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POLICY BRIEF

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LGBTIQ+ AND GENDER-BASED VIOLENCE IN LESOTHO

QUICK FACTS

- **21** respondents in the national household survey self-identified beyond male/female categories.
- **50%** of transgender respondents experienced GBV in the past 12 months (vs 22.4% women / 10.2% men in the general population).
- **93.8%** of GBV against transgender persons linked to gender identity.
- **69%** of LGBTIQ+ persons experienced lifetime GBV; 62% physical; 22.5% sexual.
- **Zero** CGPU offices have SOGIE-inclusive SOPs or non-binary intake forms.
- The **2026 Census** includes an "others" gender identity option, a regional first.

Introduction

This policy brief presents findings on gender-based violence (GBV) among LGBTIQ+ persons in Lesotho, drawn from the 2025 National GBV Indicators Follow-up Study conducted by Gender Links and the Bureau of Statistics.

The 2013 GBV Indicators Study did not measure LGBTIQ+ prevalence. The 2025 study addressed this gap: **21 respondents in the national household survey identified as gender non-conforming or other** (N=11 and



N=10 respectively). The study also draws on the THUSO Project Baseline Study (n=261) and International Human Rights Club research to document prevalence, institutional barriers, and service gaps.

Lesotho's 2026 Population and Housing Census includes an "others" option for gender identity, a step applauded by People's Matrix as a milestone in LGBTIQ+ data visibility in the SADC region.

What is the THUSO Project?

THUSO ("Promoting Dignity, Safety, and Inclusion of LGBTIQ+ Persons in Lesotho") is an EU-funded initiative implemented by the Human Rights Lab in partnership with Care for Basotho and People's Matrix. The Baseline Study (February 2026) surveyed **261 LGBTIQ+ respondents** across Maseru, Berea, and Leribe districts using purposive and snowball sampling. It also conducted key informant interviews with CGPU officers and assessed Lapeng Care Centre against international safe accommodation standards. THUSO data are cited throughout this brief alongside the National GBV Indicators Study findings.

Key findings

Prevalence: The THUSO Project (2026) found that 50% of transgender respondents experienced GBV in twelve months, compared with 22.4% of women and 10.2% of men in the general population (GBV Indicators Study 2025). Among transgender survivors, 93.8% of incidents were directly linked to gender identity or expression. The International Human Rights Club reports 69% lifetime GBV prevalence among LGBTIQ+ persons (vs. 66.7% of women and 46.2% of men in the general population), with 62% experiencing physical violence and 22.5% sexual violence, including "corrective rape" and forced initiation practices.

Institutional exclusion: All three CGPU offices assessed (Maseru, Berea, Leribe) confirmed that standard operating procedures do not include LGBTIQ+ or transgender persons. Data systems record only male/female categories. Lapeng

Care Centre, Lesotho's sole dedicated GBV shelter, failed 4 of 12 international safe accommodation criteria: intake forms are female-only, branding is women-specific, no gender-neutral accommodation exists, and staff lack SOGIE-inclusive competencies.

Police as perpetrators: Care for Basotho documented that police are among the perpetrators of GBV against key populations, including LGBTIQ+ persons, compounding the barrier to reporting.

Progress: The Legal Aid Clinics Guidelines (December 2025) establish the first national non-discrimination framework covering sexual orientation and gender identity across 56 legal aid providers. The RISE Project (EU-funded, September 2025) provides a two-year platform for legal reforms and access to justice for LGBTIQ+ persons.

The Marang Southern Africa LGBTIQ Fund in Lesotho

The **Marang Southern Africa LGBTIQ Fund**, managed by Gender Links, supports LGBTIQ+ organisations across the SADC region. In Lesotho, Marang partners are coordinating around two priority advocacy areas:

Protecting intersex children: Partners are advocating around parental consent and decision-making regarding medically unnecessary sex-characteristic alteration procedures involving intersex children. This work is grounded in Lesotho's Children's Protection and Welfare Act, particularly the principles of the child's best interests, dignity, and participation in decisions affecting them.

The focus places bodily autonomy and child protection at the centre of reform efforts.

Legal gender recognition: Partners are also advancing legal gender recognition in national identity and civil registration systems. Research has shown that identity documents that do not reflect a person's gender identity create barriers to healthcare, employment, banking, travel, and safety. For many transgender and gender-diverse people, correct documents are a daily safety tool. Lesotho's inclusion of gender identity options in the 2026 Census signals progress in this area.



Table 1: Comparative GBV prevalence, general population vs. LGBTIQ+ persons

Indicator	General population (GBV Study 2025)	LGBTIQ+ persons (THUSO / IHRC)
Any GBV (lifetime)	Women: 66.7% Men: 46.2%	69% (LGBTIQI+)
Any GBV (12-month)	Women: 22.4% Men: 10.2%	50% (transgender)
Any IPV (lifetime)	Women: 45.7% Men: 28.2%	-
Physical IPV (lifetime)	Women: 27.6% Men: 7.4%	62% (all physical violence)
Sexual IPV / NPSV (lifetime)	Sexual IPV: 11.3% NPSV: 9.4%	22.5% (all sexual violence)
GBV linked to identity	N/A	93.8% (transgender)

Sources: Lesotho GBV Indicators Follow-up Study 2025; THUSO Baseline Study 2026 & IHRC Survey (LGBTIQ+). General population IPV figures are among ever-partnered respondents aged 15+. LGBTIQ+ physical and sexual violence figures include all forms (not IPV-specific).



“As a gay man, being sexually assaulted carries a heavy stigma”

Thabo* is a 28-year-old openly gay man from a rural community in Lesotho. He was sexually assaulted by his village chief, who exploited his position of authority. When Thabo reported the assault, the chief's family accused him of trying to ruin the chief's reputation, and community members said that

“because I am gay, maybe I was trying to trap him.” Other herders corroborated Thabo's account. The chief was arrested but released on bail; the court case has been repeatedly postponed.

“As a man, and as a gay man in particular, being sexually assaulted carries a heavy stigma,” Thabo says. He is now in therapy with family support and calls for stronger laws, accountability for leaders who abuse their power, and community education to break the silence around sexual violence against men and LGBTIQ+ persons.”

** Pseudonym. From the GBV Stories Collection, 2025 Lesotho National GBV Indicators Study*

More voices - from the Marang LGBTIQ Fund 'I' Story collection:



“Finding myself beyond fear”: “The sodomy law still exists, a painful reminder that our very existence is criminalised. Too often, justice feels out of reach.” After discovering the People's Matrix Association's SOGIE workshops, this storyteller found the language to name their truth and began advocating for legal reform.

“Living out loud in silence”: “My existence is not a debate. It is a declaration.” Mampoi navigates misgendering, workplace discrimination, and the tension between her faith and identity. She dreams of workplaces where safety and inclusion are the norm.

“Born between the lines”: “I was born different, not broke, and my difference is my power.” A 30-year-old intersex activist, Sphesihle advocates for bodily autonomy and an end to unnecessary medical interventions performed in secrecy. They call for laws protecting intersex people and education that includes intersex realities.

Source: Marang Southern Africa LGBTIQ Fund 'I' Story Collection, Gender Links, 2025-2026

Priority actions for government

Priority	Action	Lead	Timeline
Immediate	Adopt SOGIE-inclusive SOPs at all CGPU stations. Update intake forms to record gender identity beyond male/female. Issue directive requiring officers to accept complaints from LGBTQI+ persons without discrimination.	LMPS / CGPU	4-6 months
Immediate	Establish SOGIE-inclusive safe accommodation standards for all GBV shelters, addressing the four criteria gaps identified in the THUSO Lapeng assessment.	Ministry of Gender / THUSO Project	9-18 months
Short-term	Integrate non-binary and transgender categories into national GBV data systems (CGPU, health, social welfare) to enable routine prevalence monitoring.	BOS / CGPU / MoH	12 months
Short-term	Train CGPU officers, health workers, and shelter staff in SOGIE-inclusive response, using the Legal Aid Clinics Guidelines' non-discrimination framework as the standard.	Ministry of Gender / CGPU	12 months
Medium-term	Develop a national key populations GBV strategy with dedicated prevention programming targeting drivers of identity-based violence, including "corrective rape" and forced initiation.	Ministry of Gender / Care for Basotho / THUSO	24 months
Medium-term	Ensure meaningful participation of LGBTQI+ organisations in Anti-GBV Forum governance and strategy oversight.	Anti-GBV Forum	Ongoing



The bottom line

LGBTIQ+ persons experience GBV at rates significantly exceeding the general population, yet no CGPU station, shelter, or health facility in Lesotho has SOGIE-inclusive protocols. The Legal Aid Clinics Guidelines and the 2026 Census's inclusion of gender identity categories provide a foundation. The immediate priority is to operationalise these standards across all GBV service points, starting with CGPU intake procedures and shelter accommodation criteria, so that every survivor, regardless of sexual orientation or gender identity, can access protection.

Sources

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