sensitive and -inclusive.

- All appropriate measures are taken to **prevent assault and gender-based violence** (GBV).
- **Non-discrimination.** Equal access to reception conditions must be provided to all applicants, irrespective of their personal characteristics, including SOGIESC.
- Continuous **identification, assessment and response** regarding the special reception needs of applicants on an individual basis is a primary concern throughout reception.
- **Shared responsibility and accountability.** Working on the provision of reception conditions is a joint effort of all reception actors. Policymakers and managers should

⁽¹⁷⁾ It is also important to mention that a similar provision exists in Article 21 RCD (recast). While LGBTIQ applicants are not explicitly mentioned within the list of vulnerable persons in Article 21, this does not exclude the possibility that certain groups of LGBTIQ applicants and/or particular individual LGBTIQ applicants are in a situation of vulnerability or have other special needs (e.g. applicants with disabilities, victims of violence). Since the categories of vulnerable persons are not exhaustive, each case should be considered and assessed individually, to identify specific factors/elements that could place an LGBTIQ applicant in a vulnerable situation or cause them to have special reception needs.



identify the main areas of concern and establish the relevant mitigation measures to be applied, making sure that those measures are integrated into the existing practices, and that these are known and followed by all staff.

Building on the general principle of Article 24 RCD (2024) ⁽¹⁸⁾ and the **overarching principles** mentioned above, the following list recalls some of the provisions on reception conditions that are relevant to the specific needs, challenges and thus special reception needs that LGBTIQ applicants might have. **Each provision is followed by specific considerations for a SOGIESC-sensitive and -inclusive application of the RCD (recast) and the RCD (2024) respectively** ⁽¹⁹⁾.

Table. SOGIESC considerations on key reception provisions

Information
Applicants in reception can receive information about their rights and tailored services that are relevant to and/or addressed to LGBTIQ applicants and how to access them. Examples include dedicated housing facilities, access to non-food items (NFIs) ⁽²⁰⁾ , healthcare (including sexual and reproductive health (SRH)) ⁽²¹⁾ , legal aid and organisations that might be able to help or inform them concerning the available reception conditions, including healthcare. The latter might include LGBTIQ organisations as well.
Detention
LGBTIQ applicants may only be detained if other, less coercive, alternative measures cannot be applied effectively and only on the basis of an individual assessment.
Where there is a risk to, or an incident that compromises, an LGTBIQ detainee's safety and well-being ⁽²²⁾ , immediate actions are taken to transfer the detainee to a safe location and to provide appropriate support (e.g. medical, psychosocial).
The applicant's SOGIESC are primarily considered regarding their allocation in male or female detention facilities, especially when it comes to trans and intersex applicants. Their

⁽¹⁸⁾ As also reflected in Article 21 RCD (recast).

⁽¹⁹⁾ The following considerations and guidance should always be read in conjunction with each EU+ countries' national law transposing the RCD (recast) into the national legal frameworks, as variations of practices and provisions may apply.

⁽²⁰⁾ In this guide, NFIs refer to essential household items other than food, including clothes, personal hygiene products, cleaning and laundry products, bed linen and towels. In the context of school-age applicants, NFIs also include school utensils. The provision of NFIs should always take place while taking into consideration the family situation of the applicant. Specifically, the composition of the NFIs and the quantity provided should take into account the personal needs of the applicant in question (e.g. wheelchair for persons with mobility limitations, glasses).

⁽²¹⁾ SRH refers to one's complete physical, mental and social well-being in all matters relating to the reproductive system. When it comes to reproductive healthcare, this may include – but is not limited to – activities, programmes and the provision of information regarding pregnancy, fertility, contraception and family planning, termination of pregnancy, maternal and newborn care, family planning, human immunodeficiency virus (HIV) / sexually transmitted infection (STI) prevention and management, prevention and response to GBV and the facilitation of preventive screening, early diagnosis and treatment of reproductive health illnesses.

⁽²²⁾ According to the International Detention Coalition, transgender persons are 15 times more likely to be sexually assaulted than cisgender populations while in detention (International Detention Coalition, [LGBTI Persons in Immigration Detention](#), position paper, June 2016, p. 10).



opinion and preference on the most appropriate detention facility must be considered to ensure their safety and well-being. Where possible, separate facilities are allocated to detainees with diverse SOGIESC, taking care to avoid administrative segregation and stigmatisation and without hindering their access to vital services and goods. If the safety and/or well-being of an LGBTIQ applicant is jeopardised, their release or referral to alternatives to detention needs to be considered and prioritised.

LGBTIQ applicants in detention have the right to communicate with and receive visits from persons representing the United Nations High Commissioner for Refugees (UNHCR), as well as family members, legal counsellors and persons representing non-governmental organisations (including LGBTIQ organisations) recognised by the Member State concerned, in a manner that respects their privacy. More precisely, with regard to family members, those might include the detainee's same-sex spouse or unmarried partner in a stable relationship, if this person (family member) falls within the definition of family members of the RCD (2024) ⁽²³⁾ (and RCD (recast)).

LGBTIQ applicants have unhindered and continuous access to appropriate medication and necessary healthcare, including mental healthcare, access to human immunodeficiency virus (HIV) information and treatment. Medically transitioning trans applicants and intersex applicants previously receiving gender-affirming care or treatment ⁽²⁴⁾ have the right to unhindered access to the same care while in detention when continuation of care is formally assessed as essential for their health and well-being. This is the case provided that such treatment is already available and feasible as per national law and practice, in the same way that it is provided for nationals.

The detention of LGBTIQ children, either unaccompanied or accompanied, should be avoided. Other, more appropriate, accommodation arrangements should be pursued instead. Same-gender partners in a stable relationship, spouses and their family members ⁽²⁵⁾ (including dependent adult persons, for example elderly parents) should be housed together in separate accommodation that guarantees adequate privacy.

Families

The family unity of same-gender spouses or partners in a stable relationship ⁽²⁶⁾ and their family members (minor children and other dependent persons, for example elderly parents) is respected throughout the reception process. This includes the provision and allocation of

⁽²³⁾ Article 2(3), point (a) RCD (2024).

⁽²⁴⁾ Gender-affirming care (or gender confirmation/affirmation care) includes a range of social, psychological, behavioural and medical interventions 'designed to support and affirm an individual's gender identity' when it conflicts with the gender they were assigned at birth. The interventions help trans people align various aspects of their lives – emotional, interpersonal and biological – with their gender identity. They can include non-surgical care – such as hormone therapy, speech therapy and mental health services – and surgical care, including genital reconstruction, breast reconstruction and facial plastic surgery. For more information, consult EUAA, [Practical guide on applicants with diverse sexual orientations, gender identities, gender expressions and sex characteristics – Information note](#), October 2024, Chapter 1. SOGIESC terms and concepts.

⁽²⁵⁾ As per the definition provided in Article 2(3)(a) RCD (2024), which covers '[the spouse of] the applicant or his or her unmarried partner in a stable relationship, where the law or practice of the Member State concerned treats unmarried couples as equivalent to married couples.'

⁽²⁶⁾ Ibid.



housing and provided that the concerned applicants have agreed with them being allocated together.

Arrangements for material reception conditions

LGBTIQ applicants and their families are allocated in safe and appropriate accommodation, taking into account their specific needs and views. Particular attention is drawn to the allocation of trans and intersex applicants (Box [Housing – SOGIESC-specific considerations](#)).

Within the accommodation facility, LGBTIQ applicants have the right to communicate with persons representing the UNHCR and with family members, legal counsellors and persons representing non-governmental organisations, including LGBTIQ organisations, in a manner that respects their privacy.

All staff in contact with applicants are bound by confidentiality when it comes to sensitive data they become aware of in the course of their work, including an applicant's SOGIESC ⁽²⁷⁾.

LGBTIQ applicants are involved in issues and practices pertaining to the management of material resources and non-material aspects of life in the accommodation centre. This is performed in a manner that respects their safety, well-being and dignity and mitigates the risk of outing and unwanted or unnecessary exposure ('outing').

Healthcare

LGBTIQ persons have access to necessary healthcare, including emergency care, essential treatment of illnesses and sexual and reproductive healthcare as well as access to relevant information and prevention.

LGBTIQ applicants have access to appropriate mental healthcare, including psychosocial support and medication where needed.

LGBTIQ applicants make informed decisions about medical care, including surgeries and medications.

Intersex applicants should not be advised to undergo non-vital, medically unnecessary sex-normalising surgery or treatment which aim to alter their sex characteristics, including sterilisation, without their prior, free and informed consent. Such interventions should especially be avoided in the case of children ⁽²⁸⁾.

⁽²⁷⁾ Unless the person concerned has provided their informed consent for the release of information to a specific third party or parties as well as where there are specific national rules and regulations where confidentiality can be breached (e.g. in an emergency or life-threatening situation).

⁽²⁸⁾ See also European Union Agency for Fundamental Rights Agency (FRA), [The Fundamental Rights Situation of Intersex People – FRA Focus](#), April 2015, pp. 5–7. In the case of children, the precondition of 'informed consent' is significantly challenging, as the minimum age from which a child is involved in the decision-making process varies among Member States. The lack of a child's legal capacity may be overcome by the use of other mechanisms and means (e.g. informed consent of a parent/legal representative, court decision); however, it is widely acknowledged and recommended that intersex children should not undergo unnecessary medical interventions at all, as those may result in irreversible health conditions and even sterilisation (see also Council of Europe, Parliamentary Assembly, [Resolution 2191 \(2017\) – Promoting the human rights of and eliminating discrimination against intersex people](#), 2017, especially paragraph 7).



Applicants who have undergone female genital mutilation/cutting (FGM/C) or intersex genital mutilation (IGM) have access to necessary and appropriate reparative treatment ⁽²⁹⁾.

Access to healthcare is provided in accordance with an applicant's real health needs, irrespective of the sex/gender marker in their official documents or their self-identified gender.

LGBTIQ applicants (or those perceived as LGBTIQ) should not be subjected to 'conversion' therapy practices ⁽³⁰⁾.

Assessment of special reception needs

The situation and the specific needs of LGBTIQ applicants are continuously monitored and assessed and, where there is a need, such applicants are transferred to appropriate housing and/or referred to specialised support, including to LGBTIQ organisations, legal aid, psychosocial support, healthcare and support services for victims of GBV, FGM and IGM. For more information on conducting individual assessment, consult Chapter [3. Identification, assessment and response to the needs of applicants with diverse SOGIESC](#).

Minors

The best interests of LGBTIQ children are taken into primary consideration throughout the reception process. When assessing their best interests, Member States take into account their well-being, safety and social development, considering also the intersections among their SOGIESC and other factors, such as the situation within their family, community and the reception facility. The views and wishes of LGBTIQ children are taken into consideration, including those that are linked to or associated with the experience and expression of their own SOGIESC (e.g. a trans child's self-identified gender is a factor to be primarily considered when assessing their best interests; similarly, an intersex child might not identify with the sex/gender marker assigned to them at birth or present in their official documentation).

LGBTIQ children have access to leisure activities on equal terms with all children, including play and recreational activities appropriate to their age within the premises and accommodation centres referred to in Article 20(1), points (a) and (b) RCD (2024) ⁽³¹⁾ and to open-air activities and access to rehabilitation services for those who are victims of abuse, neglect and exploitation.

LGBTIQ children are accommodated with their parents, their unmarried minor siblings or with the adult responsible for them whether by law or by the practice of the Member State concerned, provided it is in their best interests, following a relevant assessment.

Those working with children, including guardians and other representatives (depending on national law and practice), should have received and continue to receive appropriate

⁽²⁹⁾ That may include reconstructive surgery or access to specific medication, following an individual assessment and provided that such treatment is already available and feasible as per national law and practice, in the same way that it is provided for nationals.

⁽³⁰⁾ For more information on 'conversion' therapy and its impact, consult EUAA, [Practical guide on applicants with diverse sexual orientations, gender identities, gender expressions and sex characteristics – Information note](#), October 2024, Section 2.2 Intersectionality in asylum.

⁽³¹⁾ And Article 18(1) RCD (recast).



training on the rights and needs of minors, including training on SOGIESC-related elements, as well as particular elements of SOGIESC pertaining to asylum.

Unaccompanied minors

The housing allocation of LGBTIQ unaccompanied children is to be made following a thorough assessment of their best interests, on an individual basis, considering their safety, well-being and their social development. Their views and wishes are also heard and considered, taking into account their age and maturity and regarding their personal experience and expression of their own SOGIESC.

Victims of torture and violence

LGBTIQ persons who have been subjected to trafficking in human beings, torture, rape or other serious acts of violence, including GBV, receive the necessary treatment, in particular access to appropriate medical and psychological treatment or care that takes into account their particular needs and identities in relation to their SOGIESC.

Those working with victims of torture, rape or other serious acts of violence, including medical staff, should have access to training, among other things, on the particular needs and relevant treatments of persons with diverse SOGIESC and are bound by the confidentiality rules provided for in national law in relation to any information they obtain in the course of their work.

Staff and resources

Staff working directly with applicants in reception should have access to basic training on SOGIESC issues and SOGIESC in asylum ⁽³²⁾. Staff conducting or otherwise involved in the assessment of special needs (assessors) or case management (case managers) should have access to more advanced training on SOGIESC (for more information on training, consult the [Practical guide on applicants with diverse SOGIESC – Cross-cutting elements](#), Section 5.3. Staff capacity building on SOGIESC).

Housing – SOGIESC-specific considerations

Member States may provide various types of housing for applicants. The housing type may range from collective accommodation centres to alternative arrangements, including private houses, flats, hotels or other premises adapted for housing applicants. At the same time, as provided in recital 37 RCD (2024) ⁽³³⁾ ‘the reception of persons with special reception needs

⁽³²⁾ Such training may cover the following areas: introduction to core SOGIESC elements and terms and elements specific to displaced LGBTIQ people; the basic legal framework; understanding intersecting identities and experiences of displaced LGBTIQ persons; norms and addressing implicit bias; respectful and inclusive language and communication; establishing safe spaces; risk mitigation for applicants with diverse SOGIESC; and timely and safe responses to incidents of discrimination, violence and abuse. Specialised reception workers who are involved in vulnerability management (identification, assessment, response, case management) should receive more advanced training, including training in techniques for interviewing LGBTIQ applicants and training on managing individual cases.

⁽³³⁾ This article is also reflected in recital 14 RCD (recast).



should be a primary concern for national authorities in order to ensure that such reception is specifically designed to meet their special reception needs’.

Housing is a key concern for applicants with diverse SOGIESC. Due to their non-conforming characteristics or identities, they may experience violence and harassment in collective accommodation facilities. In some cases, though, LGBTIQ people might feel more safe and comfortable living with other members of their communities. Therefore, reception authorities always need to make sure safety considerations are in place and that the situation of those applicants is continuously assessed and monitored in an individual manner.

The **location** of housing facilities is a key parameter; relevant services, such as public services, schools, stores for daily needs, healthcare, legal assistance and other relevant organisations should be in proximity. Trans and intersex applicants, as well as those subjected to FGM or IGM, might need specific medical treatment or care (e.g. reparative care) that is not available in all locations.

When it comes to housing **allocation**, the principle of family unity should always be respected and the best interests of children always considered prior to any allocation of applicants within the housing system – including those with diverse SOGIESC (see also the Table [SOGIESC considerations on key reception provisions](#) and especially the sections [Families](#); [Minors](#); and [Arrangements for material reception conditions](#)). In addition, and irrespective of the type of housing (collective or individual), separate lockable bedrooms should exist for single applicants of different genders. Similarly, in collective housing facilities, separate and lockable sanitary and bathroom facilities should be allocated for male and female applicants, and, ideally, there should be a smaller number of gender-neutral units.

When there is a need to respond to safety risks and challenges faced by LGBTIQ applicants in collective accommodation (e.g. harassment, discrimination), reception authorities should consider the availability and provision of separate accommodation options, such as safe houses or individual housing or reallocation to a centre with separate housing options. This is also the case where there is a need to provide housing to LGBTIQ applicants who are particularly vulnerable (e.g. victims of GBV and persons with serious health conditions). If separate housing is not available, a dedicated place within the collective facility should be ensured with increased privacy, en suite bathroom and fewer people cohabitating; reallocation to another centre, potentially close to LGBTIQ networks and relevant support might also be considered.

Remember there is no one-size-fits-all approach for all LGBTIQ applicants; the selection of the most appropriate housing option or modality for an LGBTIQ applicant (and their family) should always be made on an individual basis, following an identification and assessment of their own specific needs and taking into consideration their own preferences and experiences (see also Chapter [3. Identification, assessment and response to the needs of applicants with diverse SOGIESC](#)).

Examples of SOGIESC-friendly accommodation include confidential housing for vulnerable applicants, dedicated apartments for LGBTIQ applicants as well as accommodation



provided by the private accommodation sector (short-term housing for persons with special reception needs, including LGBTIQ people).

In relation to **LGBTIQ unaccompanied children**, the allocation of housing and the selection of the most appropriate care arrangements should be made on the basis of an individual assessment of each child's needs and characteristics (the best interests assessment). Children's voices and wishes must be heard when deciding on the most suitable housing modality. For instance, in the case of trans children, particular attention should be paid to the selection of a boys' or girls' collective housing centre – the child's wishes and views and the opinion of their guardian or other counsellor or representative should be considered. Particular attention should be paid to potential risks before deciding to place LGBTIQ unaccompanied children in the care of families in the host country (e.g. in kinship care, foster care or other forms of family-based care), where such schemes are applicable.



Other useful resources

- The UNHCR has developed a need- to-know guidance which includes practical recommendations for policymakers, managers and staff working directly with applicants. The recommendations cover how to consider the specific needs of LGBTIQ people in displacement, covering a wide range of thematic areas ⁽³⁴⁾.
- The summary conclusions of the UNHCR Global Roundtable on Protection and Solutions for LGBTIQ+ People in Forced Displacement include recommendations to states on adopting specific measures to integrate the protection and respect of the rights of displaced LGBTIQ persons, including on reception-related areas (e.g. accommodation, healthcare, participation) ⁽³⁵⁾.
- The European region of the International Lesbian, Gay, Bisexual, Trans and Intersex Association has published a report highlighting good practices related to LGBTIQ applicants in Europe, including a specific chapter on reception conditions ⁽³⁶⁾.
- The Rainbow Welcome! project has developed a guide aimed at improving reception conditions in LGBTIQ shelters, LGBTIQ associations and reception centres for applicants and refugees ⁽³⁷⁾.
- In *Queering Asylum in Europe*, Section 9.2. Health and mental health ⁽³⁸⁾, there is an overview of practices in relation to LGBTIQ applicants' access to healthcare services in certain countries (Germany, Italy and the United Kingdom), including access to specialised treatment, such as mental healthcare, treatment in response to GBV and torture, hormone treatment and HIV-related care.

⁽³⁴⁾ UNHCR, [Working with lesbian, gay, bisexual, transgender, intersex and queer \(LGBTIQ+\) persons in forced displacement – Need to Know Guidance](#), Geneva, 2021.

⁽³⁵⁾ UNHCR, [2021 Global Roundtable on Protection and Solutions for LGBTIQ+ People in Forced Displacement – Summary conclusions](#), Geneva, 2021.

⁽³⁶⁾ European region of the International Lesbian, Gay, Bisexual, Trans and Intersex Association, [Good practices related to LGBTI asylum applicants in Europe](#), 2014, in particular Chapter 10.

⁽³⁷⁾ Rainbow Welcome! project, [Improving the reception of LGBTIQ+ asylum seekers and refugees in Europe – Practical guide for social workers and actors on the ground](#), 2022.

⁽³⁸⁾ Danisi, C., Dustin, M., Ferreira, N. and Held, N., '[Health and mental health](#)' in *Queering Asylum in Europe*, Springer, Cham, 2021.



Good practices

- The federal action plan for an LGBTIQ-friendly Belgium includes a total of 133 measures to strengthen the rights of LGBTIQ persons from various federal policies. The plan pays particular attention to vulnerable groups, including LGBTIQ applicants and beneficiaries of international protection, with a focus on training, information provision and referral, taking into account their special reception needs ⁽³⁹⁾.
- In Belgium, several accommodation places are labelled according to their accessibility/adaptability for certain categories of applicants, such as applicants with reduced mobility or applicants with serious health concerns (who need a specific room infrastructure or proximity to medical facilities) and rooms for other categories of vulnerable applicants (e.g. those who need to be in the vicinity of the staff offices or near sanitary facilities).
- The Berlin model constitutes a reception and integration strategy that recognises and accounts for the special vulnerability of LGBTIQ applicants. Among other services, it provides counselling on asylum processes, specific counselling on anti-violence and anti-discrimination, psychological counselling and healthcare; promotes empowerment and the set-up of self-help groups; runs a specific shelter for LGBTI refugees; and provides for training for managers and staff members of refugee shelters, public administration, refugee advice centres, security personnel and others ⁽⁴⁰⁾.
- In the French reception system, some 200 places are specifically adapted to the needs of vulnerable applicants with diverse SOGIESC. Safety and security measures are particularly considered and staff are properly trained to respond to the specific needs of this group of applicants (including health and mental health concerns, social integration, anti-discrimination and legal counselling). Partnerships with LGBTIQ organisations and health providers are in place and based on a multidisciplinary approach. For allocation to these adapted places, the applicant's own views are considered, among other elements. The programme is part of the country's *Plan Vulnérabilités* (Vulnerabilities Plan) ⁽⁴¹⁾.
- In Greece, within the framework of the emergency support to integration and accommodation programme, the UNHCR and its implementing partners provided specialised accommodation for LGBTIQ applicants, housing them in dedicated apartments in urban areas and providing them with legal and psychosocial support systems from 2016 to 2021 ⁽⁴²⁾.

⁽³⁹⁾ For more information, consult Equal.be, '[Plan d'action SOGIESC](#)', 2021–2024 (also available in German, French and Dutch).

⁽⁴⁰⁾ Berlin State Office for Equal Treatment and against Discrimination, '[LGBTI refugees – situation, protection and support](#)', factsheet 09e, Berlin, 2016.

⁽⁴¹⁾ Ministère de l'Intérieur (Ministry of the Interior, France), '[Plan Vulnérabilités](#)', May 2021 (available in French).

⁽⁴²⁾ Solidarity Now, '[Completed programs – hosting and accommodation programs](#)', January–December 2022.

2. Risk mitigation for LGBTIQ applicants in reception



Persons with diverse SOGIESC are often discriminated against, harassed or marginalised as they do not conform to the predominant sociocultural model and the societal expectations in the country of origin and/or the country of asylum. (Consult also the [Practical guide on applicants with diverse SOGIESC – Cross-cutting elements](#), Chapter 2. Intersectionality in asylum). LGBTIQ individuals are particularly exposed to discrimination, abuse, violence or physical and mental health-related risks in their country of origin, in transit and in the country of asylum. Other types of risks and factors, such as pre-existing trauma, physical and mental health conditions might further deteriorate or intensify if not properly identified and mitigated.

Specific measures and policies in reception can reduce the chance of these risks occurring, while having a response mechanism in place can lessen the impact when harmful acts take place. Taking these steps can help mitigate the risks LGBTIQ applicants face and create a safer environment for them.

This chapter consists of two sections, covering (i) the analysis of the main risks (non-exhaustive) faced by LGBTIQ persons and their impact (Section [2.1. Risks for applicants with diverse SOGIESC](#)) and (ii) a range of measures and ways to mitigate those risks (Section [2.2. Risk mitigation](#)). The measures and recommendations can also help reception authorities to design and implement practices for the assessment of reception conditions, by integrating specific considerations regarding LGBTIQ applicants.

2.1. Risks for applicants with diverse SOGIESC

The types of risks that LGBTIQ applicants might face, and the frequency of those risks might not always be precisely predicted. However, there are various factors that are known to increase the likelihood of those risks. These factors may serve as indicators for identifying potential risks and identifying or highlighting possible areas where risk mitigation measures can be taken. According to the ecological model, those factors can be divided into four levels: the societal, community, family and individual levels ⁽⁴³⁾.

- **Society.** Societal factors are those profoundly rooted in our societies. They include prevailing cultural values, norms and structures, such as patriarchal views on gender and viewing men as superior to women, little or no tolerance of deviation from what is considered acceptable behaviour for men and women but also a generalised impunity regarding violent behaviour against certain groups.

⁽⁴³⁾ More information on the ecological framework can be found in Inter-Agency Standing Committee, [Guidelines for integrating gender-based violence interventions in humanitarian action – Reducing risk, promoting resilience and aiding recovery](#), 2015.



- **Community.** Community-level factors have to do with someone's immediate surroundings. Examples regarding SOGIESC include the community-wide acceptance of violence and a 'blame the victim' attitude. Community-level factors also include the conditions in a reception facility, such as a lack of safe places for at-risk groups, a lack of reporting mechanisms, poorly or inappropriately designed infrastructure (such as unsafe common areas), inappropriate allocation of applicants and a lack of specialised services or properly trained staff.
- **Family.** These factors refer to an applicant's close relationships, such as those with family members, partners and friends. This can include a family history of violence, poor parenting skills, low socioeconomic status or being surrounded by people who display homo/trans/bi/intersexphobic behaviour or even violence.
- **Individual.** The factors that are identified on the individual level are associated with the applicant directly. These factors can include inherent and intersecting characteristics, such as someone's own SOGIESC, nationality, religious beliefs, ethnic origin, physical characteristics or age but also personal experiences and other circumstances.

Risks faced by LGBTIQ applicants while in reception mainly refer to:

- abuse and violence, including GBV, exploitation, trafficking and forced labour and other types of inhuman or degrading treatment;
- discrimination and/or exclusion regarding accessing necessary healthcare and support services for victims of GBV, appropriate housing, education, leisure, employment and other services in relation to socioeconomic rights;
- stigmatisation, isolation, marginalisation, exclusion from family, society or other community or support networks, and significant challenges in actively participating in and integrating into society due to stigma, discrimination, prevailing prejudices and biases;
- serious physical and mental health issues, including complications in relation to trans- or intersex-specific healthcare, drug and substance use.

All the above risks are identified as critical and pose significant challenges to the LGBTIQ applicant's safety, well-being but also their capacity to benefit from reception conditions. This chapter elaborates on certain categories of risks that are more or explicitly specific to SOGIESC.

For more information on the risks faced by LGBTIQ applicants in conjunction with their intersecting identities and needs, consult the [Practical guide on applicants with diverse SOGIESC – Information note](#), Chapter 2. Norms, biases and intersectionality.

2.1.1. Violence, coercion and deprivation

Violence can take several forms and be expressed at various levels of severity, yet it always causes physical, psychological and/or emotional trauma. In a relevant report, the UN High Commissioner for Human Rights refers to acts of violence against individuals based on their sexual orientation and gender identity: 'Homophobic and transphobic violence has been recorded in all regions. Such violence may be physical (including murder, beatings,



kidnappings, rape and sexual assault) or psychological (including threats, coercion and arbitrary deprivations of liberty)' ⁽⁴⁴⁾.

With regard to GBV, recital 17 of the EU directive on the rights of victims defines GBV as '[v]iolence 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' ⁽⁴⁵⁾. Furthermore, the EU directive on combating violence against women and domestic violence highlights that '[v]ictims experiencing intersectional discrimination are at a heightened risk of violence.' They could include, among others, women applicants for international protection ... lesbian, gay, bisexual, trans or intersex persons ⁽⁴⁶⁾.

For more information on the types of GBV, why it constitutes a human rights violation and how it affects the lives of victims, refer to the dedicated page of the Inter-Agency Standing Committee Task Force on Gender and Humanitarian Assistance ⁽⁴⁷⁾.

In the context of reception and with specific reference to LGBTIQ applicants, the most frequently addressed forms of violence and GBV ⁽⁴⁸⁾ are as follows.

- **Physical assault and harassment.** LGBTIQ applicants are extremely vulnerable to physical violence due to their non-conforming SOGIESC. In its more extreme form, it can lead to the victim's death. Among LGBTIQ applicants, honour killings, referring to murders of individuals by someone (usually a family member) seeking to protect what they see as the dignity and honour of themselves or their family, are quite common.
- **Sexual violence and exploitation.** The term 'sexual violence' encompasses a wide range of unwanted sexual behaviours, including sexual harassment, assault, exploitation and rape. Sexual violence is often used against LGBTIQ people to punish or 'correct' their behaviour (e.g. 'corrective' rape of lesbians, those perceived as lesbians or trans women). LGBTIQ – especially trans – applicants are particularly vulnerable to sexual exploitation and sex trafficking, as they lack strong support networks and are particularly marginalised in society ⁽⁴⁹⁾.
- **Harmful practices.** LGBTIQ applicants may have been forced to undergo FGM, IGM or 'conversion' therapy. These harmful practices have lifelong physical and psychological

⁽⁴⁴⁾ UN Human Rights Council, [Report of the UN High Commissioner for Human Rights on discriminatory laws and practices and acts of violence against individuals based on their sexual orientation and gender identity](#), A/HRC/19/41, 2011, paragraph 20.

⁽⁴⁵⁾ [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, 14.11.2012, p. 57).

⁽⁴⁶⁾ 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).

⁽⁴⁷⁾ Inter-Agency Standing Committee Task Force on Gender and Humanitarian Assistance, [Guidelines for integrating gender-based violence interventions in humanitarian action](#), 2024.

⁽⁴⁸⁾ For more information on how GBV affects persons with diverse SOGIESC, consult the EUAA, [Practical guide on applicants with diverse sexual orientations, gender identities, gender expressions and sex characteristics – Information note](#), October 2024, Chapter 2.2.(b) Victims of gender-based violence.

⁽⁴⁹⁾ For more information on the intersections of SOGIESC with trafficking in human beings (THB), consult the EUAA, [Practical guide on applicants with diverse sexual orientations, gender identities, gender expressions and sex characteristics – Information note](#), June 2024, Section 2.2.(e) Trafficking in human beings.



impacts on the person and may result in stigma, fear, isolation, rejection and serious mental health conditions.

- **Domestic violence** ⁽⁵⁰⁾. LGBTIQ people can be at risk of experiencing violence at the hands of intolerant or unaccepting family members. LGBTIQ children and young people living with their families may also be particularly at risk, including homelessness, housing instability or lack of financial support due to family rejection.
- **Forced marriage**. LGBTIQ people are often forced to marry against their will as a means of ‘correcting’ their sexual orientation or gender identity.
- **Psychological and verbal violence**. LGBTIQ applicants are more prone to experiencing isolation, marginalisation, information being withheld from them or disinformation being spread about them. They might be threatened (i.e. digital violence), verbally degraded or manipulated as they face a continuous fear of stigma and outing.
- **Coercion**. LGBTIQ persons may be forced to give to money/goods or perform sexual acts or other favours in exchange for the abuser not fulfilling disclosing the victim’s SOGIESC to their friends or family. Coercion is also widely used in THB.
- **Deprivation**. It refers to the lack of or denial of access to and enjoyment of basic goods and necessities. It can take the following forms.
 - **Denial of services**. LGBTIQ applicants may experience denial of access to labour, housing, education or healthcare because of their SOGIESC.
 - **Denial of resources**. It refers to limiting or taking away someone’s access to resources. An example of this is denying an applicant access to LGBTIQ support services by intentionally not sharing this information or assigning housing in areas without any LGBTIQ-specific support. A denial of resources also includes basic necessities such as access to food and NFIs (e.g. hygiene materials).

2.1.2. Physical and mental health risks

When it comes to physical and mental health, major risks for LGBTIQ applicants include, among others, the physical or mental impact and consequences or complications of FGM, IGM and ‘conversion’ therapy practices ⁽⁵¹⁾. Due to the chronic and prevailing discrimination and stigma they face on the basis of non-conforming SOGIESC – in their countries, in transit and also in their countries of asylum – LGBTIQ applicants might face (or continue to face) serious mental health concerns, including post-traumatic stress disorder (PTSD), anxiety, depression, eating disorders, self-harm and suicide ideation ⁽⁵²⁾. For those involved in transactional sex,

⁽⁵⁰⁾ Domestic violence includes all ‘acts of physical, sexual, psychological or economic violence that occur within the family or domestic unit or between former or current spouses or partners, whether or not the perpetrator shares or has shared the same residence with the victim’ (Article 3 of the [Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence](#), Council of Europe Treaty Series – No 210, 2011).

⁽⁵¹⁾ For more information on ‘conversion’ therapy and its impact, consult the EUAA, [Practical guide on applicants with diverse sexual orientations, gender identities, gender expressions and sex characteristics – Information note](#), October 2024, Section 2.2. Intersectionality in asylum.

⁽⁵²⁾ For more information and guidance on mental health concerns and needs, consult the EUAA, [Practical Guide on Mental Health and Well-Being of Applicants for International Protection – Part II: First-line officers](#), 2024.



the risk of being infected with HIV and other sexually transmitted infection (STIs) remains higher. Prevalence of substance use, as a negative coping mechanism, is also a significant concern.

For trans and gender non-conforming people, health concerns are particularly relevant before transitioning or in the early stages of transition. For those under hormone treatment or where such treatment has been suddenly interrupted ⁽⁵³⁾, potential side effects might have serious consequences for a person's physical and mental health. Sometimes hormone products are obtained without medical supervision and they are often of low quality; they may thus carry serious health risks. This is often exacerbated by a lack of medical supervision, including monitoring of various health indicators (e.g. through regular blood tests) and individuals may therefore arrive in Europe with related health issues.

Furthermore, intersex children may have been subjected to surgeries, hormonal treatments and other interventions to align their sex characteristics with societal expectations about typical male and female bodies. In most cases, there is not a medical necessity for these interventions. Surgery is typically irreversible and may have a wide range of severe, negative physical and psychological impact on the person's health and may result in sterilisation. Parents of intersex children often face pressure to agree to such surgeries or treatments without being informed of alternatives or about the potential negative health impact or consequences ⁽⁵⁴⁾.

Besides the health conditions themselves, LGBTIQ applicants in reception may face barriers to accessing healthcare due to their SOGIESC. Some of them may avoid or delay receiving appropriate care because of perceived or actual homo/bi/trans/intersexphobia and discrimination from healthcare providers ⁽⁵⁵⁾.

Similarly, trans and non-binary people often encounter additional barriers in attaining gynaecological and sexual and reproductive healthcare ⁽⁵⁶⁾. Providers and staff often make assumptions about the gender identity or expression of patients in a women's health clinic. They might also lack cultural competence in caring for trans and non-binary patients.

⁽⁵³⁾ Transgender Europe, '[Asylum seekers' need for trans-specific healthcare: trans-specific healthcare in reception conditions](#)', 2018.

⁽⁵⁴⁾ The UN considers surgery and other unnecessary treatments performed on intersex individuals to be a fundamental human rights violation (International Organization for Migration, [International standards on the protection of people with diverse sexual orientation, gender identity, gender expression and sex characteristics \(SOGIESC\) in the context of migration](#), international migration law information note, 2021, p. 27). Furthermore, in a resolution adopted on 14 February 2019, the European Parliament strongly condemned sex-normalising treatments and surgery on intersex persons (European Parliament, [European Parliament resolution of 14 February 2019 on the rights of intersex people \(2018/2878\(RSP\)\)](#), Strasbourg, 2019).

⁽⁵⁵⁾ According to a survey conducted by FRA in 2014 on the experiences and situation of trans people in the EU, around one in five respondents who accessed healthcare services (22 %) or social services (19 %) in the year preceding the survey felt that healthcare or social services personnel discriminated against them because they were trans. See FRA, [Being Trans in the EU – Comparative analysis of the EU LGBT survey data. Summary](#), 2014.

⁽⁵⁶⁾ For instance, trans men and non-binary persons may also undergo pregnancy and should, in such cases, benefit from measures for pregnancy and birth-related care without discrimination based on their gender identity.



2.2. Risk mitigation

As previously explained, a wide range of interconnected factors contribute to the likelihood of one being a victim of violence, coercion or deprivation or facing serious issues related to their safety, overall well-being as well as physical and mental health. As managers, policymakers and staff in reception, you can take concrete steps and actions towards lessening the impact of those factors and therefore mitigating the multiple risks that occur as a result. This process is called risk mitigation.

Working on risk mitigation is a worthwhile, proactive endeavour that focuses on prevention and can significantly contribute to the safety and well-being of applicants. For that reason, continuous review, monitoring and evaluation of the reception system, including risks, is essential. Risk mitigation is not a one-off task but a continuous and systematic process that includes a range of phases: identification of risk areas, determination and implementation of risk mitigation measures, monitoring, reporting, evaluation/assessment and adjustments made based on the assessment.

In the following boxes, key recommendations are proposed in **the form of a list** for assisting policymakers, managers and reception workers in identifying key areas of concern and implementing risk mitigation measures.

The analysis is structured around seven topics:

1. design and layout of the reception facility,
2. reception process and reception conditions,
3. management of vulnerabilities and special needs,
4. information provision,
5. participation and outreach,
6. human resources and knowledge,
7. external coordination and cooperation.

Under each topic, **underlying areas of concern** are provided in line with the **key recommendations**. In several cases, the recommendations are immediately preceded by relevant good practices.



Table. Design and layout of the reception facility

1. Design and layout of the reception facility
Registration areas
The registration area ensures confidentiality and privacy so that the applicants feel safe to share sensitive information.
Consultation offices
Consultation offices used for private sessions with applicants ensure confidentiality and privacy so that the applicants feel safe to share sensitive information.
Accommodation
Persons with special needs, including LGBTIQ applicants and their families, can be allocated near administration or security offices within the reception centre; safety and security concerns are also considered, to avoid those particular accommodation units being targeted by other residents (for example by taking security measures such as ensuring staff presence nearby, restricting access or providing panic buttons).
Common areas ⁽⁵⁷⁾
Common areas are safe and accessible to all on equal terms, including LGBTIQ applicants. Where LGBTIQ-designated areas exist and are functional, safety and security are ensured to avoid violence, harassment or stigmatisation (e.g. this can be done by avoiding those particular areas being labelled as LGBTIQ areas by other residents, or, alternatively, by taking measures such as ensuring staff presence near the area, restricting access or providing panic buttons). Good practice. <i>LGBTIQ applicants have safe access to physical spaces (e.g. community hubs, peer-to-peer support groups) where they can interact with each other, be informed about rights and services and feel empowered. Such spaces can be run by reception staff or specialised LGBTIQ service providers (including civil society organisations (CSOs)) or by the applicants themselves and can also serve as entry points for identification and response to GBV and other harmful acts.</i>
Water and sanitary facilities ⁽⁵⁸⁾
Water and sanitary facilities are easily and safely accessed by all and on equal terms, including persons with diverse SOGIESC. That includes, for example, that they are located close to the accommodation area(s), they have adequate lighting and lockable doors and the privacy of sanitary units is ensured at all times.

⁽⁵⁷⁾ The term ‘common areas’ refers to spaces that applicants use and spend time within a collective reception facility. Those include indoor or outdoor areas used for cooking, eating and group activities (e.g. sports, leisure, language classes, group information sessions, religious practice) and places used for community-run activities and meetings.

⁽⁵⁸⁾ Water and sanitary facilities include those that provide access to drinking water, laundry, showers/bathrooms, toilets and waste management.



Good practices

- These facilities are located near buildings allocated to administration/reception staff or security staff.
- Separate toilets, sinks and shower facilities are provided based on gender (and are visibly and understandably marked), except in small accommodation facilities ⁽⁵⁹⁾.
- Trans applicants have safe and equal access to their preferred facilities in terms of gender.
- In collective reception centres, a small number of dedicated gender-neutral toilets and shower facilities are established.

Within the reception management system, it is possible to allocate accommodation close to water and sanitary facilities to particularly vulnerable applicants such as applicants with diverse SOGIESC.

Good practice. In collective reception centres, dedicated accommodation units with en suite bathrooms are available for LGBTIQ persons and/or other persons with special reception needs.

Lighting

The whole reception facility has adequate lighting, especially the areas for and around the accommodation units and the water and sanitary facilities.

Table. Reception process and reception conditions

2. Reception process and reception conditions

Documentation used in reception

In addition to their official documentation, applicants can self-identify and register their preferred name, alias and pronouns on identification documents issued by the reception authority (where applicable as per national law or practice).

Relevant registration forms in reception can include information on one's self-identified gender identity in addition to sex assigned at birth (where applicable as per national law or practice).

Family unity in housing allocation

Family unity is respected in relation to the allocation of housing. This includes the family unity of same-sex spouses or unmarried partners in a stable relationship ⁽⁶⁰⁾, their minor children and other dependents; in the case of children, this includes the adult responsible for the applicant, whether by law or by the practice of the state concerned and taking into account a best interests assessment.

⁽⁵⁹⁾ Apartments, studios and other housing for fewer than 12 persons could be excepted.

⁽⁶⁰⁾ In accordance with the definition provided in Article 2(3), point (a) RCD (2024), which covers '[the spouse of] the applicant or his or her unmarried partner in a stable relationship, where the law or practice of the Member State concerned treats unmarried couples as equivalent to married couples.'



Allocation of applicants with special needs

Within the reception system, safe housing options are available for LGBTIQ applicants (and their families) ⁽⁶¹⁾.

When deciding the most suitable housing option for an applicant, their SOGIESC are considered.

It is possible to transfer an applicant to another, safe and appropriate housing option, where needed (e.g. on the basis or assessment of their special needs, including SOGIESC or because they are a victim of harassment or violence) ⁽⁶²⁾.

LGBTIQ applicants and their families are allocated to areas where they can easily access services and supportive networks.

The views and concerns of LGBTIQ applicants are considered, alongside other factors, when deciding on the most suitable option (accommodation), especially those of trans, gender non-conforming, non-binary or intersex applicants.

Gender and SOGIESC considerations in the provision of reception conditions

The family unity of same-sex couples or unmarried partners in a stable relationship ⁽⁶³⁾ and their families is respected throughout the reception process and in all matters related to the provision of material reception conditions (distribution of NFIs and food, financial allowance, vouchers, etc.).

Programmes and activities related to the applicants' access to the labour market ensure that LGBTIQ applicants and their needs are considered.

LGBTIQ children have unhindered access to education on the same terms as other children.

Healthcare and SRH

All applicants, including LGBTIQ applicants have access to emergency care, essential healthcare and treatment, including mental health and SRH. These services are provided in line with the real needs of each applicant (particularly relevant to the specific needs of trans and intersex persons).

Information on SRH is targeted at all applicants, so that even applicants with diverse SOGIESC who have not disclosed them or do not want to are given the necessary information on where to seek help and services.

Good practice. SRH information (group or one-to-one) sessions are delivered, targeting groups with specific needs (e.g. persons with diverse SOGIESC, persons engaging in transactional sex), in a manner that ensures privacy and does not expose participants to outing and unnecessary or unwanted public exposure of their SOGIESC.

SOGIESC- and gender-specific considerations are taken into account in the design and provision of healthcare services. This includes the availability of medical staff of all genders

⁽⁶¹⁾ See also Box [Housing – SOGIESC-specific considerations](#).

⁽⁶²⁾ See also Chapter [3. Identification, assessment and response to the needs of applicants with diverse SOGIESC](#).

⁽⁶³⁾ In accordance with the definition provided in Article 2(3), point (a) RCD (2024), which covers '[the spouse of] the applicant or his or her unmarried partner in a stable relationship, where the law or practice of the Member State concerned treats unmarried couples as equivalent to married couples.'



(including interpreters deployed to healthcare providers), gender-segregated healthcare facilities, respectful communication and use of gender-sensitive language by medical staff.

Medical staff are aware of the particular health needs of LGBTIQ persons, informed on human rights issues relevant to gender minorities, i.e. the de-pathologising of trans identities and trained on recognising and responding to GBV.

Response services pertaining to the clinical management of rape are equally available to men and trans applicants who are victims of GBV.

Good practice. *Trans applicants have access to gender-affirming care, when discontinuation (if such treatment was previously initiated) or lack of access might have severe physical or mental consequences to the concerned person, following an individual assessment* ⁽⁶⁴⁾.

When it comes to intersex applicants, including children, medical staff should not advise, pressure or coerce those persons or the children's parents (or legal representatives) to undergo or consent to unnecessary medical interventions that do not correspond to their actual medical needs.

Intersex children and their parents (or legal representatives) receive adequate and up-to-date information on the rights and needs of their children, including their right not to undergo any non-vital, medically unnecessary intervention; the right to dignity, physical and psychological integrity, and participation; and the right to have their views heard and to be properly informed.

Reception workers (including medical staff) should not advise or pressure LGBTIQ applicants (or the LGBTIQ children's parents or legal representatives) to undergo (or consent to) LGBTIQ 'conversion' therapy.

Access to food and NFIs

LGBTIQ – especially trans, non-binary and intersex – applicants have access to appropriate hygiene materials, according to their actual needs ⁽⁶⁵⁾.

The distribution of goods (e.g. food, NFIs) takes place in a manner that is safe for LGBTIQ applicants (e.g. alternatives are pursued when public disclosure might expose them to safety risks).

Good practice. *Distribution points or areas are close to administrative areas or to the police/security premises and closely monitored. The applicant's views and concerns on their preferred distribution modalities are considered (e.g. individual distributions of items to specific applicants could be considered on an ad hoc basis, or alternatively, gender-disaggregated distributions).*

Prevention of and response to violence

Applicants receive information about the different types of violence and abuse they may experience, including GBV, THB, coercion and deprivation ⁽⁶⁶⁾. The information is conveyed

⁽⁶⁴⁾ For more relevant information about various EU+ country practices on the access of applicants to transgender-related healthcare, consult FRA, [Current migration situation in the EU: Lesbian, gay, bisexual, transgender and intersex asylum seekers](#), March 2017, p. 14.

⁽⁶⁵⁾ For example, trans men have access to menstrual hygiene items.

⁽⁶⁶⁾ Including information on the right to be free from violence and other harmful acts, the impact of those acts and the fact that such acts are prohibited and criminalised in the host country.



using the most suitable channels, having regard at all time to the safety and confidentiality of LGBTIQ persons.

There is a mechanism in place for reporting and responding in a safe manner to incidents of violence that take place in reception facilities. The mechanism also provides support for victims and actions for holding the perpetrators accountable ⁽⁶⁷⁾. Staff in reception are aware of this mechanism, their exact roles are clearly indicated and staff specialised in SOGIESC have a core role in the response, including the provision of support to victims.

Applicants are informed of the reporting mechanisms and/or other channels and ways to report violence and seek assistance safely ⁽⁶⁸⁾ when such acts take place (either in or out of the reception centre) and their rights as victims of violence in the host country.

Where applicable, information is made available to applicants regarding existing national or local services and activities focusing on the prevention of violence.

LGBTIQ applicants are included in consultations aiming to identify challenges, concerns or obstacles they might face in accessing safe reporting mechanisms and receiving relevant support.

Reduction and withdrawal of material reception conditions

The specific situation and needs of LGBTIQ applicants are taken into account, following an assessment made on an individual basis, prior to the decision-making on the reduction or withdrawal of material reception conditions. Alternative options to ensure that LGBTIQ applicants can live in dignity are ensured.

⁽⁶⁷⁾ Where applicable, contact information for a dedicated or specialised police unit (e.g. for victims of violence or for LGBTIQ people) is also made available to applicants.

⁽⁶⁸⁾ Including information about national or local service providers and organisations supporting victims of violence, and how to reach these groups.

**Table. Management of vulnerabilities and special needs**

3. Management of vulnerabilities and special needs ⁽⁶⁹⁾
Identification and assessment
There is a standardised mechanism (procedure / workflow / standard operating procedures) in place for the identification and assessment of applicants with special needs, which includes references to the needs of LGBTIQ applicants. The roles of the different responsible staff members (and service providers) are clearly indicated in the mechanism and known by the applicants. The mechanism is known to reception staff and every staff member knows their role and expected tasks throughout the procedure. The assessment of the needs of LGBTIQ applicants is undertaken by staff members specialised and/or trained in SOGIESC-related issues. Where this is not feasible, this assessment can be carried out by specialised service providers. Reference or focal points are appointed among professionals in reception (e.g. social workers, psychologists) who are specialised in dealing with cases of applicants with diverse SOGIESC and in how to encourage self-identification ⁽⁷⁰⁾. Good practice. Posters portraying photographs of the SOGIESC reference persons are displayed in the reception centre alongside information on how to reach out to them, so that interested individuals may approach them directly if they have questions or need support.
Response and referrals
An updated list ⁽⁷¹⁾ of specialised service providers, including LGBTIQ organisations, is available within the reception system/centre, including information on how to contact and/or make referrals (e.g. self-referrals, referrals only through organisations/authorities). An up-to-date referral mechanism is in place within the reception centre or authority, including for LGBTIQ applicants. Staff members are informed of and updated on the above mechanisms and lists and are trained or instructed on how to use them. A follow-up mechanism or guidance for referrals is set out, with concrete actions and steps to be taken.

⁽⁶⁹⁾ The key considerations included here refer to operational and standardised procedures and workflows on dealing with vulnerabilities and special needs in reception. For more information on identification and case management of individual cases, see Chapter [3. Identification, assessment and response to the needs of applicants with diverse SOGIESC](#).

⁽⁷⁰⁾ Reference/focal points on SOGIESC might also serve as focal points for other groups of applicants with special needs, depending on the capacity of a reception facility and the number of staff deployed in it. Such staff members might also coach or otherwise support other staff members when dealing with cases of persons with diverse SOGIESC.

⁽⁷¹⁾ A list of useful information and contact details of service providers, including details or a description of their services, mandate and areas of coverage and response.



Table. Information provision

4. Information provision ⁽⁷²⁾
Information addressed to LGBTIQ applicants Applicants with diverse SOGIESC are informed about their specific rights and obligations in reception, including issues pertaining to identification and assessment procedures and that they might benefit from special reception conditions following an individual assessment.
Information addressed to all applicants Applicants are informed about the house rules in the accommodation facility, including the prohibition of assault and violence against other applicants, including on the basis of SOGIESC. Applicants are informed of the right of everyone living in the country of asylum to be free from violence, discrimination and stigma, including on the basis of SOGIESC ⁽⁷³⁾. Upon an applicant's request, SOGIESC-specific information on rights and entitlements within the host country is provided; this may include, for instance, information about administrative procedures pertaining to SOGIESC (e.g. legal gender recognition, the possibility for same-sex applicants to enter into a civil union or marriage). Applicants are informed about the roles of reception workers and other service providers involved in the procedures pertaining to the identification, assessment and response to special needs. This includes information about specific staff members in reception who are designated SOGIESC/gender/vulnerability focal points or reference persons.
Accessibility and availability Reception authorities and staff make sure that information is easily accessible and available to all applicants, including LGBTIQ applicants, in a language they understand ⁽⁷⁴⁾. Information is provided in an age-, maturity- and gender-sensitive and -inclusive manner ⁽⁷⁵⁾. Information is provided in a safe manner that does not encourage public disclosure or the outing of LGBTIQ applicants ⁽⁷⁶⁾.

⁽⁷²⁾ For more information and practical recommendations on information provision, consult the EUAA, [Practical guide on applicants with diverse sexual orientations, gender identities, gender expressions and sex characteristics – Cross-cutting elements](#), October 2024, Chapter 5. Information provision, capacity building and awareness raising; EUAA, [Let's Speak Asylum](#) portal which includes, among other relevant resources and practical guidance, the EUAA, [Brochure on self-identification of vulnerabilities and special needs](#), July 2023, which refers to LGBTIQ applicants.

⁽⁷³⁾ See also Table 2. [Reception process and reception conditions](#).

⁽⁷⁴⁾ This is particularly relevant where LGBTIQ applicants are allocated to separate housing facilities (not within a collective reception centre) or they avoid public exposure due to fear of stigma, outing and harassment.

⁽⁷⁵⁾ For more information and recommendations on the use of inclusive communication and language, consult the EUAA, [Practical guide on applicants with diverse sexual orientations, gender identities, gender expressions and sex characteristics – Cross-cutting elements](#), October 2024, Section 3.2. Inclusive communication and language.

⁽⁷⁶⁾ The reception authorities select and use the most appropriate information provision means (e.g. virtual, leaflets, information group sessions, one-to-one sessions), decided on a case-by-case basis and according to the context, to avoid the risk that LGBTIQ applicants will be outed or labelled LGBTIQ by others.



Communication and information provision material (e.g. leaflets, posters, videos) displayed in reception areas (e.g. registration, consultation offices) are gender and SOGIESC inclusive, e.g. by portraying people of diverse gender identities, gender expressions or sexual orientations.

Table. Participation and outreach

5. Participation and outreach.

Participation and engagement

There is a functional feedback and complaints mechanism ⁽⁷⁷⁾ in place and all applicants are aware of how to use it. The mechanism allows the provision of anonymous feedback, if desired. Applicants are also asked to identify security issues, indicate potential risk points in reception and report discriminatory practices. Applicants are informed of the actions taken and any procedures implemented following their feedback.

Reception authorities ensure a variety of channels for the provision of feedback and/or submission of complaints to avoid the risk of groups with special needs, including LGBTIQ applicants, being excluded ⁽⁷⁸⁾.

Outreach campaigns and activities are performed in a way that ensures that LGBTIQ applicants are reached and adequately involved in the procedures in a safe manner ⁽⁷⁹⁾. SOGIESC-inclusive language and communication is always used when performing outreach activities ⁽⁸⁰⁾.

Good practice. *Community representation groups and structures are established and operate in an inclusive manner for applicants with various characteristics and identities, including diverse SOGIESC.*

Table. Human resources and knowledge

6. Human resources and knowledge

Recruitment and code of conduct

Recruitment procedures for reception staff working directly with applicants include reference checks, in relation to previous misconduct, harassment or other type of violation against individuals.

⁽⁷⁷⁾ In the scope of this practical guide, ‘complaints and feedback mechanism’ refers to a standardised system that receives, processes and responds to concerns from applicants relating to the design and delivery of reception conditions. It does not refer to reporting incidents of violence or other harmful acts; for such a mechanism, see Table 4. [Information provision](#).

⁽⁷⁸⁾ Some examples of ways to provide feedback include face-to-face communication, help desks, call centres / hotlines, dedicated email accounts, two-way SMS systems, social media, satisfaction polls, suggestion boxes, voice recorders, community consultations and assessments.

⁽⁷⁹⁾ In a manner that prevents unwanted public disclosure or the outing of LGBTIQ applicants.

⁽⁸⁰⁾ For more information on inclusive language and communication, consult the EUAA, [Practical guide on applicants with diverse sexual orientations, gender identities, gender expressions and sex characteristics – Cross-cutting elements](#), October 2024, Section 3.2. Inclusive communication and language.



All staff members working directly with or close to applicants (including support staff ⁽⁸¹⁾) are bound by rules or regulations regarding their expected attitude and behaviour towards all residents, irrespective of their personal characteristics, including SOGIESC.

Good practice. *The reception authority has developed a framework of values, conduct and ethical behaviour (e.g. code of conduct) specifying the key concepts and principles underlying the work in the reception context, which is applicable for all staff in reception. This also includes reference to the prohibition of sexual harassment and abuse perpetrated by staff against applicants.*

Diversity

Recruitment and deployment processes and strategies reflect diversity, including interpreters and supportive staff.

Good practice. *Persons with diverse SOGIESC are deployed in the provision of reception conditions, especially those working directly with applicants. Similarly, such persons are given the opportunity to work in leadership or representation roles (e.g. managers or team leaders), as this would help to create safe spaces for applicants to self-identify and would also send a message of awareness and commitment to understanding and respecting the needs of LGBTIQ applicants.*

Applicants can express their preference for the gender of a staff member if they wish to discuss sensitive topics, and their wish is taken into consideration ⁽⁸²⁾.

Respectful and inclusive communication

All staff are aware of and use respectful and gender-sensitive language, including preferred pronouns, when dealing with applicants in reception ⁽⁸³⁾.

Interpreters and cultural mediators in reception are properly trained and aware of the use of SOGIESC-related terminology in both the source and target languages ⁽⁸⁴⁾. To this end, the EUAA has a multilingual collection of terms and definitions that are relevant for the work of the agency in the field of asylum and reception. The collections are available in all EU languages and certain languages most commonly spoken by applicants for international protection ⁽⁸⁵⁾.

⁽⁸¹⁾ Supportive staff might include, for example, security and cleaning personnel.

⁽⁸²⁾ Where the assignment of a staff member of a particular gender is not feasible at a given time, the possibility of postponing the consultation with the applicant until their preference can be accommodated is considered, also taking into account the urgency of each case/matter. Otherwise, the applicant is informed of the non-availability and is free to decide whether to disclose information or not.

⁽⁸³⁾ For more information on creating safe spaces and the use of inclusive language, consult the EUAA, [Practical guide on applicants with diverse sexual orientations, gender identities, gender expressions and sex characteristics – Cross-cutting elements](#), October 2024, Section 3.2. Inclusive communication and language. Chapter 3. Inclusive communication and creating safe spaces.

⁽⁸⁴⁾ For interpreters and cultural mediators assigned to support healthcare providers (inter alia or exclusively), this should also include medical and SRH-related terminology.

⁽⁸⁵⁾ The EUAA's asylum and reception terminology database is available at <https://euaa.europa.eu/iate>.



Knowledge and capacity development

All reception workers (including interpreters and medical staff) have access to basic training on SOGIESC and on issues pertaining to SOGIESC in the context of asylum ⁽⁸⁶⁾.

All staff working in reception (including interpreters, security staff, the police, medical and supportive staff have access to training in relation to identifying violence (including GBV) and taking the necessary actions in response.

SOGIESC/gender/vulnerability focal points (or reference persons) and case managers of individual cases have access to advanced training on issues pertaining to SOGIESC, gender and GBV.

Medical staff and other healthcare providers in reception are knowledgeable on identifying and addressing the specific health needs of applicants with diverse SOGIESC, especially those of trans, gender non-conforming, non-binary and intersex applicants ⁽⁸⁷⁾.

Refresher training sessions on the above issues are anticipated on a regular basis.

Medical staff and other healthcare providers provide their services to LGBTIQ applicants in a respectful and medically appropriate manner ⁽⁸⁸⁾.

Table. External coordination and cooperation

7. External coordination and cooperation ⁽⁸⁹⁾
LGBTIQ organisations
The reception authority (or the reception centre) maintains an effective coordination and collaboration mechanism with LGBTIQ organisations at the national, regional or local level ⁽⁹⁰⁾. The reception authority (or the reception centre) consults, among others, with civil society and international organisations on issues pertaining to the provision of reception conditions

⁽⁸⁶⁾ For more information on elements and topics to be covered in such training sessions, consult the EUAA, [Practical guide on applicants with diverse sexual orientations, gender identities, gender expressions and sex characteristics – Cross-cutting elements](#), October 2024, Section 5.3. Staff capacity building on SOGIESC.

⁽⁸⁷⁾ External actors and providers with expertise on relevant matters (e.g. CSOs, medical associations) could also be involved in the facilitation and organisation of capacity-building and awareness-raising activities for healthcare professionals, especially where the reception authority itself does not directly provide healthcare and medical services to applicants.

⁽⁸⁸⁾ Some examples of inappropriate and abusive behaviour or attitude of medical staff towards LGBTIQ applicants include pathologisation of trans identities; attempts to stop applicants from undergoing gender transition; discrimination in the provision of services or refusal of services on the basis of SOGIESC; physical, psychological and verbal harassment; abusive language; physically aggressive treatment; the misgendering of applicants; and staff asking applicants intrusive questions about their private lives, such as enquiring about their genitals or their sexual partners out of personal curiosity when that information is not medically relevant.

⁽⁸⁹⁾ Key considerations listed here refer to ways of actively involving external stakeholders in the efforts made to mitigate risks and encourage the empowerment of applicants through cooperation and participation. For more information, consult the EUAA, [Practical guide on applicants with diverse sexual orientations, gender identities, gender expressions and sex characteristics – Cross-cutting elements](#), October 2024, Chapter 6. Cooperation and coordination.

⁽⁹⁰⁾ The mechanism could include various means and channels (e.g. regular or ad hoc meetings among the authority and the organisations, electronic communications with updates, news, request for support or information).



and the development of a contingency plan, as appropriate ⁽⁹¹⁾. Those organisations may include LGBTIQ organisations, where needed or feasible.

National authorities and other stakeholders

The reception authority (or the reception centre) maintains an effective coordination and collaboration with other authorities or entities responsible for or working on gender-related issues (e.g. a national authority responsible for gender equality, gender/SOGIESC-specialised departments in the police, national human rights commissions, the ombudsperson) and other authorities that are involved in the provision of services for applicants (e.g. schools, public hospitals) ⁽⁹²⁾.

The reception authority (or the reception centre) consults with relevant authorities and other stakeholders on issues pertaining to the provision, and improvement of reception conditions.



Related EUAA training

The EUAA offers a training module entitled '**Applicants with diverse SOGIESC**', which targets asylum and reception staff. The module enables practitioners to understand the potential challenges and associated impact potentially experienced by LGBTIQ applicants in the asylum context, to evaluate how the needs of LGBTIQ applicants are addressed in the asylum context and to adopt a sensitive approach towards LGBTIQ applicants.

If you are interested in attending EUAA training courses, contact the person responsible for training within your authority to receive additional information.



Good practices

- **Feedback mechanisms.** Through an online satisfaction survey (poll) available in 18 languages, adult residents in the reception centres in Belgium can provide their views on several reception conditions (accommodation, food, clothing, sanitary facilities) and counselling (guidance/accompaniment) they receive. Through the survey, the Belgian Federal Agency for the Reception of Asylum Seekers (Fedasil) also polls the residents' sense of safety and well-being. Residents are asked to participate in the survey 2–4 months after arriving in the reception facility. The reception centres use the results to draw up improvement actions and inform residents and staff of satisfaction and bottlenecks regarding reception. The survey also provides important information for the central services to improve the provision of reception conditions.
- **Cooperation and capacity building.** The Central Agency for the Reception of Asylum Seekers (COA) in the Netherlands supports the projects of the LGBTIQ

⁽⁹¹⁾ Article 32(1) RCD (2024).

⁽⁹²⁾ See also Table [2. Reception process and reception conditions](#).



organisation COC Nederland, which aims to improve the well-being and safety of LGBTIQ applicants by providing social activities for applicants and training for COA staff. The COC trainings for COA staff were developed in cooperation with LGBTIQ residents, LGBTIQ focal points at COA and other COA staff. COA has been facilitating those training sessions and encourages staff to participate. COA staff members are generally familiar with local social activities and refer applicants for further support.

- **Information provision and awareness raising.** Fedasil has developed an information provision platform for applicants for international protection ⁽⁹³⁾. Information is available in 14 languages and structured around eight themes: asylum and procedure, accommodation, living in Belgium, return, work, learn (education, schooling and diploma recognition), unaccompanied children-related issues and health. One of the subsections is titled ‘Identity and sexuality’ and explains the different SOGIESC terms and provides information on LGBTIQ organisations and SOGIESC as a ground for international protection. Through a targeted communication campaign, Fedasil made the website known to all first-contact officers and applicants in Belgium ⁽⁹⁴⁾.
- **Creating safe spaces.** In Belgium, the International Organization for Migration, the Brussels Capital Region and RainbowHouse Brussels have developed a toolbox that aims to create safe(r) spaces for people with migrant backgrounds who identify as LGBTIQ. This toolbox has been developed to help bridge the gap between LGBTIQ people with migrant backgrounds and frontline services in urban contexts ⁽⁹⁵⁾.
- **LGBTIQ focal points.** In the Netherlands, specific LGBTIQ focal points are appointed among reception staff and receive additional training. The aim is to have at least one LGBTIQ focal point at each reception centre. The focal points have a coaching role towards the other staff members and are updated with relevant developments in policy and the services available to LGBTIQ applicants.

⁽⁹³⁾ Fedasil, ‘[Information hub for asylum seekers in Belgium](#)’.

⁽⁹⁴⁾ Fedasil, [information provision videos](#), YouTube.

⁽⁹⁵⁾ International Organization for Migration, Brussels Region and RainbowHouse Brussels, International Organization for Migration, Brussels Region and RainbowHouse Brussels, [LGBTQI+ Toolbox](#), 2020.



3. Identification, assessment and response to the needs of applicants with diverse SOGIESC



All individuals, irrespective of their SOGIESC, will experience the migration process differently and encounter various challenges based on, for example, their cultural, economic, family, political and religious backgrounds. As detailed in Chapter [2. Risk mitigation for LGBTIQ applicants in reception](#), applicants with diverse SOGIESC may face additional challenges because they do not conform to the prevailing societal norms. Moreover, and due to these risks, LGBTIQ applicants might hesitate to disclose their SOGIESC, out of fear of stigma, discrimination and violence. Therefore, it is important ⁽⁹⁶⁾ to identify, assess and respond to the special needs of applicants with diverse SOGIESC on an individual basis and in a timely and appropriate manner.

It is also important to highlight that, for LGBTIQ applicants, these procedures should be carried out with the purpose of **identifying and addressing potential needs due to their SOGIESC and not with the sole intention of ‘knowing someone’s SOGIESC’**.

This chapter thus focuses on the management of special needs and vulnerabilities of LGBTIQ applicants on an individual basis, providing solid recommendations on the various steps and procedures to be followed throughout ⁽⁹⁷⁾.

3.1. Identification of LGBTIQ applicants with special reception needs

Identification is a formal process of determining whether an applicant has special needs or vulnerabilities ⁽⁹⁸⁾. It includes the detection of indicators, signs or manifestation of vulnerability in the person. Vulnerability indicators can be detected through, for example, direct interaction with applicants and observation of external signs; the statement of the applicants themselves, of their relatives or of other applicants or residents of the centre; through information provided by other professionals (medical diagnosis, previous psychosocial reports, knowledge of an ongoing investigation, etc.); documentation available in the applicant’s file or in the possession of the applicant, or in other databases at the official’s disposal; and activities that may lead to identification such as individual interviews, group talks and briefings.

⁽⁹⁶⁾ It is also an obligation laid down in Article 22(1) RCD (recast) and Article 25(1) RCD (2024).

⁽⁹⁷⁾ EUAA, [Guidance on Vulnerability in Asylum and Reception – Operational standards and indicators](#), May 2024, Annex 1. Vulnerability workflow includes an indicative vulnerability workflow on the identification, assessment and response to vulnerability.

⁽⁹⁸⁾ According to the EUAA’s official terminology, identification is the ‘recognition of persons with special procedural and/or reception needs to ensure that they get adequate treatment and protection during the application process’.



Every Member State should have a standardised mechanism in place to identify vulnerabilities and special needs in reception. Every Member State should have clear instructions on who is responsible for the identification, how to record special needs and vulnerabilities, and guidelines on if, when and how to share the relevant findings and information with other authorities and service providers (see also Table [3. Management of vulnerabilities and special needs](#) and EUAA, [Guidance on Vulnerability in Asylum and Reception – Operational Standards and Indicators](#), May 2024).

Reception workers should have knowledge of and be able to identify special needs and vulnerabilities and take necessary actions, including in the case of LGBTIQ applicants. Non-specialised staff can also detect special needs and vulnerabilities, so it is advisable that they possess some basic knowledge (e.g. through relevant training, coaching) on identifying special needs and vulnerabilities, including those of applicants with diverse SOGIESC (see also Table [6. Human resources and knowledge](#)).

An initial identification and recording of special needs should take place as soon as possible, preferably within the first few days of a person's entry into the reception or arrival centre ⁽⁹⁹⁾. Remember that **identification is not a one-off task** that takes place only at the initial stage of reception. It is instead **an ongoing and continuous exercise, as vulnerabilities and special needs may develop or become apparent at a later stage**. Reception workers should monitor the condition of applicants throughout the reception process and be able to observe and identify vulnerabilities or special needs that did not exist or were not apparent earlier.

The following section takes a closer look at the various elements to consider in relation to the identification of applicants who may be in a situation of vulnerability and/or have special reception needs due to their SOGIESC. It provides some practical recommendations that reception workers can follow to facilitate self-identification.

3.1.1. Self-identification

In this section, the concept of self-identification ⁽¹⁰⁰⁾ of SOGIESC means an act of voluntary disclosure of one's own SOGIESC to reception workers or other service providers. Self-identification may occur on arrival or at any time during the applicant's stay in reception. It may occur during the registration and identification processes, during the vulnerability assessment,

⁽⁹⁹⁾ The process of identification of special needs and vulnerabilities should not be confused with the health screening that is usually conducted by medical staff soon after an applicant enters the reception system or at the early stage of arrival in the host country. Those two procedures can take place at the same time and/or be undertaken by the same staff in reception (e.g. medical staff); however, identification and assessment of special needs and vulnerabilities go beyond a health screening. They include many more indicators, signs and evidence about a person's situation, as covered in this section. Similarly, identification should not be confused with pre-identification (or vulnerability screening) which is often used in contingency situations where there can be a lack of capacity, time and adequate response and referral mechanisms. The pre-identification, however, cannot be considered as a sufficient or standalone step to identify situations of vulnerability and should be followed by a fully-fledged identification and assessment.

⁽¹⁰⁰⁾ Often also referred to as 'self-disclosure'.



in health and mental health clinics, during the health screening ⁽¹⁰¹⁾ or while applicants are receiving aid or information.

When it comes to LGBTIQ applicants, **self-identification is the only appropriate and rights-based means of identification**. Unless the individual discloses information related to their SOGIESC, reception workers should refrain from identifying and registering individuals as LGBTIQ applicants, as this might have severely negative consequences for the person concerned. Such consequences include trauma/retraumatisation, self-isolation and loss of trust towards the authorities / reception workers.

In most cases, LGBTIQ persons do not disclose their SOGIESC to the authorities immediately upon arrival in the country of asylum; there may be several reasons for this, including them not being fully aware of their SOGIESC at the time of arrival; fear of shame, stigma or harassment from their families or others members of their own or the host community; and embarrassment or internalised homo/bi/trans/intersexphobia. These are some indicative reasons you should take appropriate measures and steps to facilitate and encourage self-identification ⁽¹⁰²⁾ and have the relevant safeguards in place for LGBTIQ applicants to safely disclose their SOGIESC and receive appropriate services or support.

Moreover, LGBTIQ children and young people may be reluctant to disclose their SOGIESC in the presence of their families. Try to make sure that the needs of these children are appropriately and safely identified, through cooperating and consulting with staff specialising in working with children, including the possibility of conducting identification procedures separately for each family member.

Enabling self-identification

As described in Chapter [2. Risk mitigation for LGBTIQ applicants in reception](#), applicants for international protection, and particularly LGBTIQ applicants, face a variety of challenges in reception, both on a collective and on an individual basis, which may severely hinder their enjoyment of rights and access to reception conditions for applicants with special needs. This section highlights common challenges and barriers to self-identification and provide the respective recommendations on how these barriers can be lifted. Challenges and barriers are grouped together by topic, immediately followed by the respective recommendations.

Table. Enabling self- identification: challenges, barriers and recommendations

1a. Challenges and barriers: violence and isolation

Fear of exposure to discrimination, abuse and violence

During the migration journey and after arrival in the asylum country, people with diverse SOGIESC often continue to face discrimination or even to be subjected to violence and

⁽¹⁰¹⁾ The term ‘health screening’ refers to the actions of ‘triage’, ‘medical screening’ and ‘in-depth examination(s)’ conducted by medical staff in reception.

⁽¹⁰²⁾ For more information on adopting measures that promote self-identification, consult the EUAA, [Practical guide on applicants with diverse sexual orientations, gender identities, gender expressions and sex characteristics – Cross-cutting elements](#), October 2024, Chapter 3. Inclusive communication and creating safe spaces and Reception and the table in Section [Enabling self-identification](#) in this guide.



exploitation. When such acts are perpetrated by staff and other providers in reception, self-identification becomes more challenging due to fear of and lack of trust in the authorities.

Stigma, isolation and marginalisation

LGBTIQ applicants are often unable or unwilling to turn to other applicants or staff due to fear of stigma, harassment or marginalisation. These fears become greater when people with diverse SOGIESC travel with their families or dependents. Same-sex partners and children may be particularly visible and therefore more exposed to stigma, discrimination and harm.

1b. Recommendations

Safe housing and LGBTIQ safe spaces

It is important to ensure that safe housing options are available for LGBTIQ applicants (also consult the Box [Housing – SOGIESC-specific considerations](#)). Take measures to ensure safety across the various common areas within a reception facility (e.g. sanitary facilities, distribution points, information hubs). Ensure that confidential spaces are available, especially counselling rooms, and adequate response is extended through direct service provision or referrals to competent service providers. Ensure that applicants feel comfortable to disclose sensitive information. Promote diversity and inclusion (by displaying rainbow flags, pins, logos, posters, etc.), which might contribute positively to overall feelings of acceptance and respect (for more information and guidance on creating safe spaces, consult the [Practical guide on applicants with diverse SOGIESC – Cross-cutting elements](#), Section 3.1. Creating safe spaces and the Box [Practical tips on creating LGBTIQ safe spaces in reception](#)).

Inclusive and gender-sensitive communication

Use inclusive language in all interactions with applicants, both on a collective and on an individual basis; these interactions may include, for instance, registration forms, information and communication materials, and individual sessions with all applicants, irrespective of their SOGIESC. Always be affirmative in your interactions and expressions to encourage applicants to seek support when at risk or to disclose information in a confidential manner. Always ask an applicant about their preferred gender/pronoun in individual sessions and avoid misgendering (for more information on inclusive communication, consult the [Practical guide on applicants with diverse SOGIESC – Cross-cutting elements](#), Section 3.2. Inclusive communication and language).

2a. Challenges and barriers: procedures

Lack of appropriate procedures

When discussions among applicants and reception workers take place in common areas, it is unlikely to ensure confidentiality and establish a safe environment for applicants with diverse SOGIESC to come forward and disclose this information, if they wish to do so. Additionally, lack of information on how a disclosure might be treated and the absence of clear and transparent procedures on vulnerability management (identification, assessment and response) might also create barriers to self-identification.



2b. Recommendations

Establishment of mechanisms for managing vulnerabilities and special needs

The development and use of standardised mechanisms (e.g. protocols, workflows, standard operating procedures, guidelines) for the management of vulnerabilities and special needs is vital for facilitating self-identification and for taking the necessary steps and actions to respond to the needs identified. Applicants should know that such mechanisms exist, as they will feel safer and more confident about self-identifying if they are aware that their needs will be properly and safely identified and addressed. Reception workers should be aware of these mechanisms as well as their exact roles and anticipated tasks.

Dedicated focal point(s) for LGBTIQ applicants

Dedicated focal point(s) for LGBTIQ applicants among the reception staff can be appointed in reception facilities; these specialised staff members act as reference points (e.g. first-contact officials) for LGBTIQ applicants but also for other staff members who might need more information on SOGIESC-related issues. Applicants should be aware of these focal points.

Safe procedures for LGBTIQ children

To avoid potential exposure (outing) of LGBTIQ children to their family members, you may consider conducting separate identification procedures, where this is feasible depending on national practices and applicable rules. This may be conducted involving or consulting with staff specialised in child protection and always taking into account the best interests of the child and their wishes.

3a. Challenges and barriers: information and awareness

Lack of information on rights and entitlements

Applicants might not have timely and safe access to accurate information on rights and entitlements of LGBTIQ people in the host countries and services available, including on how to access them. Similarly, they might not be aware of how and when to report incidents of violence, as well as of the possibility for victims to seek and receive support.

3b. Recommendations

Access to information including ways to report incidents and seek support

You can display information (e.g. address, contact information, helplines) of national or local service providers, including those providing medical care, mental health and psychosocial support, support for victims of GBV, legal aid as well as LGBTIQ organisations. Ensure that materials and information are available in various locations in the reception centre, such as information boards, clinics, counselling offices and administration offices.

You may also use other channels of communication, such as social media, SMS, etc. depending on your context and practice. Make sure that the means of disseminating information does not contribute to targeting or exposing (outing) specific applicants or groups. You can also display disseminate information on reporting mechanisms in place,



with clear information on how one can safely report violence and request relevant support (see also Table 4. [Information provision](#) as well as the [Practical guide on applicants with diverse SOGIESC – Cross-cutting elements](#), Sections 5.1. Type of information and 5.2. How to provide information).

4a. Challenges and barriers: staff capacity

Limited knowledge and capacity of staff and service providers

Reception workers, especially those involved in vulnerability management, may not always be aware of the exact needs and particularities of LGBTIQ applicants, including the use of respectful terminology and adopting an appropriate attitude when interacting with such applicants.

Applicants might be unable or unwilling to discuss their situation with staff due to past negative experiences or because they perceive authorities and other service providers to have no experience or awareness of LGBTIQ-specific needs and challenges.

4b. Recommendations

Capacity building and respectful attitude

Persons working directly with applicants in reception ⁽¹⁰³⁾ can benefit from capacity-building activities, including training courses, coaching, self-learning, etc. on SOGIESC elements, including SOGIESC in asylum.

Capacity development can take place at various levels: from the provision of basic knowledge and skills for all staff members in reception to advanced training for reception workers who work directly with applicants. This especially applies to those who are assigned as focal points / reference persons on SOGIESC and those responsible for the identification, assessment and response to special needs and individual case management.

For more information on training, consult the [Practical guide on applicants with diverse SOGIESC – Cross-cutting elements](#), Section 5.3. Staff capacity building on SOGIESC.

3.1.2. Other information relevant to identification

Although self-identification is the preferred method when working with applicants with diverse SOGIESC, the existence of possible vulnerabilities and special needs can be manifested also through other means.

Firstly, an applicant might have been previously identified or referred by another staff member or – more likely – another authority or actor (e.g. determining authority, CSOs). Actors to whom LGBTIQ applicants have already disclosed information related to their special needs may refer them to or share this information with reception authorities, provided they have received the applicant's informed consent. Alternatively, information on special needs may become apparent from a medical or psychosocial report by a relevant professional (social

⁽¹⁰³⁾ Those may include public servants, managers, medical staff, security personnel, contractors, volunteers, CSO staff could benefit from such activities.



worker, psychologist, doctor, etc.) who has assisted or examined an applicant in the past ⁽¹⁰⁴⁾. Medical documents might be particularly relevant to intersex and trans persons (e.g. ongoing or completed gender-affirming care or other type of trans/intersex-specific healthcare).

Moreover, bearing in mind that appearance and demeanour may be misjudged due to prejudice and stereotypes, alert observation is a key component of a reception worker's tasks, especially regarding visible elements such as injuries and wounds but also self-isolation and withdrawal from others and activities. Reception workers should always discuss with an applicant about the observed elements that may give rise to concern for the safety and the well-being of the applicant.

It is worth noting that as reception staff you may often receive information (e.g. statements) about another person's SOGIESC by others (testimonies from family, other applicants, partners). However, you need to remain cautious and should not rely entirely on information provided by others, instead always allowing time and space for self-identification, to avoid causing harm to the person.

3.1.3. SOGIESC-relevant indicators of special needs and vulnerability

As previously detailed, not all LGBTIQ applicants are in a situation of vulnerability or have special needs. Nevertheless, reception workers need to be able to recognise indicators – external manifestations of elements, characteristics or factors that can potentially determine a person's special needs – to properly respond to and address special reception needs.

Indicators can be manifested through behaviours, demeanours, attitude or statements during a staff member's interactions with an applicant. Moreover, they can be included in reports or other documents issued by the authorities or other professionals. Indicators should be identified, registered and considered on an individual basis and taking into account the whole situation and appearance of a person. In other words, a stand-alone indicator usually cannot by itself determine a special need or vulnerability but must be considered in conjunction with other indicators and elements, including the person's resilience, strengths and capacities ⁽¹⁰⁵⁾.

Note that the list in the table below of indicators of special needs of LGBTIQ applicants is only a general one. The list applies to various groups of persons likely to have special reception needs and aims to cover some of the most frequent indicators of LGBTIQ applicants. Also, remember that in the case of LGBTIQ applicants, it is often difficult to detect indicators due to the fear of outing, lack of trust or due to trauma and isolation.

⁽¹⁰⁴⁾ In addition to the possibility that the applicant themselves possesses such documents and voluntarily submits or shows them to the reception worker, it is likely that such documents will be directly submitted to them from other service providers, such as health and mental health actors, usually as part of a referral.

⁽¹⁰⁵⁾ Affirming a person's strengths and resilience helps them to deal with situations of possible vulnerability. Despite sometimes enormously difficult circumstances, people possess coping abilities, resourcefulness, agency and the capacity to make positive contributions to society. Individuals possess both inner strengths and the resources of their cultural and social connections: family, personal networks and community ties. While both vulnerability and resilience fluctuate over time, affirming and building on the strengths of a person or family helps them to exercise more control over their own life and environment.



Indicators of special needs and vulnerabilities relevant to diverse SOGIESC

Physical indicators

Physical impairments include but are not limited to:

- chronic diseases;
- osteoporosis and osteopenia at a very young age after the removal of gonadal tissue (for intersex persons);
- SRH issues;
- injuries of a sexual nature;
- signs of torture and physical injuries;
- scars.

Psychosocial indicators

Appearance and behaviour:

- major appetite changes and/or evident weight loss/gain;
- engaging in high-risk behaviour;
- tendency to self-harm;
- medical needs related to previous gender-affirming treatment (e.g. surgery) for trans, intersex and gender non-conforming applicants;
- physical/psychological withdrawal syndrome.

Attitude and mood:

- mood swings (rapid or dramatic shifts in feelings);
- apathy;
- thoughts of death and suicide ideation and/or attempts;
- sleep disorders;
- signs of constant distress.

Self-perception:

- feelings of guilt and shame;
- feelings of self-hatred.

Relation to others:

- withdrawal from others and self-isolation;
- avoidance of individuals of the same cultural background, the same ethnic/religious group or country of origin;
- avoidance of interactions with members of the same sex;
- family dysfunctions and disruptions.

Environmental indicators

Treatment by others:



- bullying of the individual;
- avoidance by members of the same cultural background, the same ethnic/religious group or country of origin;
- isolation from or rejection by family / other close groups;
- inappropriate behaviour (e.g. homo/bi/trans/intersexphobic) by reception workers and service providers.

Additional indicators for persons who have been subjected to serious forms of violence

- FGM and IGM;
- diagnosed mental health disorders such as PTSD, acute stress disorder, anxiety, depersonalisation, depression;
- high alertness, fear and loss of sense of safety and security, phobias, emotional numbing, etc.;
- flashbacks of traumatic events;
- unwanted pregnancy.

Additional indicators relevant to children and youth

- bullying of the child / young person;
- lack of peer acceptance;
- school dropout or avoidance (in the country of origin or the host country), poor school performance;
- rejection from family, housing instability, homelessness;
- being subjected to 'conversion' therapy.

**Points to remember: identification of vulnerabilities and special needs**

- Avoid persuading or forcing someone to disclose their SOGIESC.
- Do not ask intrusive questions or try to investigate someone's SOGIESC.
- Prefer open-ended questions (e.g. starting with 'why', 'how', 'what', 'tell me about') instead of closed-ended ones.
- Be mindful of your bias and prejudices and do not expect that a person of a certain appearance or behaviour has a certain gender identity or sexual orientation.
- You should be aware of and take into consideration relevant country of origin information, for example to understand if the applicant is coming from a country of origin where homo/bi/trans/intersexphobia is widespread or from a country of origin where one or several identities of the applicant is criminalised.
- Do not ask other residents or family members about someone's SOGIESC; do not rely on this information if you receive it (see also Section [3.1.2 Other information relevant to identification](#)).



- Allow considerable time when interacting with applicants, especially for identification purposes; be patient; do not rush or interrupt your session; be an active listener and give the applicant your full attention.
- Inform the applicant about the principles of confidentiality and privacy when it comes to sharing personal information as well as to potential exceptions (e.g. mandatory reporting according to national law; strive to ensure those principles are respected in practice and that relevant safeguards are in place, for example private rooms for individual sessions, records and files are safely stored).



Practical tips on creating LGBTIQ safe spaces in reception

- Develop and display/use SOGIESC-friendly visibility materials (e.g. posters, videos, 'You are safe here' stickers and pins), which communicate that the reception facility is a safe space.
- Avoid using heteronormative and cisnormative language during interactions with applicants. For example, instead of using words such as 'boyfriend/girlfriend' or 'husband/wife,' try using the words 'partner' or 'spouse/significant other'.
- Demonstrate compassion and sensitivity when dealing with LGBTIQ applicants, especially during or upon self-identification.
- Make sure that you always use the correct terms and pronouns when dealing with LGBTIQ applicants (for more information, consult the [Practical guide on applicants with diverse SOGIESC – Cross-cutting elements](#), Section 3.2. Inclusive communication and language as well as to the [Practical guide on applicants with diverse SOGIESC – Information note](#), Chapter 1. SOGIESC terms and concepts).
- Correct problematic language use by staff or other applicants, provided it is safe to do so (e.g. this may not be possible if an LGBTIQ applicant or someone who is potentially LGBTIQ is present).
- Make sure that homo/trans/bi/intersexphobic behaviour and violence are not tolerated; for instance, in the internal rules of the reception centre you can include the provision 'verbal or physical intimidation, sexual and gender-related violence, aggression or physical violence are prohibited, as are any racist or discriminatory behaviour or language towards individuals or groups'. The rules should be explained to (and ideally signed by) all residents.

For more information and practical tips on creating safe spaces, consult the [Practical guide on applicants with diverse SOGIESC – Cross-cutting elements](#), Section 3.1. Creating safe spaces.





Related EUAA tools and materials

- EUAA, [Tool for the Identification of Persons with Special Needs](#), 2016.

To support Member States in the identification and assessment of special needs in terms of procedural and reception guarantees, the EUAA developed a web-based interactive tool which is publicly accessible in several EU languages. The identification of persons with special needs (IPSN) tool is an intuitive practical instrument intended to support the timely and ongoing identification of individual special needs without the requirement of specialised knowledge.

It relies on an outline of indicators, linked to different categories of persons with potential special needs. The includes LGBTIQ persons and persons with gender-related special needs. Selecting a category provides further information on assessing whether the applicant has associated special needs and generates a checklist and brief guidance on relevant support measures. Reception support is one of the aspects developed within the IPSN tool. The integration of the IPSN tool in a national mechanism, which is in accordance with the standards in this section, is recommended as good practice.

- A package of information materials (a poster and a brochure) is available in the EUAA, [Let's Speak Asylum](#) portal that can support the self-identification of vulnerabilities and special needs:
 - [Poster on self-identification of vulnerabilities and special needs](#) and a guide on [How to use the poster](#).
 - Brochure to support self-identification of vulnerabilities and special needs called [Are you or do you know someone in one or more of these situations?](#) and a guide on [How to use the brochure](#).

While the poster can be hung in common areas, it is strongly advised to use the brochure only in the context of information session as explained in the relevant 'How to use the brochure' guide.

3.2. Assessment of special needs and vulnerabilities

Vulnerability assessment is the:

specific examination of an applicant for international protection for the purpose of identifying any need for special reception conditions and/or procedural guarantees and referring them to the appropriate authorities for adequate support ⁽¹⁰⁶⁾.

⁽¹⁰⁶⁾ EUAA official terminology: Interactive Terminology for Europe, 'Vulnerability assessment' (<https://iate.europa.eu/entry/result/3620636/en>).



In other words, assessment is the formal process of analysing an identified vulnerability and establishing the response needed to address needs, increase capacities or mitigate risks that might expose the individual to harm or in any way jeopardise their well-being.

As is the case for identification, EU+ countries should have a standardised procedure ⁽¹⁰⁷⁾ in place for the assessment of special needs and vulnerabilities that includes specific considerations for LGBTIQ applicants. Such standardised procedures should include reference to the reception worker (s) responsible for conducting the assessment, guidelines on the exact steps to be followed and guidance on follow-up and the appropriate way of sharing information with other service providers or stakeholders.

In contrast to identification, the vulnerability assessment is a formal and standardised procedure that is carried out **only by specialised staff**, such as social workers, psychologists or other specialised and properly trained professionals ⁽¹⁰⁸⁾. The RCD (2024) ⁽¹⁰⁹⁾ lays down that an initial assessment should be conducted as early as possible after an application for international protection is made. The assessment must be completed within 30 days from the making of the application for international protection ⁽¹¹⁰⁾, and the special reception needs identified must be addressed as soon as possible.

Assessment is a continuous process in reception and not a one-off exercise; reception workers should always monitor the situation of applicants throughout their stay in reception, whether or not they have been previously identified/assessed as having special needs and vulnerabilities and be ready to identify indicators and assess existing or newly occurring vulnerabilities. ⁽¹¹¹⁾

Vulnerability assessment through a SOGIESC lens

Special needs are sometimes identified based on standardised assessments that focus on straightforward or visible personal characteristics, such as age or physical condition. In this way, very different special needs are sometimes treated in a uniform way, with one-size-fits-all responses. As a result, more complex needs may be overlooked. Assessing the specific needs of applicants with diverse SOGIESC requires consideration of the full range of applicants' individual identities and characteristics but also the risks that they typically face. Integrating SOGIESC-specific considerations in the assessment process is of vital importance and should be reflected in the attitude and methodology used by the assessor (reception worker conducting the assessment) and within the tools and workflows used for assessment purposes.

⁽¹⁰⁷⁾ Article 25 RCD (2024) leaves Member States a wide margin of discretion regarding the implementation of their obligation to conduct the assessment. Article 22(2) RCD (recast) and Article 25(3) RCD (2024) stress that it need not take the form of an administrative procedure.

⁽¹⁰⁸⁾ Article 25(2), point (a) RCD (2024).

⁽¹⁰⁹⁾ Article 25(1) RCD (2024).

⁽¹¹⁰⁾ Or, where it is integrated into the assessment referred to in Article 20 of [Regulation \(EU\) 2024/1348](#) of the European Parliament and of the Council of 14 May 2024 establishing a common procedure for international protection in the Union and repealing Directive 2013/32/EU within the timeframe set out in that regulation.

⁽¹¹¹⁾ Article 25(1), point (6) RCD (2024).



The table below presents examples of elements relevant to SOGIESC to consider throughout the assessment process, grouped by the topics that are typically explored during the assessment.

Table. SOGIESC- relevant considerations in assessment

Assessment topic	Considerations relevant to SOGIESC
Biodata and family status	• The applicant's preferred gender and pronouns should be considered and used. • For LGBTIQ applicants, reference to family status includes the same-gender spouse or partner in a stable relationship ⁽¹¹²⁾, their children and other persons who depend on the applicant (e.g. elderly parents). • For LGBTIQ children, reference to family status includes their parents and core family; for separated children, it could be another adult (e.g. relative) responsible for the concerned child.
Indicators of special needs and vulnerability	• Potential incidents of violence and abuse. • The person's sense of safety in the reception facility and within the host community. See also Box Indicators of special needs and vulnerabilities relevant to diverse SOGIESC
(Previous) self-identification and other information (reports, documents, etc.)	See Section 3.1.2 Other information relevant to identification
Strengths, resilience and capacities	• Includes the existence of protective networks / community / family members as well as personal skills, talents, capacities and coping mechanisms (e.g. religious beliefs, hobbies, affiliations).
Access to food and basic NFIs ⁽¹¹³⁾	• The applicant should have access to items of clothing that are in line with their own wishes and preferences, irrespective of their sex or gender. • Hygiene materials and products should be made available to the applicant according to their actual needs (particularly important for intersex and trans persons). • The applicant should have access to food that is suitable to their specific needs or conditions, especially for those receiving specific medication or treatment (particularly important for intersex, non-binary and trans applicants).
Education and employment status	• LGBTIQ children should have equal access to schooling where they feel free from bullying, violence and other types of harm or discrimination.

⁽¹¹²⁾ In accordance with the definition provided in Article 2(3), point (a) RCD (2024), which covers 'the spouse of the applicant or his or her unmarried partner in a stable relationship, where the law or practice of the Member State concerned treats unmarried couples as equivalent to married couples'.

⁽¹¹³⁾ The provision of NFIs should always take into consideration the family situation of the applicant. The type and the quantity of NFIs provided should take into account the personal needs of the applicant in question (e.g. trans men, non-binary or intersex persons might be in need of menstrual hygiene products).



Assessment topic	Considerations relevant to SOGIESC
	LGBTIQ adult applicants should have equal access to labour and employment or vocational training as all other applicants, without being harassed or discriminated against.
Housing and safety	- The applicant and their family should feel safe at their place of accommodation and their wishes should be considered when it comes to initial allocation or reallocation (e.g. transfer). - The applicant and their family should not be ostracised from the migrant and/or host community and should have easy access to services (for more information, see Box Housing – SOGIESC-specific considerations).
Health and mental health / psychosocial support	- Most common issues include serious health complications in relation to gender-affirming treatment (e.g. surgery), implications of FGM or IGM, endocrinological issues, STIs including HIV, mental health conditions such as anxiety, PTSD, suicide ideation and depression (see also Section 2.1.2. Physical and mental health risks). - In the case of victims of torture, there might be a need to access rehabilitation services, including mental health and psychosocial services. - In the case of GBV incidents, especially if they occurred in the previous three days, the applicant might need urgent health support such as post-exposure prophylaxis for HIV infections, evaluation for other STIs and preventive care, contraceptive care, the collection of forensic evidence, or the medical stabilisation/treatment of acute injury or pain ⁽¹¹⁴⁾. - For LBIQ persons and trans men, issues pertaining to pregnancy, breast and cervical cancer, reproductive health and other gynaecological issues should not be overlooked. - For GBIQ persons and trans women, issues such as prostate cancer and cardiovascular diseases should be considered.
Legal assistance	- Legal support (representation or counselling) might be needed regarding the application and examination. - Fear of persecution due to diverse SOGIESC as a ground for asylum. - Legal support might be needed on procedures pertaining to legal gender recognition (trans applicants). - Legal support might be needed on other procedures, including for the protection of victims of THB or to take legal action in response to GBV.
Appearance of the applicant and other observations made by the assessor during the procedure	- Visible signs of distress or self-withdrawal during the assessment. - The applicant's reactions during the assessment, including the quality and level of communication between the assessor and the applicant.

⁽¹¹⁴⁾ For more information on the clinical management of rape, consult the World Health Organization, [Clinical Management of Survivors of Rape: A guide to the development of protocols for use in refugee and internally displaced person situations](#), Geneva, 2002.



Assessment topic	Considerations relevant to SOGIESC
	Comparison of the applicant's reactions and behaviour at different visits and interactions with you or your colleagues (if this information is available). This helps to determine if the person's feelings, well-being and behaviour have changed significantly. See also Table Indicators of special needs and vulnerabilities relevant to SOGIESC
Child protection ⁽¹¹⁵⁾	- The best interests of the child should be a primary consideration during the assessment, including the LGBTIQ child's wishes and views regarding issues related to their gender expression and overall well-being. - In case of unaccompanied children, the appointed guardian or other legal representative is involved in the procedure.



Recommendations for staff conducting vulnerability assessment

- Consider intersectionality when conducting the assessment; it is important to consider and assess potential intersecting needs and identities of an applicant (e.g., ability/disability, age) in addition to SOGIESC (for more information and practical recommendations on considering intersectionality, consult the [Practical guide on applicants with diverse SOGIESC – Cross-cutting elements](#), Chapter 2. Intersectionality in asylum and the [Practical guide on applicants with diverse SOGIESC – Information note](#), Chapter 2. Norms, biases and intersectionality).
- Make sure the assessment always takes place in a way/location where privacy and confidentiality are ensured.
- Inform and reassure the applicant about the principle of confidentiality, and of any exceptions, such as mandatory reporting under national law (e.g. if a person is a danger to themselves or others).
- Use the applicant's preferred pronouns and gender and appropriate and inclusive language; create and maintain a safe space for the applicant (also consult [Practical guide on applicants with diverse SOGIESC – Cross-cutting elements](#), Chapter 3. Inclusive communication and creating safe spaces and Section [Enabling self-identification](#) of this guide as well as the Box [Points to remember: identification of vulnerabilities and special needs](#)).
- Make sure that the interpreter involved is aware of and uses appropriate language and terminology, including on SOGIESC.
- In the case of LGBTIQ children, ensure that their best interests are taken into account throughout the process, that their wishes are heard and that a guardian/legal representative is involved.

⁽¹¹⁵⁾ Relevant only when the assessed applicant is under 18 years old or in the case of the assessment of a family where one of the members is an LGBTIQ person.



- As an assessor, you should primarily assess the applicant's safety and ensure the appropriate prioritisation of the case with regard to the response.
- Strengthen your knowledge and capacity regarding conducting vulnerability assessments, with a particular focus on elements related to LGBTIQ applicants, through capacity-building activities, including training, self-learning and peer-to-peer coaching.
- Familiarise yourself with the basic legal and soft law framework on SOGIESC at the international, national or EU level, such as the Yogyakarta Principles and the Yogyakarta Principles plus 10 ⁽¹¹⁶⁾, and with the situation and rights of LGBTIQ persons in your country.
- Consider and include the resilience and protective factors of an individual throughout the assessment; those may include personal skills, capacities and inherent strengths to cope with difficulties, but also family and other supportive networks.



Related EUAA tool

The EUAA, [Special Needs and Vulnerability Assessment Tool](#), 2022 supports Member State authorities in the assessment of the special needs of persons in vulnerable situations. It supports specialised staff in assessing special needs in a structured way and to identify appropriate future actions to be taken in the interests of the applicant. The users of the tool are specialised professionals tasked with assessing the needs of persons in vulnerable situations and taking actions to provide timely and adequate responses to those needs. The tool is designed to be used in an offline mode to mitigate the risk of a data breach.

3.3. Response to special needs and vulnerabilities

Following their identification and/or assessment, an applicant's special needs and vulnerabilities should be properly and promptly addressed. It is highly important to ensure that services or specific types of support needed are provided as soon as possible by specialised staff, to prevent an increase in vulnerability or to mitigate risks related to safety and security, the deterioration of physical or mental health and/or further marginalisation, exploitation or abuse.

EU+ countries should make sure resources are available to address special needs in a safe, timely and appropriate manner through direct (in-house) provision of services (reception authority) or through referrals to external specialised service providers and stakeholders (for

⁽¹¹⁶⁾ The 'Yogyakarta Principles' are a collection of international human rights standards on sexual orientation and gender identity compiled in 2006 by a group of human rights experts. In 2017, the 'Yogyakarta Principles plus 10 (YP+10)' were adopted, including Additional Principles and State Obligations, to complement the Yogyakarta Principles and particularly to elaborate on sex characteristics and gender expression. The full text of the Yogyakarta Principles, and of the YP+10 can be found on the official website available at <https://yogyakartaprinciples.org/>.



instance social services, mental health professionals, health clinics / hospitals, legal counsellors / lawyers, LGBTIQ organisations and networks).

Applicants with diverse SOGIESC may have specific needs (such as health needs) that cannot be met by reception agencies or state-run and public authorities and entities. Therefore, it is important for reception authorities to establish cooperation, partnerships and an active referral system with relevant non-state actors and CSOs (consult the [Practical guide on applicants with diverse SOGIESC – Cross-cutting elements](#), Chapter 6. Cooperation and coordination).

The necessary response plan to address special needs and vulnerabilities entails actions and referrals that might be in relation to the following thematic areas ⁽¹¹⁷⁾:

- housing/accommodation (either first allocation or reallocation/transfer);
- information provision;
- case management (social work-oriented) ⁽¹¹⁸⁾;
- physical and mental health / psychosocial support;
- legal counselling and assistance;
- provision of food and NFIs;
- education (children);
- access to labour and vocational training;
- other types of social support (e.g. leisure, sports).

Where specific services are not available (or are not available in sufficient quantity) by the reception authority (or centre) itself, reception workers should refer applicants to other, external service providers. To ensure safe and confidential referrals of applicants with diverse SOGIESC, it is of paramount importance to follow established and commonly agreed referral pathways and relevant protocols (standard operating procedures, etc.) that ensure the respect of principles and safeguards in service provision. Furthermore, there should be a mechanism for regular follow-up (monitoring) of whether the service was provided and the impact on the person concerned. The follow-up is performed in cooperation with the applicant and the service provider to which they were referred.

Referral is the process of connecting an applicant who has diverse SOGIESC with service providers that can provide the needed support based on assessed needs. Referrals guarantee that applicants will receive holistic support from specialised staff and are made following

⁽¹¹⁷⁾ The response plan should always be tailored to the real and identified needs of each applicant. Therefore, this is only an indicative list of the most common areas to be considered when addressing special needs. It is the responsibility of every assessor to develop a tailored response plan for each applicant, based on the identified and/or assessed needs.

⁽¹¹⁸⁾ Case management is a structured working method used by a social worker and involves the coordination, monitoring and support of the applicant's access to services that meet their needs in cooperation with the applicant themselves. Case management is a method of organisation and implementation of professional activity, offering the applicant an individual approach in an appropriate and systematic manner, through direct support or referral, in line with a response plan.



standardised procedures (referral pathways or mechanisms). Referrals should normally be made in writing and follow the usual principles for referrals, including the following.

- **Informed consent.** It should be explained to the applicant with whom and for what purpose the information will be shared, including what services might be expected; in the case of young children or unaccompanied children, the informed consent is provided by their parent or guardian / legal representative, unless it is not advised in line with the child's best interests.
- **Confidentiality.** Information should not be shared with anyone other than the receiver of the referral unless there is an obligation under national law to report to the authorities (e.g. when certain types of crimes are committed or in emergencies or life-threatening situations) ⁽¹¹⁹⁾.
- **Data protection and additional safeguards to protect sensitive information (including both hard copies and electronic files).** Physical files should be archived in lockable cabinets to which only those who **need to know** information for the purpose of the referral have access. Electronic files should be password protected, with access rights given only to those specific focal points.
- **The 'do no harm' principle.** This should be guaranteed and considered when deciding to conduct a referral to avoid exposure to further harm including re-traumatisation.

It should be noted that an applicant might wish to receive information on potential services but not be referred, and this should be respected. If that is the case, the reception worker should provide information and contact numbers of relevant providers (for example emergency numbers and details of the police) and explain how services can be accessed if applicants with diverse SOGIESC wish to access them at a later stage.



Practical tips: making safe referrals

- Map out and consult LGBTIQ organisations, associations and support groups, and develop linkages to understand available services and assess collaborations, including referrals.
- When referring to other services, confirm that the referral source is a safe space for people with diverse SOGIESC. If as a reception worker you are struggling to find the appropriate or trusted services provider, contact a local LGBTIQ organisation to support with the referral.

⁽¹¹⁹⁾ Certain types of professionals deployed in reception (mainly social workers, psychologists and medical practitioners) might be bound by national or profession-specific laws and regulations on the obligation of confidentiality. In some cases, exceptions may apply, especially when there is a real threat to someone's life or well-being or when there is a disclosure of information that a child is being abused. Depending on your national law and practice, consider establishing an information exchange protocol between professionals (medical and non-medical actors/staff), always taking into account the provision of informed consent by the applicant concerned.



- Put in place active referral systems and partnerships with institutional and non-institutional actors (for instance, CSOs, international organisations, other relevant authorities, LGBTIQ networks).
- Facilitate access to services outside of accommodation centres, including accompaniment, support in transportation and interpretation, where needed.



Useful tools and guidelines on the provision of healthcare

- Zanzu (Belgium) is a practical online translating tool developed for (medical) professionals aiming to remove language barriers to sexual health, with respect for cultural diversity. The tool is available in multiple languages and has a specific section on LGBTIQ persons ⁽¹²⁰⁾.
- The project 'Open doors; promoting inclusive and competent healthcare for LGBTI people' (Poland), produced the following tools, among others:
 - A short guide for healthcare professionals that summarises the most important information on LGBTIQ health. It includes an introduction to LGBTIQ terminology, a summary of the health needs of LGBTIQ people and practical recommendations to avoid discrimination and create inclusive clinical spaces ⁽¹²¹⁾.
 - A handbook for healthcare professionals that provides a detailed overview of the health inequalities and health needs of LGBTIQ people, an introduction to LGBTIQ terminology, a summary of the health needs of LGBTIQ people and practical recommendations to avoid discrimination and create inclusive clinical spaces ⁽¹²²⁾.

Both products are available in six languages (Bulgarian, Catalan, English, Hungarian, Italian, Polish).

UNHCR and the United Nations Population Fund have developed an operational guidance on responding to the health and protection needs of people who sell or exchange sex in humanitarian settings, with a special focus on sexual and reproductive healthcare ⁽¹²³⁾.

⁽¹²⁰⁾ Zanzu Belgium, '[Sexual health in 14 languages](#)' and Zanzu Netherlands, '[Sexual health in 17 languages](#)'.

⁽¹²¹⁾ Open Doors, [Open Up the Doors – An LGBTI guide for healthcare professionals](#), Lambda Warszawa Association, Warsaw, undated.

⁽¹²²⁾ Open Doors, [Open Up the Doors – An LGBTI handbook for healthcare professionals](#), Háttér Society, Budapest, 2022.

⁽¹²³⁾ United Nations Population Fund and UNHCR, [Operational Guidance – Responding to the health and protection needs of people selling or exchanging sex in humanitarian settings](#), 2021.



4. Mainstreaming SOGIESC in contingency planning



In accordance with Article 32(1) RCD (2024), each Member State need to draw up a contingency plan in consultation with local and regional authorities, civil society and international organisations, as appropriate. The contingency plan sets out the measures to be taken to ensure an adequate reception of applicants (...) in cases where the Member State is confronted with a disproportionate number of applicants for international protection, including of unaccompanied minors ⁽¹²⁴⁾.

Even when the contingency plan is activated, reception conditions should ensure the full respect of an adequate standard of living in line with EU law, including the Charter of Fundamental Rights of the European Union ⁽¹²⁵⁾. The basic needs of applicants, including applicants with diverse SOGIESC, must still be covered in exceptional situations, and any inevitable derogations from the provisions set out in the RCD (2024) must be as short as possible.

This chapter mainly addresses managers and policymakers in reception. It outlines the main points and recommendations on how to integrate SOGIESC-specific considerations and elements when the Member States are asked to:

- confirm compliance with the RCD (2024) during the selection of contingency and preparedness measures to tackle the needs of an exceptional situation;
- ensure that material reception conditions are maintained above a certain quality threshold as the selected measures are applied.

It is divided into six subsections covering key reception areas (see Section [4.2. Exceptional modalities for the provision of reception conditions to applicants with diverse SOGIESC](#)) each including SOGIESC-specific considerations and applying an integral approach ⁽¹²⁶⁾ to contingency planning. Some good practices are also identified within the various sections. ⁽¹²⁷⁾

⁽¹²⁴⁾ Similarly, Article 18(9) RCD (recast) provides that Member States may exceptionally set modalities for material reception conditions that differ from those covered in the article, in duly justified cases and for a reasonable period, which must be as short as possible, when ‘(a) an assessment of the specific needs of the applicant is required, in accordance with Article 22’ and ‘(b) housing capacities normally available are temporarily exhausted’

⁽¹²⁵⁾ European Union, [Charter of Fundamental Rights of the European Union](#) (OJ C 326, 26.10.2012, p. 391).

⁽¹²⁶⁾ The integral (cyclical) approach covers three aspects that together form a systematic, cohesive and holistic approach to contingency planning. These aspects refer to the following stages/actions: develop/prepare, respond, review/adjust.

⁽¹²⁷⁾ For further information on contingency planning, consult the EUAA, [Guidance on Reception – Operational standards and indicators](#), May 2024, which complements the EASO, [Practical Guidance on Reception Conditions: Operational standards and indicators](#), 2016 and especially Section 15. Exceptional modalities for the provision of material reception conditions.



4.1. Early alert triggers and indicators

Early alert triggers and indicators should be identified in the scenario-based process (e.g. numbers of arrivals, reception capacity and the occupancy rate, inflow and outflow, processing time of status determination, vulnerability profiles and human resources) ⁽¹²⁸⁾.

Triggers and thresholds should be well defined beforehand and indicators should be clearly characterised to enable a timely response. It is recommended, in the framework of an early warning system, to draw up a definition at the national level of what is considered high influx and/or to develop a numerical definition of what is considered an emergency situation that may require the activation of contingency measures. Possible thresholds could, for instance, be a certain increase in the number of arrivals, or an increase in persons with special needs over a defined period and/or exceeding a predefined occupancy rate for a period (which may result in a decrease in the quality of reception because of increased workload or exceeded capacity in reception facilities). Based on the scenario-based approach, the trigger system should support the reception authority in activating the response plan.

Data constitutes a fundamental element of contingency planning, therefore rates/estimations of applicants with special needs and more precisely, of applicants with diverse SOGIESC, should also be considered. However, authorities need to keep in mind that estimating the rate of LGBTIQ applicants within the overall population might be quite challenging, for the reasons detailed in this guide, such as prevailing societal norms and the fear of outing and stigma that may affect a person's willingness to disclose their SOGIESC.

Another challenge is that persons with diverse SOGIESC who apply for international protection for reasons unrelated to their SOGIESC might still have special reception needs due to their SOGIESC. Thus, their needs should not be overlooked but should be considered in contingency planning. To overcome these challenges, it is recommended that anonymous SOGIESC-related data is collected in the asylum procedure, as they can be used to forecast an approximate number. This can assist authorities in their scenario-based process. It is preferable to have an approximate figure or rate of LGBTIQ applicants than to have none at all (also consult the [Practical guide on applicants with diverse SOGIESC – Cross-cutting elements](#), Chapter 7. Data management and statistics).

⁽¹²⁸⁾ See also EASO, [Guidance on contingency planning in the context of reception](#), 2018.



4.2. Exceptional modalities for the provision of reception conditions to applicants with diverse SOGIESC

The provision of reception conditions for applicants is regulated by the RCD (2024), and exceptional modalities should also be in line with this directive. As explained above, the standards laid down in the RCD (2024) for non-exceptional situations should remain the reference during situations of disproportionate pressure as well.

In this section, SOGIESC-specific considerations are highlighted based on reception topics, to support Member States in mainstreaming SOGIESC in contingency planning and preparedness.

All the recommendations and considerations below should be read in conjunction with the principle of Article 32(1) RCD (2024) ⁽¹²⁹⁾, which provides that measures set out by the contingency plan need ‘to ensure an adequate reception of applicants in accordance with this Directive’. This principle should be applied in conjunction with the following principles, to ensure the dignity, well-being and fundamental rights of applicants throughout the asylum process.

- **Dignity.** Member States must ensure that the reception conditions provided to applicants are compatible with their inherent dignity and do not subject them to degrading treatment.
- **Standard of living.** Applicants must have access to adequate housing that ensures a standard of living that guarantees their subsistence and protects their physical and mental health.
- **Material reception conditions.** Member States are required to provide applicants with material reception conditions, including housing, food, clothing and personal hygiene items. These conditions must be in line with national standards and respect applicants’ cultural and religious backgrounds ⁽¹³⁰⁾.
- **Healthcare.** Applicants must have access to necessary healthcare of adequate quality, which includes, at least, emergency care and essential treatment of illnesses (as well as of serious mental disorders) and sexual and reproductive healthcare which is essential in addressing a serious physical condition.
- **Persons with special reception needs.** Special attention should be paid to the specific situation of applicants with special reception needs.

⁽¹²⁹⁾ Article 18 RCD (recast) respectively provides for non-derogable principles concerning the reception of applicants for international protection.

⁽¹³⁰⁾ For LGBTIQ applicants, such material reception conditions should be in line with their actual needs (e.g. appropriate menstrual hygiene products should be made available to trans men and potentially to intersex and non-binary persons).



4.2.1. Housing

As the general inflow of applicants for international protection increases, the inflow of applicants with special needs will also increase. Therefore, at the stage of planning/preparedness, attention should be paid to ensuring adequate and sufficient accommodation places for persons with special needs, including those more exposed to safety and security risks, such as LGBTIQ applicants.

Mapping out the available reception capacity and occupancy is essential for efficient utilisation of existing capacity, for planning for extra capacity and for addressing the special reception needs of applicants. In that sense, Member States should map out the capacity and occupancy of their reception places that can be used for applicants with diverse SOGIESC, depending on their identified special reception needs. When mapping out suitable reception places, the following elements should be considered: location (i.e. the proximity to relevant service providers); infrastructure (e.g. individual sanitary and bathroom facilities, the possibility of private accommodation). This should be an ongoing exercise throughout all the stages of planning, implementation and review/adjustment.

Given that the number of reception places fully adapted to the special reception needs of specific groups of applicants, including LGBTIQ applicants, is limited and that such places are likely to become even scarcer in times of emergency, a system of prioritisation should be implemented. Safe and secure reception places should be reserved for applicants with additional special reception needs, especially those with urgent medical needs or who face a greater risk to their safety (e.g. those at risk of being a victim of violence). Furthermore, particular attention should be paid to respecting family unity, family life and privacy. Guidelines should be in place to determine the most suitable accommodation in respect of the special needs and individual situations of vulnerable applicants, following a proper and timely identification of needs on an individual basis (see also Chapter [3. Identification, assessment and response to the needs of applicants with diverse SOGIESC](#)).

Similarly, security and safety cannot be negotiated, as they are preconditions for dignified living. Member States should thus ensure, as far as possible, the prevention of assault and violence, including that with a SOGIESC-related motive, when providing housing in a high-influx situation.

New/emergency reception facilities should display visual information materials, such as posters and videos that promote respect for diversity and inclusion of all people, regardless of their personal characteristics, including SOGIESC. Mechanisms for feedback (e.g. letter boxes) as well as for submitting complaints and incident reporting are in place and known to staff and residents. The right of the applicants to communicate with their relatives, legal counsellors and specialised organisations (e.g. by phone, the internet or other means) is also ensured.

Applicants housed in emergency reception facilities should be transferred to regular facilities as soon as it is practically feasible, with prioritisation given to persons in a vulnerable situation, including LGBTIQ applicants.



Good practice

It is good practice to plan for a minimum capacity of buffer reception accommodation, where applicants in an insecure situation can be placed, sometimes temporarily, pending a transfer to suitable accommodation, in respect of their special needs, including applicants with diverse SOGIESC.

4.2.2. Healthcare

Even in exceptional situations, Member States should ensure that applicants with diverse SOGIESC receive the necessary healthcare at the highest attainable standard, including mental healthcare, provided by qualified staff. The necessary healthcare should be of adequate quality and include, at least, a health screening soon after arrival, emergency care and essential treatment of illnesses, including serious mental disorders, sexual and reproductive healthcare or care required to deal with serious health complications, related to previously obtained gender-affirming interventions.

4.2.3. Human resources and capacity building

Member States should ensure that, even in times of crisis, a competent experienced reception worker is assigned as reference person for gender-related cases, including for applicants with diverse SOGIESC ⁽¹³¹⁾. This person should be given the necessary time and space to fulfil this task. If experienced reference staff members are seconded to assist in the establishment of a new reception facility ⁽¹³²⁾, it should be ensured that they have the time to continue acting as reference persons for the original reception facility. Such staff members should have access to training, including on SOGIESC-specific issues ⁽¹³³⁾. In the absence of adequate time for training, on-the-job training modalities could also be applied (e.g. shadowing reference persons, coaching, online training).

Medical staff should be knowledgeable on identifying and addressing the specific needs of applicants with diverse SOGIESC – especially those of trans, gender non-conforming, non-binary and intersex applicants – and treating them in a sensitive and respectful manner.

In times of crises, Member States still have to make sure that reception staff of diverse genders are available, especially healthcare professionals, case managers, interpreters / cultural mediators and staff involved in identification and assessment procedures. Similarly, to

⁽¹³¹⁾ Or a reference person/focal point specialised in vulnerabilities and special needs, including needs on the basis of SOGIESC.

⁽¹³²⁾ Such reference persons could be responsible for more than one reception facility and for other vulnerable groups (e.g. GBV victims), provided they have sufficient time and resources to perform their tasks well.

⁽¹³³⁾ For more information on the content of such training, consult Chapter [1. Provision of reception conditions](#) as well as the EUAA, [Practical guide on applicants with diverse sexual orientations, gender identities, gender expressions and sex characteristics – Cross-cutting elements](#), October 2024, Section 5.3. Capacity building on SOGIESC.

the extent possible, applicants can express a preference to speak to a staff member of a particular gender if they wish to discuss sensitive topics.

4.2.4. Information provision

In times of crises, applicants are still entitled to receive information on reception conditions, including on those for persons with special needs (e.g. for LGBTIQ applicants, where such needs are identified) as well as on the rights of LGBTIQ persons and the level of social tolerance in the host country. Applicants should be informed of the ways in which they can report security issues, including those arising from their SOGIESC status. Furthermore, they should be given information on accessing legal assistance and other service providers relevant to the provision of reception conditions, including healthcare.

Reception authorities should consider how to adapt efficient methodologies and channels for information provision to a higher number of applicants. For example, temporary and emergency reception facilities can display information materials, guidelines and resources and information on LGBTIQ service providers.



Good practices

- It is good practice to develop and regularly update frequently asked questions and answers related to the rights of and services for persons with diverse SOGIESC; these can be used before but also during situations of high influx.
- Communicating via social media ⁽¹³⁴⁾ and developing platforms with dedicated information for LGBTIQ applicants are good ways to convey information and the message that is desired. By developing an app for mobile phones, the reception authority can easily reach many people.

4.2.5. External cooperation and coordination

Cooperation and coordination among the reception authority and other relevant authorities, CSOs and international organisations are of paramount importance during normal times ⁽¹³⁵⁾. When developing and implementing a contingency plan, it is necessary to reinforce and promote further coordination with and support from such entities and other relevant associations (e.g. volunteer groups, the migrant diaspora), where they operate ⁽¹³⁶⁾. This should include LGBTIQ organisations and health (including mental health) providers. Coordination mechanisms should be established and agreed with the relevant entities beforehand; this can include joint meetings held in preparation for a situation of high influx and frequently repeated throughout the exceptional situation.

⁽¹³⁴⁾ See the example of Fedasil in the Box [Good practices](#) in Section [2.2. Risk mitigation](#).

⁽¹³⁵⁾ EUAA, [Practical guide on applicants with diverse sexual orientations, gender identities, gender expressions and sex characteristics – Cross-cutting elements](#), October 2024, Chapter 6 Cooperation and Coordination.

⁽¹³⁶⁾ As also laid down in Article 32(1) RCD (2024).



The roles and responsibilities of the competent authorities and the organisations involved, and the coordination mechanisms between stakeholders, have to be clearly specified. Those roles and functions are better defined and agreed through a formal mechanism (e.g. memorandum of cooperation) to avoid duplication of effort and to ensure the maximisation of available resources. Such organisations should also be timely informed about the establishment of new reception facilities, where appropriate. Persons (staff or volunteers) who come into direct contact with children and other people in a vulnerable situation should be aware of the particularities of working with these groups, including the use of respectful and inclusive language.

4.2.6. Identification, assessment and response to special needs and vulnerabilities

Even during a crisis, vulnerability identification and management should not be compromised. Existing standardised mechanisms for identifying and assessing special reception needs may be too time consuming and need to be accelerated. Therefore, Member States could temporarily use a more agile or faster screening tool or procedure, consisting of a preliminary health and vulnerability check to identify any needs for immediate care or special assistance and to determine if the applicants have special reception needs ⁽¹³⁷⁾. Specialised LGBTIQ organisations can be involved in the assessment as well (e.g. through the provision of services, interpretation/cultural mediation, training of staff). Identified special needs of LGBTIQ applicants that might have an impact on procedural guarantees should be communicated to the asylum authorities (e.g. the assignment of a particular/trained case officer and/or interpreter of the gender preferred by the applicant).

Where there are indications of vulnerabilities or special reception needs, the LGBTIQ applicants concerned should receive timely and adequate support in view of their physical and mental health. This may include referral or response to urgent medical needs (e.g. HIV/STI treatment, post-surgical or post-FGM/IGM treatment, sterile syringes for injection, other medical supplies) or other type of support (e.g. psychosocial support, psychiatric medication).

⁽¹³⁷⁾ Member States should keep in mind that an agile, faster screening tool or procedure should not replace the proper, fully-fledged identification and assessment of special needs and vulnerabilities (see Chapter [3. Identification, assessment and response to the needs of applicants with diverse SOGIESC](#)), which needs to be performed for every individual as soon as the circumstances allow.





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