Mental Health Issues in LGBT Asylum Seekers

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**Psychological Trauma**

The person has been exposed to a *traumatic event* in which both of the following were present:

(a) the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others.

(b) the person’s response involved intense fear, helplessness, or horror.

The refugees and asylum seekers that we work with have almost always experienced multiple traumatic events that have caused them psychological trauma.

Used to be “outside of normal human experience”
One of the most critical factors that renders a situation traumatic is the experience of physical helplessness - the realization that no action can be taken to stave off the inevitable.
How are LGBTI persons persecuted?

- Relentless harassment
- Physical violence
- Verbal abuse
- Terrorizing
- Death threats
- Sexual assault
- Blackmail
- Imprisonment
- Destruction of personal and business property

Let’s start by discussing the kinds of TRAUMATIC EVENTS that LGBT refugees experience.

Persecution of lesbian, gay, bisexual and transgender people has been documented around the world. Persecution on the basis of real or perceived sexual orientation or gender identity stems from deep-seated cultural, social, and religious biases. 76 countries criminalize sex between persons of the same sex, and five of those countries’ laws permit the death penalty for sex between persons of the same sex. Widespread human rights abuses, ranging from humiliation, to rape, assault, and murder, have been perpetrated against LGBT populations globally.

(DANIEL and SCOTT, do you want us to delete the material below?)

When homosexual activity is criminalized in the justice system, violent acts are perpetrated with impunity by government officials, agents, as well as by private citizens. Even in countries where homosexual behavior is not criminalized, LGBT individuals face persecution from family members, religious leaders, educators, employers, police, military and the community at large. An environment that acquiesces to discrimination and prejudice against LGBT individuals can be detrimental to physical and mental health. Although torture is prohibited under international human rights law, state officials and others frequently torture or persecute individuals on the basis of their sexual orientation or gender identity – or acquiesce to others torturing or mistreating them. The LGBT population in many countries is therefore vulnerable to physical attack and torture at the hands of governmental actors as well as private individuals.
Discrimination amplifies psychological impact of persecution

- At work
- At school
- At hotels
- At restaurants
- Public transport
- Housing
- Medical care
- Inability to marry, adopt, immigrate

There is a synergy between the impact of persecution and discrimination: they each amplify each other’s psychological effect on LGBT persons.
Who persecutes LGBTI persons?

- In numerous countries persecution is relentless, pervasive, and inescapable in:
  - family
  - community
  - police, auxiliary agents of control, secret service
  - military, para-military
  - school
  - workplace
  - judiciary

How is persecution of LGBT persons in other countries different from the harassment, bullying and abuse that LGBT people sometimes experience in this country? A critical difference in the experience of the abuse in countries that are violently anti-gay is that there is a pervasive quality to the abuse. The scope of the abuse, in both spatial and temporal dimensions, has a relentless quality to it. Commonly, clients we see are rejected by their families of origin because of their sexual orientation or gender identity, harassed and bullied by their peers—as children and adults; the verbal and physical violence, the threats, and sometimes the sexual assault that they experience at the hands of their peers can be a daily occurrence. It happens on the way to and from school, at school itself, in the neighborhood where they live, and at home. In the U.S., when someone is bullied or abused at school, they have a future to look forward to when they will be free of this violence: a future in a bigger city, or in college; a few hours in a gay bar; contacting an LGBT group for support; maybe seeking help from the police or courts. The clients that we see face a life-crushing experience that has no end; they feel they have no future. They often describe the absence of a safe space, of any possibility to escape the abuse. Until they leave their country.

The relentlessness, pervasiveness, and inescapable character of the persecution leads to a potent cumulative effect of these traumatic events that we will discuss later.
To protect the confidentiality of the participants in the video material that follows, we ask that no recording devices be used during this presentation.
This is the first of several video clips that we’ll show you: they will illustrate points that we’re making.

Two clips each from people who have already received asylum. Both were evaluated by Ariel and interviewed again years later, reflecting on their experience.

Here is a clip that demonstrates a history of traumatic events that pile up on each other and accumulate in their impact.

SHOW CLIP
Consequences of persecution

- PTSD
- Major Depression, often superimposed on dysthymia (chronic depression) and PTSD
- Complicated Bereavement, Panic Disorder, Traumatic Brain Injury, Substance Abuse
- Complex and cumulative trauma (Disorders of Extreme Stress Not Otherwise Specified---DESNOS)

The most common diagnoses we find are, PTSD and Major Depression, often times together. We also see a lot of complex trauma. Any other diagnosis if possible, just these are the most common.

There are no published statistics on numbers of LGBT asylum cases, how many are granted, what psychiatric diagnoses are found.

This is a population that faces challenges finding safe havens and rebuilding their lives after fleeing such persecution. Most of the clients that we see are suffering from repeated depressive episodes, generalized and social anxiety, and many from PTSD and cumulative trauma. They also commonly suffer from great challenges in trusting others, making friendships, and experiencing intimacy. Some may experience great shame and self-blame about the abuse that they have experienced; others feel a lot of anger and even desire for revenge against the perpetrators.
Posttraumatic Stress Disorder (PTSD)

- One of many normal responses to trauma, stemming from a failure of the natural physiological activation and hormonal secretions to organize an effective response to threat.

- Rather than producing a successful fight or flight response, the organism becomes immobilized.

- Extreme Fear becomes a conditioned response.

Many physiological processes are involved in PTSD, including those regulating Emotion, Memory, Language (including decreased activity of brain structures involved in translation of experiences into communicable language)
## Symptoms of PTSD

- **Re-experiencing**: intrusive thoughts and images, flashbacks, nightmares

- **Avoidance**: numbing, dissociation, emotional constriction, avoiding reminders of the trauma

- **Hyperarousal**: poor sleep, irritability, startle response, poor concentration
Additional Burdens on LGBT Persons

• Impact of traumatic events is exacerbated by prior history of abuse, especially in childhood

• LGBT persons are often abused within their families, blamed for shame to family, and simultaneously deprived of support in the face of persecution
Features of complex trauma

- Emotional and impulse dys-regulation
- Cognitive deficits (attention, concentration, memory)
- Sleep disorders
- Altered self-perception
- Altered relations with others
- Somatization
- Derailing of systems of meaning
Depression

• Motivational symptoms: Paralysis of the will
• Cognitive Triad: Negative view of self, others, future
• Vegetative symptoms: sleep, appetite, physical aches and pains

There are many other psychological responses to repeated traumatic event, such as a variety of depressive and anxiety disorders.
New Immigrants are also experiencing tremendous changes during their first years in the U.S. in their perceptions of themselves as LGBT persons—they are testing out how people respond to their sexual orientation and gender identity. They are incredulous to discover that there are people who want to help them even though they are LGBT; but they can be also hyper-vigilant and fearful when they meet new people or those who remind them of their tormentors.

For example, we have a Russian client who has been waiting for many years for a decision on her asylum case. She works in a supermarket that caters to people from her home country.

Observing workers and customers speak among themselves triggers associations of being rejected, of being an outcast, and feeling in heightened physical danger. At work she often feels intruded on and becomes cognitively and emotionally disorganized. These symptoms of trauma are not elicited as vividly in other environments where her native language and compatriots are not as evident.
Unique relational impact on LGBT refugees

- Double marginalization: isolation from LGBT communities, and ethnic communities
- Relational refugees
- New closetedness from family of origin about basis for asylum status

This example points to a challenge of LGBT refugees: different from other refugee groups, they do not usually have the natural support and easy connection with ethnic communities from their home country. In fact, these are the very people that they are fearful of, who can activate symptoms of trauma. On the other hand, they may experience secrecy and shame about being refugees or asylum seekers when connecting with the LGBT community. Most still experience considerable self-blame about their history of persecution and hide it from their new LGBT social network. In that way they often fall in between two potential sources of social support and sometimes experience great isolation.
The Triple Trauma Paradigm

- The traumatic events
- Flight
- Resettlement and acculturation
Flight

- Attempts to escape - how many?
- Escape and Exile - how did they get out?
- Route of Transit - how did they get here?
- Arrival - what happens when they get here?

We’ve talked about trauma related to persecution. There is often trauma related to escape, as well.
Resettlement: Trauma of Displacement

- Immigration status/asylum process
- Adjustment (loss of ties to one’s land and identity)
- Basic needs unmet
- Separation from family and cultural supports
- Continued persecution of LGBT family and friends
- Lack of safety and security
This video clip demonstrates the impact of cumulative trauma on a gay man who sought asylum, and also shows how he coped with it as it was happening.
Challenges in new role as asylum seeker

- Legal and mental health interviews prompt challenge to identity and coping strategies
- Judged based on perceived credibility, plausibility, consistency, and detail
- Facing dissociation, amnesia, minimization of history of violence

Once they found their way to getting assistance from an attorney, what must happen for them to be able to effectively apply for asylum:

1. The first challenge is to recount their trauma while suffering acute symptoms
2. And the continued fear of deportation
3. Stress of double marginalization

This is a huge psychological burden. Usually these people are penniless and not in treatment. A few lucky ones know about at an LGBT center or programs such as the Bellevue Program for Survivors of Torture.
Survival versus new identity as asylee

Conflict between coping with a history of persecution:
- Minimization of violence
- Amnesia
- Dissociation
- Rejecting identity as victim

And adopting identity as asylee:
- Remembering violence, admitting pain, fear of feeling humiliated and weak

For some refugees there is a contradiction between the identity that helped them survive, and the identity that they feel they have to adopt as an asylum seeker. Their coping and survival strategies for a lifetime of abuse and persecution include minimizing the impact and importance of the violence that they have suffered. Many suffer from difficulties remembering violent episodes. In the following video clip, an asylee recounts how life-saving it feels for him that he didn’t consider himself as a victim, that he wasn’t “weak”. He reports how humiliating it felt for him to be asked by his attorneys and clinician about incidents of violence. He was reluctant to adopt an identity as an asylum seeker, because in his mind this signified weakness. In the period of beginning his asylum application, he associated admitting pain with weakness, and he associated survival with dissociation.

In order to survive these asylum seekers had to say “I can handle this, this is no big deal, so what, it doesn’t hurt me.“ But then to seek asylum they have to be able to access the vulnerable place in them that says I’m terrified, traumatized, humiliated, all of the things that they didn’t dare let themselves know.
Challenges of participating in asylum seeking process
There are little empirical data on the long term psychological adjustment and consequences of complex trauma in asylees.

In our clinical work, we have observed that it is common for current social stressors to easily reactivate traumatic memories.

One of the things that we observe in asylum seekers is that the very process of being forced to tell their story, to recount the intimate details of a history of trauma, often re-activates trauma. For example, this young woman suffered a depressive episode that was triggered by reading the affidavit that she had earlier written—where she described her persecution. She said: “Everything that happened changed me. [a very long pause, wiping tears and looking to the floor]...it put a shadow on my brain; my brain is not functioning properly. I’m always confused, always irritated”.

(HOLD extra case material: The Russian client described earlier, recounted her emotional state at work, where most of her co-workers are Russian. In her words: “When people at work give me looks, it automatically reminds me of people in my country. I start shaking, and I go in the bathroom and cry. It looks that they don't approve of me. I’m not in control of my feelings, my body responds to my emotions.” Feelings of pervasive social rejection in her home country based on sexual orientation are triggered: “[My co-workers], they don’t want me there, they don’t consider me part of their team, they don’t approve me being there. I remember how hard it was to stay in a classroom full of students who knew I was gay, made fun of me during lessons [with anti-gay slurs]. Every time I was in school I automatically felt I will get hurt, or they will say something that will make me cry”.

She still suffers from intense social anxiety symptoms during her workday as a cashier. She reported: “I feel I will have a nervous breakdown, because I have to interact with so many people. They step into my comfort zone and it makes me very vulnerable. It feels like I’m losing control over my feelings, like I will break something, like I’m losing my mind. I don’t talk with my co-workers, because I think they’re making fun of me all the time.”
What are the obstacles to receiving asylum in U.S.?
The one year deadline to file an asylum application

- Huge obstacle but especially for LGBT applicants
- **Exceptions only for**
  - "changed circumstances" (country condition or personal circumstances)
  - "extraordinary circumstances" (serious illness or mental or physical disability, including any effects of persecution or violent harm suffered in the past)

Adopted in 1996 by Clinton Administration to minimize fakers

Language of law: “If an applicant did not apply for asylum within one year from last arrival in the United States, he or she may still be eligible to apply for asylum if the applicant establishes that there are changed circumstances materially affecting the applicant’s eligibility for asylum or extraordinary circumstances related to the delay in filing.”

New guidelines (2012) for LGBT changed personal circumstances

• recently “coming out” as LGBTI
• recent steps to transition from birth gender to corrected gender
• recent HIV diagnosis
• post-traumatic stress disorder
• severe family opposition to an applicant’s identity

Having these exceptions to the first year bar in the immigration service guidelines makes our job as clinicians easier: in our reports we often refer to the psychological conditions that have changed in the client since they have been in the U.S.

For LGBT refugees, the new guidelines, for the first time, specifically refer to the following exceptions:
1. Recently “coming out” as LGBTI
2. Recent steps to transition from birth gender to corrected gender
3. Recent HIV diagnosis
4. Post-traumatic stress disorder
5. Severe family opposition to an applicant’s identity.

Language about coming out from new guidelines: “In many instances an individual does not "come out" as lesbian, gay, bisexual, or transgender until he or she is in the country where he or she sees that it is possible to live an open life as an LGBTI person. If an individual has recently "come out" this may qualify as an exception to the one-year filing deadline based on changed circumstances.”
“Proving” someone is LGBT

• Prove that applicant belongs to particular social group
• Asylum officers and immigration judges may not believe applicant is truly LGBTI
• What assessment tools to use in a ridiculous situation?
  – Kinsey (1940s)
  – Klein (1970s)
  – Ahola&Shidlo (2011)

Another obstacle may be documenting that an applicant is truly LGBT. Asylum officers sometimes tell LGBT persons that they don’t look or act gay. One lesbian applicant was told that since she wore lipstick and didn’t look like the lesbian friends that the asylum officer had, that she couldn’t possibly be really lesbian.

Things could be worse than the situation in the U.S.

In 2010, the European Unions’s leading human rights agency sharply criticized the Czech authorities for using the “Phallometric Test,” a method for testing whether homosexual asylum seekers are genuinely gay by measuring the flow of blood to a man’s penis to determine the physical reaction to pornography.
For many persons from countries that are violently anti-gay, the process of coming to terms with their gender identity and sexual orientation may freeze until after they are in the safety of the U.S. (Pepper, 2005).

For example, people may not be fully out to themselves as LGBT until they are in an environment where they feel that being LGBT is not something that will be the target of social rejection or violence. Others may not feel comfortable being out as LGBT unless the other person is themselves openly LGBT.

To help us understand better how our clients’ view of themselves may have changed since they are in the U.S. Ahola and Shidlo have developed an assessment instrument. This tool allows you and your client to chart out how their perception of their sexual orientation and gender identity may have changed over time.
As you can see on the slide, there are several rows that describe the various domains that comprise sexual orientation and gender identity. These domains include: sexual attraction, sexual fantasy, sexual behavior, emotional preference (or with whom the person falls in love or has crushes on), sense of community (or with whom they feel most comfortable socializing with), self identification to oneself, to other LGBT persons, and to heterosexual persons.
On the column side, you will notice time frames:

The columns provide a retrospective picture of the person’s life up to the day of the interview: it charts how identity may change with increased safety:

It starts with how the client perceives themselves

1. on the day of the assessment
2. one year after their arrival to the U.S.
3. At the time of their arrival to the U.S.
4. And how they perceived themselves while they were in their country of origin.

Then an additional column shows at what date the changes started since arrival in the U.S., and whether they have stabilized.

This instrument helps elicit the information that we need when writing the evaluation reports. In the reports, we need to show a timeline of changes in comfort with sexual orientation and gender identity that may have occurred since being away from persecution—in the safety of the U.S.
For further resources on mental health issues in LGBT refugees and asylum seekers

contact ariel.shidlo@riww.org
JOIN US:
Global LGBT Asylum Network (GLAN)

An Initiative of

- Connects case workers, social workers, clinicians, attorneys, and activists who help LGBT refugees and asylum seekers. How can we help each other?
- Creates empirical data that we can use in regional, national, and international advocacy and in court
- Member groups include **Immigration Equality, Physicians for Human Rights**, East Bay Sanctuary Covenant, East Bay Community Law Center, and **Psychologists for Social Responsibility**

To create empirical data that we can use in courts