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Il Grande Colibrì Association.

Supporting LGBTQI+ people who wish to highlight the importance of all diversities (ethnic, national, cultural, religious, social, relational, sexual, etc) intersecting with those related to sexual orientation and gender identity

(https://www.ilgrandecolibri.com/)

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LGBT HEALTH AND MIGRATION: DOUBLE STIGMA AND ACCESS TO RESOURCES

A pilot study, conducted in the United States in 2011, has reported that the majority of the interviewed service providers have a very narrow knowledge regarding the LGBTQ migrants' overall needs.

The inadequate awareness, and the consequential inability to offer and administer appropriate services, derive from the lack of interest shown by the scientific community in regards to migrants and asylum seeking LGBTQ population, the main contributing factor being LGBTQ and immigration themes are not recognized as intertwined nor conceded as interacting elements.

The objective of this presentation is to place the scientific focus on a segment of the LGBTQI+ population that is too often ignored: the one constituted by migrants and asylum seekers, including the health implications resulting from this condition.

The statistics are quite clear by demonstrating the existence of a migratory phenomenon connected to LGBTQI+ discrimination: every year tens of thousands of asylum seekers reach Italy, 80% of the cases are from countries in which citizens are criminalized based on sexual orientation and/or gender identity. It is a population characterized by **specific needs for the very condition** of being a migrant or a refugee as a result of discrimination of sexual identity, that hold a distinct help request contrasting the LGBTQ population or the migrant population, deserving of an appropriate response.

It denotes a **double vulnerability**, which results in doubling exposure to discrimination: those linked to immigration or asylum seeking stigmas and those linked to one's sexual identity.

In relation to the process of expatriation, we shall consider how the pressing circumstances that force a migrant to undertake a migration journey, the often extreme conditions of the journey, combined with the precarious living conditions upon reaching the host country, including a change of habits, of cultural norms and lifestyles, rejections, social exclusion and loss of status, are inherently traumatic factors. In addition to these aspects, discrimination and violence suffered in the country of origin for being LGBTQI+ as well as the social exclusion to which they might be subjected to in the host country, should be added.

The global report from the UNCHR of 2015 shows LGBTQI + asylum seekers and refugees are in fact subject to severe social exclusion and violence in the hosting countries, perpetrated both by the host community and by that of other asylum seekers and refugees.

In the case of discrimination carried out by a group of other asylum seekers, it may occur within the same reception centers where the space is shared among very different people, some of whom come from countries where to be LGBTI is a crime, and as a matter of course do not naturally accept non-heteronormative identities.

In addition to the double exposure to social stigma, there is **limited access to resources** compared to the native population, as a result of linguistic, cultural, and territorial knowledge gaps.

A study conducted in the United States has shown how healthcare providers are unable to respond to the particular cultural needs of the group, thus promoting the development of further problems including: difficulty in discussing one's own health, discrimination and abandonment of services. It must be advised that migrant might enter the host country with a different perception of health and illness for cultural reasons, which may result in an insufficient dialogue with health care providers, and "further creates a less-than ideal cultural environment for LGBTQ migrants who seek care". More than half of LGBTQ migrants interviewed in the US study identified the lack of a culturally sensitive healthcare system, that means being responsive to person's cultural background, LGBTQ status, and the ways in which these conditions influence each other, as the central difficulties in receiving assistance.

In conclusion, given the complexity of conceiving the phenomenon in its utter articulation, we **refer to the need to expand scientific research** on the subject, as **to provide adequate health services** to the

LGBTQI + population of migrants and asylum seekers, thus facilitating their improvement health resources.	ved access to
neath resources.	

Bibliography

Caldarozzi A., Santone G., centro SAMIFO, Associazione Frantz Fanon, Beneduce R., Taliani S. a cura di (2010). Le dimensioni del disagio mentale nei richiedenti asilo e rifugiati. Problemi aperti e strategie di intervento

Cantú, Jr., L. (2009). *The sexuality of migration: Border crossings and Mexican immigrant men* (N.A. Naples & S. Salvador-Ortiz, Eds.). New York, NY: New York University Press

Carrillo, H. (2004). Sexual migration, cross-cultural sexual encounters, and sexual health. *Sexuality Research & Social Policy*, 1, 58–70.

Chàvez K. (2011) Identifying the Needs of LGBTQ Migrants and Refugees in Southern Arizona.. Journal of Homosexuality, 58(2), 189–218

Coalición de Derechos Humanos and Wingspan—Joint statement: Continued stand against racism and homophobia. (2006b, November 28). Taken from http://wingspan.org/content/news_wingspan_details.php?story_id=353

Heller, P. (2009). Challenges facing LGBT asylum-seekers: The role of social work in correcting oppressive immigration processes. *Journal of Gay & Lesbian Social Services*, 21(2–3), 294–308

Human Rights Watch & Immigration Equality. (2006). Family, unvalued: Discrimination, denial, and the fate of binational same-sex couples under U.S. law. New York, NY

Luibhéid, E. (2002). *Entry denied: Controlling sexuality at the border*. Minneapolis, MN: University of Minnesota Press.

Luibhéid, E. (2004). Heteronormativity and immigration scholarship: A call for change. *GLQ: A Journal of Lesbian & Gay Studies*, 10, 227–235.

Luibhéid, E. (2005). Introduction: Queer migration and citizenship. In E. Luibhéid & L. Cantú, Jr. (Eds.), *Queer migrations: Sexuality, U.S. citizenship, and border crossings* (pp. ix–xlvi). Minneapolis, MN: University of Minnesota Press.

Luibhéid, E. (2008). Sexuality, migration, and the shifting line between legal and illegal status. *GLQ: A Journal of Lesbian & Gay Studies*, *14*, 289–316.

Manalansan, IV, M. F. (2006). Queer intersections: Sexuality and gender in migration studies. *International Migration Review*, 40, 224–249

The Audre Lorde Project. (2004). Community at a crossroads: U.S. right wing policies and lesbian, gay, bisexual, two spirit and transgender migrants of color in New York City. New York, NY: The Audre Lorde Project.

Queers for Economic Justice. (2007). Queers and immigration: A vision statement, Retrieved April 22, 2010, from http://www.barnard.edu/sfonline/immigration/qej_01.htm

UN High Commissioner for Refugees (UNHCR), *Protecting Persons with Diverse Sexual Orientations and Gender Identities: A Global Report on UNHCR's Efforts to Protect Lesbian, Gay, Bisexual, Transgender, and Intersex Asylum-Seekers and Refugees*, December 2015, available at: http://www.refworld.org/docid/566140454.html

UNCHR (2016) https://www.unhcr.it/risorse/carta-di-roma/fact-checking/lomofobia-rifugiati-lgbti

Van der Pijl Y., Oude Breuil B:, Swetzer L., Drymioti M., Goderie M. (2018). "We Do Not Matter": Transgender Migrants/Refugees in the Dutch Asylum System. VIOLENCE AND GENDER Volume 3, Number 00