



# Rainbow Welcome Initiative

An assessment and recommendations report on LGBT  
refugee resettlement in the United States

Prepared for Office of Refugee Resettlement,  
US Department of Health and Human Services





## Table of Contents

<b>1. Introduction .....</b>	<b>3</b>
1.1 Executive Summary.....	3
1.2 Background Information .....	3
<b>2. Methodology.....</b>	<b>6</b>
2.1 Terminology .....	6
<b>3. Demographics and Profile of LGBT Refugees and Asylees .....</b>	<b>8</b>
3.1 Demographics.....	8
3.2 Refugee Status Determination and Asylum Processing .....	12
<b>4. Findings .....</b>	<b>13</b>
4.1 Addressing Overseas Protections .....	13
4.2 Barriers to Access to Services in the United States.....	14
4.3 Housing Services.....	16
4.4 Employment Services .....	17
4.5 Health Services .....	19
4.6 Legal Services.....	24
4.7 Barriers to Integrating and the Need for Community .....	28
<b>5. Recommendations .....</b>	<b>31</b>
<b>6. Conclusion.....</b>	<b>33</b>
<b>7. Essential Resettlement Services .....</b>	<b>34</b>
<b>8. Recommended Refugee Resettlement Checklist.....</b>	<b>36</b>
<b>Appendix I.....</b>	<b>38</b>
<b>Appendix II.....</b>	<b>41</b>
<b>Appendix III.....</b>	<b>42</b>
<b>Appendix IV .....</b>	<b>43</b>
<b>Appendix V .....</b>	<b>44</b>

# 1. Introduction

## 1.1 Executive Summary

A hidden but growing population of concern to the US Office of Refugee Resettlement (ORR), lesbian, gay, bisexual, and transgender (LGBT) refugees and asylees challenge us to consider how we can best resettle different populations with particular sets of needs. The resettlement network is not yet equipped to comprehensively support this population. Lack of trainings, insufficient cultural competency, institutional biases, and structural barriers prevent resettlement staff from effectively responding to LGBT refugees' and asylees' concerns. In this report, Heartland Alliance for Human Needs & Human Rights (HA) identifies vulnerabilities specific to this community and has issues recommendations to develop capacity for resettling LGBT refugees and asylees.

This needs assessment and recommendations report is one component to the Rainbow Welcome Initiative, a larger project generously supported by ORR through contract number 90XROO17. As part of this initiative, HA is designing a field manual based on this assessment's findings, guiding resettlement staff on appropriate protocol for resettling LGBT refugees and asylees; HA will issue both the report and manual to affiliates throughout the country. Additionally, HA is creating a website for continuing education and resources for resettlement staff, other service providers, and LGBT refugees and asylees. This website will allow resettlement agencies, refugees and asylees to communicate and obtain information through online media as part of ORR's vision to transform how we connect to and assist new arrival populations. As part of this project, HA will also conduct regional training sessions and establish pilot projects at a few selected, geographically-dispersed sites.

## 1.2 Background Information

Refugees resettle in the United States for many different reasons. Spanning the world, refugee populations represent not only diverse geographic locations but also social, political, and religious communities. Understanding the backgrounds from which they come and appreciating their unique sets of needs upon arrival are critical to the successful resettlement of refugees and asylees. Prevalent in resettlement discourse is the notion that services rendered must be uniform if resettlement agencies are to avoid granting preferential treatment to any one population; however, tailoring services to the needs of each population is actively acknowledging the different circumstances under which refugees arrive. This report highlights the ways in which the needs of lesbian, gay, bisexual, and transgender (LGBT) refugees and asylees diverge from other populations'. While many of the necessary services will be similar, there remain concerns specific to LGBT refugees and asylees. Addressing these concerns is pivotal to ensuring the delivery of holistic and comprehensive resettlement services.

LGBT refugees and asylees experience a “double marginality” resulting in “profound isolation and marginalization from support and resources.”<sup>1</sup> As forcibly displaced persons, they are designated an ‘outsider’ status. As LGBT individuals, these refugees and asylees must also navigate the isolation they face within their own communities, as a result of their sexual or gender minority status. For this population, the level of support is low and the spaces in which they can occupy safely are numbered.

LGBT persons continue to suffer widespread and serious human rights violations worldwide, including murder, sexual assault, torture, physical abuse, and imprisonment. Seven countries<sup>2</sup> maintain the death penalty for same-sex conduct and an additional 76 countries have laws mandating imprisonment.<sup>3</sup> Aggravating the unjust treatment of LGBT individuals, many more countries fail to prosecute crimes committed against LGBT persons. Severe human rights abuses, compounded with a pervasive culture of impunity, means many LGBT individuals cannot relocate within their country of origin and are forced to seek refugee or asylee status abroad.

*“The current resettlement network has limited understanding of the LGBT community. In addition, no information exists in the context of available resource materials specifically for LGBT refugees. The need for these services is critical to ensure their successful resettlement in the U.S.”*

-Eskinder Negash, ORR Director

Pervasive homophobia and transphobia, often legitimized by state actors, create cultural norms that permit, even encourage, inhumane treatment inflicted on LGBT individuals. Unfortunately, those who identify as LGBT and seek refugee or asylee status in a nearby country are often subjected to similar discrimination and persecution. For this reason, many refugees choose not to disclose their sexual orientation or gender identity to United Nations High Commission for Refugees (UNHCR) adjudicators, accounting for the disproportionately small number of refugees arriving with their sexual or gender minority status as the basis of their claims. When considering LGBT refugees’ prior experiences with state officials, it becomes clear as to why they rarely disclose to their case managers, resettlement agencies, or lawyers. Unfortunately, nondisclosure only intensifies this population’s invisibility and isolation, perpetuating a continued lack of awareness of this community and its needs.

---

<sup>1</sup> Timothy J Randazzo (2005). Social and Legal Barriers: Sexual Orientation and Asylum in the United States, in *Queering Migration*. eds. Eithne Luibheid and Lionel Cantu, Jr., Minneapolis: University of Minnesota Press, p. 38.

<sup>2</sup> Iran, Mauritania, Saudi Arabia, Sudan, and Yemen all maintain the death penalty; parts of Nigeria and Somalia do as well.

<sup>3</sup> International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA), (2011) *State-Sponsored Homophobia: The World Survey of Laws Criminalising Same-Sex Sexual Acts Between Consenting Adults*. Retrieved from:

[http://old.ilga.org/Statehomophobia/ILGA\\_State\\_Sponsored\\_Homophobia\\_2011.pdf](http://old.ilga.org/Statehomophobia/ILGA_State_Sponsored_Homophobia_2011.pdf)

Over the last two decades, persecution based on sexual orientation and gender identity has gradually entered the mainstream of human rights protection and theory, garnering increased international attention. The Refugee Act of 1980 established the Federal Refugee Resettlement Program, which offers economic resources and other services to promote refugee integration and self-sufficiency for new arrival populations, including LGBT beneficiaries. In the intervening three decades, the US federal circuit courts have consistently ruled that victims of persecution due to sexual orientation or gender identity fall under a protected social category with respect to protection under the Refugee Act. Accordingly, ORR has a clear mandate to resettle and integrate LGBT refugees and asylees and assure that domestic implementing partners extend equal protection and opportunity without discrimination based on sexual orientation or gender identity. LGBT refugees are at elevated risk of persecution under two additional legal categories rendering them eligible for ORR assistance: victims of human trafficking and survivors of torture. The US Congress reauthorized the Torture Victims Relief Act of 1988 in 2005 as well as the William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008. Accordingly, LGBT torture survivors may also be eligible for services at ORR-supported torture treatment programs, and LGBT victims of human trafficking may be eligible for refugee benefits pending law enforcement agency certification or issuance of a T-visa. Anecdotal accounts from ORR-sponsored torture treatment programs suggest that LGBT persons are at elevated risk of torture, particularly sexual torture, when detained in countries experiencing political violence. LGBT youth are at elevated risk of sex trafficking due to family rejection. Considering LGBT refugees' and asylees' heightened vulnerability to both torture and trafficking, federal legislation has expanded ORR's mandate and significantly contributed to the accessibility of services and resources available for these individuals.

More recently, the Office for Refuge, Asylum, and Migration (ORAM) partnered with UNHCR to establish a matrix which captures all the work different international organizations have undertaken to respond to the needs of LGBT refugees and asylees, ranging from protection issues in countries of asylum to resettlement concerns in third countries. Heartland Alliance is excited to join ORAM and other international NGOs in creating a coalition dedicated to strategic planning and program implementation. This sort of collaboration highlights the concerted effort the international community is now making to address LGBT refugee issues.

## 2. Methodology

Information in this report was obtained through direct structured interviews with refugees and asylees, refugee resettlement management and line staff, state refugee coordinators, medical providers, and mental health practitioners. Heartland Alliance sought to include respondents representing a diverse cross-section of gender and geography. Respondents came from the Middle East, East Africa, West Africa, and Central America. Respondents were assured confidentiality; no individual identifying characteristics are included in this report. Heartland Alliance, before conducting interviews, also consulted with the Marjorie Kovler Center, a treatment program for torture survivors, to ensure interviews were conducted safely and sensitively.

### 2.1 Terminology

Heartland Alliance has adopted UNHCR's definitions of LGBT in this report.<sup>4</sup> These definitions are also reflected in the 2007 Yogyakarta Principles<sup>5</sup>.

- A lesbian is a woman whose enduring physical, romantic, and/or emotional attraction is to other women.
- Gay is used to describe a man whose enduring physical, romantic, and/or emotional attraction is to other men.
- Bisexual describes an individual who is physically, romantically, and/or emotionally attracted to both men and women.
- Transgender is an umbrella term for people whose gender identity and/or gender expression differs from the sex they were assigned at birth.
- Intersex is an umbrella term covering differences of sexual development, which can consist of diagnosable congenital conditions in which development of anatomic, chromosomal, or gonadal sex is atypical.
- Sexual orientation refers to each person's capacity for emotional and sexual attraction to, and intimate relations with, individuals of a different or the same gender. Gender identity refers to each person's deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth.

HA acknowledges that such fixed definitions are limited, and that sexual and gender identity can be fluid. Considering the diversity of communities and cultures from which refugees and asylees come, labels can become arbitrary and problematic. For instance, in many Latin American communities, men who penetrate other men are not considered

---

<sup>4</sup> UN High Commissioner for Refugees (2011). *Working with lesbian, gay, bisexual, transgender & intersex persons in forced displacement*, available at: <http://www.unhcr.org/refworld/docid/4e6073972.html>

<sup>5</sup> The Yogyakarta Principles drafted and unanimously adopted by a group of human rights experts in 2006, apply internationally recognized human rights laws to sexual orientation and gender identity. The principles can be found at: <http://www.yogyakartaprinciples.org/>.

to be homosexual; only their male partners who are penetrated are.<sup>6</sup> In other communities, there are no words that correspond to the terms with which those in the West may be more familiar. One respondent, a male Bhutanese refugee, noted that the only word he knew of that referred to LGBT persons was “chaka”<sup>7</sup> which can vaguely refer to anyone under the LGBT umbrella, but most often refers to bisexuals. While UNHCR’s terminology is employed in this report to achieve consistency, it is understood that refugees and asylees who fit these descriptions may not self-identify as such; still, whether different language is used, the fact remains that individuals are being persecuted because of their purported sexual and gender deviance. Promoting shared definitions will help the resettlement network identify and respond to the protection and resettlement needs of sexual minorities.

---

<sup>6</sup> See Fernando, L.C. (2009). Similar faces of same-sex sexual behavior: A comparative ethnographical study in Brazil, Turkey, and Thailand. *Journal of Homosexuality*, 56:4, 457-484.

<sup>7</sup> The respondent explained that this slang term is most often used in a derogatory context.



## 3. Demographics and Profile of LGBT Refugees and Asylees

### 3.1 Demographics

Precise demographic information on the numbers, nationalities, or distribution of LGBT refugees and asylees in the United States does not exist. Obtaining accurate information is challenging for a number of reasons:

- UNHCR does not identify or track LGBT refugees, and information on sexual orientation or gender identity is rarely reflected in refugees' file during case assignment and referral to refugee resettlement agencies within the United States.
- Neither the USCIS Asylum Office nor the Executive Office for Immigration Review compile statistics on successful asylum claims due to sexual orientation or gender identity.
- Many LGBT refugees do not self identify, particularly if they are resettled as part of a larger resettlement effort and were granted refugee status determination for reasons other than sexual orientation or gender identity.
- Western categories of sexuality and gender identity (LGBT) may not correspond to categories within specific refugee communities, and refugees themselves may not employ these definitions until long after integration into US society.
- Most social and legal service providers do not collect information on sexual orientation or gender identity from their service users, or this information is unavailable due to confidentiality concerns.

This lack of quantitative data means that no robust statistical analysis about the size and profile of LGBT refugees and asylum seeking populations can be made. Just as overall numbers are estimates, statistics on the number and rates of LGBT people by country also have not been compiled. However, it is possible to make an informed estimate of the number of LGBT refugees and asylees entering the United States each year. Sexual orientation and gender identity are inherent human characteristics rather than lifestyle choices, and therefore can be expected to exist in a more or less predictable rate in all human populations. In the United States, between 3.8 and 4.6% of individuals are estimated to fall within this population.<sup>8</sup> The number of LGBT asylees is estimated to be a larger percentage of the overall asylee population because many asylees seek protection specifically due to their sexual orientation or gender identity. The San Francisco Asylum Office estimates that 5-10% of asylees served by that office

---

<sup>8</sup> Heartland Alliance's Social IMPACT Research Center came to this estimate after consulting this report: Gates, G. (2011). How many people are lesbian, gay, bisexual, and transgender. Retrieved Dec 2011, From The Williams Institute on Sexual Orientation and Gender Identity Law and Public Policy, UCLA, <http://wiwp.law.ucla.edu/wp-content/uploads/Gates-How-Many-People-LGBT-Apr-2011.pdf>

file claims based on sexual orientation or gender identity<sup>9</sup>. Anecdotal information from other asylum offices indicates that LGBT asylum claims are common and perhaps increasing, as global awareness of sexuality and gender identity increases and as LGBT rights advocacy grows worldwide.

The following tables provide range estimates for the number of LGBT refugees and asylees that enter the United States on an annual basis:

		<b>LGBT Estimate at</b>			
		<b>Varying Prevalence Rates</b>			
<b>Countries</b>	<b>TOTAL</b>	<b>3.8%</b>	<b>4.6%</b>	<b>5.0%</b>	<b>10.0%</b>
<b>Total Asylees</b>	21,113	802	971	1,056	2,111
<b>China, People's Republic</b>	6,683	254	307	334	5668
<b>Ethiopia</b>	1,093	42	50	55	109
<b>Haiti</b>	832	32	38	42	83
<b>Venezuela</b>	660	25	30	33	66
<b>Nepal</b>	640	24	29	32	64
<b>Colombia</b>	591	22	27	30	59
<b>Russia</b>	548	21	25	27	55
<b>Egypt</b>	536	20	25	27	54
<b>Iran</b>	485	18	22	24	49
<b>Guatemala</b>	465	18	21	23	47
<b>All Other Countries</b>	8,580	326	395	429	858

Tables 1 and 2 provide a breakdown of the estimated number of LGBT refugees and asylees by nationality. Further investigation is required, as the percentage of LGBT asylees will vary according to country conditions and nature of persecution. For example, the large number of Chinese asylum applicants granted due to the one child policy may drive down overall estimates of the total number of Chinese LGBT asylees. On the other hand, widespread persecution of LGBT persons in much of Africa and the

<sup>9</sup> Emilia Bardini, director of the San Francisco Asylum Office, described the bureaucratic hurdles that refugees and asylum seekers face, such as meeting the one-year deadline to file, and compiling the evidence required to satisfy the legal definition of persecution. 'Discrimination by itself is not usually enough, but cumulatively it can be,' Bardini said. Bardini said that of the 3,000-plus asylum cases that her office handles each year, 90 percent are male, and an estimated 5 percent to 10 percent are LGBT or intersex." Quote from: LeTigre, T. K. (2011, July 07). It's often a long road for LGBT refugees. *The Bay Area Reporter*. Retrieved from: <http://www.ebar.com/news/article.php?sec=news&article=5837>

Middle East, and patterns of persecution in Latin America, may result in higher estimates for these countries.

Countries	TOTAL	LGBT Estimate at Varying Prevalence Rates			
		3.8%	4.6%	5.0%	10.0%
<i>Total Refugees</i>	73,293	2,785	3,371	3,662	7,329
Iraq	18,016	685	829	901	1,802
Burma	18,693	634	768	835	1,669
Bhutan	12,363	470	569	618	1,236
Somalia	4,884	186	225	244	488
Cuba	4,818	183	222	241	482
Iran	3,543	135	163	177	354
Congo, Democratic Republic	3,174	121	146	159	317
Eritrea	2,570	98	118	129	257
Vietnam	873	33	40	44	87
Ethiopia	668	25	31	33	67
<b>All Other Countries</b>	5,6691	216	262	285	569

- a. The total number of refugee and asylees taken from: [http://www.dhs.gov/xlibrary/assets/statistics/publications/ois\\_rfa\\_fr\\_2010.pdf](http://www.dhs.gov/xlibrary/assets/statistics/publications/ois_rfa_fr_2010.pdf)
- b. 3.8%-4.6% rate range for LGBT share of population is the common range used in the U.S.
- c. 5.-%10.0% rate range for LGBT share of population is an estimate provided by the San Francisco asylee office as to the rate of all asylum seekers in the their office who are LGBT.

LGBT refugees are not evenly distributed throughout the United States. Secondary migration is highly likely for LGBT refugees and asylees. Many LGBT refugees seek to separate themselves from their own immigrant communities due to fear or lack of acceptance. Additionally, tolerance and acceptance of LGBT persons in the United States is not uniform, and some jurisdictions have laws and protections that serve as push or pull factors for LGBT immigrants. These factors make more detailed estimates of distribution more difficult. Tables 3 and 4 illustrate the breakdown of refugee resettlement numbers by state, with estimated LGBT refugees according to different prevalence rates.

**Table 3: Estimates of LGBT Asylees by U.S. State of Residence, 2010**  
(Affirmative Asylees Only)

		LGBT Estimate at			
		Varying Prevalence Rates			
States	TOTAL	3.8%	4.6%	5.0%	10.0%
<i>Total Asylees</i>	11,244	427	517	562	1,124
California	4,168	158	192	208	417
New York	1,722	65	79	86	172
Florida	1,488	57	68	74	149
Virginia	452	17	21	23	45
Maryland	393	15	18	20	39
Washington	334	13	15	17	33
Illinois	285	11	13	14	29
Texas	263	10	12	13	26
Massachusetts	262	10	12	13	26
New Jersey	209	8	10	10	21
All Other States	1,688	63	77	83	167

**Table 4: Estimates of LGBT Refugees by U.S. State of Residence, 2010**

		LGBT Estimate at			
		Varying Prevalence Rates			
States	TOTAL	3.8%	4.6%	5.0%	10.0%
<i>Total Refugees</i>	73,293	2,785	3,371	3,662	7,329
California	8,577	326	395	429	858
Texas	7,918	301	364	396	792
New York	4,559	173	210	228	456
Florida	4,216	160	194	211	422
Arizona	3,400	129	156	170	340
Georgia	3,224	123	148	161	322
Michigan	3,188	121	147	159	319
Washington	3,004	114	138	150	300
Pennsylvania	2,632	100	121	132	263
Illinois	2,529	96	116	126	253
All Other States	30,046	1,142	1,382	1,502	3,005

Heartland Alliance believes that the best estimate of the total number of LGBT refugees arriving in the United States is 3,500 and the best estimate of the number of LGBT asylees granted status annually is 1,250 for a total of 4,750 ORR-eligible LGBT persons

arriving in the United States in 2010. Many of the LGBT refugees will not self-identify, and many of the LGBT asylees will not access ORR assistance.

### **3.2 Refugee Status Determination and Asylum Processing**

The number of identified LGBT refugees and asylees admitted to the United States is likely to increase, both in absolute numbers and in the number of cases that are specifically identified as LGBT prior to entry. The least quantifiable but perhaps most important factor is that LGBT civil and human rights is an area of growing importance internationally, placing more activists at risk over the short term, while encouraging more persons to disclose their sexual orientation or gender identity. Grassroots LGBT community organizing is expanding rapidly in the Middle East, Africa, and Latin America. The United States is likely to resettle a larger number of LGBT refugees in the future, as UNHCR revises its policies and procedures to encourage UNHCR field offices globally to recognize and respond effectively to this population. UNHCR has recently released LGBT refugee status determination guidelines, replacing guidance notes first promulgated in UNHCR Guidance Note on Refugee Claims Related to Sexual Orientation and Gender Identity in 2008.<sup>10</sup> UNHCR has not yet made a determination whether or not LGBT status will be compiled as part of refugee statistics, due to concerns that status may result in persecution in some countries of first asylum. Through the Age, Gender, and Diversity Mainstreaming (AGDM) framework, UNHCR is committed to assuring that LGBT persons of concern are fully included in all protection and direct service operations, whether conducted directly by UNHCR or partner organizations. UNHCR and the State Department Bureau of Population, Migration and Refugees (PRM) are supporting international NGOs to develop specific programming for LGBT refugees in camps, in urban settings, and while in transit. Examples include recent initiatives by HIAS in the Horn of Africa, the Refugee Law Project in Uganda, Heartland Alliance in the Middle East, and Organization for Refuge, Migration, and Asylum (ORAM) and Helsinki Watch in Turkey.

DHS does not collect data on specific grounds for asylum grants. However, the total number of LGBT asylees has increased in recent years and is expected to continue to increase due to several factors. Within the United States, Heartland Alliance, Immigration Equality, and International Gay Lesbian Human Rights Commission (IGLHRC), among others, have trained and provided expert testimony to pro-bono, non-profit, and private asylum attorneys representing LGBTI asylum seekers. IGLHRC established a specialized LGBT asylum research program, which was later transferred to Heartland Alliance as part of the National Asylum Partnership on Sexual Orientation (NAPSO). This collaborative also works with [www.asylumlaw.org](http://www.asylumlaw.org) to provide online resources to attorneys, adjudicators and asylum seekers. Immigration Equality and Heartland Alliance both provide specialized legal services for LGBT asylum seekers and refugees. The Administration recently issued instructions that the Asylum Officers should be trained on sexual orientation and gender identity.

---

<sup>10</sup> UN High Commissioner for Refugees (2008). *UNHCR guidance note on refugee claims relating to sexual orientation and gender identity*, Retrieved from: <http://www.unhcr.org/refworld/docid/48abd5660.html>

## 4. Findings

### 4.1 Addressing Overseas Protections

Severe protections gaps in countries of first asylum currently compromise the safety of LGBT refugees and asylees. Over the last few years, the resettlement network, in particular, UNHCR, has begun to address these gaps and it is necessary to further pursue these efforts until the safety of this population is assured.

For LGBT refugees and asylees, the country of asylum can be equally hostile and pose similar risks as their country of origin. These individuals may be harassed or persecuted by other refugees, asylum seekers, or local civilians. In countries where same-sex relations are criminalized, LGBT refugees and asylees are often not able to approach police for protection or support. They fear that they will face retaliation from their attackers or potentially be abused, jailed, or detained by the officers themselves. LGBT refugees and asylees are also particularly vulnerable to continued physical abuse once detained.<sup>11</sup> These centers have proven to be especially dangerous for this population, as they are often targets for sexual assault and other violent behavior. While detained, transgender persons may also be denied access to medical care such as hormonal treatment; reports indicate that HIV positive individuals may similarly have their medical needs unmet.

LGBT refugees and asylees often feel vulnerable when interacting with state actors and NGOs. Having acculturated in communities where abuse of LGBT individuals is tolerated, adjudicators may have their own ingrained biases towards this population and make claimants uncomfortable during the interviewing process. One respondent from Iraq reported that when he was interviewed in Jordan, upon disclosing his sexual orientation, the interviewer asked inappropriate, invasive, and offensive questions not pertinent to the individual's case. While UNHCR has taken powerful steps to redress poor treatment of LGBT refugees during the processing period, it is indeterminate to what extent those employed in the field have received adequate training; adjudicators then may not be able to recognize and process LGBT claims properly. Not only may this lead to insensitive interactions between the refugee and the adjudicator, but could also result in inappropriate and harmful action. For instance, some processing representatives have assumed that LGBT individuals can return to the country of origin as long as the relocated site is in a different city where she or he is unknown. LGBT refugees have also been advised to return on the condition that they remain discreet about their sexual orientation or gender identity. Refoulement is rarely a durable solution for this population and adjudicators' understanding that it is must be rectified immediately.

UNHCR stated that it "recognizes this problem within its own agency and is taking steps to mainstream LGBT issues into its existing policy and procedures in the field. For

---

<sup>11</sup> UN High Commissioner for Refugees (2010). *The protection of lesbian, gay, bisexual, transgender and intersex asylum-seekers and refugees*. Retrieved from UNHCR: <http://www.unhcr.org/refworld/docid/4cff9a8f2.html>.

instance, sexual minorities are addressed in the HRIT [Heightened Risk Identification Tool], and UNHCR's Age, Gender and Diversity Mainstreaming ("AGDM") strategy is being updated to reflect LGBT persons under the 'diversity' subheading."<sup>12</sup> Training staff so that they are informed about and sensitive to LGBT cases will help to ensure that this population does not face further discrimination during their asylum process. Instructing UNHCR and other overseas agency staff on recognizing and addressing LGBT claims will hopefully make it easier for individuals to make their claims based on their sexual orientation and gender identity. The UNHCR's concerted effort to resettle this population could result in greater numbers of LGBT refugees and asylees. Information sharing and advanced notice could also better prepare resettlement affiliates to make necessary arrangements before LGBT participants arrive.

Though not in the scope of this report, there are several other institutional barriers that compromise the safety and wellbeing of LGBT refugees and asylum seekers in host countries. Many have reported challenges when trying to access public assistance or health care, or when trying to secure housing or employment. LGBT individuals have also faced abuses in the workplace, some turning to survival sex in order to sustain themselves. Having already endured such persecution in their countries of origin, it is important that they are allowed to apply for refugee status with their human rights and dignity intact. Further action must be taken to ensure these protections gaps are immediately addressed.

#### **4.2 Barriers to Access to Services in the United States**

LGBT refugees and asylees may not readily have access to certain services for a variety of reasons, some of which stem from their nondisclosure. Participants may not feel comfortable disclosing their sexual orientation or gender identity to their resettlement agency out of concern for their safety and security. Having lived in a hostile environment where it was dangerous to ever be open, LGBT refugees and asylees may have trouble sharing this information with their caseworkers. While those interviewed all seemed to value the United States as a place where they no longer had to fear for their lives, many still operate in a state of self-preservation. Since they may not be accustomed to openly sharing or identifying as LGBT, it can be a difficult and uncomfortable step to take. If resettlement workers are unaware that their participant<sup>13</sup> is LGBT, they may subsequently assume otherwise and fail to make appropriate referrals.

If the sexual orientation or gender identity is unknown, it is best to not assume how the participant identifies. Incidentally, caseworkers may assume the sexual orientation or gender identity of a participant is confirmed because of her or his relationship status; however, it is not uncommon for individuals to be married to a member of the opposite sex and still be LGBT. Refugees especially, who come from countries where same sex relations are illegal or socially unacceptable, may have been coerced into a heterosexual marriage despite their prevailing homosexual identity.

---

<sup>12</sup> Ibid.

<sup>13</sup> Heartland Alliance chooses to use 'participant' over 'client' to emphasize the active engagement and involvement of the individual seeking services.

Asking participants outright about their sexuality or gender identity is inappropriate and may alienate or upset participants. Caseworkers and service providers are responsible for cultivating a comfortable and inclusive environment, and they can do so by offering services, resources, and opportunities available to LGBT individuals in large group settings. If a participant is LGBT but had felt anxious to disclose, this could be a welcoming invitation for her or him to later share.

*“Yeah, I think my case manager knew I was gay, but we never talked about it. They never asked. I wasn’t uncomfortable disclosing. No, if I had been asked, I will tell them who I am, but nobody asked so I didn’t need to tell anybody about that.”*

-Liberian asylee, describing why he did not openly disclose to his caseworker

If and when a participant does disclose, it is imperative to maintain her or his confidentiality. Refugees and asylees will disclose to a caseworker or staff member they trust and feel close to; they may not appreciate it if other employees were to find out. For some, sexual orientation and gender identity are personal, sensitive subjects in which discretion is used when determining whom to tell. If a caseworker believes their participants may benefit from another staff member knowing, participants should be asked whether they consent to this information sharing and whether they would like to be the ones to inform the other staff member.

While LGBT refugees’ and asylees’ needs may be compromised if they choose not to disclose, their needs may remain unmet even upon disclosure if the staff is not aware of what measures can be taken to best serve this population. Many caseworkers today come from countries from which refugees are also arriving, and this is an exciting component to refugee resettlement. Some participants may feel more comfortable throughout the resettlement process with a caseworker who shares the same language, culture, background, and experiences. LGBT refugees and asylees, conversely, may not feel the same way if they are concerned that their caseworker subscribes to the dominant cultural views of the home country and has negative preconceptions of LGBT persons.

Due to lack of training and limited exposure to LGBT participants, resettlement staff may not have the competency critical to understanding the needs of this population and will subsequently be unable to offer comprehensive services. Many caseworkers who were interviewed seemed unsure as to how to effectively serve LGBT refugees and asylees. One caseworker did not refer his gay participant to any local LGBT organizations simply because he was not familiar with any. Even those who are supportive of the LGBT community may not appreciate how their resettlement needs will be different; to them, participants’ sexual orientation or gender identity seems irrelevant to the services resettlement affiliates offer. In fact, while core services will be similar across the board for refugee populations, all refugee communities, in particular, LGBT refugees and asylees will benefit from tailored core services that directly consider their circumstances and needs.



### 4.3 Housing Services

As PRM stipulates in the cooperative agreement with all Voluntary Agencies (VOLAGs), resettlement affiliates are required to locate safe and affordable housing to all refugees and provide initial financial support. Issues pertinent to LGBT persons arise when trying to identify adequate and appropriate housing options. LGBT refugees and asylees are often resettled alone. Many of them escape discrimination or persecution by their own relatives, and thus are not afforded the emotional and financial support families can provide; resettling as single cases then places LGBT refugees at a distinct disadvantage upon immediate arrival. Refugees who arrive in family units are able to afford rent for several months, while single refugees often struggle to cover the costs of just their first month's rent. While additional assistance may be offered through the federally funded Match Grant program, single cases are only provided partial rental assistance when families' rents are covered completely. Given the limited resources currently available, mechanisms and strategies must be in place to ensure the successful housing of these individuals. While these circumstances are not exclusive to the LGBT refugee and asylee community, they are endemic to this population.

There are several factors to consider when securing housing for LGBT refugees and asylees. LGBT organizations that can provide culturally competent services should be easily accessible from the neighborhoods in which they live. Although these services are not exclusive to metropolitan cities, there are dramatically fewer resources readily available for the LGBT population in rural areas; resettling this population far away from LGBT organizations and communities may result in increased isolation and stigmatization.<sup>14</sup> Location is also a serious concern for transgender refugees and asylees, who are at greater risk of being harassed and targeted as they may not be able to 'pass' in the same way LGB persons can. Transgender participants should be housed in neighborhoods with low risk of assault and discrimination. Having easy access to medical services is also critical for transgender refugees and asylees as they may wish to seek out hormone therapy upon their resettlement.<sup>15</sup>

LGBT refugees and asylees will most likely require shared housing in order to cover rental expenses. Roommates add a variable that could potentially put refugees and asylees at high risk for re-traumatization. As refugees and asylees from all communities and backgrounds resettle in the United States, they hope to live in a space where they can feel safe and comfortable, without fear of persecution. While persons who seek refugee or asylee status based on their religious or political affiliation will likely have a network of friends and family to support them, LGBT refugees and asylees often do not. In fact, many are cautious to interact with members of their home communities<sup>16</sup> because of the continued discrimination they would potentially endure. Those who

---

<sup>14</sup> Boulden, W.T. (2001). Gay men in a rural environment. *Journal of Gay and Lesbian Social Services*, 12 (2-4), 63-75.

<sup>15</sup> Transgender Law Center (2011). Organizing for transgender health care: A guide for community clinic organizing and advocacy. *Transgender Law Center*, San Francisco, CA.

<sup>16</sup> HA is sensitive to the fact that for many, identifying 'home' is complicated and may not correspond to the country of origin. Still, throughout this report, 'home community' will refer to individuals from participants' country of origin.

maintain contact with other refugees from their country of origin often do not disclose their sexual orientation or gender identity, and this can have harmful consequences on the mental health or emotional wellbeing of participants.

As part of their obligation to secure safe and affordable housing options, resettlement affiliates should whenever possible screen potential roommates to ensure that LGBT participants are matched appropriately. When locating affordable housing for a LGBT refugee or asylee, it is imperative to consider the significance in finding a roommate who will be supportive of the sexual orientation or gender identity of the participant. While caseworkers are usually inclined to pair refugees from the same country, when considering LGBT refugees' needs, this may not be a suitable option as it is for others. More important is that they live with individuals who share responsibility in creating a safe space.

Resettlement agencies' mandate to secure housing before participants arrive highlights the significant impact greater reporting of LGBT status in refugees' claims would have; VOLAGS would be informed and be able to make necessary arrangements prior to arrival. For now, resettlement affiliates will have to be flexible and accept that LGBT participants may wish to relocate if the living situation in which they were placed is hostile, unsupportive, or even dangerous.

*"Sometimes I feel discriminated against at home. My roommates know and we don't talk about it but sometimes they give me a hard time. They harass me. This is why I want to move out."*

-A transgender asylee from El Salvador, commenting on her living arrangements

Because asylees are already in the United States, it is important for resettlement caseworkers to have a conversation with them about their housing needs and requirements as it is the best way to guarantee that the participant feels comfortable with the options presented. One caseworker recounted a story in which an Iraqi asylee requested not to live with other Iraqis. The participant had explained that he wanted to practice his English but also mentioned that Iraqis were "narrow-minded," suggesting that they may not have been comfortable with his homosexuality. As this sort of communication is crucial, it is important to remember that participants may not always feel comfortable expressing their needs; it then falls upon the caseworkers to address participants' concerns.

#### **4.4 Employment Services**

Resettlement agencies should also reconsider the way they offer vocational and employment services to LGBT refugees and asylees. Upon their arrival, refugees and asylees are encouraged to apply to as many jobs as possible and to accept whichever position is offered. This practice is understandable given the financial stress they are under and the limited resources available to them through VOLAGs or state government

refugee programs. However, this may result in participants' taking jobs they are not comfortable with, leading to additional psychological stress.

For some LGBT refugees and asylees, there is a palpable discordance between their need to recuperate and seek out mental health services and the push from resettlement agencies to find a job upon arrival. Resettlement staff should be aware that some LGBT participants might need more time before they are emotionally prepared to present themselves to the larger community and enter the workforce. Employment advocates should encourage LGBT refugees and asylees to openly discuss their concerns and fears as well as engage them in support services to facilitate successful integration in the employment sector.

An effective way to assess the comfort level and boundaries of participants is for employment advocates to initiate a dialogue with participants about job options. Informed of the jobs available, participants will be better placed to share concerns. Some LGBT refugees and asylees will not mind where they work, so long as they are employed. Others may still harbor fear and wish to work in an environment they know to be LGBT friendly. A male Iraqi refugee described the anxiety and fear he endured during the job search process, stating, "I didn't want to work in a 'straight' environment. I was still traumatized." The respondent explained that he was very concerned that he would be placed in a job with other Iraqi refugees from the resettlement agency. Contemplating this possibility and imagining the continued prejudice and discrimination he could be confronted with, he thought "I don't want to have this experience again." This type of continued discrimination can be avoided through the intentional career planning by resettlement staff based on discussions with LGBT participants.

Exploring different possibilities and affording the participant flexibility when applying for vocational opportunities is paramount. Under the guidelines of the Match Grant program, a refugee's or asylee's participation can be revoked if she or he refuses a job offer. If this practice is to continue, resettlement staff should only seek out jobs participants are comfortable taking. While some states prohibit job discrimination based on sexual and gender identity, many other states do not, and the federal Non-Employment Discrimination Act, which would prohibit discrimination in the workplace based on sexual orientation or gender identity, has yet to pass. Because of this, it is important for employment advocates and other resettlement staff to be aware of local and state laws. Locating workplaces that have policies in place that protect the rights of LGBT individuals may demand increased efforts on the part of caseworkers but is necessary to ensure the safety, emotional well-being, and job security of participants. One measure employment advocates can take is to develop partnerships with companies and businesses that already have enforced anti-discrimination laws in place.

Transgender refugees and asylees in particular will likely experience additional challenges when looking for work. Transgender participants may be transitioning and feel pressure to present as a different gender at work than they do elsewhere, contributing to emotional or psychological anxiety. Transgender individuals are also at greater risk of experiencing discrimination in the workplace. The National Center for Transgender Equality and the National Gay and Lesbian Task Force reported that 90%

of transgender individuals encountered some form of harassment or mistreatment on the job; 26% were fired because they were transgender.<sup>17</sup> For these participants, a thorough examination of companies' policies and cultural climate is especially important.

#### **4.5 Health Services**

Assuring the mental and physical wellbeing of refugees and asylees is perhaps one of the most critical core services resettlement agencies are asked to provide. LGBT refugees and asylees share the same health care needs as other refugees, including linguistic and cultural competence on the part of providers, specific expertise in nutrition and health education, awareness of health and disease profiles of countries of origin, and particular focus on preventative health and health education.

##### Mental Health

LGBT refugees and asylees face additional stressors besides those they share in common with all immigrants, and as they resettle in the United States, it is important that resettlement agencies are prepared to educate program participants on mental health as well as assure them that culturally appropriate mental health services are readily available. For most refugees, mental health services are unfamiliar, stigmatizing, and often actively avoided.<sup>18</sup> Participants may feel uncomfortable requesting these services because they are either unaware that these services are offered, or are uncomfortable accessing them because of stigma, lack of trust, or concerns about confidentiality.

Mental health services are especially important for LGBT refugees, for multiple reasons. LGBT refugees and asylees are more likely than persons originating in the United States to accept or internalize false information or pathologize their sexual orientation or gender identity. Current medical understanding of sexual orientation and gender identity as inherent, normal human variation is accepted reality among most medical professionals in the United States but is at odds with popular beliefs in most of the world.<sup>19</sup> Shame and negative self-perception are common consequences. These beliefs can sometimes be reinforced by clergy, relatives, and community members. To counter these destructive messages, providing basic psychoeducation is often very helpful for LGBT refugees adjusting to new freedoms and new possibilities.

---

<sup>17</sup> Grant, J. et al. (2011). Injustice at every turn: A report of the national transgender discrimination survey. Washington: National Center for Transgender Equality and the National Gay and Lesbian Task Force.

<sup>18</sup> Chavez, K.R. (2011). Identifying the needs of the LGBTQ immigrants and refugees in southern Arizona. *Journal of Homosexuality*, 58:2, 189-218.

<sup>19</sup> Even in the United States, medical providers may struggle with how to best serve LGBT individuals and a small minority of professionals will still pathologize sexual orientation and gender identity. The Diagnostic and Statistical Manual of Mental Disorders (DSM) removed all mentions of homosexuality as a diagnosis only in 1986; gender identity disorder is still a part of the DSM.

*“One of the men called himself a ‘pervert’ when he first spoke with me about his sexual orientation. I told him not to call himself that, but he said, “it’s true, I have been a pervert all my life, I have never been able to change”. I told him to use the Arabic term for “homosexual” instead and that he should neither think nor use a word like “pervert” to describe himself just because he is in love with another man. A pervert is someone abnormal, but it is normal for some people to be gay.”*

- Iraqi refugee, describing an interaction with another refugee

LGBT refugees and asylees are also at risk to family violence and abuse due to their sexual orientation and gender identity. LGBT refugees may face great pressure from their families to “change” particularly with respect to marriage and upholding their family’s reputation. In cultures in which marriages are typically arranged, lesbians in particular find themselves at risk of psychological coercion and, in some cases, actual violence.<sup>20</sup> LGBT refugees and asylees can face isolation or be completely disowned by family. The loss and despair caused by family rejection, combined with external bullying, dramatically raises the risk of suicide. Sexual orientation is also often a hidden factor in instances of family violence, particularly against women and girls. Additionally, many LGBT persons are married at the time they are resettled in the United States and must contend with their sexuality and their family relationships in a different cultural context than that experienced in their country of origin. LGBT sensitive mental health services are essential in helping LGBT refugees manage and preserve family relationships while adapting to their sexual orientation or gender identity in a new culture.

Although no epidemiological studies have been conducted, LGBT refugees and asylees appear to be far more likely to have suffered torture and other forms of life-threatening violence than the refugee and asylee population at large. All ORR-sponsored torture treatment programs contacted during the assessment responded that they routinely assisted LGBT torture survivors, and that their sexual minority status was a key factor in the motivation of the torturers and the nature of the trauma they suffered.<sup>21</sup> Effeminate men and lesbians are especially likely to suffer sexual torture, including ‘curative’ rape. Many LGBT asylees suffered sexual harassment or assault while in transit to the United States or in detention, including immigration detention in the U.S.

LGBT refugees and asylees ideally should have access to specialized trauma treatment services, which should be a consideration when determining placement within the United States. Since many LGBT refugees either do not disclose their orientation or this information is not available at the time of case allocation, access to trauma-

---

<sup>20</sup> Family members may encourage the use of ‘curative’ rape, a criminal practice where men rape lesbian women as a means to ‘cure’ them of homosexuality.

<sup>21</sup> Heartland Alliance is currently working with Kovler Center and the Center for Victims of Torture to determine the numbers of LGBT torture survivors currently being assisted by ORR-sponsored programs throughout the US.

informed<sup>22</sup> and LGBT-appropriate mental health services should be a standard for all resettlement programs. In addition to sensitization training on sexual orientation and gender identity, refugee resettlement workers should be trained to identify indicators of traumatic stress, which include depression, re-experiencing traumatic events, sleep disorders, physical manifestations of intrapsychic pain, and avoidance. Resettlement workers should undergo training on suicide prevention and crisis management as well. Ultimately, resettlement workers should be provided with key messages on mental health and confidentiality in order to educate and encourage those in need to engage in services.

### Medical Care

LGBT refugees have a number of special health needs that should be considered by refugee resettlement agencies. Some LGBT refugees and asylees are at greater risk of contracting sexually transmitted infections (STIs) like HIV/AIDS, and respond to different health education information and prevention strategies. They also may receive delayed anti-retroviral (ARV) treatment because of prolonged processing in the county of first asylum. Medical providers sometimes assume that LGBT refugees and asylees, particularly those married to individuals of the opposite gender, are in monogamous relationships and fail to assess for risky sexual behavior. Lesbians also require specialized medical care and attention as they are at higher risk for breast cancer and heart disease than other populations.<sup>23</sup>

Many refugees and asylees require interpretive services at their medical appointments. Non-English proficient LGBT refugees though may be reluctant to discuss matters related to sexual orientation or health in front of interpreters from their own community, and particularly in front of family members. Due to limited budgets, refugee resettlement agencies may depend upon resettlement workers hired from within specific refugee communities when implementing health education and screening services, or use English-proficient family members for interpretation. Employing outside interpretive services, preferably telephonic services, may make program participants more comfortable.

Service providers must be aware that even employing external interpretive services presents certain challenges. It is sometimes difficult to gauge the quality and accuracy of interpreted conversations. External interpreters may still use slang or inappropriate terminology to discuss sexual behavior of LGBT individuals, and may fail to effectively communicate the provider's statements due to personal discomfort. This could have

---

<sup>22</sup> One of the tenants of Heartland Alliance's Philosophy of Care is providing trauma-informed care. Because so many of participants are survivors of some form of trauma, Heartland Alliance's services are based on a trauma-informed approach. Trauma comes in many forms including: community violence, poverty, personal violence, torture, loss of homeland, war, fear, homelessness, oppression, imprisonment, racism and environmental degradation.

<sup>23</sup> Cochran S., Mays, Bowen D., Gage S., et al. (2001). Cancer-related risk indicators and preventive screening behaviors among lesbians and bisexual women. *American Journal of Public Health*. 91(4):591-598; and Brandenburg, D., Matthews, A., Johnson, T., Hughes, T. (2007) Breast cancer risk and screening: A comparison of lesbian and heterosexual women. *Women Health*. 45(4): 109-130.

detrimental consequences to participants' health and may damage the rapport between provider and participant, depending on how information is relayed.

*"You never know what the interpreters are really saying to your patients. LGBT patients don't want to share any sexual health information so they won't tell you what is really going on if you use their family members as interpreters. Sometimes when you get the patient alone, then they tell you the truth--about their sexual behavior or orientation.*

*If you use an interpretation service, you can't always trust them, either. One told me she did not want to say what I had said because it 'wasn't nice'. Another tried to ask my patient for their number so they could hang out!"*

- Nurse Practitioner, discussing the challenges language barriers and interpretive services present

While it is standard practice to refer all participants to the same local clinic, LGBT individuals may not feel as comfortable at these appointments for many reasons, whether they have concerns regarding confidentiality, or experience discomfort talking about sexual health. Some participants attach shame or embarrassment to their bodies and are uncomfortable discussing sexual matters with their medical care provider. Others are concerned that by utilizing the same clinic as friends, family, or community members, their health information or sexual orientation will be discovered. For these reasons, LGBT refugees and asylees may benefit from visiting a LGBT health center. In this space, participants would likely feel more at ease expressing their needs and concerns. Establishing referral mechanisms to local LGBT organizations and health providers is the first step to addressing this need. However, LGBT health centers, though equipped to handle LGBT issues, may not be as culturally competent in providing care for refugees and asylees and may require their own brief introduction to and orientation of this population.

### Safe Sex and Healthy Practices

Among resettlement agencies surveyed, very few cover sexual health and safe sex practices during intake or cultural orientation. Refugees and asylees are not routinely instructed on matters regarding sexual activity and health at home either and so they remain either uninformed or misinformed about these issues. LGBT refugees and asylees in particular experience difficulty when locating resources and may not feel comfortable reaching out and requesting information. Participants who engage in sexual relationships outside of their marriage for instance may fear judgment from their caseworkers. Others are not aware of the health risks involved in unsafe sex practices when having multiple sexual partners or that STIs are often asymptomatic. To guarantee that LGBT refugees and asylees, whom perhaps for the first time in their lives are sexually active, are making informed decisions, agencies must instruct all participants on: safe sex; condom negotiation; HIV/AIDS and other sexually transmitted infections (STIs); sexual violence and coercion; and safe dating practices. Using inclusive terminology, resettlement staff should educate all participants on the same

sexual health issues regardless of confirmed or perceived gender identity or sexual orientation. By normalizing sexual health needs regardless of gender and orientation, resettlement staff set a tone of acceptance and support. Cultural orientation, as mandated by PRM, is an excellent venue to explore and discuss sexual health issues and needs.

### Sexual Assault and Abuse

As discussed earlier in this report, many LGBT refugees and asylees are survivors of sexual assault and their history of abuse will often affect the way they respond to medical care and treatment. Both physical and psychological effects of trauma may manifest during a physical examination. Survivors of assault may feel uncomfortable with their physicians touching their bodies during examinations; breast exams, gynecological exams, pap smears, and anal paps are particularly sensitive procedures that could trigger past traumatic events. One medical provider interviewed commented on the intense emotions survivors will experience during routine checkups. This health practitioner stressed the importance of moving slowly; she also strongly recommended medical providers continually inform and explain to patients what they are planning to do so patients are prepared and have an opportunity to give their consent.

While it remains common for individuals of all backgrounds to hide their history of sexual assault, male participants are typically less likely to share. There is often an additional layer of shame associated with assault of men, as in the societies from which they come, and here in the United States as well, there is a misguided notion that men are not physically abused or molested. Medical providers should pay due consideration to this fact while looking for signs of histories of abuse with all patients.

### Transgender Health

Transgender refugees and asylees have unique and specialized health concerns. Some transgender participants are interested in seeking hormone therapy or undergoing sex realignment surgery.<sup>24</sup> Medicaid and insurance coverage for such procedures vary state by state. For those who do transition, they will also still require sex specific medical care such as prostate care, testicular exams, pap smears, pelvic exams, and mammograms. It is important for resettlement agencies to be aware of available services so that they are able to connect transgender participants to affordable and appropriate services. One caseworker reported that two transgender sibling refugees were distraught when they arrived in the United States because they were not immediately able to transition. There was an expectation on the participants' part that once resettled, they would be able to undergo the necessary procedures right away. Being sensitive to their disappointment and taking proactive steps to secure them services will mitigate frustration and signal active support. Culturally appropriate counseling services will serve transgender refugees and asylees well as they adjust to life in a new country while simultaneously transitioning genders.

---

<sup>24</sup> It is important to note that many transgender individuals opt out of medical intervention and do not seek treatment, either by choice or sometimes due to financial constraints.



For transgender individuals especially, seeing a physician at a LGBT health center is important. Due to fears of discrimination based on their gender identity or appearance by medical professionals, many delay accessing needed health care. Reports indicate that transgender refugees and asylees rarely see doctors for regular well check ups; the doctors they are most in contact with are those they meet with for transitioning purposes. Resettlement caseworkers should then refer transgender participants to LGBT health clinics, facilitating better health practices.

## HIV/AIDS

LGBT refugees and asylees who live with HIV/AIDS have additional healthcare needs. These participants may be particularly concerned about confidentiality issues and fear their HIV status will be discovered, perhaps because of where they receive services. One medical provider discussed how her clinic restructured how it delivers services. While one clinic still sees all refugee patients, a separate clinic was established to serve refugee participants who were HIV positive. Refugees and asylees who were living with HIV/AIDS, some who were LGBT, said community members learned of their medical status based on the clinic they visited. Living with HIV/AIDS can further marginalize this population and lead to greater isolation. Incidentally, members of refugee and immigrant communities might assume those who have HIV/AIDS are gay, based on biases and stereotypes regarding how the virus is contracted. These individuals may be rejected by their communities because of their HIV status as well as their perceived sexual orientation.

There is still a great stigma associated with living with HIV/AIDS. Some may struggle with their status and decide not to address their healthcare needs, forgoing medications or avoiding treatment. Resettlement providers should include HIV/AIDS education as a part of cultural orientation. They should also assess HIV positive participants to determine if they are engaged in HIV specific medical care and if they understand their medication regimen.

## **4.6 Legal Services**

### Immigration and Refugee Law

Although sexual orientation and gender identity are increasingly accepted as grounds for refugee status determination, LGBT persons fleeing persecution still face challenges when seeking asylum, either in the United States or abroad. Congress made homosexuality an explicit ground for exclusion (a bar to entry to the U.S.) in the Immigration and Nationality Act (INA) in 1952, a provision that was not repealed until 1990.<sup>25</sup> Section 101(a)(42)(A) of the INA requires refugee and asylum-seekers to prove that they are persecuted or have a well-founded fear of persecution, and that such persecution is on account of their “race, religion, nationality, membership in a particular

---

<sup>25</sup> Legomsky, S. & Rodriguez, C. (2009). *Immigration and Refugee Law and Policy*. *Thomas Reuters*, Foundation Press, pp 271-72.

social group, or political opinion.”<sup>26</sup> Courts struggled to interpret the meanings of “persecution” and “well-founded fear,” and to determine how broadly to interpret “membership in a particular social group.” In the last decade, the immigration courts and the federal circuit courts have routinely and consistently ruled that sexual orientation and gender identity do fit within the definition of “particular social group,” that arrest, imprisonment or pervasive discrimination against LGBT persons amounts to persecution under the law, and that LGBT persons should not be asked to lead hidden lives in response to a well-founded fear of persecution. Still, LGBT asylum seekers face challenges as they may be reluctant to disclose information that is considered shameful or even illegal in their country of origin. Some immigration officials and judges lack understanding of sexual orientation or gender identity, and may be reluctant to consider evidence, or question applicants inappropriately. Many LGBT asylees have complained about aggressive, inappropriate questioning during the asylum process, particularly those who appear before immigration judges with the Executive Office for Immigration Review (EOIR). Adjudicators should focus less on specific sex acts, and more on evidence or testimony related to fundamental same-sex emotional attachment. Adjudicators should understand that requesting testimony from family members may not be possible, as individuals in many cultures may fear disclosure.

Judicial bias may be a challenge in deportation cases that are instigated because of an asylee or refugee’s criminal conviction. LGBT refugees may face deportation due to misdemeanor or felony convictions, particularly if public defenders negotiate plea agreements without understanding the immigration consequences. Some misdemeanors are classified as crimes of ‘moral turpitude’ under immigration law, and are thus grounds for deportation. For example, in rare cases LGBT refugees may adopt activities or continue with actions required of them in their countries of origin, such as participation in “survival sex” prostitution. Lack of clarity in processes or standards for admission and deportation exposes LGBT noncitizens to unreviewable bias and discrimination from immigration judges, some of whom may be unsympathetic to LGBT rights in general. In fact, a recent internal investigation confirmed that the previous administration vetted immigration judges and members of the Board of Immigration Appeals based on their opposition to gay marriage, calling into question the bias of those adjudicating asylum claims. In addition to discrimination and bias, LGBT refugees and asylum-seekers are subjected to gross insensitivity. For instance, laws enacted to fight terrorism are being used to require LGBT asylum applicants to prove, with documentation, their sexual identities and past experiences – even when an adjudicator believes they are LGBT or have suffered abuse. This is traumatic for individuals who recently disclosed their sexual orientation and when such abuse is not documented.

Like all refugees, LGBT refugees and asylees are forced to navigate a complex immigration system with incomplete information and limited legal resources. Orientation sessions for LGBT refugees should include information on legal rights and risks with

---

<sup>26</sup> Immigration and Nationality Act (1952). “Nationality or, in the case of a person having no nationality, is outside any country in which such person last habitually resided, and who is unable or unwilling to return to, and is unable or unwilling to avail himself or herself of the protection of, that country because of persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion.”

respect to sexual behavior, intended to assure individuals that same-sex relationships are legal in the United States, and to warn them of legal risks associated with commercial survival sex.

### Family Law

LGBT refugees face the same legal challenges of all LGBT persons regarding marriage, adoption, child custody, and other family law issues. Even after obtaining refugee status, LGBT refugees are typically unable to petition for same-sex partners to join them, a right generally enjoyed by other refugees. The current Administration has made efforts to eradicate arbitrary and discriminatory practices within the U.S. immigration system, which in some circumstances may be interpreted to include same sex partners, but in practice has not provided adequate protection.<sup>27</sup> LGBT noncitizens that have successfully gained refugee or asylum status, and are eligible for ORR services, may face unique difficulties with respect to family reunification. The Defense of Marriage Act (DOMA) codifies the non-recognition of same-sex marriage for all federal purposes.<sup>28</sup> U.S. federal immigration law does not formally recognize same-sex marriages or partnerships for the purpose of family reunification or for deportation cases involving same-sex spouses of citizens. Same-sex couples are unlikely to both obtain positive refugee status determination at the same time, even more unlikely to be resettled at the same time, and exceedingly unlikely to be resettled to the same destination. The reality is that most same-sex couples will be forced apart before, during, or after obtaining refugee status. Even if partnerships are recognized under DOMA, states are not required to recognize as a marriage the same-sex relationship of a couple married in another state.<sup>29</sup> As protections for domestic partnerships for same-sex couples vary between states, LGBT refugees or asylum-seekers in marriages or partnerships are subjected to varying state laws and policies. LGBT refugees and asylees with partners or children should be provided with information about local and state laws on domestic partnership, and their needs should be taken into account when determining refugee resettlement locations. LGBT refugee couples should be informed about power of attorney and other protections to assure access should a partner be hospitalized or disabled.

### Discrimination and Hate Crimes

LGBT refugees and asylees are also at higher risk of experiencing discrimination when applying for jobs or locating housing. The 'double marginality' discussed earlier in this report clearly impacts this population's ability to carve out livelihoods in the country of resettlement. Refugees and asylees are protected under the Civil Rights Act of 1964, which prohibits discrimination on the basis of national origin.<sup>30</sup> However, landlords and employers regularly question their documentation and legal status. Furthermore,

---

<sup>27</sup> Morton, J. (2011, 17 June). *Memorandum: Exercising prosecutorial discretion consistent with the civil immigration enforcement priorities of the agency for the apprehension, detention, and removal of aliens*. U.S. Immigration and Customs Enforcement, U.S. Department of Homeland Security.

<sup>28</sup> Defense of Marriage Act § 2, 28 U.S.C. § 1738C (1996).

<sup>29</sup> Defense of Marriage Act § 3, 28 U.S.C. § 1738C (1996).

<sup>30</sup> Civil Rights Act § A, 42 U.S.C. § 2000A (1964).

management companies and businesses, unfamiliar with this population, regularly dismiss their applications, preferring to house and work with native-born Americans. Conversations with refugees and asylees also highlight the ways in which they are routinely taken advantage of either at home or in the workplace. For instance, it is common for landlords and maintenance staff to charge them for free services, like the repairing of household fixtures. At work, they may not be paid fairly or are not informed about benefits they are entitled to. LGBT refugees and asylees are subject to additional discrimination. There is no federal statute prohibiting discrimination based on sexual orientation, however there are state and local laws that provide varying levels of protection.

*“Some of the other employees made fun of me because of how I talk and act. For a while, my manager was asking me to do a lot of tasks I did not see others doing. This was very hard for me. Later on, someone approached me and told me that this guy who was making me do all this work was not even a manager—he just wanted me to do his job for him...I never really felt comfortable there.”*

-A Mexican asylee, describing his first work experience

LGBT refugees and asylees, often isolated and easily targeted, are also vulnerable to hate crimes, perpetrated either by members of the home community or those from the United States. It must become standard practice for resettlement agencies to inform all participants of their rights as refugees and asylees, as well as LGBT persons. The Matthew Shepard and James Byrd, Jr. Hate Crimes Prevention Act, enacted in 2009, extended the 1969 Federal Hate Crimes Law to apply to crimes motivated by a victim's actual or perceived gender, or sexual orientation.<sup>31</sup> Educating LGBT refugees and asylees on their right to insist on freedom from fear, and their right to be protected under federal, state, and local anti-hate crime laws, is crucial. Additionally, in light of LGBT refugees' and asylees' previous experiences with police officers in the country of origin or the country of first asylum, it is especially important for them to hear that the police is here to protect them. In some cases though, LGBT persons will still be met with discrimination from the law enforcement. One transgender asylee, resettled in a rural part of the United States, shared a story where she was stopped by a police officer and harassed. Asked by the officer, “What kind of sex do you have?” she was placed in an uncomfortable situation where she did not feel safe. Without alarming participants, LGBT refugees and asylees should also be informed about their rights when interacting with police officers and other state officials.

---

<sup>31</sup> Matthew Shepard and James Byrd Hate Crimes Prevention Act § 2, 18 U.S.C. § 245(b) (2009).

## 4.7 Barriers to Integrating and the Need for Community

### Refugee and Immigrant Communities

Structural barriers often limit the role refugee resettlement agencies can play in supporting participants during their cultural adjustment period. Resettlement affiliates' limited resources often lead to understaffed offices. As one caseworker described, "We're asked to perform miracles on a daily basis. We're juggling tasks with what we have." Caseworkers and service providers often manage workloads that may not allow them to offer support services to the extent they desire and participants deserve. Refugees and asylees are fortunate when they have friends and family who can offer supplementary support and resources when they first arrive in the United States. Refugees and asylees who leave their countries due to religious or political persecution are more likely to identify members of their home communities who can assist and guide them through their transition. LGBT refugees and asylees are usually unable to integrate with members of their country of origin and thus cannot draw upon the support and resources a committed network offers. LGBT refugees and asylees often feel pressured to isolate themselves from their home communities in the United States, fearful of continued persecution or discrimination.

There are great risks associated with disclosing one's LGBT status to her or his home community. If LGBT refugees or asylees were to self disclose, they may be ostracized completely, psychologically abused, or physically attacked. A young Bhutanese refugee who identifies as an ally to LGBT persons, commented on the continued lack of education Bhutanese individuals have regarding different sexual orientations and gender identities.

*"They don't know what it means to be LGBT and they don't want to know. Especially the older generations. They are not as in close contact with Americans since they don't go to school, and they typically hold on to what they knew from back in Nepal.*

-Bhutanese refugee, explaining the factors that contribute to refugees' intolerance towards the LGBT population

The respondent does not know of any Bhutanese refugees who are out to the community but offered projections as to what repercussions they might face. "They would likely be asked to leave the home. All ties would be cut off." English-speaking participants may not need to rely as much on the home community for support and will then be more willing to live their lives openly as LGBT individuals; they know they have the ability to tap into alternative support networks. Others who may be unable to achieve such independence feel forced to remain an active member of the group and subsequently choose not to share their sexual orientation or gender identity. Compounded with the fear of losing familial and community support, LGBT refugees and asylees may feel responsible for bringing shame to their family, whether they are here in the United States or living abroad, if they were to come out.

A recurring theme from respondents' answers is that there is a deep longing for community and acceptance. Shunned by their neighbors, friends, and family in their countries of origin, LGBT refugees and asylees seek out a support system here in the United States. A female asylum-seeker from Central Africa expressed anguish for not having many people here with whom she felt she could connect to and share her story. Since arriving in the country a few months ago, she has been very cautious as to whom she discloses her sexual orientation. Her caseworker and psychologist at the center she receives services from are two of the only individuals she has confided in.

*"It's hard to tell someone who you really are. I have to hide who I am. I don't get to be myself. The hardest part about being here is finding people to talk freely with."*

-Central African asylee, describing the challenges in forming a community

Although she said she felt conditions were better here for LGBT persons than they were back in Central Africa, she still does not feel entirely safe. She befriended a few individuals and after some time, decided to share with them the reasons that brought her to the United States. After her disclosure, her friends grew distant and no longer wanted to socialize. For many LGBT asylees and refugees, the painful experiences of discrimination and rejection persist. Exacerbating their feelings of isolation, they feel as if no one else around them is facing similar circumstances. This respondent in particular acknowledged that though the friends she has made at the treatment center also were forced to leave their homes and familiar surroundings, it was not because of their sexual orientation or gender identity. LGBT refugees and asylees could benefit a great deal from meeting others who have shared similar struggles and experiences. Holding social events for LGBT refugees and asylees either at or outside the agency is a great way to connect this population.

The resettlement network would be remiss if efforts were not made to also advocate on LGBT participants' behalf in their home communities. Making strides to promote tolerance among refugee and immigrant communities and integrating LGBT refugees and asylees in this social fabric must be a long-term goal to foster acceptance and understanding. Cultural orientation is an appropriate setting to discuss diversity in the United States. Informing participants about the LGBT community here in the United States, as well as explaining that LGBT persons can be found in every community and society across the globe, is one important measure resettlement agencies can take to address this concern.

### Local LGBT Community

In addition to integrating LGBT participants in the larger refugee and asylee communities, it is important to facilitate their inclusion in local LGBT civil society. There will likely be barriers for LGBT refugees and asylees when integrating into this community as well though. Language barriers may initially exclude this population from accessing services. It is rare that these organizations will be able to offer language

support to Nepalese or Arabic speakers; it may even be challenging for these organizations to translate for native French or Spanish speakers. This immediately disconnects a large number of refugees and asylees from the opportunity to engage with other LGBT individuals. Language barriers aside, cultural differences may also play a significant role in inhibiting refugees and asylees from seeking out support from other LGBT community members. LGBT culture is diverse, distinct in all parts of the world. It is possible LGBT refugees and asylees will not feel comfortable or a part of Western gay culture. Conversely, LGBT organizations may not be familiar with or understand refugee or asylee issues. If making referrals to LGBT organizations, it would be useful for caseworkers to provide cultural context for the agency and discuss what programs exist that may be comfortable and appropriate for the participants.

Resettlement agencies' primary responsibility is to assist refugees and asylees in achieving self-sufficiency. An integral part of what it means to be self-sufficient is having the tools and resources to fulfill one's economic, health, and social needs. Community support is perhaps the greatest resource and so this component to participants' resettlement must be granted the attention and gravity it deserves. Whether it is connecting LGBT refugees and asylees to members of their home community or facilitating their connections with LGBT civil society, efforts must be made to ensure this population does not remain isolated upon their resettlement.

## 5. Recommendations

To effectively respond to the needs of LGBT refugees and asylees, actors from all levels need to be involved. From UNHCR representatives, state refugee coordinators, and ORR and PRM staff to resettlement caseworkers and other service providers, only a highly collaborative and collective effort undertaken by these parties will be successful in transforming how this population is served. Heartland Alliance is humbled to contribute to the ongoing conversation and set forth recommendations that outline some of the main considerations that must be made when supporting this population.

### *Research and Policy Recommendations*

1. Conduct additional research to ensure that more LGBT refugees' and asylees' voices are included and are influencing policy changes and program implementation;
2. Encourage UNHCR to systematically track LGBT cases, while protecting the identities of those in countries of first asylum in which homosexuality is criminalized;
3. Collaborate with refugee resettlement affiliates by developing an advisory committee to develop best practices, address community needs, and establish advocacy projects;
4. Promote increased communication and coordination between overseas processing agencies and resettlement VOLAGS.

### *Overseas Protections*

1. Expedite resettlement for LGBT refugee and asylum seekers;
2. Consider P2 processing and humanitarian parole in limited circumstances where LGBT persons face security crises and are at immediate risk;
3. Increase protections in countries of asylum, especially in regards to detention centers, where LGBT refugees are particularly vulnerable;
4. Conduct sensitivity trainings to UNHCR's and other processing agencies' adjudicators on issues of sexual orientation and gender identity;
5. Advocate for and implement security training for LGBT human rights activists and LGBT individuals living in high-risk countries.

### *Domestic Protections*

1. Recognizing that some LGBT asylees will be detained upon entry to the United States, assure that the Prison Rape Prevention Act applies to asylum seekers in ICE detention;
2. Mandate training for the DHS Asylum Office on sexual identity, gender orientation, interviewing skills for LGBT persons, and patterns and practices of LGBT persecution;
3. Mandate training for ICE detention staff on sexual orientation, gender identity, and LGBT needs;



4. Repeal the one-year asylum deadline that bars asylum protection to those who submit an application after one year of their arrival. Many LGBT individuals are not aware that such protection is available to those who were persecuted because of their sexual orientation or gender identity;
5. Allow same sex partners and their families to apply for refugee status together, affording them the same rights as heterosexual family units.

*Resettlement Concerns*

1. Consider structural inequity LGBT refugees face as single case arrivals in regards to the financial support they receive;
2. Strategize affordable housing options that are safe and comfortable for LGBT refugees/asylees;
3. Actively engage interested LGBT refugees/asylees in mental health services. For those who are eligible, apply for support services for survivors of trafficking or torture;
4. Include LGBT issues (e.g. medical, legal, sexual health) in orientation and welcome packets.

Additional recommendations outlining detailed service provision can be found in sections 7 and 8 of this report and Heartland Alliance's field guide.

## 6. Conclusion

LGBT refugees and asylees are especially vulnerable because of their sexual minority status. They are stigmatized in their countries of origin, in the countries where they seek asylum, and even in the countries of resettlement. As a hidden population, they are at risk of further isolation when they arrive in the United States. While we know LGBT refugees and asylees are resettled regularly, current tracking and documentation mechanisms are unable to capture accurate numbers. Due to continued fear or discomfort, refugees and asylees rarely disclose their sexual orientation and gender identity to their service providers, perpetuating the population's invisibility.

To guarantee that this population is no longer ignored, the resettlement network must be practically informed on the issues LGBT refugees and asylees face and the ways in which resettlement agencies and other community organizations can respond to their needs. If a hierarchy of needs were developed, resettlement service providers may erroneously designate for LGBT issues a place at the bottom; housing and employment would likely take precedent. This report demonstrates though that the sexual orientation or gender identity of participants cannot be regarded as a peripheral concern if comprehensive and culturally competent services are to be rendered. In fact, the sexual orientation and gender identity of participants will influence how each core service is delivered, whether it's securing an apartment or securing a job. Increased awareness, sensitivity, and competence of LGBT refugees and asylees and their needs will ensure that this refugee community is properly supported, and that their particular considerations are seamlessly integrated in the resettlement process.

It is important to once more reflect on the double marginality LGBT refugees and asylees experience. It is because of the compounded discrimination they face, and their inability to access the same resources and support so many other refugees and asylees benefit from, that the resettlement network has a heightened obligation to ensure these individuals are not overlooked. They must be provided with the same opportunities to become self-sufficient, to feel safe and secure, and to carve out a new life for themselves in the United States and this will only be possible when services are appropriately tailored to respond to their concerns and needs.

## 7. Essential Resettlement Services

Heartland Alliance for Human Needs and Human Rights affirms that resettlement agencies must offer certain essential resettlement services for LGBT refugees and asylees.<sup>32</sup>

- 1) LGBT refugees and asylees have accessible medical care and mental-health services in terms of transportation and overcoming language and cultural barriers. Appropriate referrals should be made to healthcare providers and mental health practitioners who have experience working with the LGBT population and are sensitive to their needs and concerns.
- 2) An orientation is designed to inform LGBT refugees and asylees about their rights as refugees and asylees, as well as federal and state laws regarding sexual orientation and gender identity. A segment of this orientation must also teach safe sexual health and dating practices as well as discuss HIV and other STIs.
  - a) This orientation will be included in the general cultural orientation for all refugee and asylee participants, ensuring that information reaches even those whose sexual orientation or gender identity have not been disclosed. Special attention should be paid to mixed gender groups to ensure cultural sensitivity relating to this discussion.
- 3) LGBT refugees and asylees are offered affordable housing options and are placed in living arrangements that feel comfortable to the participant. Neighborhoods should be vetted to assure security for LGBT persons. Roommates should be screened to ensure that refugees and asylees are housed with individuals supportive of the LGBT community.
- 4) LGBT friendly<sup>33</sup> employment and vocational services are provided. LGBT refugees' and asylees' participation in the match grant program will not be terminated based on their need for a LGBT friendly work space. Preference is given for placing LGBT participants in organizations with non-discrimination employee policies.
- 5) LGBT refugees and asylees are connected to other members of the LGBT community and/or referred to LGBT health, social, and economic organizations.
- 6) Efforts are made to advocate on their behalf in immigrant communities, ensuring that these individuals are not isolated due to their self-identified or perceived sexual orientation or gender identity.
- 7) Outside interpretive services are available so that resettlement agencies do not need to rely on family members, friends, or other members of the community for interpreting. This will ensure the confidentiality of LGBT participants.
- 8) A participant's sexual orientation or gender identity is not disclosed to other resettlement staff or outside parties unless given approval by the participant, again upholding confidentiality.
- 9) LGBT specific services and referrals are made available to all participants in the refugee resettlement program due to the expected existence of non-disclosing LGBT refugees and asylees.

---

<sup>32</sup> See Appendix IV for a sample core service checklist integrating LGBT services.

<sup>33</sup> Workplaces should be defined as LGBT friendly if they have policies in place that prohibit discrimination based on sexual orientation or gender identity. Ideally, LGBT individuals are currently employed.

10) Staff is mindful of using participants' preferred gender pronouns in verbal and written communication.

## 8. Recommended Refugee Resettlement Checklist

The following are guidelines that should be followed at sites before receiving LGBT refugees and asylees for resettlement. This checklist is comprised of guidelines of PRM's 2011 cooperative agreement with resettlement agencies.<sup>34</sup> This is followed by LGBT specific services and considerations designed by HA.

### Basic Needs Support

- 1) Decent, safe, and sanitary housing based on federal housing quality standards or local or state standards if local or state standards are higher than federal standards.
- 2) Furniture and household items that need not be new, but must be clean, in good condition, and functional.
- 3) Food or a food allowance.
- 4) Appropriate seasonal clothing required for work, school, and everyday use as required for all members of the family, including proper footwear for each member of the family, and diapers for children as necessary. Clothing need not be new, but must be clean, in good condition, and functional.
- 5) An appropriate amount of pocket money for each adult throughout the first 30 days from any source to allow independent spending at the refugee's discretion.
- 6) Assistance in applying for cash and medical assistance, as appropriate, within seven working days of arrival.
- 7) Assistance in applying for social security card(s) within ten working days of arrival.
- 8) Assistance with enrollment in English language programs, as appropriate, within ten working days of arrival
- 9) Assistance with enrollment in employment services, as appropriate, within ten working days of arrival.
- 10) Assistance with enrollment in other services, as appropriate, within ten working days of arrival.
- 11) Assistance in accessing health screenings and appropriate health programs.
- 12) Assistance with meeting school enrollment requirements and registering children for school within 30 days of arrival.
- 13) Transportation in compliance with local motor safety laws.
- 14) Transportation to job interviews and job training.
- 15) Assistance with registering with the selective service within 30 days, as appropriate.

---

<sup>34</sup> For a complete list of PRM guidelines: <http://www.state.gov/g/prm/rls/text/154035.htm>

## **LGBT Specific Considerations**

- 1) Partnerships with LGBT service providers are formally established to offer comprehensive social services, mental health services, medical care, and other necessary support.
- 2) Resettlement agencies are engaged with LGBT communities in identifying work opportunities for participants.
- 3) Staff members are culturally competent and are either linguistically competent or have access to interpreters who will not disclose LGBT status within the community.
- 4) Staff members have undergone sensitivity training and have participated in a LGBT background and needs orientation.
- 5) Confidentiality and discrimination policies are practiced and enforced.
- 6) There is a formal grievance policy for participants.
- 7) An assessment process is created to determine the success of LGBT refugees'/asylees' acculturation and access to supportive services.
- 8) Procedures are in place to monitor and report participants' progress and outcomes.
- 9) Methods are established to identify and gain access to LGBT resources in other communities to which refugees/asylees may move.
- 10) Official documents and forms are gender-inclusive.

## Appendix I

### Total Estimated LGBT Asylees and Refugees, 2001-2010

NATION	Total Asylees	Weighting (percent)	Total LGBT Asylees	Total Refugees	Weighting (percent)	Total LGBT Refugees
Afghanistan	1346	6.0%	81	10438	2.8%	292
Albania	6277	6.0%	377	2	4.2%	0
Algeria	247	8.0%	20	35	5.6%	2
Angola	193	8.0%	15	129	5.6%	7
Argentina	111	8.0%	9	0	5.6%	0
Armenia	6440	6.0%	386	437	4.2%	18
Azerbaijan	1178	8.0%	94	1860	4.2%	78
Bangladesh	1493	8.0%	119	7	5.6%	0
Belarus	1594	6.0%	96	4240	2.8%	119
Bhutan	63	4.0%	3	31000	2.8%	868
Bolivia	105	8.0%	8	0	5.6%	0
Bosnia-Herzegovina	265	6.0%	16	18900	2.8%	529
Brazil	585	8.0%	47	0	5.6%	0
Bulgaria	949	6.0%	57	0	4.2%	0
Burkina Faso	315	8.0%	25	0	5.6%	0
Burma	4078	4.0%	163	71992	2.8%	2016
Burundi	428	6.0%	26	9861	2.8%	276
Cambodia	379	4.0%	15	100	4.2%	4
Cameroon	6124	6.0%	367	67	4.2%	3
Central African Republic	217	6.0%	13	222	4.2%	9
Chad	373	6.0%	22	76	4.2%	3
Chile	68	6.0%	4	0	4.2%	0
China, People's Republic	62311	3.0%	1869	270	2.8%	8
Colombia	32675	4.0%	1307	1497	2.8%	42
Congo, Democratic Republic	1002	6.0%	60	7897	2.8%	221
Congo, Republic	1977	6.0%	119	1079	4.2%	45
Cote d'Ivoire	1403	6.0%	84	80	4.2%	3
Croatia	42	4.0%	2	1404	2.8%	39
Cuba	757	4.0%	30	34368	2.8%	962
Djibouti	0	6.0%	0	21	5.6%	1
Equatorial Guinea	0	6.0%	0	53	4.2%	2
Ecuador	189	8.0%	15	0	5.6%	0
Egypt	4919	8.0%	394	45	5.6%	3
El Salvador	3163	8.0%	253	0	5.6%	0
Eritrea	2577	6.0%	155	6410	4.2%	269
Estonia	131	8.0%	10	186	5.6%	10
Ethiopia	9929	6.0%	596	11482	2.8%	321
Fiji	1325	8.0%	106	0	5.6%	0
Gambia	731	8.0%	58	52	5.6%	3
Georgia	894	8.0%	72	195	5.6%	11
Ghana	152	10.0%	15	1	7.0%	0
Greece	26	6.0%	2	0	4.2%	0
Guatemala	4516	8.0%	361	0	5.6%	0

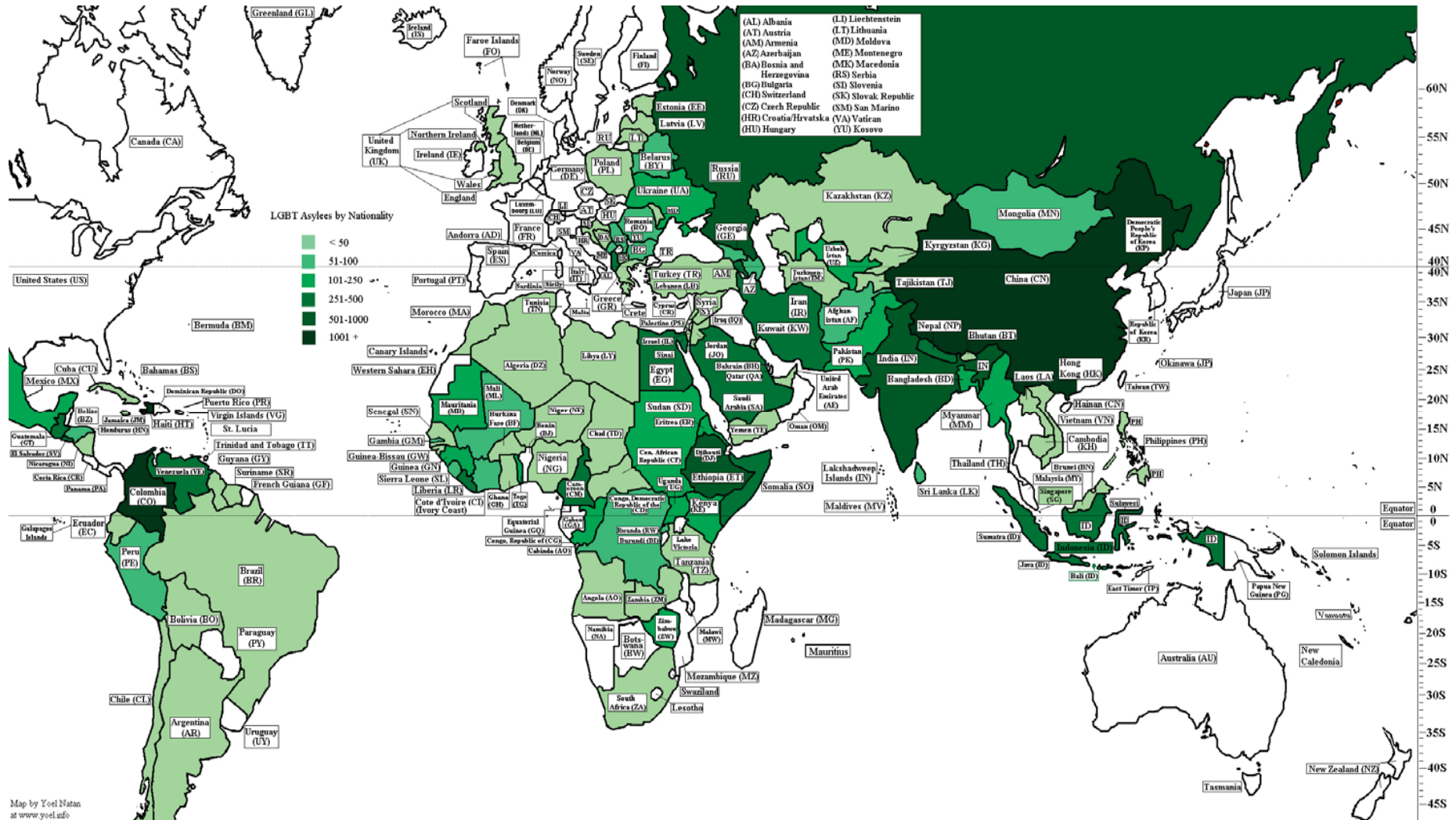
<b>NATION</b>	<b>Total Asylees</b>	<b>Weighting (percent)</b>	<b>Total LGBT Asylees</b>	<b>Total Refugees</b>	<b>Weighting (percent)</b>	<b>Total LGBT Refugees</b>
Guinea	3448	6.0%	207	0	4.2%	0
Guinea-Bissau	14	8.0%	1	0	5.6%	0
Guyana	114	8.0%	9	0	5.6%	0
Haiti	17764	6.0%	1066	72	4.2%	3
Honduras	750	8.0%	60	20	5.6%	1
India	6826	8.0%	546	13	5.6%	1
Indonesia	5753	8.0%	460	62	5.6%	3
Iran	5026	8.0%	402	36703	2.8%	1028
Iraq	6134	6.0%	368	55865	2.8%	1564
Israel	243	8.0%	19	0	5.6%	0
Jamaica	142	10.0%	14	0	7.0%	0
Jordan	486	8.0%	39	53	5.6%	3
Kazakhstan	453	8.0%	36	1300	4.2%	55
Kenya	2424	8.0%	194	63	5.6%	4
Korea, North	0			100	4.0%	4
Kuwait	50	10.0%	5	91	7.0%	6
Kyrgyzstan	339	8.0%	27	453	5.6%	25
Laos	246	6.0%	15	15626	2.8%	438
Latvia	138	8.0%	11	352	5.6%	20
Lebanon	662	6.0%	40	0	4.2%	0
Liberia	3179	8.0%	254	23748	2.8%	665
Libya	29	6.0%	2	0	4.2%	0
Lithuania	113	8.0%	9	87	5.6%	5
Macedonia	277	8.0%	22	17	5.6%	1
Malaysia	144	10.0%	14	0	7.0%	0
Mali	646	8.0%	52	0	5.6%	0
Mauritania	1864	6.0%	112	476	4.2%	20
Mexico	1488	10.0%	149	0	7.0%	0
Moldova	505	8.0%	40	8107	2.8%	227
Mongolia	807	8.0%	65	0	5.6%	0
Morocco	101	10.0%	10	0	7.0%	0
Nepal	3522	8.0%	282	22	5.6%	1
Nicaragua	289	8.0%	23	0	5.6%	0
Niger	227	8.0%	18	0	5.6%	0
Nigeria	706	8.0%	56	326	5.6%	18
Pakistan	3834	6.0%	230	254	4.2%	11
Peru	1392	6.0%	84	0	4.2%	0
Philippines	341	8.0%	27	0	5.6%	0
Poland	59	8.0%	5	0	5.6%	0
Romania	938	8.0%	75	0	5.6%	0
Russia	5852	10.0%	585	25931	2.8%	726
Rwanda	806	8.0%	64	1310	4.2%	55
Saudi Arabia	118	10.0%	12	0	7.0%	0
Senegal	312	8.0%	25	0	5.6%	0
Serbia and Montenegro	1463	6.0%	88	202	4.2%	8



<b>NATION</b>	<b>Total Asylees</b>	<b>Weighting (percent)</b>	<b>Total LGBT Asylees</b>	<b>Total Refugees</b>	<b>Weighting (percent)</b>	<b>Total LGBT Refugees</b>
Seychelles	34	8.0%	3	0	5.6%	0
Sierra Leone	1492	6.0%	90	6284	2.8%	176
Singapore	14	10.0%	1	0	7.0%	0
Somalia	3987	6.0%	239	59840	2.8%	1676
South Africa	130	8.0%	10	0	5.6%	0
Soviet Union, former	1170	10.0%	117	617	7.0%	43
Sri Lanka	1588	6.0%	95	169	4.2%	7
Sudan	2132	8.0%	171	18869	2.8%	528
Suriname	3	8.0%	0	0	5.6%	0
Syria	344	8.0%	28	140	5.6%	8
Tajikistan	87	8.0%	7	39	5.6%	2
Tanzania	171	8.0%	14	0	5.6%	0
Togo	2054	6.0%	123	735	4.2%	31
Turkey	565	8.0%	45	0	5.6%	0
Turkmenistan	279	6.0%	17	0	4.2%	0
Uganda	1177	10.0%	118	168	7.0%	12
Ukraine	1284	8.0%	103	29985	2.8%	840
United Arab Emirates	15		0	0	0.0%	0
United Kingdom	62		0	0	0.0%	0
Uzbekistan	1703	6.0%	102	3126	2.8%	88
Venezuela	7663	4.0%	307	0	4.2%	0
Vietnam	242	6.0%	15	17070	2.8%	478
Yemen	314	6.0%	19	89	4.2%	4
Yugoslavia, former	1119	6.0%	67	3852	2.8%	108
Zambia	139	10.0%	14	0	2.8%	0
Zimbabwe	2035	8.0%	163	39	5.6%	2
<b>TOTALS</b>	<b>271374</b>		<b>15161</b>	<b>526681</b>		<b>15061</b>

# Appendix II

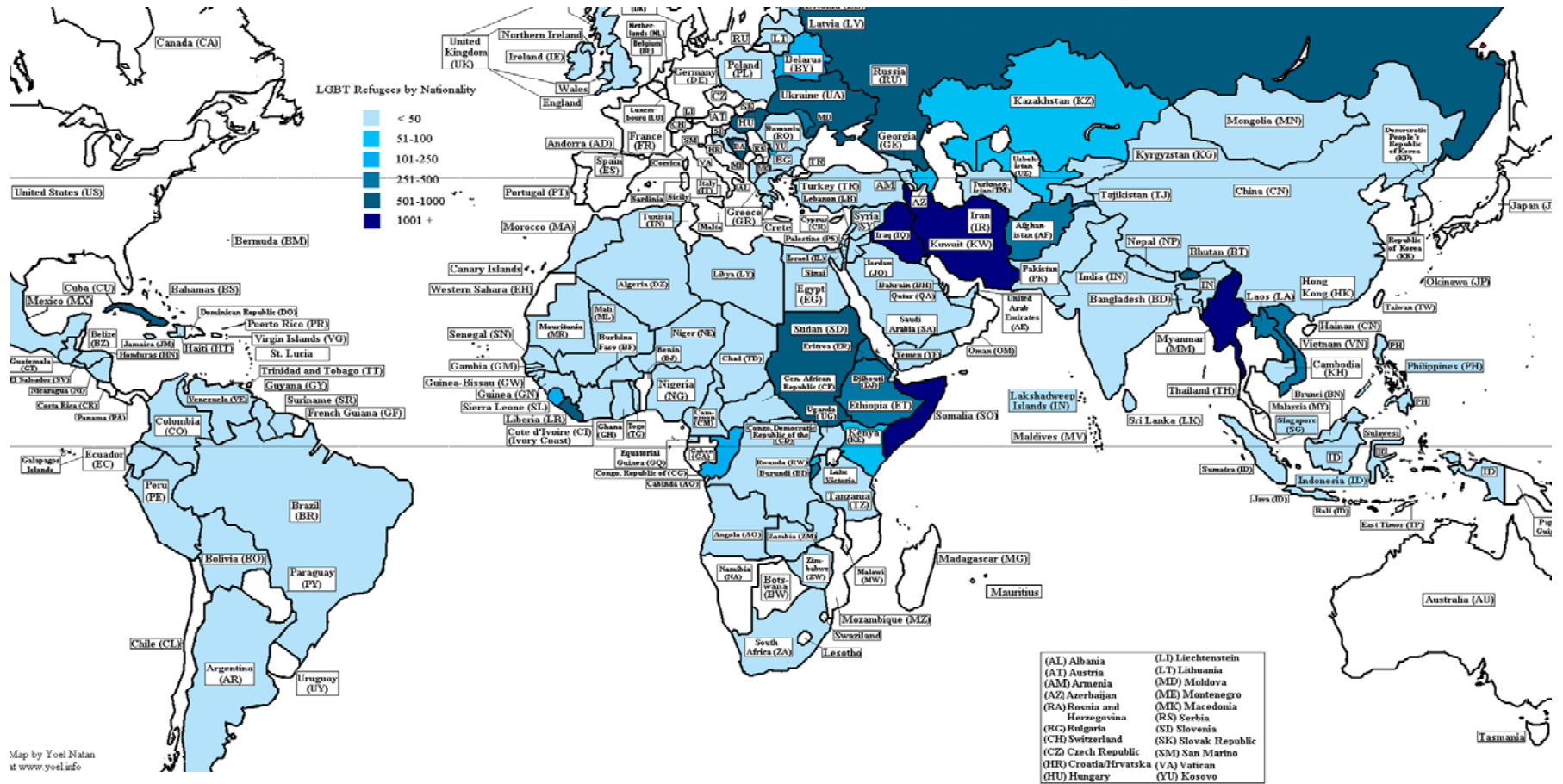
## LGBT Asylees by Nationality



Researched and prepared by Heartland Alliance  
September 2011

# Appendix III

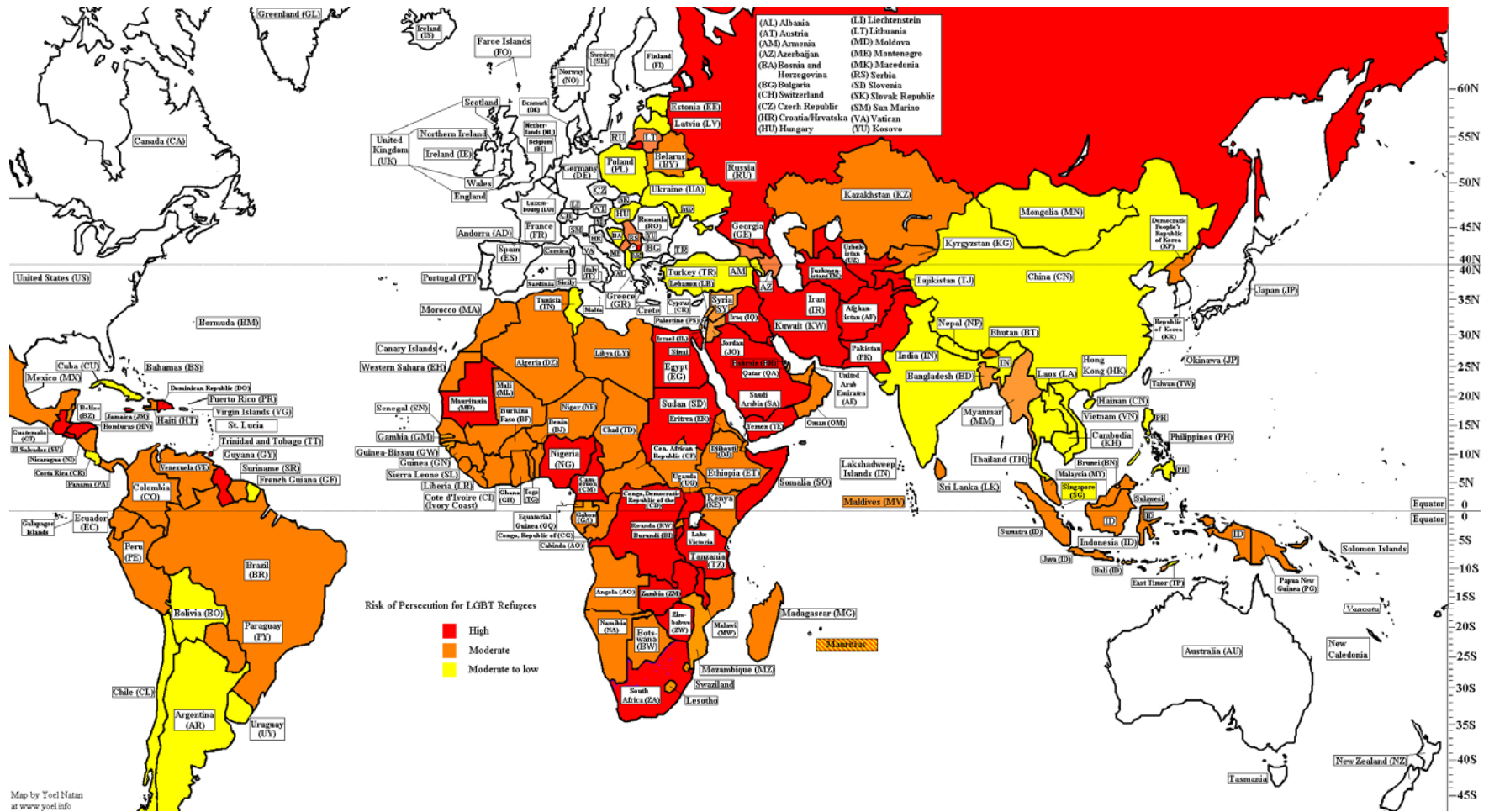
## LGBT Refugees by Nationality



Researched and prepared by Heartland Alliance  
September 2011

# Appendix IV

## Levels of Risk



Researched and prepared by Heartland Alliance  
September 2011

# Appendix V

Highlighted in blue are Heartland Alliance's suggestions on how to integrate LGBT services in core service checklists.

## United States Committee for Refugees and Immigrants CORE SERVICES CHECKLIST

Case #:		Date of Arrival:						
Pool-Mix		Notes:						
Name (in order it appears on the assurance form):		Preferred Name	Minor Code	Sex (at birth)	Gender	Age	Relationship	Social Security Number
1								
2								
3								
4								
5								

A. PRE-ARRIVAL AND RECEPTION SERVICES		Date of Service	Name of Provider (case manager, family member, friends or other)
Name of Case Manager Assigned			
Training/Orientation of Anchor Relative and Anchor Relative Agreement signed			
Airport Reception/Culturally Appropriate Meal			
Home Safety Checklist Completed	Temporary housing		
	Permanent housing		
B. HEALTH ORIENTATION AND REFERRALS		Date of Service	Name of Provider (case worker, family member, friends or other)
General orientation to the health care system <b>Referral to LGBT friendly medical services as needed</b>			
Health screening within 30 days of arrival (indicate name of health care provider)			
Immunizations required in preparation for adjustment of status within 30 days of arrival			
Additional information and counseling to the refugee (if refugee fails or refuses to receive health screening within 30 days)			
If Class A health condition, appointment within seven days after arrival <b>Referrals for STI testing/treatment services</b>			
If mental health problems have been previously identified, appointment within 30 days with professional who provided refugee with waiver letter <b>Referrals to culturally appropriate support groups and/or community centers as needed</b>			

C. BASIC NEEDS SUPPORT	Date of Service	Name of Provider (case worker, family member, friends or other)
Decent, safe, and sanitary housing		
<b>Landlord and roommates are non-discriminatory of sexual orientation or gender identity</b>		
Housing is affordable based on projected family income and accommodates known disabilities <b>and/or other needs</b> to the extent possible		
Food or food allowance and other basic necessities		
Appropriate and seasonal clothing		
Transportation to job interviews and job training and services as needed		
Essential furnishings		
Address of Case:		
Street:	Apt #	
City/State:	Zip:	Ph#:

**PLEASE NOTE:** Details of expended R&P funds can be found in this file under "Resettlement Financial Record".

D. COMMUNITY ORIENTATION	Date of Service	Name of Provider (case worker, family member, friends or other)
Housing and personal safety orientation within 5 days of arrival		
Application for social security card within 10 working days of arrival/copy in file		
Orientation concerning the role of the agency, public services, public transportation, hygiene, availability of publicly supported refugee services, <b>sexual health services, and LGBT community services</b> within 30 days of arrival		
Children meet school enrollment requirements and are registered for school within 30 days of arrival		
Information on permanent resident status and family reunion procedures		
<b>Information about federal and state laws protecting LGBT individuals</b>		
Explanation of legal requirement to repay IOM travel loan ( <i>see website for Brochure and FAQ</i> )		
Selective Service registration completed		
Address Change Information ( <i>Copy of USCIS AR-11 form distributed</i> )		
E. RESETTLEMENT PLAN AND REFERRALS	Date of Service	Name of Provider (case worker, family member, friends or other)
Intake interview within 5 working days of arrival		
Resettlement Plan developed for each employable and non employable person in the case within 10 working days of arrival		
Employment orientation within 10 working days of arrival		
Employment referrals within 10 days of arrival made to MG, RSSP, DSS, etc.		
ESL referrals within 10 days of arrival		
<b>LGBT oriented services referrals as needed</b>		
Referrals for other services as appropriate within 10 working days of arrival		

<b>F. PUBLIC ASSISTANCE</b>			
Client applied for public assistance within 7 working days of arrival			
Type of public assistance (check appropriate): ( ) RCA ( ) TANF ( ) SSI ( ) Food Stamps ( ) RMA ( ) Medicaid ( ) Matching Grant ( ) Other (please explain)			
Date public assistance began			
<b>G. CLIENT CONTACT</b>	<b>Required within 24 hours for free cases</b>	<b>DAYS 1-30</b>	<b>DAYS 31-90</b>
Number of home visits			
Other face-to-face contacts			
<b>H. MINOR REPORTS</b>		<b>Date of Service</b>	<b>Name of Provider (case worker, family member, friends or other)</b>
Minor Home Study (Suitability Determination)			
Minor Home Visit			
Statement of Responsibility			
Minor 90 Day Report			

Case Manager's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by Supervisor and found to be in compliance with Operational Guidance \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed at USCRI: \_\_\_\_\_