IRUO Project Report

A behavioral health survey of LGBTQ immigrant, refugee, and undocumented individuals living in Seattle-King County

In May 2015, Seattle Counseling Service received funding to identify major barriers LGBTQ-identified immigrant, refugee, and undocumented individuals face in accessing behavioral health services in the Seattle-King County area. In addition to identifying these barriers, the Immigrant, Refugee, and Undocumented Outreach (IRUO) Project seeks to address how local service agencies can work in collaboration with community partners to eliminate these barriers and improve access to services for this community.
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EMP Museum
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HopeLink
Horn of Africa
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International Community Health Services
International Rescue Committee
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Refugee Women’s Alliance
Rockwood Leadership Institute
Safe Schools Coalition
Sea-Mar Community Clinic
Seattle Central Community College
South Seattle Community College
South Park Information and Referral Center
Seattle Goodwill
Seattle Globalist
Seattle Public Library
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Introduction

Migration and movement have historically played a role in homosexual activity, same-sex love, and the overall human experience. Despite LGBTQ individuals having increasingly gained legal rights and protections over the last century around the world, this community continues to face pervasive discrimination and human rights violations. Consequently, LGBTQ individuals are not only displaced due to war and natural disasters, but also as the result of legal prosecution, social exclusion, and/or violence because of their sexual orientation or gender expression. In search of a place where they can safely live and love, LGBTQ individuals often leave their families, home, and community behind, and travel to the United States. Whether traveling with or without proper authorization, this journey is never easy, free of danger, nor accessible to all. For the few that complete it, new and unexpected hardships often accumulate as the difficulty of obtaining housing, employment, education, legal documents, and community are realized in light of xenophobic trends in the U.S.

Unfortunately, very little is known about the needs and conditions in which LGBTQ immigrant, refugee, and undocumented individuals live once they arrive to the United States. According to the Center for American Progress, the State Department does not collect data about the number of LGBT refugees who are resettled in the United States.

LGBTQ immigrants represent an immensely diverse population as the community is comprised of both individuals coming from all over the world and individuals who currently reside in all regions of the United States.

Compared to all undocumented immigrants, LGBT undocumented immigrants are less likely to be Latino/a (71% vs 77%) and more likely to be Asian or Pacific Islanders (15% vs 11%). They are also more likely to be male (67% vs 57%) and under 30 years old (49% vs 30%).

(Gates, 2013)

1 In academic literature and across the world there are a myriad of acronyms used in reference to the community of individuals who identify as gender or sexual orientation nonconforming. While “LGBT” has historically been conventional, “LGBTQ” or “Queer” have become more widely accepted by members of the community because they are more inclusive of all gender nonconforming identities or sexual orientations. For the purposes of this report, we use LGBT and LGBTQ interchangeably to accommodate changes in terminology over time and best represent the intended community of the various organizations being referenced.
and as a result is unable to determine where most LGBT refugees are coming from. However, United Nations U.S. ambassador Samantha Power estimates that in recent years, the U.S. has resettled between 75 and 100 LGBT refugees annually (Gruberg, 2015). In another report prepared for the U.S. Department of Health and Human Services' Office for Refugee Resettlement (ORR), the Heartland Alliance estimates that around 3,500 LGBT refugees arrive in the country annually, with another 1,250 receiving asylum each year (Heartland Alliance, 2012).

Although LGBT immigrants who move to the U.S. to escape prosecution or unstable living conditions are potentially eligible for asylum status, those who move outside the official resettlement process are typically excluded from governmental estimates of LGBT immigrants and therefore suggests State Department estimates are likely low. The Williams Institute estimates that about 904,000 LGBT adult immigrants reside in the U.S. today, approximately 30% of whom are undocumented (Gates, 2013). Importantly, this data implies that of the roughly 9 million LGBT adults in the U.S., at least 10% of them are foreign-born immigrants. In addition, data suggests that both documented and undocumented LGBT immigrants are more likely to be male, younger, and of Hispanic, Asian or Pacific Islander descent.

In 2011, the Institute of Medicine (IOM) recognized that the unique health experiences and needs of LGBT individuals were not well understood in the United States (IOM, 2011). While this report stimulated significant research endeavors into LGBT health, healthcare needs and barriers to care, significant portions of the community remain obscured—those with intersecting identities. In response to the IOM report, the National Institute of Health (NIH) conducted its own review and analysis of the research portfolio in LGBT health. One important finding was that more research was urgently needed to determine how race, ethnicity, or immigration status influence health when combined with other factors such as minority stress, stigma, and violence (NIH LGBT Research Coordinating Committee, 2013). The report thereby implied that LGBTQ individuals with intersecting identities might have different, unique health experiences and needs currently unrecognized by health literature.

Recently, the Organization for Refugee, Asylum, & Migration (ORAM) and Indiana University released the first-ever survey of NGO attitudes towards LGBTI refugees and asylum seekers. The report found that many organizations worldwide are either blind to LGBTI refugee needs, ill-equipped to work with them, or both. Not surprisingly, some agencies even admitted that they would deny services to people escaping abuse because of their sexual orientation or gender identity (ORAM, 2012). Overall, this report indicates that in addition to often going unrecognized, the LGBTQ immigrant, refugee, and undocumented community also faces barriers to support because of prejudice, ignorance, or cultural incompetence within service provider organizations.
The IRUO Project

Following the procurement of external funding, in 2015 Seattle Counseling Service began preliminary efforts to determine what needs and barriers immigrants, refugees, and undocumented individuals in the LGBTQ community faced when accessing behavioral health services in King County. The IRUO project has to date hosted a series of small focus groups with service providers, agency meetings, conference workshops and 52 one on one interviews with self-identified LGBTQ immigrant, refugee, and undocumented individuals to uncover this information. With an awareness of the specific barriers these individuals encounter in the Seattle–King County area, service providers, government agencies and individuals who care about LGBTQ Human Rights and wellbeing can work together to start eliminating barriers to behavioral health services.

The primary goal of this project is to contribute research that allows our agency and others to better understand the LGBTQ Immigrant, refugee and undocumented community’s barriers to care and ways in which we can use collaborative relationships to improve access. In addition, based on the survey data, SCS hopes to develop a behavioral health program that addresses the needs of LGBTQ immigrant, refugee, and undocumented individuals in King County.

Lessons Learned Reaching Out to LGBTQ immigrant, refugee, and undocumented individuals in King County.

Word of mouth, one on one conversations, and referrals from trusted community case managers were the most effective ways of reaching individuals in these communities. Many participants stressed the importance of complete anonymity and confidentiality, often stating that these two elements were crucial to their personal safety and the safety of relatives and family in their home countries and communities. To honor these concerns, we adjusted our survey strategy and no names, phone numbers, or email addresses were collected as part of the survey.

Many participants stressed the importance of complete anonymity and confidentiality, often stating that these two elements were crucial to their personal safety and the safety of relatives and family in their home countries and communities.

We asked international students at the University of Washington to volunteer as interpreters for survey participants. Volunteers were interviewed to assess their level of comfort working with LGBTQ individuals and at the same time were given an orientation about confidentiality and terminology. Whenever possible we worked with individuals who had either built trusted relationships in a particular immigrant, refugee or undocumented community or were members of the LGBTQ
community themselves. This approach proved to be the best and most effective way to reach individuals that in many situations, due mostly to safety concerns, do not want to be found or known.

**Language, Identity and Gender**

Survey questions were intentionally developed to allow participants to utilize the language that best described their relationships and identities at that particular moment in time. In order to facilitate conversation and increase translator abilities, a glossary of terms about gender expression, gender identity, and sexual orientation was created. This glossary is included at the end of the report.

**Immigration Status**

At no point during the survey were participants asked for proof of their immigration status. In the United States, immigration law is very complex and immigration status is often very difficult to determine. In fact, determination of immigration status typically requires proper training and access to documentation listing pertinent immigration status category assignments of the individual residing in the U.S. Additionally, there are those who do not have an immigration status at all. This status is not static; an individual can change, lose, or never have an immigration status due to changes in the law or certain life events. While not required, many survey participants identified themselves as an immigrant, refugee or undocumented person as they shared their stories of arrival to the U.S.

**Outreach Materials**

The City of Seattle Race and Social Justice Equity Filter was used to determine the language communities to focus on. Based on Census data provided by the City of Seattle, our outreach materials were designed for the largest language groups in King County: Mandarin, Cantonese, Vietnamese, Tagalog, Somali, Spanish, and Russian. However, several service providers revealed that the languages reflected in Census data often do not accurately reflect small local refugee populations and that as a result, vulnerable populations are left out of support services and resource outreach efforts. In response to this feedback from refugee resettlement agencies, Farsi and Arabic were added to the list.

Service providers and survey participants were also very concerned about ‘outing’ individuals and suggested that we create materials that would indicate LGBTQ friendliness but at the same time not be overtly obvious. For this reason we decided against using photographs in our materials and instead used animations and graphics with rainbow colors.
Reaching Out to Service Providers

Immigrant and refugee service providers had many questions about working with LGBTQ individuals found within the communities they serve. In response, we offered partner organizations a workshop/presentation that gave them opportunity to learn about the issues faced by LGBTQ individuals around the world and discuss these issues in the context of their own agency’s focus. This presentation included a facilitated discussion to identify ways their office could create an LGBTQ friendly environment and receive direct suggestions on how to best outreach to their clients about participating in our survey.

These presentations were very effective and helped us initiate a larger conversation about what it means to be a welcoming community for immigrant, refugee and undocumented individuals in general and for LGBTQ individuals within these groups in particular. However, we recognized that there is a great need for LGBTQ sensitivity training and even more around LGBTQ immigrant, refugee, and undocumented sensitivity training. Most agencies and their staff were very eager to learn how to best serve this population without putting them in danger and understood the need for specialized training and resources for staff to provide inclusive, empowering services.

In addition, service providers shared many of their own agency concerns and needs, highlighting the need for a space to share best practices, resources, knowledge and support each other while dealing with the impacts of secondary trauma as well as to coordinate services to these populations.
Survey Findings

In the fall of 2015, SCS began conducting the behavioral health survey and continued collecting responses until the end of December, 2015. The Survey consisted of 50 demographic, yes/no, multiple choice, scaled, and open ended questions and took most participants between 1.5-2 hours to complete. In order to encourage honest and individualized responses, each participant was allowed to respond in the format that best fit his/her/their individual need. Many desired to submit responses electronically without someone overseeing their answers to ensure anonymity, some required translators in order to both read and respond to survey prompts, and others needed assistance responding electronically and therefore responded through dictation.

Demographic Information of Survey Participants

- 52 individuals responded to the survey.
- Participants represent countries from Africa, Asia, Europe, North, Central, and South America (26 different countries, speaking 14 different languages).
- 85% of participants had a primary language other than English. The most common language spoken by respondents was Spanish (44%).

**Age**

Survey participants reflected a wide range of ages (18-51+) and tended to be younger. 54% of our participants were under the age of 30, 11% were between 31-39 years of age, 23% were between 40-50 years of age, and only 12% were greater than 51 years of age.
Race/Ethnicity

The survey found that Asian Pacific Islanders (21%) and Latinos (42%) represent the largest number of LGBTQ immigrants, refugees and undocumented individuals in Seattle-King County. Importantly, these statistics mirror recent national immigration trends.

Length of Stay in the U.S.

It is often assumed by service providers that the longer an immigrant, refugee, or undocumented individual stays in the U.S., the more familiar that individual becomes with how to successfully access healthcare and other services. In addition, many providers also assume that an individual can gain access to immigration status simply based on how long they have lived in the U.S. Unfortunately, neither of these beliefs are presently assured in the United States.

There is currently no data available to determine if length of stay impacts or influences access to health insurance for LGBTQ immigrant, refugee, or undocumented individuals. Further, the role medical insurance has in facilitating access to healthcare remains largely unknown. However, new research continues to slowly uncover this information. In 2009 researchers from UNC Gillings School of Global Public Health determined that in the U.S., odds of unmet medical needs of uninsured immigrants were far greater than insured immigrants, whose unmet medical needs were similar to those of insured non-immigrants (Siddiqi et al., 2009). Overall, their findings suggests that health insurance coverage is a critical barrier to overcome in order to improve access to primary care for immigrants.
Language, education, and access to employment with a livable wage are also thought to play a pivotal role in the ability of an immigrant, refugee, or undocumented individual’s ability to access services. Our survey found that:

- 35% (18) of respondents preferred to receive health services in their primary language with either an interpreter or a bilingual provider.
- 48% (25) have children and support families in and outside the U.S.
- 92% (48) work in the service industry full to part time.
- 58% (30) of the survey participants have some level of college education (Technical, Bachelors, Postgraduate).

In addition, a majority 71% (37) of survey participants have lived in Seattle-King County for more than 5 years, with only 13% (7) living in the Seattle-King County area for less than one year. Responses to our survey seem to indicate that the length of residency in the U.S. is not as important a factor in accessing services as is immigration status. In fact, in most cases immigration status determines an individual’s ability to get medical insurance. However, this determination often requires special assistance to figure out whether an individual qualifies for state or market place coverage plans and how to successfully apply. Importantly, across the U.S. today, undocumented individuals aren’t eligible to receive health insurance.

More research is desperately needed to determine the role these factors and others play in the accessibility of behavioral health services to LGBTQ immigrant, refugee, and undocumented individuals living in King County.
Sexual Orientation and Gender Identity

**Sexual Orientation**
- 40% (21) self-identify as Gay
- 17% (9) self-identify as other (Genderqueer – 4, MWM – 1, Trans – 1, In Love with Partner – 1, Queer – 1, unspecified – 1)
- 13% (7) self-identify as Lesbian
- 10% (5) self-identify as Bisexual
- 6% (3) self-identify as Asexual
- 6% (3) self-identify as Questioning
- 4% (2) self-identify as Straight/Heterosexual
- 4% (2) did not want to disclose their sexual orientation

**Gender Identity**
- 56% (29) self-identify as Male
- 25% (13) self-identify as Female
- 12% (6) self-identify as other (Genderqueer – 3, Queer – 2, Fluid – 1)
- 4% (2) self-identify as MTF
- 4% (2) self-identify as FTM

*Some participants found it difficult to separate their gender from their sexual orientation and felt the definitions provided did not apply to their experience. For example, some individuals prefer to say they are in love with a same sex partner rather say they are LGB.*

Community Acceptance

Like all individuals, immigrants, refugees and undocumented people share the need to be accepted within their multiple communities. However, these individuals often face isolation and non-acceptance from their communities as a result of their race, religion, sexual orientation, gender identity, and/or immigration status. As a result, community acceptance significantly impacts the physical and mental health of LGBTQ identifying immigrant, refugee, and undocumented individuals. 77% (40) of survey participants report that it is either ‘important’ or ‘very important’ that they feel part of their local immigrant or refugee communities. When asked how important it was to feel part of the local LGBTQ community, 85% (44) responded it was either important or very important. In addition, 75% (39) responded ‘important’ or ‘very important’ when asked how important it was to be accepted as LGBTQ within their immigrant or refugee community. The majority of participants commented that they would know they were fully accepted when they were able to be their true selves no matter where and with whom they were with (i.e. family, community, or workplace). For example, two respondents expressed this sentiment by stating: “[when] I can be who I am everywhere” and “when it [sexual orientation, gender expression, and/or race/ethnicity] doesn’t matter.” However, others commented that full acceptance is not available to them unless significant societal education takes place.

According to survey results, within the past year 62% (32) felt disrespected or treated unfairly because of their race, 38% (20) because of their gender identity, 46% (24) because of their sexual orientation, and
54% (28) because of their immigration status. This suggests that the intersecting identities found within this community provide multiple and perhaps multiplying sources of discrimination. As one participant noted, “sometimes it’s hard to say why I’m being discriminated against. Is it my race? Or is it that I am an immigrant? Or maybe it is because I am gay? I just have to stop thinking about this or I will go crazy.”

These discriminatory patterns are not exclusive to any singular arena. Participants noted that these experiences occurred at work, at home, within their community, in the education system, on the bus, on the street, online, and in the church. In addition, 81% (42) noticed this same discrimination occurring to other people. When asked to describe how they felt after discriminatory experiences, most responses included the following sentiments: “angry,” “sad,” “tired,” “frustrated,” “discouraged,” and/or “alone”. All but 3 respondents (94%) said that they perceived that these experiences impacted their emotional, mental, spiritual, and physical health.

**Behavioral Health**

In the past 12 months, 71% (37) of respondents reported feeling depressed or hopeless about the future, 71% (37) had sleep trouble, 75% (39) had feelings of anxiety or fear, and 67% (35) became distressed after being reminded of something from the past. An incredible 27% (14) of surveyed LGBTQ immigrant, refugee, or undocumented individuals reported having thought about committing suicide.

When asked if they did any of the following actions two or more times in the past 12 months, 52% (27) said they lied in order to get something they wanted, 63% (33) said they had a hard time paying attention, 48% (25) said they had a hard time listening to instruction, 25% (13) said they threatened or bullied another person, and 29% (15) said they started fights.

**Substance Abuse and Gambling**

When asked if in the past 12 months they used alcohol or drugs weekly, more than 50% (27) of respondents said yes. While only 11% (6) described having withdrawal symptoms in the past 12 months, 11% (6) of participants reported spending significant amounts of time obtaining or feeling the effects of these substances and 15% (8) perceived that they kept using these substances despite having a negative effect on their social relationships. Similarly, 15% (8) indicated that their substance use has forced them to give up important activities at work, school, or at home in the past year.

Although only 21% (11) of survey participants reported having a gambling addiction, more than 55% (6) of these respondents stated that they continued to gamble in spite of resulting adverse consequences and 45% (5) of them have lied to family and friends about their gambling in the past 12 months. When asked if they had spent a period greater than two weeks thinking about or planning gambling ventures, only 18% (2) of those with a self-identified gambling problem said yes. In addition, 27% (3) of this self-
identified group reported having tried but not succeeded in stopping or reducing their gambling behavior.

**What Can Service Providers Do**

In response to what actions SCS could take in order to support LGBTQ immigrant, refugee, and undocumented individuals, 5 major suggestions were identified by participants: 1) offer services that are appropriate (culturally and linguistically); 2) direct individuals to additional support services (i.e. employment, education, language acquisition); 3) offer services that are free or low cost for undocumented or uninsured families; 4) provide information about local LGBTQ culture and community spaces; and 5) provide a staff aware and understanding of intersecting marginalized identities.

Culturally competent care includes a service provider’s knowledge about how immigration status limits options (social, education, employment, health) for LGBTQ individuals and how difficult it is to find services that are both LGBTQ and immigrant friendly, safe, and sensitive to cultural context. In addition, cultural differences around drug use and sex work can have disastrous consequences for immigrants and refugees that are not applicable to documented citizens. Even if an immigrant has immigration status, certain types of offenses can lead to the loss of immigration benefits. For example, sex work and driving under the influence can lead to criminal charges that could render an immigrant deportable. If an LGBTQ immigrant is ineligible to stay legally in the U.S., the individual runs the risk of being sent back to a country where her life and freedom might be in danger. This further emphasizes the unique needs and circumstances that LGBTQ immigrant, refugee, and undocumented individuals face each day.

Additionally, the survey responses suggest that a lack of accurate knowledge about SCS and local behavioral health services are substantial barriers for this population. For instance, behavioral health services in participants’ home countries were often either non-existent or viewed as a luxury service unavailable to most citizens. Similarly, when asked what they knew of behavioral health services for LGBTQ individuals in the U.S., most reported believing they were too expensive or only for HIV+ and/or drug users, while others had distrust for service providers because of previous bad experiences. Of the 52 surveyed participants, only 21% and 31% have utilized behavioral health services in either their home country or in the U.S. respectively. Thus suggesting that individual and community perceptions significantly encourage or deter this community from accessing services. In order to better encourage the use of these services, LGBTQ immigrant, refugee, and undocumented participants suggested that the most influential barriers to overcome were 1) affordability, 2) cultural/linguistic competence and sensitivity, 3) confidentiality, and 4) knowing what specific services are offered.
Recommendations

Seattle Counseling Service has a long history of collaboration in King County. However, in order to successfully address the needs of LGBTQ immigrant, refugee, and undocumented individuals, SCS recognizes that it needs to strengthen its networks and relationships with community partners, implement internal changes to increase cultural sensitivity towards immigrant, refugee, and undocumented communities, and provide training around LGBTQ cultural sensitivity to key partner organizations who serve these communities in King County.

We also recognize that change does not happen overnight and that resources need to be developed to implement changes that will last for years to come. With this in mind, we have developed a three-year plan to eliminate barriers to services provided by SCS.

**Year 1: Getting ready to work with LGBTQ immigrant, refugee, and undocumented individuals.**

Understanding the unique vulnerabilities of LGBTQ immigrant, refugee, and undocumented individuals is crucial to a successful program. Very often organizations start programs without first preparing the staff to accomplish the goals set by the agency. During 2016, the first year of the program, SCS will take the following steps to ensure that our staff is prepared to work with the complexity of systemic and personal issues that impact the life of LGBTQ immigrant, refugee, and undocumented individuals in Seattle/King County.

Before the end of the year, SCS will contract with national and local experts to provide the following training to our staff:

- Immigration 101 for Service Providers – Northwest Immigrant Rights Project
- Mental Healthcare issues for Refugees and Asylum seekers – Lutheran Community Services/ refugee Behavioral Health
- Best Practices to serve LGBTQ immigrant refugees and undocumented These individuals – Immigration Equality

In addition, SCS will continue to:

- Raise awareness about LGBTQ immigrant, refugee and undocumented individuals living in King County
- Raise the funds needed to provide direct services.
- Work with Asylum Connect to develop an online catalogue of local services for asylum seekers.

**Year 2 and 3: Direct Services regardless of immigration or insurance status.**

Years two and three of our plan will focus on providing direct services, including expanding case management, behavioral health services, and continuing community education.
The IRUO Project Report

IRUO Program Structure: Outcomes, Goals, Strategies and Objectives

Program Coordination & Community Education

- **Goals**: Increase awareness and cultural sensitivity to LGBTQ immigrant, refugee and undocumented populations in Seattle-King County.
- **Objectives**: Increased access to off-site information and enrollment in services where applicable; ease of use, increase LGBTQ community capacity to access behavioral health services.
- **Strategies**: Join service provider networks working with refugee, immigrant and undocumented individuals. Organize training opportunities for member/partner agencies to understand how immigration, sexual orientation and gender identity influence access to services and assist these agencies to develop strategies to facilitate access to services and information by LGBTQ immigrant, refugee and undocumented individuals.
- **Staffing**: 1 program coordinator/trainer, 1 outreach specialist.
- **Outcome**: Seattle-King County will increase it's competency to serve LGBTQ immigrant, refugee and undocumented individuals.

Case Management

- **Goals**: To equip new LGBTQ Americans to find housing, learn English, traverse the city, obtain jobs, and become self-sufficient.
- **Objectives**: Case manager will carry case load of 25 LGBTQ immigrant, refugee, and undocumented individuals in order to assist their quest for personal safety, community connections, and economic self-reliance.
- **Strategies**: 
  - *Refugees*: Case manager will visit clients to explain safety precautions and basic LGBTQ culture in the U.S., transport them to and from important appointments, and assist as they apply for social security cards and refugee public assistance benefits. Referrals will be made by community partner agencies.
  - *Immigrants and undocumented*: Case manager will visit, transport them to and from important appointments as needed, assist clients as they apply for services and legal assistance to explore immigration status options and assist them to look for employment, housing and other services. Referrals will be made by community partner agencies.
- **Staffing**: 1 Case manager, 2 interns.
- **Outcome**: Case management sets the stage for LGBTQ Immigrant, refugee and undocumented individuals to develop trusting relationships, move forward and connect with resources that help them reach their goals.

Behavioral Health Services

- **Goals**: To increase accessibility to services and information for LGBTQ immigrant, refugee, and undocumented individuals in their home areas.
- **Objectives**: Provide behavioral health services to a minimum of 50 LGBTQ immigrant, refugee, and undocumented individuals annually.
- **Strategies**: Identify three key partners to conduct targeted outreach and host peer support groups for LGBTQ immigrant, refugee, and undocumented individuals. Use interns to facilitate a monthly peer support group at a partner agency.
- **Staffing**: 1 therapist with expertise in LGBTQ immigrant, refugee, and undocumented behavioral health best practices/treatment, 2 interns.
- **Outcome**: To provide an array of mental health services for members of the LGBTQ immigrant, refugee, and undocumented community and their significant others.
References


Glossary of Terms

Gender Identity, Gender Expression, and Sexual Orientation

Here are some of the words and acronyms that are commonly used in American English for Lesbian, Gay, Bisexual, Transgender and Intersex issues.

**LGBT, LGBTQI, LGBTQA, TBLG:** These acronyms refer to Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, and Asexual or Ally and intersex. Although all of the different identities within “LGBT” are often lumped together (and share sexism as a common root of oppression), there are specific needs and concerns related to each individual identity.

**Asexual:** A person who generally does not feel sexual attraction or desire to any group of people. Asexuality is not the same as celibacy.

**Ally:** Typically any non-LGBT person who supports and stands up for the rights of LGBT people, though LGBT people can be allies, such as a lesbian who is an ally to a transgender person.

**Biphobia:** Aversion toward bisexuality and bisexual people as a social group or as individuals. People of any sexual orientation can experience such feelings of aversion. Biphobia is a source of discrimination against bisexuals, and may be based on negative bisexual stereotypes or irrational fear.

**Bisexual:** A person who is attracted to both people of their own gender and another gender. Also called “bi”.

**Cisgender:** Types of gender identity where an individual’s experience of their own gender matches the sex they were assigned at birth.

**Coming Out:** The process of acknowledging one’s sexual orientation and/or gender identity to other people. For most LGBT people this is a life-long process.

**Gay:** A person who is attracted primarily to members of the same sex. Although it can be used for any sex (e.g. gay man, gay woman, gay person), “lesbian” is sometimes the preferred term for women who are attracted to women.

**Gender expression:** A term which refers to the ways in which we each manifest masculinity or femininity. It is usually an extension of our “gender identity,” our innate sense of being male, female, etc. Each of us expresses a particular gender every day – by the way we style our hair, select our clothing, or even the way we stand. Our appearance, speech, behavior, movement, and other factors signal that we feel – and wish to be understood – as masculine or feminine, or as a man or a woman.

**Gender identity:** The sense of “being” male, female, genderqueer, agender, etc. For some people, gender identity is in accord with physical anatomy. For transgender people, gender identity may differ
from physical anatomy or expected social roles. It is important to note that gender identity, biological sex, and sexual orientation are separate and that you cannot assume how someone identifies in one category based on how they identify in another category.

**Genderqueer:** A term which refers to individuals or groups who “queer” or problematize the hegemonic notions of sex, gender and desire in a given society. Genderqueer people possess identities which fall outside of the widely accepted sexual binary (i.e. "men" and "women"). Genderqueer may also refer to people who identify as both transgendered AND queer, i.e. individuals who challenge both gender and sexuality regimes and see gender identity and sexual orientation as overlapping and interconnected.

**Heterosexual:** A person who is only attracted to members of the opposite sex. Also called “straight.”

**Homophobia:** A range of negative attitudes and feelings toward homosexuality or people who are identified or perceived as being lesbian, gay, bisexual or transgender (LGBT). It can be expressed as antipathy, contempt, prejudice, aversion, or hatred, may be based on irrational fear, and is sometimes related to religious beliefs.

**Homosexual:** A clinical term for people who are attracted to members of the same sex. Some people find this term offensive.

**Intersex:** A person whose sexual anatomy or chromosomes do not fit with the traditional markers of "female" and "male." For example: people born with both "female" and "male" anatomy (penis, testicles, vagina, and uterus); people born with XXY.

**In the closet:** Describes a person who keeps their sexual orientation or gender identity a secret from some or all people.

**Lesbian:** A woman who is primarily attracted to other women.

**Queer:** 1) An umbrella term sometimes used by LGBTQA people to refer to the entire LGBT community. 2) An alternative that some people use to "queer" the idea of the labels and categories such as lesbian, gay, bisexual, etc. Similar to the concept of genderqueer. It is important to note that the word queer is an in-group term, and a word that can be considered offensive to some people, depending on their generation, geographic location, and relationship with the word.

**Questioning:** For some, the process of exploring and discovering one's own sexual orientation, gender identity, or gender expression.

**Pansexual:** A person who experiences sexual, romantic, physical, and/or spiritual attraction for members of all gender identities/expressions, not just people who fit into the standard gender binary (i.e. men and women).

**Sexual orientation:** The type of sexual, romantic, and/or physical attraction someone feels toward others. Often labeled based on the gender identity/expression of the person and who they are attracted to. Common labels: lesbian, gay, bisexual, pansexual, etc.

**Transgender:** This term has many definitions. It is frequently used as an umbrella term to refer to all people who do not identify with their assigned gender at birth or the binary gender system. This includes transsexuals, cross-dressers, genderqueer, drag kings, drag queens, two-spirit people, and others. Some transgender people feel they exist not within one of the two standard gender categories, but rather somewhere between, beyond, or outside of those two genders.
Transphobia: The fear or hatred of transgender people or gender non-conforming behavior. Like biphobia, transphobia can also exist among lesbian, gay, and bisexual people as well as among heterosexual people.

Transsexual: A person whose gender identity is different from their biological sex, who may undergo medical treatments to change their biological sex, often times to align it with their gender identity, or they may live their lives as another sex.

Immigration Status

Many individuals who come to the U.S. self-identify as immigrants regardless of their official status with the U.S. Immigration System. Immigration Status is very complex and the terminology is not standardized outside of the U.S. immigration Court System.

We will use a simplified version of the definitions compiled by the U.S. Association of State and Territorial Health Officials. These definitions were compiled from the United States Citizenship and Immigration Services, the Department of Health and Human Services, and the Congressional Research Service as a resource for health professionals in 2010.

Alien: Any person not a citizen or national of the United States.

Legal Alien and Illegal Alien: These are not official terms used by the U.S. Citizenship and Immigration Service. The term “legal alien” was coined in 1798 from the Alien and Sedition Act. “Illegal alien” has no legal definition but is widely used to define undocumented individuals.

Immigrant: Any alien in the United States, except one legally admitted under specific nonimmigrant categories. The group includes both individuals that have entered the United States legally (legal aliens) and those that have entered the United States without inspection.

Undocumented Individual According to a 2004 Government Accountability Office (GAO) report, there is no federal definition of an undocumented immigrant. The GAO defined an “undocumented alien” as a person who enters the U.S. without legal permission or fails to leave the U.S. when their permissible time ends.

Asylee: An alien in the United States or at a port of entry who is found to be unable or unwilling to return to his or her country of nationality, or to seek the protection of that country because of persecution or a well-founded fear of persecution. Persecution or the fear thereof must be based on the individual’s: Race, religion, nationality, membership in a particular social group (i.e.: LGBTQ), or political opinion. Asylees are eligible to adjust to Lawful Permanent Resident status after one year of continuous presence in the United States. These immigrants are limited to 10,000 adjustments per fiscal year. Asylees residing in the country before their asylum application is accepted do not have the assistance of refugee settlement agencies and are typically ineligible for almost all federal assistance.

Refugee: A person who is outside his or her country of nationality who is unable or unwilling to return to that country because of persecution or a well-founded fear of persecution. Persecution or the fear thereof must be based on the individual’s Race, religion, nationality, membership in a particular social group (i.e.: LGBTQI), or political opinion. Refugees to the United States are subject to annually-set ceilings based on geographic area (of country of origin) that are determined by the President in consultation with Congress. Refugees are eligible to adjust to Lawful Permanent Resident status after
one year of continuous presence in the United States. Refugees have the assistance of refugee settlement agencies and are typically eligible for almost all federal assistance.

Please Note: It is very important to respect people’s desired self-identifications. One should never assume another person’s identity or immigration status based on that person’s appearance, accent or ancestry. It is always best to ask people how they self-identify, including what pronouns they prefer, and to respect their wishes.

Definitions have been modified from the following websites where additional information on these and other terms can also be found:

- http://itspronouncedmetrosexual.com/2013/01/a-comprehensive-list-of-lgbtq-term-definitions/
- http://www.astho.org/Programs/Access/Immigration-Definitions/