

# Mental Health Challenges for LGBT Asylum Seekers in Canada

## INTRODUCTION

This Information Sheet outlines the mental health challenges of LGBT (lesbian, gay, bisexual, transgender) asylum seekers in Canada and is intended to be a resource for service providers who work with this population. It has been developed using data gathered by the Envisioning Global LGBT Human Rights project, which studies sexual and gender minorities in India, Africa and the Caribbean, as well as the experiences of LGBT asylum seekers in Canada. Research findings confirm trends in the broader literature with regard to the common stressors and resulting mental health challenges of this population. The quotations included in this document are from Envisioning's research data, collected through focus groups with LGBT asylum seekers that were organized with community partners.

## TERMINOLOGY

Terminology with regard to sexual orientation or gender identity (SOGI) is complex, with historical, regional, cultural, class and activist implications. This Information Sheet, in line with the Envisioning Global LGBT Human Rights project and many activists and human rights workers internationally, uses the term SOGI, as well as LGBT (lesbian, gay, bisexual, transsexual and transgender). The use of these terms is meant to be neither all-embracing nor exclusive. As the research of Envisioning encompasses many regions and communities, we acknowledge that terminology may differ from place to place or by subject.

For the purposes of this Information Sheet, a “refugee” is an individual seeking protection who has successfully obtained refugee status. A “claimant” is an individual seeking refugee status, but who may not have obtained it yet. An “asylum seeker” is a person fleeing persecution and seeking protection, regardless of their desire, eligibility, or attainment of a particular status within the refugee system. This document generally refers to LGBT asylum seekers as opposed to refugees or claimants, as the mental health challenges discussed affect individuals regardless of the stage or outcome of their official claim.

The World Health Organization defines mental health as “a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.” The mental health of LGBT asylum seekers relies upon a sense of self-worth and belonging, stress management and coping strategies, available resources in their new

country of residence, accessibility of these services, and overall acceptance in their communities, among other factors (25).

## LGBT MENTAL HEALTH

LGBT people face increased mental health stress compared to people who fit within more normative categories of sexual and gender identity, i.e. straight and cisgender people. The Minority Stress Model describes a state of chronic psychological strain resulting from stigma, expectations of rejection and discrimination, decisions about disclosure of identity, and the internalization of homophobia (12). Other studies have shown that this applies to other forms of discrimination including transphobia (15, 20, 21). The influence of stress on psychological processes often results in anxiety, depression and suicidality as well as the use of external coping and numbing mechanisms such as alcohol, drugs, or tobacco (7).

## LGBT ASYLUM SEEKERS AND MENTAL HEALTH

The mental health challenges of many LGBT asylum seekers reflect their experience of high levels of stress and isolation in their countries of origin, in their early years in Canada, and as a result of the refugee claim process itself. Many individuals exhibit exceptional resilience; their experiences may not reflect, or may completely defy, the trends below. While these trends will not apply to all individuals or communities, this document aims to provide an understanding of the particular circumstances surrounding the lives of SOGI asylum seekers, common effects on mental and emotional health and ways that service providers can be most helpful.

*“When I first came here, I would only sleep one hour. I would wonder ‘What’s wrong with me?’ I would stay up and I would just be thinking about stuff. I would think ‘Am I losing it?’”*

- LGBT individuals are at a heightened risk for post-traumatic stress disorder (PTSD), major depression, panic and anxiety disorders, difficulty with trust and intimacy, dissociative disorders, anger, self-blame, guilt, and helplessness (18, 19).
- A recent US study of LGBT youth found that 10% met the criteria for PTSD and 15% met the criteria for major depression (15). Meta-analysis studies have found that sexual minority individuals are two and a half times more likely to have attempted suicide than heterosexuals (8).
- Trans people, in particular, experience extremely high levels of hatred, violence and institutional discrimination. A large study of trans people in Ontario showed increased levels of anxiety, depression and suicidality as a result of transphobia (1, 20, 21)
- Asylum seekers often experience isolation, persecution, and lack of social support in both their country of origin and country of asylum (4). LGBT asylum seekers therefore face heightened susceptibility to mental health challenges due to their exposure to many different sources of stress (19).

- LGBT asylum seekers have often faced trauma and/or persecution in their country of origin, which may include isolated or repeated physical, mental, emotional and/or sexual violence; this is usually the reason they seek international protection. Because of homophobia and transphobia (frequently reflected in state laws as well as interpersonal relationships) they are often discriminated against, stigmatized and alienated from friends and family. They may face barriers to accessing safe spaces, social supports, professional services and other services that promote and support mental health and wellness (4, 5, 19).
- In the absence of a safe environment and often facing social isolation, many LGBT asylum seekers are unable to process trauma and mental health issues both in the country of origin and in Canada (19). They tend to be unserved or underserved, particularly if they live outside of major urban centres.
- Leaving home can be a difficult decision. LGBT asylum seekers must decide where to go, how to get there, and how to access appropriate services upon arrival. Typically, these individuals face difficulties regarding housing, employment, language, finances, and navigation of the refugee claim process (23).
- Upon arrival in Canada, LGBT asylum seekers must acclimatize to an unfamiliar setting. They may feel isolated due to lack of support for sexual and gender minorities in the country of asylum, which may fall short of their expectations of social acceptance. They may also be confused or uncertain about the refugee claim process. These uncertainties and instabilities all contribute to mental stress (6).
- LGBT asylum seekers inhabit multiple minority spheres when migrating to Canada: a sexual/gender minority, a cultural minority and possibly a racial minority, among others. This may compound discrimination and stigma, which are both significant mental health stressors (5, 17).
- Systemic racism can have a pervasive and devastating impact on health and well-being. A study of access to primary health care for Black Women and Women of Colour in the Greater Toronto Area showed how intersecting marginalizations can impose structural barriers to accessing health services (24).
- In Canada, LGBT people generally enjoy human rights protection and relative freedom. Discussing sexual orientation and gender identity is relatively acceptable in Canadian society. However, LGBT asylum seekers may feel shame and fear when discussing their sexual orientation or gender identity because of the intimate and/or taboo nature of these topics in their home countries (11, 22). The imperative to disclose, both socially and in certain official contexts (including the asylum process), can be extremely stressful and may cause individuals to avoid accessing support and services (19).
- LGBT asylum seekers may decline mental health services due to fear, guilt, and shame, as well as cultural, religious and language barriers. Mental illness itself is stigmatized both in Canada and elsewhere, which may cause those suffering from mental health issues to resist seeking help for fear of being labeled themselves (5, 11, 13, 19).
- LGBT asylum seekers may not have the support of their country-of-origin community in Canada (5, 16). Discrimination within these communities can trigger memories of abuse in the country of origin, create new psychological trauma and contribute to isolation.

Similarly, they may also face discrimination and isolation within religious communities in Canada.

- Some LGBT refugees experience a ‘coming out’ process once they have reached the relative safety of the country of asylum. This can be a confusing time. A linear trajectory of ‘coming out’ – progressing from hiding, shame and confusion to full expression, acceptance and a unified identity – is largely illusory. Individual experiences are complex and varied (5, 13, 19).
- Knowledge of LGBT people’s lives and health needs varies considerably among mental health professionals. Finding a provider who is sensitive to the specific needs of LGBT asylum seekers can be especially difficult, particularly outside of major urban areas (9).
- Even if services are available, many LGBT asylum seekers may fear being outed following disclosure of their sexual orientation or gender identity to health care providers. Disclosures without consent are a common catalyst for SOGI-based persecution in countries with poor LGBT rights protection (18, 23). Fear of rumours within small or close-knit communities from their home country may prevent asylum seekers from using services that these communities provide. They may have similar fears when using LGBT community services (6).
- Upon arrival, asylum seekers may be subject to detention if their entry into Canada is deemed illegal, if their identity is not certain, or if there are security concerns. Detention can be traumatic to all asylum seekers. Transgender individuals arriving at Canadian detention facilities have faced human rights violations, including inappropriate placement in gendered spaces and invasive physical searches (23). These situations are traumatic and may trigger past trauma based on persecution related to an individual’s gender identity.

## MENTAL HEALTH AND THE SOGI ASYLUM PROCESS IN CANADA

The process of claiming refugee protection, particularly on the basis of SOGI, is a major source of stress. Since 2012, asylum seekers face an unreasonably short period of time between making a claim and appearing at a hearing, which puts them under immense pressure. This stress, coupled with past trauma and future uncertainty, places LGBT asylum seekers at increased mental health risk.

*“For me personally, I always prayed that night wouldn't come...Sleep is hard because of the agony I passed through back home. It's like they are coming after me all the time.”*

- Sexual orientation and gender identity are deeply personal and sensitive topics. Having to prove one's sexual orientation or gender identity, which the asylum process demands, can cause feelings of intense shame and embarrassment (19). It may also be impossible for some asylum seekers to prove their sexual orientation, due to deeply entrenched survival strategies, such as hiding their identity, that were necessary in their country of origin.
- Under the new immigration system, asylum seekers are afforded sixty days – or less, depending on their country of origin – between filing a refugee claim and having that

claim heard before the Refugee Protection Division (RPD) of the Immigration and Refugee Board of Canada (IRB) (5). Lawyers and refugee experts have indicated that it is extremely difficult for any claimant to construct a comprehensive claim in this timeframe. For LGBT claimants there will almost inevitably be significant challenges in producing evidence to support their claim, because they may have spent their lives trying to hide their sexual orientation or gender identity – the basis of their claim. This extra burden can cause stress (2).

- Finding a lawyer who is both familiar with the process of making a claim based on sexual orientation and/or gender identity and is sensitive to the unique challenges of LGBT asylum seekers can be difficult and frustrating (14). It often takes many months for LGBT asylum seekers to feel comfortable enough with their lawyers to disclose their SOGI (13). However, the new timelines may force earlier disclosure, which can be traumatic (5).
- LGBT asylum seekers are often forced to relive past trauma throughout the asylum process. Discussing past trauma and fear of future persecution with strangers such as legal counsel, asylum officers, and immigration adjudicators may contribute to retraumatization, particularly since asylum seekers may harbour mistrust towards government officials who are often the perpetrators of persecution in their country of origin (19, 22).
- LGBT asylum seekers face increased burdens due to the nature of LGBT identity and the evidence relied upon by certain adjudicators unversed in the realities of LGBT experiences. Adjudicators often misunderstand the reality of LGBT life narratives and may use faulty reasoning or stereotyping when reviewing LGBT claims; the Federal Court has overturned numerous LGBT protection decisions in the past 10 years on these grounds. (5).
- Asylum seekers often have trouble constructing a thorough narrative regarding their fear of persecution. The asylum process, along with histories of trauma and shame, may negatively impacts claimants' ability to recall pertinent information. This may affect the claim outcome. Also, feelings of being disbelieved, misunderstood or misinterpreted can contribute to stress and feelings of disempowerment and helplessness for asylum seekers (5, 13).
- The asylum process may demand that applicants produce a certain narrative related to 'coming out' that may not accurately reflect the experience of the individual or their cultural context. LGBT individuals' SOGI (and straight/cisgender individuals' SOGI, for that matter) are fluid. Concrete identification can be difficult and limiting. Certain cultures may not conceptualize sexuality and gender as 'identities' in the same way that Canadian culture does. The expectation of producing a particular narrative to legitimize claims of identity and persecution can cause stress for claimants. (5, 13, 19).
- The burden of producing appropriate evidence to support the asylum claim is a source of major stress for LGBT asylum seekers. Acquiring letters of support, photographs, and other proof from friends and family in their country of origin is difficult and carries potential danger for loved ones who may still be subject to discrimination and violence in

***“It never happened back home, but now going through all the stress, I now have anxiety and panic attacks.”***

the country of origin (5). This is assuming friends and family are even willing to provide such materials. LGBT asylum seekers face increased familial and social isolation compared with other asylum seekers.

- Despite all the known stressors associated with the LGBT asylum seeking process, attempts to obtain mental health evidence to support a claim are largely unsuccessful for these individuals, because there is insufficient time to complete an assessment and acquire the relevant documentation before a hearing within the new shortened timeframes (5). Recent cuts to immigrant health care coverage have made it extremely difficult for health and social service providers to support asylum seekers to navigate the system, and provide effective care (3, 10). All of this negatively impacts the mental health of LGBT asylum seekers.

## IMPLICATIONS FOR HEALTH AND SOCIAL SERVICE PROVIDERS

- Supportive environments are extremely important. Research shows that resilience and self-efficacy flourish in environments where there are others who openly share their experiences, where there is social support, and where groups can mobilize against their marginalized status (7). LGBT asylum seekers need access to legal, health and social service professionals who have experience with LGBT issues as well as asylum and settlement issues. However, some LGBT newcomers may react negatively to overtly queer spaces and forego services for this reason, so caution and sensitivity are required.
- Mental health professionals need to be conscious of the effects of minority stress and bear this in mind when providing mental health diagnoses.
- Stress can result in physical symptoms and issues. A holistic approach to LGBT newcomer health is always advantageous and can help to contextualize certain physical concerns.
- There are cultural differences in how people experience and express stress and illness. Many newcomers may not understand what a mental health counsellor is or does; their understanding may only include psychiatry, pathology or medication, including stigma against seeking treatment. Cultural competency training and sophisticated translation are therefore crucial to serving this population.
- Many refugees may not be ready to address their mental health issues until they have acquired greater personal and financial security, which may hinge upon their refugee status. Uncertainty is a major driver of stress; it may also overshadow underlying mental health issues, which may surface months or years after arrival in Canada. Service providers should encourage and advocate for long-term access to mental health services as needed.
- There is a growing network of mental health professionals who are knowledgeable and skilled in providing services to current and former asylum seekers in Canada, but

*“When you come [to this organization], you learn that there are people who actually care, who care about your feelings, and you are not by yourself...I think that will stick with me forever.”*

this network needs formalization and leadership. Professional development, mentorship and opportunities to meet will build best practices in this sector. Mental health professionals serving LGBT asylum seekers should leverage their experiences and expertise by contributing to this network and helping it grow. Such a network should also include frontline support workers, outreach workers and peer support networks.

- Many newcomers, particularly youth, may find online resources useful and less intimidating than seeking services in person. For others, support groups may provide opportunities to process their experiences with others, to heal and to rebuild confidence and resilience. And some people will require more formal treatment with skilled mental health professionals to recover from debilitating symptoms or unhealthy patterns of substance use.

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For more information on LGBT health and mental health issues, research and services please consult the Rainbow Health Ontario website at [www.rainbowhealthontario.ca](http://www.rainbowhealthontario.ca).

For more information and resources produced by Envisioning Global LGBT Human Rights please see: [www.envisioninglgbt.com](http://www.envisioninglgbt.com).

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