2.7

LGBT asylum seekers and health inequalities

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<1> Vignette

Jay was born in Nigeria where same sex behaviour between adults is punishable by up to 14 years imprisonment. Although she identifies herself as a lesbian, she was pressured into marriage and has one child, now 10 years old, who remains in Nigeria and who she has not seen for 7 years. Jay rarely goes out as she is frightened of meeting people from the Nigerian community, fearing harassment or violence if they find out about her sexuality. She has attempted to self-harm on several occasions and is receiving anti-depressant medication from her GP although she has not disclosed that she is gay.

<1> Introduction

The experiences of LGBT asylum seekers have attracted little attention in social work literature in the UK, reflecting the somewhat marginal status of both asylum seeking and LGBT issues in mainstream practice and literature. However, growing interest in human rights and social work (Ife, 2012; Cemlyn 2008) has drawn attention to the need for social work to address human rights and social justice issues for LGBT people nationally and internationally.

Globally there are unequal protections for LGBT people in United Nations (UN) member states despite the UN resolution on Human Rights, Sexual Orientation and Gender Identity (UNHCR, 2011). The death penalty is in force in six UN member states and same sex relationships are criminalised in approximately 76 countries (ILGA, 2013). Even with legal protection, homophobia and transphobia are experienced in many countries (Bach, 2013). The case for international human rights for LGBT people has been stressed by the

United Nations Human Rights Office in the report 'Born free and equal' (2012), setting out the core legal obligations to prevent torture and inhuman treatments, repeal laws criminalising homosexuality, prohibit discrimination based on sexual orientation and gender identity and safeguard freedom of expression and association. It is the lack of these human rights protections for LGBT people in many countries that leads to the decision to flee persecution and seek safety in another country.

This chapter explores the experiences of LGBT asylum seekers after they have arrived in Britain. Reference will be made to health inequalities and human rights and the significance of these issues for social work practice, relating this back to Jay's story. The chapter draws on literature in this field, while also making reference to the experiences of two lesbian women seeking asylum who participated in an on-going research study.

The term 'asylum seekers' refers to those who have applied for, but not yet been granted, refugee status according to the criteria embedded within the Geneva Convention 1951 (Refugee Status) (Art. 1A(2)). Whilst waiting for the outcome of their asylum application in the UK, people are not permitted to work and rely on weekly cash payments to pay for food and basic necessities (Hynes and Sales, 2010). The New Asylum Model, introduced in 2005 and fully implemented in 2007, was intended to speed up the processing of applications and conclude an increasing proportion of cases within six months (Refugee Council, 2007).

<1> Background

There is evidence of legislative progress and increasing public acceptance of LGBT people in public life in Britain. A government policy initiative introduced in 2010, made explicit reference to stopping the deportation of asylum seekers who left particular countries because their sexual orientation or gender identification put them at proven risk of imprisonment,

torture or execution (HM Government, 2010:3). However, many LGBT people continue to experience prejudice and hate crime and fear discrimination at school, work and in health and social care services (Stonewall, 2008; 2013). Together with their experiences in their country of origin this provides the backdrop to the experiences of LGBT people seeking asylum in the UK.

Many LGBT asylum seekers have faced violence and persecution in their country of origin before seeking asylum (Miles, 2010). Bennett's (2013) study of lesbian asylum seekers in the UK found that many had experienced physical and/or sexual violence in their countries of origin and some had been imprisoned. Women spoke of personal struggles in discovering their sexuality within a cultural context where same-sex relationships were not publically discussed or acknowledged. In attempts to maintain their safety and acceptance, some had married or formed public heterosexual relationships while continuing same sex relationships in private, leading to considerable personal distress.

Although there is limited data, it is estimated that between 1200 and 1800 LGBT asylum seekers come to Britain each year (UKLGIG, 2012:10). There is evidence that many face distinct barriers in having their claims for asylum upheld with higher rates of refusal compared to other groups (UKLGIG, 2010). Gaining entry to Britain and requesting asylum involves an initial screening interview followed by a substantial asylum interview at a later date when asylum seekers must provide reasons for claiming asylum and evidence for their case. A Supreme Court judgment in 2010 overturned the practice of refusing permission to stay for LGBT asylum seekers on the basis that they could return to their countries and behave with discretion. This judgment also critiqued a narrow understanding of sexual identity stating that, 'the consequences of sexual identity has wrongly been confined to participation in sexual acts rather than that range of behaviour and activities of life which may be informed or affected by sexual identity.' (Supreme Court 2010: 45). Yet those

claiming asylum may still have to prove they are genuinely LGBT, often in the face of immigration judges voicing inappropriate and outdated stereotypes of sexuality (Bennett 2013; ICAR, 2003; Miles, 2010). A ruling from the Court of Justice of the European Union (2013) also stated that asylum can be grated in cases where people are jailed for homosexuality in their own country. However it is up to each country to determine whether imprisonment is applied in practice when considering any individual claim.

Some women in Bennett's (2013) study struggled with disclosing their sexuality in asylum interviews having never previously declared this publicly, fearing negative judgements from immigration officers and interpreters. A Stonewall report (Miles, 2010) notes that sexuality is often perceived as a personal and private matter and may be difficult to discuss and disclose in a formal interview. This can be problematic because evidence that is not mentioned in the first substantial asylum interview cannot be added at a later date, unless it is fresh evidence that did not exist at the time of the initial interview (Sirriyeh 2013a).

Challenges in the processing of asylum applications, discussed above, lead to many LGBT asylum applicants failing in their first claim, with accompanying risks of detention and deportation. Detention can also impact on mental and physical health, with LGBT people fearing harassment and abuse from other detainees or disclosure if they are not open about their sexuality (Robjant et al, 2009; Metropolitan Migration Foundation (MMF), 2012).

In summary, LGBT asylum seekers arriving in Britain may have experienced physical violence and discrimination in their country of origin, culminating in a decision to leave, whilst others only 'come out', even to themselves, after arriving; others may continue to conceal their sexuality even after arrival.

In terms of access to services and support within the UK, the Immigration and Asylum Act 1999 removed the previous limited access to welfare benefits and replaced these with the National Asylum Support Service (NASS). The Act introduced a dispersal

programme placing asylum seekers in allocated housing in regions away from London and the South East of England (Hynes and Sales 2010). Financial support is provided to destitute asylum seekers at a rate of approximately 70 per cent of the benefit entitlement of UK nationals. The 1990 National Health Service and Community Care Act requires that local authorities assess adult asylum seekers who are seen to be in need of social care and there is a duty to provide care established under the 1948 National Assistance Act although the Nationality and Asylum Act (2002) restricts local authorities from providing support to people where asylum has been refused, unless this would constitute a breach of their human rights. In practice asylum seekers' access to health and social care services varies significantly between areas and separate 'specialist' provision of services may not always be acceptable.

LGBT asylum seekers face particular difficulties in accessing services, support and safe accommodation (Bell and Hanson, 2009; Miles, 2010) with profound effects on mental and physical wellbeing (Miles, 2010; Safra, 2003), compounded by the culture of suspicion that may exist towards all asylum seekers (Fell and Fell, 2013). The use of shared single-sex housing fails to take account of the needs of LGBT people and fails to provide a safe space for lesbians in houses where men are invited in by heterosexual women. Meanwhile, concerns about sexual exploitation and involvement in sex work due to destitution have been raised in a report on LGBT asylum seekers in Scotland (Cowen et al, 2011). This also highlights difficulties in accessing support due to the close links between refugee support organisations and faith-based groups. Attention has also been drawn to difficulties faced by Muslim LGBT asylum-seeking and refugee women in accessing housing, employment, education and mental health services because of their legal status, lack of knowledge about the country, language barriers and limited financial resources (Safra Project, 2003). A report

from the Double Jeopardy project in London (MBARC 2013) also endorses the need for improving services for LGBT asylum seekers amongst both refugee and LGBT organisations.

<1> Social work and asylum

Early literature on social work and asylum offered a cautious response to the oppressive and coercive nature of the processes associated with establishing asylum seeker and refugee status. There was a concern that social workers must avoid collusion with practices that denied human rights (Humphries, 2004; Parker, 2000).

A systematic literature review (Newbigging et al, 2010) found few examples of good practice with older asylum seekers and refugees or those with disabilities. There was, however, evidence of complex health needs in refugee and asylum-seeking communities and recognition that women's experiences of rape and sexual violence, pregnancy and child care responsibilities may be significant. The review called for a person-centred, rights-based and solution-focused approach to the needs of asylum seekers and refugees, including promoting social inclusion and independence within an holistic approach and cross-organisational collaboration. The development of curriculum guidance on migration (Guru, 2013) also reflects the need for greater attention to asylum seekers in social work education.

Fell and Fell (2013) highlight five key aspects of reflective practice as Welcome, Accompaniment, Mediation, Befriending and Advocacy (WAMBA), emphasising that this is neither a linear model nor a method of practice. Their approach also refers to the 'unconditional' nature of hospitality, challenging practice that requires 'interrogation of the foreigner' (Fell and Fell, 2013:15; Sirriyeh 2013b).

The mental health of asylum seekers features strongly in the literature, although there is a risk that over-reliance on a medical model potentially compounds a view of individuals as vulnerable victims, failing to acknowledge strength and resilience (Masocha and Simpson,

2011; Chantler, 2012) Similarly, Tribe emphasises that being an asylum seeker is not a defining characteristic and that there is a risk that services may become 'skewed and over reductionist' (2002:244). An over-emphasis on pre-migration stress also diverts attention from post-migration stress associated with poor housing, racism, isolation and uncertainty in dealings with the UKBA.

It is noticeable that LGBT asylum seekers are largely invisible within social work literature, with the notable exception by Fish (2012) in a social work text on LGBT people. This provides a valuable review of the legal and policy framework and challenges facing LGBT asylum seekers.

<1> LGBT asylum seekers

This small-scale unfunded study is being undertaken in response to the absence of LGBT asylum seekers in social work literature and in collaboration with the Equity Partnership, an LGBT organisation in Bradford, UK.

The study design includes individual interviews and focus groups with up to 18 LGBT asylum seekers and a telephone survey of 12 local agencies. The study is informed by a critical social research perspective and the pursuit of social justice (Mertens and Ginsberg, 2008), seeking to avoid the reinscription of powerlessness and a 'problem-saturated discourse' (Fell and Fell, 2013: 5). Instead there is commitment to identify strategies of resilience and survival in the narratives of LGBT asylum seekers. It is intended that this work will form the basis of a good practice guide for local organisations.

The discussion explores complex and interlinked issues which emerged from initial interviews conducted with two LGBT people seeking asylum in the UK. The data are

presented as four themes of psychological stress, a question of safety, social isolation and resistance and survival.

<2> Psychological stress

Meyer's conceptual framework (2003) recognises how stress, prejudice and discrimination create a hostile environment that impact on the health and wellbeing of LGBT people. The concept of 'minority stress' is recognised as unique and additional to stresses experienced by the general population. In relation to LGBT asylum seekers, this would identify the minority stress of being LGBT in addition to the stress experienced by all asylum seekers. Additionally, stress is clearly located within the wider environment and is not an intrinsic feature of being LGBT. Aspects of stress also include the objective (distal) experience of prejudice or discrimination as well as the stress processes associated with concealment of identity (proximal). Issues of disclosure and concealment are evident in the following quotes from the two women in this study:

> 'What if the UKBA still gonna turn down my case? If I had to go back home I've already exposed myself, and people back home - they know. It really stress me... If I have to go back home, that will be the end of me ... So it's a depressing life.' (Participant A)

> 'Because I was [in a] really unusual situation when I came here, so I was so upset, it wasn't normal circumstances. I was hiding, I couldn't tell anyone what was going on. I was in my room and I was looking at the walls. I didn't know how I should go to the doctor, get some help.' (Participant B)

The anxieties expressed here challenge any clear distinction between pre-migration stress, migration stress and post-migration stress (Masocha and Simpson, 2011), demonstrating how these are not discrete but overlapping, interconnecting and multi-layered. Meyer's concept of minority stress (2003) also assists in understanding psychological stress associated with LGBT asylum seekers' experiences of uncertainty, fear of detention, removal and forced return to the country of origin.

<2> A question of safety

Many LGBT asylum seekers have fled to Britain without their sexuality being public knowledge or known by their families. However, use of social media enables continuing communication between communities in the country of origin and Britain. This may include the disclosure of information about LGBT individuals. As participant A stated:

> 'Indeed there's a list in [country] as well where people put in the Facebook ... the names of the people in [country], or the UK, they put their names down so you should know they are lesbians or gay men ... but when their relatives, their family find out they will be in trouble. They are not allowed to be alive.'

Social media and other forms of contact and communication undermine the expectation that arrival in Britain, for LGBT asylum seekers, can be equated with safety, reflecting wider critiques of dichotomies of 'safe' and 'unsafe' locations in the context of asylum seeking (Fiddian Qasmiyeh 2006).

<2> Social isolation

Strategies adopted by LGBT asylum seekers to avoid being 'discovered' by others from their country of origin can lead to social isolation. This may include avoiding places where people

may know them or their family and, consequently, being unable to build supportive relationships amongst others from their country of origin. Participant B commented that:

> 'My situation here is a bit different here because there is a lot of [country] community ... I need to be really careful, very careful, so this is the first place I just joined. I normally avoid the gay places because if someone noticed me there, what's going to happen? And the other thing, it happened with me ... they just came to know about my orientation. They just told my family, and now I am cut off from my family. It's a really big problem for me.'

This extract also highlights the potential double jeopardy that, in addition to restricted contact with people from their country of origin, there is also a fear of being seen to be involved publicly with LGBT organisations. Additionally, there may be challenges in finding information or accessing LGBT-friendly support, with calls for LGBT organisations to develop appropriate asylum-seeker friendly events as well as greater awareness of the needs of LGBT people amongst organisations supporting asylum seekers (Cowan et al., 2011; MBARC, 2013). The combination of social isolation, the stress and uncertainty of asylum status and previous experiences of harassment and persecution, can have damaging effects on health and wellbeing.

<2> Resistance and survival

Despite the difficulties expressed by Participants A and B, they also were able to share stories of survival and resistance. Participant A referred to her experiences of living in one UK city as being in a 'cage', but hoped eventually she would be free. The future was seen as a 'paradise' where she would be able to be herself, seek work and live as she wanted to:

> ‘I don't want to be somewhere where people don't want me to be. A good quality of life for myself, without fear, without someone going to tell me about this or that... free from something which I was afraid for, for the rest of my life.’

She also referred to her decision to live openly as a lesbian: “I've decided to just maybe talk about me. I know they talk a lot about me, OK I just block my ears and move on.” This was after the UKBA told her that if she was to live in hiding, she might as well go back and hide in her country of origin. Participant B referred to the need to assess the environment and people before being open. Her advice to others in her situation would be to be cautious about disclosing that they were LGBT.

There was a shared acknowledgement of the benefits of having a good circle of friends. Participant B said, “The main problem was my emotional health, and for your emotional health, your friends are really very important.” She stated that joining the LGBT organisation was important as part of her increasing confidence:

> ‘I just started, to understand society, the UK society I just make myself realise, no one will harm you if you say anything if you are gay or anything, so now I'm very very confident, now I go to the gatherings, like, here, I just joined the centre.’

These views offer an important counterpoint to a discourse of vulnerability and the tendency to see LGBT asylum seekers pathologised as ‘victims’ of oppression and discrimination as noted in the literature on asylum seekers (Masocha and Simpson, 2011; Chantler, 2012; Fell and Fell, 2013), as well as reflecting a critical social research perspective.

<1> Human Rights and Health Inequalities

The two women in this study were positive about access to good quality health care, compared to what they might have received in their country of origin. Educational opportunities were valued and there was a sense of security obtained from the UK protective legislation for LGBT people.

However, notwithstanding basic access to health care and other services, a social work perspective on human rights points to the importance of being safe and protected from harm, being treated fairly and with dignity, having autonomy and taking an active role in local communities and wider society (Fish, 2012). Furthermore, the Yogyakarta Principles (International Service for Human Rights, 2007) concerning the application of universal human rights on the basis of sexual orientation and gender identity, locate sexual orientation and gender identity as essential aspects of self-determination, dignity and freedom.

These issues can also be viewed within an 'upstream-downstream' model of health inequalities (Cameron et al, 2003), where attention is drawn to 'the causes of the causes' of ill health (Marmot 2005:1102), including the general socio-economic, cultural and environmental conditions of people's lives. Krieger (1999: 331) points to the differential impact of health caused by the 'daily wear-and-tear of everyday discrimination', including that based on racial/ethnic difference and anti-gay/lesbian discrimination, leading to exposure to physical, chemical, biological and psychosocial insults, that are literally 'embodied' For example, social trauma such as anticipation and experience of discrimination may provoke fear and anger triggering physiological changes in the body impacting on both physical and mental wellbeing. For LGBT asylum seekers, the double stress of being an asylum seeker and being LGBT as well as oppression in terms of gender, ethnicity and

immigration status, may also contribute to economic and social disadvantage and limit access to healthcare.

These perspectives can provide a framework for challenging LGBT human rights abuses worldwide as well as supporting changes in the way that LGBT asylum seekers are treated in Britain. In particular health and social care service providers and community organisations need to ensure that staff are adequately trained to respect diversity and address the ways in which prejudice and discrimination may impact on the health and wellbeing of LGBT asylum seekers and their access to support.

<1> What does this mean for practice?

Returning to the vignette at the beginning of this chapter, from a human rights perspective Jay does not feel safe, despite the protection afforded by national legislation and her status as a member of a protected group as a result of her sexual orientation. Her experiences with the UKBA continue to undermine her dignity and she is uncertain about how to access support or engage in community networks. She lacks the basic conditions, economically, socially and emotionally that underpin health including a sustainable and health-promoting environment.

Involvement with social work might take place in a range of contexts, including statutory and non-statutory services, family support, mental health or adult social care. Initial contact could build on the basic principles of hospitality-based practice (Fell and Fell 2013), developing these to be sensitive to experiences of LGBT asylum seekers including a welcoming and accepting approach grounded in collaboration and recognition that being an LGBT asylum seeker is not THE defining characteristic of an individual's life (Tribe, 2002). For Jay this could mean allowing her time to tell her own personal narrative, acknowledging strengths and resilience as well as challenges.

A holistic approach to Jay's life would include recognising her past experiences and the impact of these on her mental health and general wellbeing. Where appropriate, and with Jay's consent, referral and /or access to specialist mental health or trauma services may help. Jay may also choose to have some support in talking more openly with her GP about her mental health. It is also important to acknowledge that Jay has a child and may wish to explore strategies for contact that do not jeopardise her or her child's safety.

Access to LGBT-friendly advocacy may be necessary for legal expertise to support her asylum claim, ensuring that this is addressed without unnecessary intrusion into her private life and relationships and pressure to 'prove' her sexuality. Importantly, the work will also recognise the need to combat Jay's social isolation. This could include putting her in touch with trusted organisations and services where she can meet other LGBT asylum seekers and begin to build new friendships. As her basic needs for support are met and Jay's situation becomes less precarious, she may also choose to disclose other concerns including hate crime, recognising that LGBT asylum seekers may not wish to draw attention to themselves.

Effective social work practice with LGBT asylum seekers requires building up knowledge and contacts with local organisations in both statutory and non-statutory sectors, and in the longer term developing sustainable and trusting relationships to support partnership working. Developing human rights-based practice may also entail challenging restrictive immigration legislation and systems and their accompanying ethos.

<1> Conclusion

This chapter has drawn attention to how an understanding of health inequalities can assist in understanding and responding to LGBT people seeking asylum, with reference to the concept of 'minority stress' (Meyer, 2003) and both the psychological and social stressors that may be encountered. Dichotomies of 'being 'safe' and 'unsafe', 'pre' and 'post' migration have been

questioned and the portrayal of LGBT asylum seekers as victims has been challenged. These issues are seen as re-enforcing the need for social work practice to be grounded in social justice and located within an emancipatory human rights perspective.

<1> What we know about this already:

- LGBT asylum seekers are frequently fleeing from persecution and oppression in their countries of origin
- LGBT asylum seekers may face particular difficulties in seeking asylum on the grounds of their sexuality
- LGBT asylum seekers will also experience the challenges faced by all asylum seekers.

<1> **What this chapter adds:**

- The need to consider the needs of LGBT asylum seekers while they await the outcome of their application for asylum
- Highlights experiences of fear, loneliness and isolation and locates these experiences within a framework of human rights and health inequalities
- Recognises the strength and resilience of many LGBT asylum seekers in telling their stories of survival

<1> **How is this relevant for social work and LGBT health inequalities?**

- The need to recognise particular issues affecting LGBT asylum seekers and for sensitivity in assessment and the provision of support, including the importance of social contacts and networks.
- Developing knowledge of local LGBT services and partnership work with social work, health and social care services and other statutory and non-statutory agencies.

- The value of a perspective grounded in human rights and an understanding of the social determinants of health in working to recognise strengths and resilience.

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