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"Otherwise I am Nowhere"

Sexual Orientation and Gender Identity Monitoring in UK Refugee Organisations

MA Applied Human Rights

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Acknowledgements

Many thanks to Martin Jones and Paul Gready for their supervision and guidance throughout the process of this paper. I am particularly grateful for the generous support and patience of my colleagues at PACE Health, especially Ruth Overton, Tim Eastwood and Margaret Unwin. I would also like to express my appreciation to the Glide Community and ORAM in San Francisco, who play no small part in inspiring my activism.

Thanks to Yorkshire MESMAC, Pat McCusker and Cara Banerji-Parker for helping me to create a safe space for individuals whose bravery and perseverance is a daily inspiration. This study is dedicated to the service users of ReachOUT, whose voices I hope to have represented with integrity and given a platform through this research.

Abstract

Since the 2010 Equality Act, monitoring of protected characteristics has become increasingly common practice in British public sector organisations as a statutory measure of equality and diversity management. However, increasingly decentralised funding due to government budget cuts to the third sector has meant that refugee organisations are under less pressure to implement monitoring practices for their service users.

It is well recognised that lesbian, gay, bisexual, trans* and intersex (LGBTI) refugees and asylum seekers are at risk of compromised protection due to their invisibility as service users. This study seeks to explore the hypothesis that anonymous and confidential monitoring of LGBTI identity in itself can signal welcoming environments to refugees and asylum seekers, who will be more likely to feel empowered to disclose their LGBTI identity to their care providers as a direct consequence. Interviews with LGBTI refugees and asylum seekers compliment the argument that the inclusion of LGBTI identities on a monitoring form can be used as a way to signal to individuals that it is safe for them to come out[1], and that the subject of their sexual orientation or gender identity is not taboo. Further key findings indicate the importance of clarity in regards to the purpose of data collection and its subsequent use, and this will inform recommendations on best practice for refugee service organisations.

[1] 'Coming out', or 'coming out of the closet', is the process of self-disclosure for LGBTI individuals of their sexual orientation and/or gender identity.

Glossary of Terms

Asylum Seeker	An individual who has fled their country of origin and lodged an application to receive protection under the remit of the Refugee Convention (1951), but are awaiting a decision.
Bisexual	*"An individual who is physically, romantically, and/or emotionally attracted to men or women"* (GLAAD, 2010, p.6).
Cisgender	A gender identity whereby a binary psychological identity of being male or female is consistent with one's anatomical sexual characteristics and outward appearance (GIRES, 2010).
Country of Asylum	The country in which an asylum seeker has sought or been granted refugee status.
Country of Origin/Country of Nationality	The country which an asylum seeker or refugee left because of the alleged persecution they faced there.
Gay	An individual who is physically, romantically, and/or emotionally attracted to members of the same sex. Can refer to either men or women, who may prefer to be called 'gay women' rather than 'lesbian' (GLAAD, 2010).

Gender binary	The classification of sex and gender into polar definitions of 'male'/'man' and 'female'/'woman'. Those who do not identify with these binary categories might see their gender identity as a combination of the two, in between the two, or outside of the binary altogether. For these individuals, see the definition for 'trans*'. Note than 'trans men' or 'trans women', whilst identifying with a gender that differs somewhat to the sex they were assigned at birth, may still identify with a gender binary, as they may feel they were assigned the wrong binary identity at birth.
Gender Identity	One's inner, personal sense of being masculine or feminine, 'a man' or 'a woman'. For some people, their gender identity aligns with the sex they were assigned at birth. For some, their identity differs from this sex. These latter individuals are referred to in this report as trans*.
Heteronormativity	Heteronormativity is the cultural bias which favours heterosexual/straight, and binary gender-conforming individuals. Heteronormativity assumes that these identities are the norm and are to be expected. As such, it disparages

	any other sexual orientations or gender identities.
Homophobia	Antipathy, prejudice or discrimination towards/against lesbian, gay, or bisexual individuals. Homophobia is personal. For societal attitudes, see 'heteronormativity'.
Heterosexual(ity)/straight	An individual who is physically, romantically, and/or emotionally attracted to members of the opposite sex (GLAAD, 2010).
Homosexual(ality)	An old-fashioned and derogatory term for what is more accurately described using the terms 'gay' or 'lesbian'. It should be noted that the terms 'homosexual' and 'homosexuality' will be avoided in this paper due to negative pathological connotations. However, as they have been used in citations and quotes from relevant literature and penal codes, it will be necessary to use them contextually.
Intersex	An individual whose sexual or reproductive anatomy or endocrinology does not fit the typical definitions of 'male' or 'female'.
Lesbian	A woman who is physically, romantically, and/or emotionally attracted to other women. Some lesbians may prefer to be called 'gay'

	(GLAAD, 2010).
LGBTI	Acronym for Lesbian, Gay, Bisexual, Trans* and Intersex. In this report, this acronym subsumes a wide range of sexual orientations and gender identities. The term LGBTI is used to denote sexual orientations and gender identities that fit our understandings of 'lesbian', 'gay', 'bisexual', 'trans*', and 'intersex', but also those that do not fit these labels but are non-conforming, non-traditional, or not accepted by an individual's society. Much of the literature cited in this report refers to LGBT individuals. This discrepancy is due to the constantly evolving understanding of sexual orientation and gender identity. For the sake of uniformity, this report will use the term LGBTI, other than when citing sources that use other variations of the acronym.
Refugee	A person who *"owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality, and is unable to, or owing to such fear, is unwilling to avail himself of the protection of that country"* (Refugee

	Convention, 1951).
Refugee services	Organisations that provide advice, support and other services specifically to refugees and asylum seekers.
Sexual Orientation	An individual's physical, romantic and/or emotional attraction to members of the same or opposite sex (GLAAD, 2010). Can refer to same-sex or opposite-sex orientations.
Trans*	*"An umbrella term for people whose gender identity, expression or behaviour is different from those typically associated with their assigned sex at birth"* (NCTE, 2009). The asterisk is added to denote that all gender non-conforming individuals are included in this term, including non-binary identities, rather than referring only to trans men or trans women (see below).
Transphobia	Antipathy, prejudice or discrimination towards/against trans* individuals.
Trans man	A trans man is a person whose sex assigned at birth was female, but who currently identifies as male.
Trans woman	A trans woman is a person whose sex assigned at birth was male, but who currently identifies as female.

I. Introduction

At the time of writing, 78 countries worldwide criminalise same-sex relations, 7 with the death penalty (ORAM, 2013). In many more states lesbian, gay, bisexual, trans* and intersex (LGBTI) individuals face societal discrimination and persecution, and are not afforded equal protections under the law. Asylum provides a mechanism for LGBTI individuals to legally remain in states that offer individuals greater legal protections specifically because of their sexual orientation or gender identity. It is not known how many LGBTI people currently reside in the UK, much less how many of these individuals are refugees and asylum seekers. The Home Office does not collect data on how many asylum claims have been made or granted on the grounds of sexual orientation or gender identity (Gower, 2011), and if released these figures would not account for those individuals who identify as LGBTI but have sought or received asylum due to persecution other grounds. It is generally accepted that around 5-8 percent of the UK population is lesbian, gay or bisexual (Stonewall, 2013), and 0.6 percent is trans* (GIRES, 2011), although this information is not collected in the national census and is likely to be underreported due to the history of discrimination against LGBTI individuals. Similarly, many LGBTI refugees and asylum seekers may conceal their sexual orientation or gender identity to protect themselves, even in their country of asylum.

There is relatively little research on the experiences of LGBTI refugees and asylum seekers in the UK. Less still is known about their access to mainstream services, and little specialist support is available to these vulnerable individuals. This study proposes that monitoring of sexual orientation and gender identity would not only provide valuable data on the presence of LGBTI individuals as service users, but would in itself encourage breaking down of real or perceived barriers which may inhibit access to appropriate services. It will be suggested that barriers exist largely due to an institutional heteronormative assumption. This will be further explained in the following section in order to contextualise the research question.

A. *Heteronormativity: the silencing effect*

"The concept of heteronormativity refers to an interdependence of gender and sexuality[2]…which defines gender as binary category and naturalizes sexual attraction as directed at the oppositional gender" (Hofstätter, 2011, p.1). Through this prism, LGBTI identities are subordinated and marginalised as deviating from the norm. Furthermore, the identities of sexual and gender minorities are moderated by heteronormativity in so far that these identities are understood in contrast to a heterosexual and gender binary classification (Jackson, 2006). Seen this way, heteronormativity creates a hegemony of sexual and gender identity. Heteronormativity *"describes heterosexuality as structure of power throughout social and cultural spheres"* (Hofstätter, 2011, p.1).

Judith Butler's (1990) 'heterosexual matrix' sees power and privilege as inextricably linked with conforming heterosexuality and gender binary identities. Butler also describes what she terms 'compulsory heterosexuality' and 'presumptive heterosexuality' - the phenomena that society is fixated with the heterosexual as norm. Consequently, anything that deviates from this norm is disparaged and thus socially excluded. From a human rights perspective, heteronormativity is problematic as it creates invisible minorities through the silencing of identity. A heteronormative assumption - the assumption that everybody identifies as straight and cisgender - can be dangerous when played out in a social care context. Pugh (2005) recognises that heteronormative assumptions silence LGBTI identities in social care, rendering them invisible and unacknowledged as service users. As such, appropriate provisions for these individuals cannot be developed, as there is no visible need for them.

Because heteronormativity is a societal and cultural construct, to be seen as a status-quo rather than an individual's value or way of thinking, it is difficult to challenge on a micro/individual level. There are, however, practical ways of navigating through

[2] It should be noted that the term 'sexuality' will be avoided in this report unless used in citations. Sexuality is often misused to describe an individual's sexual orientation. Sexuality is in fact different from sexual orientation, and describes sexual behaviour, rather than profound physical, romantic and/or emotional attraction.

heteronormative society in a way that takes steps towards creating a sense of substantive equality for those who are silenced by its pressure. This paper seeks to explore the effects of equalities monitoring on breaking heteronormative assumptions. The following research question will be posed to investigate these effects:

Would a practice of monitoring the sexual orientation and gender identity of service users at refugee organisations in the UK encourage LGBTI refugees and asylum seekers to come out to these organisations?

B. Methodology

Where possible, the primarily desk-based research is complimented by a small sample of interviews of LGBTI refugees and asylum seekers. Five service users of ReachOUT, a Leeds-based LGBTI refugee support charity, were approached and asked to participate. These individuals were strategically chosen for the sample as they represented a diversity of stages in the asylum process, a diversity of lesbian, gay, bisexual and trans* identities, and a diversity of countries of origin. These five individuals were also chosen for their fluency in English, to avoid the use of interpreters. This is mainly to avoid any discomfort that the participant might experience in discussing issues around their LGBTI identity with anyone who may be perceived to be from their own cultural background, which may make them hesitant to disclose sensitive information due to previous experiences of persecution.

Purposive non-probability sampling was seen as appropriate in this study, as the research sought to enable a gain in understanding and insight from this particular group of individuals (Patton, 2002), rather than seeking to make generalisations for a population from a large set of statistically sound data (Saunders, 2012).

Interviews took place in person over a two-week period in August 2013. Participants were asked a range of questions about their experiences at mainstream (non-LGBTI specific) refugee services since residing in the UK. They were then presented with an

example monitoring form[3] that has been specifically designed for the purposes of this study, which included questions on all 9 of the protected characteristics listed under the 2010 Equality Act, including sexual orientation and gender identity. Participants were asked to imagine the following situation:

> *"Imagine you hear of a new organisation that has opened, called Refugee Leeds. Imagine there is an issue with your current housing provider and you have heard that this new organisation can help you in finding a new provider. As you step into the building, you are greeted by a frontline volunteer who says it will be a while until you can see somebody. In the meantime, could you please fill in this form. Once you have finished, please place it in the anonymous box on the wall. You will then see someone who will help you with your query".*

The participants were then asked questions following this scenario about the way the inclusion of sexual orientation and gender identity made them feel, whether or not they would disclose honestly if they were asked in this manner, and whether this process would have an effect on their comfort level to come out once they saw a caseworker at the imaginary organisation.

i. Limitations

The main limitations of the methodology to be acknowledged relate to the sampling of the participants for interview. The size of the sample does not allow for any generalisations to be made regarding the way in which a practice of monitoring effects the likeliness of LGBTI asylum seekers to come out to refugee organisations. The findings of these interviews are limited beyond being able to add to our understanding of what a best practice model of including sexual orientation and gender identity on monitoring forms should look like. However, as Smith (1988) acknowledges, *"the particular case is not particular in the aspects that are of concern to the inquirer. Indeed, it is not a case for it presents itself to us rather as a point of entry, the locus of an experiencing subject or subjects, into a larger social and economic process"* (p.157). As such, whilst the small sample size does not allow for comprehensive conclusions to be drawn as to the way a monitoring policy would affect this population group, the interviews do highlight concerns that can be raised in recommendations for better

[3] See Appendix 1

practice and future research. The selection of participants that spoke fluent English also necessarily contains limitations in that it is the non-native English speaker or less educated individual who may struggle to grasp the importance of the explanation of why the data is collected and how it will be used. As will be discussed, this last point unexpectedly turned out to be a key finding of the study. The impact of the limitations of the sampling and methodology used in this study will be examined in more detail in the discussion.

C. Structure

The following chapter will start by locating key elements of the research question within existing literature. This allows for five key debates around monitoring and LGBTI identity to be explored in more detail. Chapter 3 provides a case study background on LGBTI refugees and asylum seekers, and the particular way in which the 'double stigma' faced by this population group renders them invisible in a social care context. The findings in chapter 4 and the discussion in chapter 5 will explore the primary testimony of LGBTI refugees and asylum seekers and situate these findings within the context of the themes introduced in chapters 2 and 3. The final chapter will conclude and provide recommendations on best practice models for creating affirming spaces for LGBTI identities within refugee organisations in the UK.

II. Literature Review

The debates explored in this chapter are by no means exhaustive, but aim to highlight some of the disagreements around overcoming heteronormativity in social care and discussions around equalities monitoring. Five key contestations have been highlighted for the purposes of this chapter. The first debate revolves around the commonly held belief that sexual orientation and gender identity are irrelevant to an individual's care. The second debate questions whether monitoring this data is the appropriate way of addressing disparities in equality. The third disagreement focuses on the right to privacy versus the right to freedom of expression. Fourthly, the need for 'organisational readiness' will be examined, and lastly, whether or not gender identity should be included in the monitoring process.

A. The social care experiences of LGBTI refugees & asylum seekers

There exists a limited amount of literature relating to LGBTI refugees and asylum seekers in particular. What does exist is mostly situated within a social work practitioner guide context. A report by the Social Care Institute for Excellence (Newbigging et al, 2010) fails to identify the needs of LGBTI identities within their review of social service access for refugees and asylum seekers in the UK. Hayes' (2004) work *Social Work, Immigration and Asylum* explores public and volunteer sector support available to asylum seekers in the UK in a variety of contexts. Inner-city dwellers, unaccompanied minors, asylum seeking families and disabled asylum seekers are all identified as particularly vulnerable groups needing targeted care, and the effects of racism in social work are acknowledged. However, Hayes (2004) fails to identify LGBTI individuals as a vulnerable group in need of specialist services, neglecting to acknowledge *"a dangerous lacuna in service delivery"* (Jacques, 2013, p.158).

Fell & Fell (2013) illustrate the social work process with asylum seekers in the UK, but do not recognise the complexities surrounding hidden minorities, and the way this can affect access to services. In *'Invisible No More'*, Fish (2009) addresses the specific needs of LGBTI individuals in social care. Whilst asylum seekers are not explicitly

acknowledged as constituting a particularly at-risk group within the LGBTI population, Fish (2013) draws on pertinent social and political developments that have led to LGBTI individuals being 'invisible' in their receipt of services. There has been a considerable amount of research on the effects of heteronormativity on older LGBTI individuals in care. Important parallels can be drawn between this demographic and LGBTI refugees and asylum seekers, which may allow us to make inferences about challenges faced by this latter population.

B. The relevance debate

Bowen & Blackmon (2003) acknowledge sexual orientation as the most *"taboo"* and *"invisible"* characteristic in organisational diversity management (p.1293). Gregory (2011) concurs, identifying a hierarchy of equality, in which *"the faggot clause"* is subordinated over other diversity issues (p.651). In '*Heteronormativity and Silenced Sexualities at Work'*, Reingardė (2010) asserts that organisational diversity agendas struggle to include gender and sexual minorities as an element (p.83). This, he argues, is solely due to the invisibility of LGBTI people at work (p.84). However, Reingardė's use of language is itself heteronormative in that it assumes heterosexuality to be the standard and normal identity unless otherwise specified:

> *"Just as men work with men and come to believe that they work in a gender-neutral world rather than one in which men dominate, heterosexuals also, by working with other heterosexuals, come to believe that they are working in a sexually neutral world, rather than one in which heterosexuals dominate"* (p.84).

However, use of the terms 'gender neutral' or 'sexually neutral' to indicate heterosexual and gender binary identities in itself defines LGBTI people as gender or sexually extreme. Furthermore, by stating that 'heterosexuals are working with other heterosexuals', Reingardė is reinforcing the 'heterosexual presumption' and the idea of 'compulsory heterosexuality' that Butler (1990) warns of. Reingardė does correctly point to the invisibility that can be seen as symptomatic of heteronormativity and a heterosexual presumption: *"The dominant discourse of heterosexuality in organisations puts the dominated discourse of homosexuality under pressure to be silenced, suppressed and eliminated crediting it only with a certain limited legitimacy and protection"* (p.85).

Research by the General Social Care Council (2002) has shown that despite outward commitment to equality and diversity in general, LGBTI issues are neglected as part of social care training and service delivery. Significantly, the Commission for Social Care Inspection (2008) reported only 9% of services took specific action on LGBTI equality (Carr, 2008, p.117). Gregory (2013) similarly points to the existence of a *"hierarchy of equality"* (p.651), where other protected characteristics are dealt with differently to sexual orientation issues in the workplace.

Research suggests that staff at social care organisations often feel like they do not need to know about an individual's LGBTI identity in order to be able to deliver appropriate care (ORAM, 2012). This is an argument that is frequently raised in the literature, but only in regards to sexual orientation and gender identity, rather than all other protected characteristics which make up an individual's identity. The issue arising here relates to the danger of treating everybody *the same* by treating everybody *the same as the majority*. Furthermore, it is based on the assumption that providing a good service to LGBTI individuals is merely providing a service that is absent from active discrimination (PACE, 2010). It also insinuates that identity - sexual, gender, racial, religious or otherwise - makes no difference to an individual's experience of life, and therefore their needs and vulnerabilities. From a mental health need perspective, it would therefore follow from this line of reasoning that an individual's identity has no affect on their mental health. Evidence that LGBTI people are at greater risk of suicide, self-harm, body image, drug use and eating disorders would suggest otherwise (Abbott & Howarth, 2005; Knocker, 2006; Math & Sheshadri, 2013; PACE, 2010, amongst others). It is therefore argued in this paper that contrary to the reasoning that equality is achieved through treating everyone the same, regardless of difference in identity, that equality is best achieved through acknowledging diversity, affirming identities and valuing difference.

C. Should LGBTI identities be monitored?

Sexual orientation and gender identity currently remain the only two protected characteristics not monitored in the UK National Census (EHRC, 2009). Section 4 of the Equality Act (2010) lists 'protected characteristics' as: age, disability, gender

reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

Monitoring sexual orientation and/or gender identity as protected characteristics is a new frontier for many private and public sector organisations, and as such there is only a new and emerging literature that confronts this debate. Debates around monitoring are found mainly in technical practitioners' literature, organisational advocacy reports and Equality and Human Rights Commission (EHRC) guidance notes. Because of the relative novelty of the subject, there is considerably less literature to be found in academia, although analogous literature can be found in the monitoring of other minorities.

Hunt & Cowan (2006) identify two purposes of monitoring the sexual orientation of patients in health care. Firstly, to know how many LGB people use a service, in order to determine appropriate care and identify any barriers to services. Secondly, to determine any specific health needs of this population group. From an organisational capacity view, it should be added that this data would also allow for appropriate resource allocation.

When studying issues faced by LGBTI people with learning difficulties, Abbott & Howarth (2005) found that around half of the LGBTI people in the study did not know anyone else who identified as LGBTI. Almost everyone had faced some form of bullying, harassment or physical assault because of their sexual orientation or gender identity, and had suffered depression at some point in their lives as a consequence. Whilst this study was not particularly novel in finding that LGBTI people are often isolated and at higher risk of mental health disorders such as depression (Igartua et al, 2003), the study did generate important findings around how perceptions of homophobia or heteronormativity created barriers to social care for LGBTI people in need. The majority of their respondents were not 'out' because of fear of hostility and discrimination at the social care services they accessed. When staff at these services were interviewed, several revealing themes were highlighted that may have created these barriers. Staff felt it was not their job to support people around their LGBTI identity, felt anxious about addressing the issue, and most importantly, believed that every single one of their service users was heterosexual. Significantly, the vast majority of staff did not bear

homophobic attitudes. It can be clearly seen, however, that a presumed heterosexuality and a reluctance to address other identities can directly create a perception of compulsory heterosexuality within a care context.

> *"Sexual minorities experience health care disparities that will be eliminated only if clinicians elicit information about sexual orientation and gender identity from their patients…This may help health professionals to improve their response to health disparities and also become sensitive to the needs of this population"* (Math & Seshadri, 2013, p.5).

Hunt & Cowan (2006) acknowledge that the practice of monitoring has contributed towards challenging institutional discrimination within the health sector. However, most importantly, *"it has provided an invaluable means of alerting all staff and patients to the fact that the health sector is interested in equalities, and is actively working to tackle discrimination"* (p.22). This shows that the practice of monitoring can have very significant consequences through the exercise alone, before data is even analysed and put to use. The acknowledgement and inclusion of identity can have a positive affirmative affect on minorities normally silenced through non-recognition in institutional processes.

Research into the provision of mental health support for LGBTI people experiencing suicidal distress by PACE (2010) found that sexual orientation and gender identity were characteristics frequently left out of monitoring practices at mainstream mental health services. Organisations were almost twice as likely to record someone's faith (58%) than their sexual orientation (31%). Instances where gender identity data was collected was lower still at 21% (p.33). Furthermore, through surveys and interviews with service users, this study concluded that there is a) an absence of needs data about these client groups; b) there is an impaired ability to assess access by these client groups, and c) service user experiences by LGBTI people at the services that did not monitor these characteristics were detrimental as a consequence: *"Ignoring, rendering invisible, or making wrong assumptions about somebody's sexual orientation or gender identity are common negative experiences reported by this client group. These can act as significant barriers to service use"* (p.40).

PACE (2013) acknowledge that monitoring LGBTI identities has benefits to the client beyond the improving of services, notably: it can build trust, it can help the client feel included and accounted for, and it shows the service is thinking about LGBTI individuals.

D. *The privacy debate*

Fish (2009) highlights the transition in discursive assumption towards sexual minorities from pathological to private in correlation with a shift in the legal environment after the 1967 Sexual Offenses Act, which decriminalised same-sex activity, imposing instead the condition of privacy (p.47). The EHRC (2009) also acknowledges the way in which the historical pathologisation of 'homosexuality' led to society's preoccupation with sexual behaviour of LGB individuals. All other aspects of identity and LGB individual's life experiences in health, education, employment and wellbeing were therefore ignored (p.7). Research by Langley (2001), and Abbott & Howarth (2005) has highlighted that health practitioners often believe sexual orientation and gender identity to be private and none of their concern. This paper argues that LGBTI identity, when framed within the 'right to privacy' debate, is often informed by the notion that matters of sexual orientation are matters 'for the bedroom', and that the recognition of identity is stifled by a preoccupation with sexual orientation as synonymous with sexual behaviour.

However, research has shown that whilst it is undeniable some respondents themselves see their LGBTI identity as private and do not feel the need to disclose in a social care environment, for many non-disclosure is forced through a 'gagging effect' of fearing lower standards of care, non-confidentiality and insensitive response (Baylis, 2000; Fish, 2009; Hardman, 1997; Hunt & Fish, 2008; PACE, 2010; Pugh, 2005). Continuing to frame LGBTI identities as existing in the private sphere defines the way in which LGBTI people are permitted to act when accessing social care - the provision of a public service. The EHRC (2009) found that LGB people are usually *"tolerated"*, as long as their sexual orientation remains a *"private matter"* (p.7). It is important to draw a distinction

between one's right to privacy and one's being forced into invisibility. As an invisible individual, discrimination remains unchallenged and identities disparaged.

It has been suggested that the practice of monitoring, rather than curbing an individual's right to privacy, actually gives minorities a platform to exercise their right to free expression. *"Explaining the purpose of data collection, demonstrating the benefits and showing impact. The objective must be to promote people's rights to be and say who they are without fear of prejudice and reprisal"* (Botcherby and Creegan, 2009, p.26). A failure to do this could be argued to be tantamount to persecution on the grounds of sexual orientation or gender identity *per se*, and the individual is no safer in their country of asylum than their country of origin. The intentional or non-intentional silencing of sexual and gender minorities deprives these individuals of the right to dignity and free expression.

Botcherby & Creegan (2009) recognise the inherent contradiction in keeping LGBTI identities private for the sake of avoiding discrimination, *"because a lack of openness may appear protective, but it can also foster discrimination, harassment and exclusion…stifle discussion and leave prejudice unchallenged"* (p.6). The case is not made for heterosexual individuals to keep their lives private. Quite contrarily, straight lives are not kept private because they set the status quo of everyday life. Society's assumptions about everyday life processes are heterosexual, heteronormativity defines the society within which we live. For straight individuals, openness has been taken for granted. For LGBTI identities, this openness is an act of 'disclosure' involving risk.

E. The 'readiness' debate

As it is generally accepted that monitoring of sexual orientation and, as will be discussed, especially gender identity is a more sensitive issue than monitoring of other protected characteristics, a strong focus in the literature is around how to achieve organisational readiness before monitoring can take place. Whilst monitoring of sexual orientation and gender identity has been promoted and encouraged by many LGBTI advocacy organisations, it has also been suggested that it could be potentially damaging to LGBTI individuals should an organisation start monitoring LGBTI identities without

being able to respond to their needs appropriately once the data has been collected (Hunt & Cowan, 2006). UNISON (2010) agree that *"considerable preparation is needed"* (p.3) before LGBTI identities can be monitored sensitively and safely.

The rationale behind this recommendation is that it would be inappropriate to recommend, in this case NHS services, to monitor their patients' LGBTI identities if there was a risk that the organisation's response to this 'coming out' would be hostile or harmful due to a lack of staff training and 'organisational readiness'. Organisations should instead wait until they are in a position to guarantee that their service users would be affirmed and empowered through positive and welcoming reactions.

It is the contention of this paper that this position renounces any organisational responsibility in progressing towards equality and good practice, and does not put enough pressure on organisations to make those changes. The above recommendation goes no further than saying "if you're not ready, don't do it", and does not make an attempt to challenge the underlying reasons for the lack of 'readiness'. Nervousness around initiating possibly confrontational conversations within an organisation should not be an accepted inhibitor of progress.

Since sexual orientation and gender identity were added onto the list of protected characteristics in the 2010 Equality Act, there has been an increasing pressure on public sector services to collect equal opportunities data on these groups in order to monitor compliance with equalities legislation (Aspinall & Mitton, 2008). Whilst the duty of care does extend to the private sector, there is less pressure for organisations in this sector to follow statutory policy on monitoring in light of increasingly decentralised funding (Hill, 2011). As such, it will be up to private funders to stipulate monitoring as a funding requirement if organisations are going to take the leap to implement this practice effectively.

F. The gender identity debate

There is substantial disagreement on whether organisations should employ monitoring for gender identity as well as sexual orientation. UNISON (2010) acknowledges the risk in monitoring trans* identities, and proposes that the risks may outweigh the benefits.

Trans* individuals who have transitioned to live permanently in their acquired gender may not want to disclose that they ever transitioned. For these individuals it may be incredibly uncomfortable to disclose that their gender identity ever mismatched with their sex - they may want to continue life in their acquired gender without question. Due to the smaller estimated number of trans* individuals living in the UK than LGB individuals, disclosing a trans* identity may also compromise the confidentiality assured in good-practice monitoring.

Press For Change (2006), a trans* legal advocacy organisation in the UK, has warned against monitoring gender identity in case it makes trans* individuals easily identifiable and thus places the monitoring organisation in danger of contravening section 22 of the Gender Recognition Act 2004: *"It is an offence for a person who has acquired protected information in an official capacity to disclose the information to any other person".* Monitoring should therefore be avoided in smaller populations. However, this advice is normally given in the context of internal monitoring of staff in recruitment processes, and as such this concern may not apply to service users, who would make up a larger population.

Drawing on some of the above highlighted debates, the following chapter takes a closer look at the specific challenges faced by LGBTI refugees and asylum seekers in the UK and the factors that compound to render them 'invisible' and consequently vulnerable to gaps in protection.

III. Case Study: LGBTI Refugees and Asylum Seekers

The 1951 Refugee Convention ('the Convention) does not specifically protect lesbian, gay, bisexual, trans* and intersex individuals. Only in 1999 did UK immigration courts recognise that LGBTI people should receive protection under the Convention's remit (Amnesty International, 2012). Since this time, individuals fleeing persecution because of their sexual orientation and/or gender identity have had their asylum claims assessed as being members of 'a particular social group', as defined by Article 1 of the Convention:

> Owing to well founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it.

Refugees and asylum seekers are some of the most vulnerable members of society. Those whose reason for claiming asylum is their sexual orientation or gender identity are even more vulnerable, as many of these individuals live their lives in secret even in their country of asylum for fear of being subject to further discrimination. Randazzo (2005) and others have described this extreme level of risk as 'double marginality': the marginalisation faced as both an LGBTI individual and a refugee or asylum seeker are not only cumulative, but compound one another in such a profound way that individuals are often isolated from support services available to others (ORAM & HCA, 2009). Many of these individuals also feel a deep sense of shame about their identities due to internalised homophobia[4], and therefore find it difficult to communicate to others if they identify as LGBTI (Stonewall, 2010).

[4] Williamson (2000) defines 'internalised homophobia' as *"the negative and distressing thoughts and feelings experienced by lesbians and gay men about their sexuality, and which are attributed to experiences of cultural heterosexism and victimisation"* (p.105).

The denial of a created safe space for LGBTI individuals to self-identify could amount to a denial of human rights *per se* due to the individual feeling the need to 'cover' (Heller, 2009). Yoshino (2006) describes the act of 'covering' as selectively minimising the *"obtrusiveness"* (p.18) of a socially disfavoured identity. Yoshino distinguishes this act from 'passing' - the overt denial of identity, and converting - the act of changing one's identity, and argues covering to be *"the civil rights issue of our time"* (p.23). Brekhus (2003) describes *"marked identities"* (p.5) as those conventionally undervalued or undesired in society, including racial or sexual minorities, migrants or those that challenge normative gender binaries. Similarly to Yoshino's (2006) concept of covering, Roberts (2013) suggests that LGBTI individuals self-manage their marked identities through non-disclosure. Refugee Support (2009), when describing the constant pressure felt by LGBTI refugees to 'fit in' and avoid homophobic or transphobic discrimination in their interaction with communities and social services once living in the UK, note that this *"undoubtedly compounded the experience of persecution that many individuals suffered in their home countries"* (p.31).

San Francisco-based Organisation for Refuge, Asylum and Migration (hereafter ORAM) published a groundbreaking report in 2012 entitled *Opening Doors: A Global Survey of NGO Attitudes towards LGBTI Refugees & Asylum Seekers*. Based on the responses from hundreds of diverse organisations from every continent, *Opening Doors* was the first global attitudinal survey of the non-governmental international refugee protection regime on any topic. One of ORAM's key findings was the existence of what they termed a 'cycle of silence': *"LGBTI refugees perceive NGOs as unwelcoming or hostile and therefore hide their identities, and NGOs in turn believe these persons do not exist"* (p.1).

This is problematic for these vulnerable individuals who essentially become invisible to the very organisations whose help they need most. In turn, they cannot access essential services that are tailored to their specific needs, such as gender-sensitive housing or appropriate mental health and counselling services. Furthermore, *Opening Doors* found that a significant number of the participants in their survey adopted a 'blind approach' to the sexual orientation and gender identity of their service users, believing erroneously that these factors were not relevant to their protection efforts (p.1). However, as was discussed in chapter 2, this blind approach perpetuates a cycle of silence, and these issues are perpetually ignored. A heteronormative culture in any

service providing organisation will inevitably create an environment that prevents LGBTI individuals from accessing the appropriate and necessary protections:

> *"Very few NGOs…have any significant experience in serving self-identified LGBTI refugees. The cycle of exclusion is thus perpetuated: NGO staff are deprived of knowledge about the true diversity of sexual orientation and gender identity of the clients they must understand in order to serve. Without that knowledge, they are unable to accurately see or effectively assist the LGBTI refugees in their midst. As a result, staff may not perceive a need for sensitization, training, or policy changes"* (ORAM, 2012, p.3).

It stands to reason that an individual may be less likely to feel able to come out in a situation where the service provider lacks understanding around LGBTI identities, and the service user may face insensitive questions or responses as a consequence. However, the fewer individuals that reveal their identity to an organisation, the less the provider will know about the needs of this client group. Thus, a lack of awareness and understanding can add another element to the cycle of silence.

One of ORAM's key recommendations is that NGOs must go out of their way to *"affirmatively create welcoming environments for LGBTI individuals by encouraging staff to address issues of sexual orientation and gender identity while avoiding stereotypes or assumptions"* (ORAM, 2012, p.1). Similarly to the argument raised in the 'organisational readiness' debate in the previous chapter, it is argued here that it is insufficient for organisations to neglect taking proactive, practical steps to create affirming environments, and instead place the onus squarely on the service user to self-identify. By shifting the onus onto the service user, the organisation fails to recognise that practical steps, such as monitoring, can be taken *"to convey that refugees should disclose their LGBTI status"* (ORAM, 2012, p.21).

NGOs play a crucial role in the lives of refugees and asylum seekers, and are often the only source of assistance for those in need of legal representation, food,

accommodation, family reunification, training, healthcare and emotional support (ORAM, 2012; UNHCR, 2013). In the UK, has been recently amplified in light of the 2011 government budget cuts which saw centralised funding to refugee services reduced by 62% (Hill, 2011). As such, third-sector refugee services, rather than mainstream state services, currently pick up the majority of the social care needs of refugees and asylum seekers. In the context of LGBTI individuals, this can be worrisome due to the heterogeneous nature of NGOs. Service providers range from small, faith-based organisations, to large national charities with celebrity advocates. The sensitivity of service that LGBTI refugees and asylum seekers receive is therefore not uniform, as there is no overarching organisational policy (that a state organisation may have) to ensure the equal and positive treatment of sexual and gender nonconforming individuals. As gatekeepers to other essential services, it is therefore all the more imperative that every refugee-facing organisation has policies and practices that are sensitive in addressing the unique needs of LGBTI individuals.

LGBTI individuals are underserved by mainstream organisations that other refugees and asylum seekers receive assistance from (Refugee Support, 2009): *"Research shows that LGBT identity precludes many LGBT asylum seekers from seeking advice and services from some of the mainstream refugee and asylum seeker organisations"* (p.48). Furthermore, LGBTI refugees and asylum seekers often expect rejection and disparagement from any institutional setting due to their previous life experiences. This is compounded by research by Refugee Support (2009), who found that fear of discrimination strongly affected LGBTI refugees' decisions about who they would disclose their sexual orientation and/or gender identities to when accessing services.

Research by Refugee Support (2009) into homelessness of LGBTI refugees in the UK showed that sexual orientation and/or gender identity can be the direct cause of homelessness and destitution of LGBTI refugees, and that experiences of homophobia in accommodation had led some respondents to look for specific 'gayshare', or LGBTI-friendly housing. Furthermore, the study found that those who had experienced hate crime or discrimination would be unlikely to report it to authorities or refugee advocacy organisations (pp.29-36). It was also found that the majority of participants accessed specialist LGBTI health and mental health services through referrals from LGBTI

organisations that they accessed (p.38). Whilst it is positive that many LGBTI individuals are accessing these organisations and support groups, many others don't have access to these groups due to language barriers and illiteracy meaning they do not understand marketing flyers for the groups, a lack of awareness of an LGBTI community in their city of asylum, or a lack of confidence to attend the groups due to fear of being spotted, not being 'out', etc. Furthermore, many refugees and asylum seekers rely on referrals to such niche organisations from more mainstream refugee support organisations. These referrals cannot take place unless these mainstream organisations are aware of the identities of their service users.

Research conducted with service users at MindOut, a Brighton-based LGBTI mental health support group, suggests that *"specialist services offer an environment that is positive about LGB lives and helps them to make crucial connections with other LGB people"* (Fish, 2009, p.55). As mainstream refugee services act as gatekeepers to other private and voluntary sector support organisations available, it is crucial that they are able to grant access to specialist LGBTI support. Failing to be able to refer vulnerable individuals where appropriate constitutes a failure in organisational capacity.

IV. Findings

This chapter will describe the key findings from the 5 interviews conducted, as explained in the methodology. These findings will later be analysed in the context of the literature in chapter 5. For the purpose of the following quotations, 'JM' is the researcher, and participants' comments have been attributed to them through stating their LGBTI identity, their asylum status, and their country of origin.

A. Responses to monitoring as a concept

All respondents had completed monitoring forms at various services before, but none of them had ever seen any questions around sexual orientation or gender identity. When explaining how it made him feel that these characteristics are typically excluded on a monitoring form, one of the participants remarked:

> *"It's discrimination. You feel like you are not counted, you are disregarded. If the rest are normal then you have a problem. They can say you are sick. You are not part of the society"* (Gay refugee, Kenya).

Others highlighted that even if the guarantee of anonymity and confidentiality were understood, it was still unclear why this data collection exercise would be beneficial:

> *"When I first read it, and the second time also, I thought 'my name will be confidential, and my personal information also'. What is the effectiveness of what the organisation will achieve* [by collecting this data] *is not very clear"* (Trans* asylum seeker, India).

Anonymity and confidentiality were highlighted as key concerns by most participants. It also became apparent that having a 'prefer not to say' option reassured participants that the disclosure was optional, which in turn made them feel safer.

> *"Well since it will still stay anonymous, I would feel fine. But if I had to write my name on it, it would feel a bit uncomfortable. I wouldn't mind it if it was anonymous".*
> *JM: Do you think that you would tick 'lesbian' or would you tick 'prefer not to say'?*
> *"Prefer not to say. Because it hasn't really sunk in yet that it is ok to let it all out. Sometimes I just want to keep it to myself rather than letting everyone know about* my *sexual orientation. It would depend. But if it was anonymous, I would tick lesbian"* (Lesbian refugee, Uganda).

Upon clarifying exactly how monitoring uses data and why, participants' perception changed from suspicious to feeling motivated to disclosure their identities, especially around sexual orientation and gender identity. All but one participant expressly noted the sense of affirmation they felt by being included in the criteria.

> *"I should have my own identity. And there is an opportunity for me to explain. In other places, they would not have that column at all. Here, I can write what I am."*
> *JM: If you did see the box with 'your option', how would that make you feel in yourself?*
> *"Very comfortable. I have a part in this society. Otherwise I am nowhere"* (Trans* asylum seeker, India).

*

> *"It would make me feel proud. They are remembering us*" (Lesbian refugee, Uganda).

*

> *"It would make me feel included if they thought about it and gave me a chance to 'tick my spot'"* (Bisexual asylum seeker, Jamaica).

*

> *"It makes everybody feel like they are catered for. People with special needs, people with sexual orientations, we need to be treated as humans"* (Gay refugee, Kenya).

Whilst this is an important finding, it is worth noting that this only occurred after time was taken to explain, giving a specific example, how and why data would be used and collected, and what the purpose of the exercise was. The following example was given to illustrate:

> *JM: Imagine a new counselling and therapy organisation started up that was open to everyone. That organisation might choose to monitor all of the characteristics that you have on the form in front of you. This data then gets put on a computer somewhere in a head office so that they can see who used their service that month. If they find that only white, Christian and straight people accessed their service, they could think about what they could do to make their organisation seem more accessible to people of different ethnic, religious and sexual minorities. So, they could think about where they advertise. They may decide to send some of their leaflets to community centres in areas that have a large black Caribbean population. Or depict more Muslim or same-sex couples in the images on their websites and marketing materials. It is so the organisation can say "how can we be better for those people, how can we make them feel more welcome?".*

When this explanation was given, all participants were enthusiastically in favour of monitoring as a concept.

B. Responses to the form itself

All of the five participants felt that the explanation at the top of the form was not clear enough, or insufficient in its current form. Even though it was stressed that the information was anonymous and confidential on both the form and the imaginary situation given, it was still not clear for any of the participants. It was pointed out by one participant that individuals with less formal education would not be able to understand this from the explanations given:

> *"It's not very clear. Other people, unless they are very well educated, they will not be able to understand it"* (Trans* asylum seeker, India).

Two respondents felt that their understanding of the exercise become much clearer after the explanation was given, and stipulated that this should accompany the form, rather than the disclaimer which they felt was jargonised.

> *"Yeah, it's good. I like to give the information. But I feel that everybody should be explained properly why they are giving the information. Then they will feel more comfortable and they can take their own decision whether they want to fill it in or not"* (Trans* asylum seeker, India).

C. *Responses to privacy and relevance*

Participants' views on whether or not their LGBTI identity was relevant to their care, and whether or not it was a private matter, varied slightly. One respondent, when asked how he can be made to feel safe when accessing a service, specifically noted a heteronormative assumption as compromising his comfort.

> *"Some people are pretenders and tell you they are fine with you being gay when they are not. But it is my prerogative to tell you. For example, when it comes to accommodation, I would not feel comfortable living amongst members of the opposite sex. But some people are comfortable. But it would be my prerogative to ask them if they have gay house shares. But if I don't tell them, then they will just assume that I am straight. It is always the assumption that everyone is just straight"* (Gay refugee, Kenya).

*

> *JM: As an asylum seeker at the time, did you feel like it was important that the counsellor at* [refugee organisation in Leeds] *understood that you were a lesbian?*
>
> *"Yes I did, because when I was transferred to Leeds I felt like I was alone. I felt like I had no-one"* (Lesbian refugee, Uganda).

*

JM: If you went to this organisation, do you think you would want them to know that you are bisexual?

"Yes, because if they are there for me then why would I want to keep my sexual orientation to myself?"

JM: Do you think that they could protect you better if they knew?

"Yes, because that's what they are there for. To make me feel more safe" (Bisexual asylum seeker, Jamaica).

*

JM: So for you, is it important for people to know that you are trans?*

"Yes, because the first thing is that I don't like to be treated as a woman. Secondly, I like to be respected as a trans man. Thirdly, because they are volunteers* [referring to staff and volunteers at refugee organisation], *I feel like they should know it, so they can understand me more…There have been situations when I have been referred to suitable* [trans* friendly] *accommodations, and suitable* [trans* specific] *GP advice"* (Trans* asylum seeker, India).

*

Only one participant remarked that their LGBTI identity was not germane to their social care needs.

"I don't think it's any of their concern. If I was having an individual chat with someone and they asked me then I would tell them, but otherwise, probably no" (Bisexual asylum seeker, Zimbabwe).

D. *Effect of monitoring on subsequent disclosure of LGBTI identity*

Overall, including questions around sexual orientation and gender identity make a difference to people's perception of an organisation, and go a long way to making individuals feel accounted for and accepted.

> *"This form has an effect...The fact that they are not afraid to ask you. Some people are afraid to ask, they don't like to talk about it. It would make me feel more comfortable. Some forms they give you and they don't include you. So it makes you feel sad that they didn't include you"* (Lesbian refugee, Uganda).

One participant noted that her coming out to a service would depend on how comfortable she was made to feel:

> *"For me to feel comfortable, it would depend on how someone talks to me…You can tell quite quickly whether they care or not"* (Lesbian refugee, Uganda).

This increased comfort level, achieved through the inclusion of LGBTI identities on the monitoring form, had a positive effect on whether or not participants would disclose their sexual orientation or gender identity in person later on.

> *JM: Do you think that this would encourage you to tell the person when you see them that "Yes I'm gay?"*
>
> *"Yeah, because I feel like they have already accommodated it. They show a soft spot for it. That was sort of a prep, so you are more at ease as well to tell them. If it isn't there, then you know that you are not considered. If it is not in the monitoring, then you have not been counted. You don't then feel bothered to tell them"* (Gay refugee, Kenya).

V. Discussion

The first step in examining the findings in more detail is to consider the way in which the methodology and sampling used in this study had strengths and limitations that impacted the findings in a particular way. This chapter will begin with a reflection on the fieldwork dynamic, and will subsequently attempt to answer the research question posed in chapter 1 through the exploration of the themes highlighted in the findings.

The sample used is not representative in that participants were service users of a specialist LGBTI asylum and refugee support organisation. We can assume that there are many more LGBTI refugees and asylum seekers in Leeds who do not have access to the internet to search for the group, and have not come out to mainstream services who would be able to refer them. The majority of ReachOUT service users have been referred through other LGBTI advocacy or health organisations. Very few have been referred through mainstream organisations, and these are the individuals that are particularly vulnerable, as they are the ones who are truly silenced and not yet accessing any specialist care. However, due to the silence these individuals live in, it would be impossible to find a sample with individuals who do not self-identify.

Acquiring a representative sample is extremely difficult with this population group, being that LGBTI individuals are often *"difficult to define, hard to reach, or resistant to identification"* due to fear of discrimination *(*Sullivan & Losberg, 2003, p.148), the same applying to refugees and asylum seekers. The double stigma that LGBTI refugees and asylum seekers face as minorities within a minority group only heightens this barrier (Siraj, 2011). As such, non-probability sampling was used in this study, seeking to gain a depth of insight into a handful of responses, rather than gain a representative sample that would allow for generalisations to be made. As Greenwood (1999) acknowledges, non-probability sampling does not allow for the random selection of participants for research, and as such leads to questions around sampling bias.

A. Locating myself within the research

Any research project is defined by the context in which it is situated (Tietze, 2012), and the researcher themselves defines the context of inquiry according to their own experience, identity and understanding. It is therefore imperative to locate myself within the context of this study and analyse my positioning as researcher in relation to the participants and the subsequent validity and authenticity of the results.

As mentioned, participants were approached as service users of ReachOUT, a support charity in Leeds. As the founder and coordinator at this organisation, I have a close relationship to the service users, some of whom I have worked with since ReachOUT's inception in 2012. This relationship between myself and the research participants meant there were certain ethical considerations that would normally present themselves with such a vulnerable population group which were not an issue in this particular context.

Firstly, there is an already existing trust between myself and the participants. They are aware of certain aspects of my identity which puts them at ease around me. The fact that I am an out lesbian means that I am perceived to be part of an in-group. This was demonstrated with one participant in particular, who at one stage in the interview referred to 'people like us' and gestured from themselves to me, insinuating a commonality. Secondly, the fact that I was able to conduct the interviews in the same building in which ReachOUT normally meets, meant that participants felt like they were in a safe and familiar environment. Through several years of experience working in refugee services, I am also in the best position to be able to refer the participants on to appropriate local aftercare services, should they express the need for this, and the negative side effects of 'helicopter research' are eliminated. Most importantly, this pre-existing relationship between myself and the participants means that there exists a level of intimacy which can add not only depth and colour, but a sense of emotional resonance and meaning to a research project (Saunders, 2012). Furthermore, the asylum process can be incredibly disempowering to individuals, and ReachOUT service users have often expressed to me the need to be heard and understood. Further to Robson's (2002) view that *"taking part in a study can often lead to respondents reflecting*

on their experience in a way they find helpful" (p.73), the process of incorporating the under-heard voices of these individuals is hopefully somewhat empowering.

That being said, this unique relationship presents itself with a set of challenges that perhaps would not be an issue had I sampled participants in a more distant way.

Tietze (2012) highlights the complexity of the researcher-researched relationship when conducting fieldwork in one's own organisation. The boundaries between the inquirer and participant become more ambiguous when acknowledging the inevitable power dynamics at play in this matrix, layering the hierarchy of researcher/researched on top of that of service provider/beneficiary and considering how this may affect the interactions throughout the research process. Particularly in a trusted, friendly or personal relationship, there is a greater risk of exploitation than if the researcher is perceived as a stranger. There is a risk of disempowerment if the participants' *"lives, loves and tragedies"* (Stacey, 1988, p.23) and experiences of identity are ultimately melted into an amalgamation of anonymous data.

There are several ways in which I have attempted to prevent the research becoming exploitative or disempowering. I chose a small sample size, and have made every effort to keep quotes intact, including, where mentioned, participants' experiences related to the question being asked, rather than just recording their 'yes' or 'no' answers to confirm or disprove my theory. The small sample size allows me to include quotes from every participant involved, rather than generating a melting pot of data. Consideration was paid to avoiding the use of interpreters, in order to be able to reflect participants voices accurately without passing through a filter. Participants were also asked if they would like to take part in research, and where possible, sent information sheets and consent forms in advance, so that they could consider their participation in their own time with less pressure.

The relationship dynamic may have to a certain extent effect the validity of the results, in that there is a risk that participants would feel the need to satisfy me through the provision of information they perceive to be 'what I want to hear'. This, unfortunately, is an accepted risk that cannot be avoided with this sampling method. However, even if the findings are affected by this personal dynamic, the degree to which participants referred back to their personal experiences in order to answer questions indicates that

the information they presented goes further than answering my questions with the 'correct' yes or no answers that they perceive to be expected from them.

B. Monitoring as a concept

In *'Blind Alleys'*, ORAM (2013) recommend that refugee services discourage taboo around sexual orientation and gender nonconformity, and should adopt intake forms that avoid any heteronormative or gender binary assumptions (p.7). Intake forms are another way of collecting demographic data, but it is normally the service provider, not the service user, who completes them - i.e. they are not anonymous. It is argued that this method of monitoring should be avoided as the interview findings indicate the absolute paramount importance of confidentiality and anonymity assurance in creating safe spaces for service users to disclose. If confidentiality and anonymity can be assured, this may also overcome the issues raised in the literature around trans* monitoring, as service users make up a larger population than staff within the service provider organisation, and as such, there is less of a likelihood of trans* individuals having their anonymity compromised.

Refugee Support (2009) noted that without any form of monitoring procedures, the absence of sexual orientation data in refugee organisations *"may further add to the marginalisation of these communities"* (p.12). Moreover, *"it would be useful to begin to collect such statistics, in part to improve data, but also to begin to 'normalise' the issues of LGBT status in refugee organisations"* (p.65).

It is also important to acknowledge that many non-Western sexual and gender nonconforming people do not identify as LGBTI or even understand these terms. Hunt & Cowan (2006) further suggest that categories in monitoring will never reflect every single possibility on a spectrum of sexual orientations or gender identities. But this should not obscure the purpose of the task of data gathering for the purposes of improving service delivery. Whilst it is acknowledged that the categorisation of LGBTI is a particularly Western concept and may serve to mask a wider diversity of identities, it is perhaps the best we can do to use this as a starting point and always allow for individuals to be able to select 'other' as an available option.

C. *Responses to the form itself*

One of the key findings from the research in this study is the importance of a clear, comprehensible explanation as to why data is being gathered and how it will be used. This finding was relatively unanticipated, as the monitoring form used was put together using a range of best practice models, and included a more elaborate explanation at the top of the page than any of the other models consulted (See Appendix 1). It became clear how important this explanation was, as participants were mostly fairly indifferent to the concept of monitoring, until the oral explanation was given with the 'case study' example (see p.32 of findings). This shows that either participants were persuaded by my inadvertent signalling that the exercise was a good thing, or that they just needed a clearer, tangible explanation as to how the information was going to be used and what it is intended to achieve.

Similarly, Hunt & Cowan (2006) found that monitoring of sexual orientation often left respondents confused around the purpose of the data collection: *"it was assumed that data was needed to make decisions and take action about an individual, rather than use the data as part of a wider analysis of systems and processes"* (p.21). This further compounds the importance of a clear message - the model form used in the interviews was perceived to be an amalgamation of advocacy recommendations on the design of monitoring equalities data. However, the finding that this was not in fact the case gives us strong direction for best practice models in the future. Crucially, it should be appreciated that although monitoring is for the sake of organisational capacity building, it is imperative to explain clearly the need for the exercise in order to make the service user feel safe and protected in disclosing. This point will be elaborated on in the last section of this chapter.

D. *Privacy and relevance*

The interview findings correlate with arguments in the literature that disclosure should never be forced, and that the 'prefer not to say' option should always be available on every single question, not just sexual orientation and gender identity. This allows an

individual to 'opt-out' of answering a question should they feel uncomfortable with it for whatever reason. However, it should be noted that the Equality and Human Rights Commission (EHRC, 2009) has issued clear guidance that 'prefer not to say' should never be interpreted as indicating a non-heterosexual identity. Whilst this option does allow an individual their right to privacy should they not want to disclose their LGBTI identity, it should not shift the onus away from the service provider needing to actively create an environment that enables individuals to feel like they can disclose, should they in fact want to.

"Whether to disclose or not is a personal decision, and people always have the right to keep that information private. The imperative is not on the individual to disclose but on the organisation to encourage that disclosure - through creating an inclusive atmosphere and through showing how sexual orientation monitoring has led to better outcomes" (Paul Martin OBE, cited in Grant & Williams, 2011, p.15).

E. The effect of monitoring on the subsequent disclosure of LGBTI identity

A study by PACE (2010) indicates that LGBTI people may have mental health needs associated with internalised homophobia and their experiences of discrimination and rejection. This would be particularly true for refugees and asylum seekers who have fled persecution due to their sexual orientation or gender identity. The practice of monitoring and showing appropriate organisational responses in the acknowledgement of LGBTI identities may in turn be perceived as an affirmation of identity to these individuals, and may improve their self-image and thereby mental health as a result. The interview findings confirmed PACE's (2013) view that monitoring as an exercise has benefits beyond improved service delivery. Participants expressed that they felt actively included and accounted for when they saw that LGBTI identities were also considered.

"At a time when so few LGBTI refugees dare to speak openly about their identities when seeking international protection, it is critical that NGO staff take proactive steps" (ORAM, 2012, p.21).

As discussed in the previous chapter, such steps could benefit the service user in two ways: First, having sexual orientation and gender identity appear alongside characteristics such as age, disability, religion and so on could signal to the service user that there is no sense of taboo or embarrassment about the subject within that organisation: it breaks the cycle of silence. Secondly, as the process of monitoring should always be initiated with a comprehensible explanation as to why the data is collected in the first place, this gives the service user the opportunity to understand that the organisation takes seriously the non-discrimination of its clients on the grounds of the characteristics being monitored. As the completion of anonymous monitoring forms is normally one of the first interactions when accessing a new service or organisation, this early impression could allow for an open and affirming relationship between the organisation and service user from the outset. If this signal is correctly sent, the service user may disclose on their own accord without it being anonymous in subsequent interactions with the organisation's staff. If this signal is not correctly sent, the service user could feel even more isolated and in need of closeting themselves.

> *"The evidence is that where people are most confident that they will be supported they are more willing to be open with their health and social care providers about their sexuality* [sic]. *We need to ensure that we provide a service that is not merely neutral but totally positive on sexual orientation and gender identity"* (Alan Johnson, former Secretary of State for Health, Cited in Fish, 2009, p.53).

One of the lessons that can be taken from the findings is the importance of first impressions in informing the perceptions as to whether or not an organisation will be hostile towards LGBTI identities. Including sexual orientation and gender identity is one way of signalling an organisation's inclusive environment, however monitoring should not be seen as enough of an affirmation in itself, but should accompany other steps to create positive spaces. These steps could be simple and low-cost gestures, such as displaying an LGBTI symbol or poster. Without other visible gestures towards LGBTI inclusivity, the affirmative potential of monitoring may be lost.

VI. Conclusion

The insights gained from these interviews enable recommendations to be made around best practice for monitoring at refugee services, from the direct point of view of the service user themselves. Whilst not representative of LGBTI refugees and asylum seekers as a whole, these insights are worthy of serious sociological inquiry as they allow us to understand the personal effects that monitoring of sexual orientation and gender identity can have beyond an organisational capacity building exercise.

A. Summary of argument and findings

The specific needs of LGBTI refugees and asylum seekers in social care have been under-acknowledged in the literature. Sexual orientation and gender identity, although given equal weight in the 2010 Equality Act, are still subordinated to other protected characteristics in organisational diversity agendas. This, it is argued, is due to the pervasive silence enforced by heteronormativity, which defines everyday social processes, and creates dangerous gaps in social care service provision.

It is often stated by practitioners that an individual's LGBTI identity is irrelevant to their care. It has been argued in this paper that this view is myopic and that all aspects of an individual's identity - whether sexual, gender, racial, religious or otherwise - are essential elements that compound a person's vulnerability - and therefore their social care needs. All too often arguments around an individual's right to privacy in regards to their sexual orientation or gender identity are influenced by a misunderstanding that LGBTI lives are defined by sexual behaviour, rather than profound senses of identity which shape everyday experience:

> *"Being lesbian, gay or bisexual is about more than defining your sex life. It shapes the way you have experienced life, your interests, likes, dislikes, humour, friendships and attitudes. It is therefore part of assessing people's social interests and cultural needs as well as their social contact/relationships. A care plan that neglects to include this huge part of a person's individuality is clearly incomplete and is likely to fall short of meeting that person's needs"* (Knocker, 2006, p.14).

Monitoring LGBTI identities is a highly useful way of identifying barriers to service delivery, and allocate resources according to the specific needs of minority groups. This paper has argued that monitoring can also be an effective way of breaking an organisation's heteronormative assumptions about their service user demographics, as the practice of monitoring has been shown to challenge institutional prejudice elsewhere. Furthermore, research highlighted in the literature review and the primary data described in the findings support the argument that the exercise of monitoring, if executed properly, can actually be an identity-affirming practice in itself, beyond being a capacity building exercise.

Confidentiality is absolutely imperative when collecting data. It is also important to make this clear at the start of the monitoring process so that service users can be sure how their data will be recorded and who will have access to it. Some people will feel uneasy answering questions about sexual orientation or gender identity. Whilst the service user's comfort and safety should always be of paramount priority in a social care context, staying silent around sensitive issues is tantamount to discrimination in itself. To stay silent on issues of prejudice in order to avoid confronting homophobic attitudes within the organisation is unjust. If staff are unable to fulfil their duty of care towards LGBTI individuals then the organisation's practices are not in line with the Equality Act and this cannot be tolerated. Silence reinforces shame, stigma, and the erroneous view that sexual orientation and sexuality are one and the same goes unchallenged. This social process places sexual orientation in the realm of private, and thereby gags those who are often most vulnerable. It is the assertion of this paper that an organisation's ability to create an environment that enables LGBTI refugees and asylum seekers to confidently disclose their identity is imperative to ensuring their protection in their country of asylum. The following recommendations are based on the above contentions:

B. Policy recommendations

i. Refugee services should undergo training on sensitivity and awareness around sexual orientation and gender identity. The more organisations know about LGBTI identities, the more confident organisations will become in working with LGBTI service users.

ii. Organisations must promote self-disclosure through displaying clear messages of non-discrimination, affirmation and equality before monitoring of data is collected.

iii. Monitoring of *all* protected characteristics, including sexual orientation and gender identity, should be stipulated as a medium-term funding requirement by private funding bodies as well as statutory departments. This allows organisations the time to put in place necessary training and provisions to make them 'ready' and reduces the chance of harmful response without the issue being brushed aside.

iv. The explanation at the top of a monitoring form should be clear, tangible and practical, using language that is comprehensible to a wide demographic. This explanation should provide a practical example for why the data is being collected and should guarantee confidentiality and anonymity.

C. Recommendations for further research

It is acknowledged that this study is by no means a comprehensive or all-encompassing sociological analysis (Siraj, 2011). Rather it should be seen as a starting point in a line of social inquiry that highlights a need for further attention. Three recommendations for further research are highlighted below.

i. Research is lacking in the area of LGBTI refugee and asylum seeker experiences at nongovernmental organisations in their country of asylum. It would be useful to gain further insight into service user perspectives around best practice for creating welcoming environments, rather than focusing on the capacity of organisations to provide them.

ii. To build upon the findings of this research study, it is recommended that a larger scale study draws experiences from a wider and more diverse sample of LGBTI refugees and asylum seekers across the UK. This would provide further evidence to inform best practice models of equalities monitoring.

iii. Further research is needed on the issue of trans* monitoring of service users in social care, as the focus has been primarily on issues facing internal monitoring in recruitment processes.

Appendix 1

Sample monitoring form

We strive for equality of access to all of our services and embrace diversity in every area of our work. We are committed to improve our services to live up to this goal.

Why should I fill in this form?

In order to monitor our effectiveness at meeting our goal and to make sure we are doing everything we need to meet legal requirements around equalities, we need to collect and analyse the following information. All service users are requested to complete this *ANONYMOUS* and *CONFIDENTIAL* equal opportunities monitoring form which will be used for monitoring purposes only. You *DO NOT* have to fill in this form if you do not want to, but it would help us improve our services if you did.

How to complete the form

Please tick the relevant boxes that apply to you. If you would rather not answer any question, please tick 'prefer not to say'.

1. Age

What is your age range?

18-25	26-35	36-45	46-55	56-65	66 or over	Prefer not to say

2. Disability

Under the Equality Act 2010 a disability is described as a physical or mental impairment which has a substantial and long term adverse effect on a person's ability to carry out normal day-to-day activities.

Do you consider yourself to have a disability?

Yes	*No*	*Prefer not to say*

If yes, how would you describe the nature of your disability?

Deaf or hearing impairment	*Blind or visual impairment*	*Learning difficulty*	*Mobility issues*	*Mental health impairment*	*Chronic on-going medical condition*	*Other*	*Prefer not to say*

3. Ethnicity

How would you describe your ethnicity (please state)?

…….. □Prefer not to say

4. Gender identity

Gender identity is one's inner sense of being a man or a woman.

Do you identify as:

A Man	A Woman	Other gender identity	Prefer not to say

Is this the same as the sex you were registered with at birth?

Yes	No	Prefer not to say

Have you ever identified as trans? This means that your gender identity or gender expression differs in some way from what is typically associated with the sex you were assigned at birth.*

Yes	*No*	*Prefer not to say*

5. *Pregnancy and maternity*

Are you currently pregnant or on maternity leave from your current employer?

Yes	*No*	*Prefer not to say*

6. Marriage and civil partnership

Are you married or in a registered civil partnership?

Yes	*No*	*Prefer not to say*

7. Religion

What is your religion or belief?

☐ *Baha'I*
☐ Buddhist
☐ *Christian*
☐ *Hindu*
☐ *Jain*
☐*Jewish*
☐*Muslim*
☐ *No religion*
☐ *Rastafarian*☐ *Prefer not to say*
☐ *Sikh*
☐ *Zoroastrian*
☐ *Other:*

8. Sex

What is your sex?

Male	*Female*	*Intersex*	*Prefer not to say*

9. Sexual Orientation

What is your sexual orientation?

Bisexual	*Gay*	*Heterosexual/straight*	*Lesbian*	*Other*	*Prefer not to say*

THANK YOU FOR HELPING US IMPROVE OUR SERVICES

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