

LGBTQI+ Individuals Across the World and the UN 17 Sustainable Development Goals

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Author Note

I have no conflicts of interest to disclose.

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Update

Rachael LeClear was interviewed, the Executive Director of Safe Place International, an organization that works with the LGBTQI+ refugee population as well as Matt Maxwell, the Development Director of Safe Place International. These interviews led to the inclusion of LGBTQI+ refugees and asylum seekers in this report. This new section can be located at the end of the literature review section. New secondary peer-reviewed quantitative and qualitative sources are included to incorporate this information into this report. The Middle East is underrepresented in this report due to a lack of data, and Asia is only lightly touched on. Therefore, it should be noted that while this report had a global focus, some areas of the world are not equally represented.

Abstract

LGBTQI+ individuals are at higher risks of experiencing poverty, poor health and mental health, and violence. Therefore, it is critical to examine this population to see how the United Nations (UN) 17 Sustainable Development Goals (SDGs) of poverty, health and well-being, and safety are currently benefiting this population. Research suggests improvements can be made in a targeted way to implement these SDGs for this specific demographic. This study examined the current delivery of services related to these goals for the LGBTQI+ population in different areas of the world and identified the gaps in services and potential remedies for these shortcomings.

Keywords: LGBTQI+, UN 17 Sustainable Development Goals, LGBTQI+ health, LGBTQI+ safety, LGBTQI+ poverty

LGBTQI+ Individuals Across the World and the UN 17 Sustainable Development Goals

The United Nations (UN) 17 Sustainable Development Goals (SDGs) were adopted by all UN member states in 2015. These goals are a call to action and lay out global strategies to promote prosperity among all peoples by the year 2030 through the eradication of poverty, improving health, providing quality education, and reducing inequality among others (United Nations, 2015). Although these goals are meant to benefit all, there are gaps in applying the SDGs to the LGBTQ+ community globally. Looking into how to operationalize these goals specifically for the LGBTQ+ population has not been examined in-depth. This is an issue since LGBTQ+ individuals face unique challenges due to their marginalized identities. We need to know how to best apply these goals with an intersectional lens to make them effective for all populations globally. We must examine if these goals are living up to their promise to fulfill the UN's respective mission statements regarding the pursuit of equity for all. This review explores how countries are implementing three of the UN's 17 Sustainable Development Goals (the eradication of poverty, good health and well-being, and safety) currently to serve the LGBTQ+ community and what can be done to improve it.

In the interest of transparency, I acknowledge that I while I am a member of the LGBTQ+ community, my Western cultural identity plays a role in the interpretation of the data collected from non-Western cultures. As a United States citizen, I recognize there is discrimination in all countries and cultures against LGBTQ+ individuals, and no society is immune to critique. As a white LGBTQ+ person, I acknowledge my gender and sexual orientation does not preclude me from racial or cultural bias based on my intersectional identities and I still have the privileges of whiteness that may impact this report.

Literature Review

Identifying these shortcomings to improve SDG (Sustainable Development Goals) access aligns with the National Association of Social Workers (NASW) Code of Ethics principles of service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence through activism, advocacy, and advancing the knowledge base of the social work profession (NASW, 2021). These studies were examined with an anti-oppressive practice perspective. Anti-oppressive practice (AOP) is a social work lens grounded in social justice and anti-discriminatory philosophies. More specifically, the social work theories of anti-racism, structural social work, and feminist theory were used to analyze this research (Morgaine & Capous-Desyllas, 2015). Beyond working on the individual level to influence change, AOP looks beyond that and towards the macro level through exploring the structural reasons for oppression and works to diminish inequities (Morgaine & Capous-Desyllas, 2015). AOP recognizes that all systems are connected and uses this knowledge to change applicable laws and organizational structures to serve individuals in an equitable way (Morgaine & Capous-Desyllas, 2015).

Poverty

The first SDG goal is the eradication of poverty in all its forms everywhere. There are five target goals to accomplish this—ending poverty for people living on less than \$1.25 per day; implementing nationally suitable social protection systems and measures for the poor and vulnerable; ensure equal access to economic resources for all including land ownership, natural resources, technology, and financial services like microfinancing; and creating policies at national and local levels of pro-poor and gender-sensitive development strategies (United Nations, 2015).

Poverty is a worldwide issue-currently 85%, or 6.5 billion people, live in extreme poverty. Poverty is linked to poor health and mental health and lower life expectancy. This number increases when looking at the LGBTQI+ population. Although there is no global data on poverty and LGBTQI+ individuals, a national telephone study done through the Behavioral Risk Factor Surveillance System (BRFSS) to collect information via structured surveys on health behaviors, conditions, and services showed that 22 % of the LGBTQI+ population live in poverty in the United States, compared to 16 % of cisgender heterosexual individuals (Badgett et al., 2020). Poverty among LGBTQI+ Black, Indigenous, people of color (BIPOC) are higher than their white peers. Among Black LGBTQI+ individuals, 30.8% live in poverty compared to 25.3% Black cisgender heterosexual individuals (Badgett et al., 2020).

Data collection specific to the LGBTQI+ community is one area that has been largely overlooked and needs to be improved upon to see what issues this population faces to get an accurate picture (Block, 2017). A strength in this study is the use of subgroups-data was broken down into subgroups of age, race, urbanicity, language, disability, marital and employment status. The small sample size of this study is an issue, to strengthen this study a larger sample size is required (Badgett et al., 2020).

Research from the African continent shows social exclusion due to discrimination and poverty are intricately linked; LGBTQI+ individuals are routinely denied work and/or work that pays a living wage (Poku et al., 2017). This in turn leads to poor physical and mental health, homelessness, and increases the risk of violence (Poku et al., 2017). Although sample sizes in this study were small, they pulled data from other countries in Europe to compare to the data from the African continent. Again, larger sample sizes are necessary to avoid higher variability and reduce bias.

Food insecurity is another poverty-driven issue—research from the Southeast United States shows that unemployment and underemployment increase the risk of food insecurity and participants in the study reported a link between this issue and discrimination (Russomanno, 2019). Food security is defined as having access to enough food for an active and healthy life. People experiencing food insecurity have diets of food that is processed and have low nutritional value, which contributes to obesity-related diseases such as diabetes, heart disease, and hypertension (Russomanno, 2019). Among transgender individuals in this study, the poverty rate is 29% compared to 12% of the general population and 15% were unemployed compared to 5% of the general population.

Stress and anxiety are related to food insecurity in addition to minority stress, which is daily stress experienced by people who are marginalized due to their identities. It is institutional and part of the fabric of organizations and society in general which contributes to poor mental health (Russomanno, 2019). An indication of institutional discrimination is the lack of legal protections for LGBTQI+ individuals, which further perpetuates discrimination and unemployment. Keeping with the theme of having small sample sizes, this study only had 18 participants due to the challenges of finding relevant participants, but a strength is that the research focused on a little-researched population of transgender individuals living in the southeast United States (Russomanno, 2019). The establishment of legal protections regarding employment and housing, along with strengthening relationships between food pantries and LGBTQI+ individuals and organizations are some of the solutions to increase food security among the LGBTQI+ population (Russomanno, 2019).

A separate study of the connection between social inclusion of LGBTQI+ individuals and economic development shows that not only LGBTQI+ individuals suffer from poverty.

Discrimination and social exclusion of LGBTQI+ individuals negatively impact economic development on a macro level (Badgett, et al., 2019). The violence and discrimination LGBTQI+ individuals face results in lost labor time and productivity, underinvestment in human capital, and the ineffective distribution of human resources through discrimination in education and hiring. Insufficient investment in all peoples threatens the economic output and growth of nations on a macro scale-there is a link between legal protections for LGBTQI+ individuals and higher GDP levels which is shown in the Global Index on Legal Recognition of Homosexual Orientation (Badgett, et al., 2019). This illustrates how more legal protections for LGBTQI+ individuals for hiring practices, access to education, and safety are needed to increase GDP levels among nations to achieve prosperity for all (Badgett, et al., 2019).

This study's strength is the use of legal and economic data from 132 countries from 1966 to 2011 which gives a more comprehensive look at the link between a nation's GDP and LGBTQI+ rights. The research into GDP levels was hindered by the lack of GDP data for all the years included in the study, which limits the analysis of data. Further studies should consider pulling data from the years and nations where GDP was measured.

Health and Well-Being

Health and well-being are the third SDG and is defined as ensuring healthy lives and promote well-being for all at all ages through reducing global maternal mortality and preventable deaths of children under five; ending the epidemics of AIDS, malaria and neglected tropical diseases among others; universal access to sexual and reproductive healthcare services; and universal health coverage (United Nations, 2015).

Globally, men who have sex with men (MSM) and transgender women have higher rates of HIV infection than the general population-MSM and transgender individuals are 34 times more likely to contract HIV. In Indonesia, HIV infections rose from 5% in 2007 to 12% in 2011 for MSM and waria (a term for transwoman) HIV infection was at 23% in 2011 (Nugroho et al., 2019). Offering client outreach tailored specifically to the LGBTQI+ population works to increase access to healthcare, testing, condoms, and classes teaching safe sex practices. Outreach programs in Indonesia try to recruit client peers made up of waria and MSM which leads to higher client engagement and HIV treatment (Nugroho et al., 2019), but the performance of outreach programs in Indonesia is low. In 2014, outreach programs reported a HIV testing rate of 13% of the MSM population and 11% of the waria population which suggests the need to improve engagement with these populations.

Higher rates of testing are vital to get LGBTQI+ individuals the treatment that typically follows these tests and reduces the spread of HIV (Nugroho et al., 2019). Early diagnosis and placement on Combined Anti- Retroviral Therapy (cART) treatment are fundamental in treating and stopping the spread of HIV. Many LGBTQI+ individuals are unlikely to access healthcare for HIV testing out of fear of discrimination from healthcare providers Access to self-testing is needed to increase comfortability with taking HIV tests and increase feelings of safety among those being tested. Self-testing is more private thus more stigma-free and can be accessed by populations that are difficult to reach, such as MSM and sex workers (Bain et al., 2019).

Although the sample size of this study is small, it included qualitative interviews with MSM and waria individuals directly who then offered ideas to improve outreach programs based on their firsthand experiences. One drawback to this research is the use of non-probabilistic

sampling, so there is low generalizability for the larger LGBTQI+ population (Nugroho et al., 2019).

Recent data in HIV responses are worrisome-HIV infections and AIDS-related deaths have decreased since the start of the epidemic, but there needs to be more progress in lowering infection rates if this SDG is to be realized on a global scale (Bekker, 2018). Health systems globally are unprepared to implement sustainable health for all, as evidenced by the lack of medical laboratories that adhere to international quality assurance standards in 37 of 49 African countries in 2013 (Bekker, 2018). The number of healthcare workers necessary to administer crucial health services was short 17.4 million and the most extreme shortages are in Africa and southeast Asia (Bekker, 2018). This combined with an increase in the global population renders health systems inadequate. Economic disparity between wealthy and poor countries adds to healthcare inequities-people in countries with lower GDPs are more likely to be at risk for disease and lack access to medical services (Bekker, 2018).

Universal health coverage and access, widespread HIV testing, HIV treatment, and targeted funding are needed to close this healthcare gap. There are chances for intersectoral collaborations between private and public sectors to improve global access to healthcare and integrate HIV into the global health agenda through co-located services like antenatal services and the management of non-communicable diseases (Bekker, 2018).

This study was conducted at an international Commission of global health experts and stakeholders put together by the International AIDS Society and *The Lancet* (an international weekly general medical journal). Through scenario modelling, researchers looked at strategies to integrate HIV-related services into non-HIV related services (Bekker, 2018). This limited the

study to simplified research methods to estimate the results of integrative care, but a strong point of this study was examining the possibilities of relationships between HIV testing and treatment and combining those with other healthcare services.

Safety

While safety is not technically an SDG, it does fall under the SDGs 10 and 16 and are defined as reducing inequality within and among countries and promoting peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable, and inclusive institutions at all levels. These include reducing all forms of violence and violence-related death rates globally; promoting the rule of law at the national and international levels and ensure equal access to justice for all; develop effective, accountable and transparent institutions at all levels; ensure responsive, inclusive, participatory and representative decision-making at all levels; providing legal identity for all, including birth registration; ensuring public access to information and protect fundamental freedoms, in accordance with national legislation and international agreements; and promoting and enforce non-discriminatory laws and policies for sustainable development (United Nations, 2015).

Violence against LGBTQI+ individuals is a global concern. In 2011, the United Nations Human Rights Council passed a resolution that proclaimed critical concern about violence and discrimination against LGBTQI+ individuals based on their sexual orientation and gender identity (SOGI) (Blondeel et al., 2017). Forms of violence include murder, physical and sexual assault, kidnapping, and the denial of liberty. Gender-based violence against lesbian and bisexual women manifests as “corrective” rape, which is sexual violence perpetrated by men against the victim to “correct” their sexual orientation to heterosexual (Blondeel et al., 2017). It must be

noted that LGBTQI+ individuals who identify as men also experience sexual assault. LGBTQI+ organizations experience institutional violence by religious extremists, extreme nationalists, and paramilitary groups (Human Rights Watch, 2018). The threat of violence is present everywhere, and access to safe spaces, especially in countries with anti-LGBTQI+ sentiment that lack legal protections, is limited (Blondeel et al., 2017).

A study of 50 countries was conducted utilizing 76 articles dated between 1995 and 2014 showed that rates of violence are higher among LGBTQI+ individuals compared to the general population and even higher among transgender individuals (Blondeel et al., 2017). This study asserts that a solution to this violence is to identify the motivations and mechanisms behind it. Perpetrators of this violence are frequently male, and violence may be linked with hegemonic masculinity in society. Cultural attitudes that view women as having less status and where femininity and homosexuality are conflated lead to violence as a means of control to reinforce gender norms. Some authors in these studies think that LGBTQI+ individuals are primarily attacked for challenging gender stereotypes and have suggested expanding gender norms beyond the gender binary is a way to reduce violence against the LGBTQI+ population (Blondeel et al., 2017).

This study did not have standardized measures and small, non-randomized samples which made the data somewhat deficient but did pull data from all over the world to get a clearer global picture of violence against LGBTQI+ individuals (Blondeel et al., 2017). To strengthen the data, a larger sample size and standardized measures are needed.

In countries where LGBTQI+ identities are criminalized or have murky indecency and morality laws there are higher rates of violence perpetrated by law enforcement (Lovell, 2015).

A study on gay rights in Jamaica showed that 76 countries criminalize same-sex acts between consenting adults. Although many of these laws are found in the Middle East, the Caribbean region is especially hostile toward LGBTQI+ individuals. In Jamaica, homosexuality is viewed as taboo and is frequently compared to bestiality. This sentiment is often the impetus to violence and mob violence. LGBTQI+ individuals are subject to imprisonment for up to 10 years (Lovell, 2015). These beliefs are often the impetus to violence and mob violence.

In the Caribbean, homophobia is linked to British colonialism and slavery with the belief that homosexuality is a Western white man's disease forced upon Afro-Jamaicans during the British slave trade through sexual exploitation and meant to emasculate African males (Lovell, 2015). After slavery was abolished, Victorian sexual mores began to take hold which had their own unfavorable view of homosexuality stemming from anti-buggery laws (buggery is defined as anal intercourse among the same or opposite genders) meant to criminalize sex for non-procreational purposes. The goal of this was to increase the population of colonial-occupied territories (Lovell, 2015). Strict fundamental Christian values were imposed upon the Afro-Caribbean population through conversion that was often coerced. These religious mores were passed down throughout the generations and gained widespread acceptance as indicated by Jamaica having the most churches per capita in the world (Lovell, 2015). This pattern can be seen in countries that were occupied through colonialism.

Law enforcement officials typically encounter the LGBTQI+ community and target them through their appearance and conduct. While holding a homosexual identity is not against the law, acts of homosexuality are. Individuals suspected of being LGBTQI+ are regularly stopped and detained by law enforcement under these laws (Lovell, 2015). During this contact, law

enforcement may harass or assault individuals and can arrest them due to their identities or perceived identities (Lovell, 2015).

Repealing laws that criminalize same-sex relations and creating legislation to protect LGBTQI+ persons in addition to holding law enforcement more accountable legally are some strategies to curb violence against this population. Through fully decriminalizing LGBTQI+ identities and acts, law enforcement would have less contact with this population which would reduce the risk of institutional violence (Lovell, 2015).

Research for this study is comprised of semi-structured interviews with LGBTQI+ activists in Jamaica and field observations. Due to the nature of this research, it was difficult to find members of the LGBTQI+ community outside of activist organizations because they feared the act of self-disclosure would lead to violence. This meant the pool of those being interviewed was small, and further research should contain more participants. The robustness of this research through qualitative means is supplemented by interviews with members of LGBTQI+ organizations who could provide historical context and speak to the challenges faced by the LGBTQI+ community.

A study was done on the Maputo Protocol (The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa) in the African Union and its effects on transgender women. The Maputo Protocol was made to eliminate all forms of discrimination against women, and a regional human rights treaty to codify the human rights of African women (Snyman, 2022). However, this document defines women as “persons of the female gender,” which excludes transgender women. On the African continent, transgender women face violence, discrimination, and stigma based on their gender identity (Snyman, 2022).

Transgender women are often viewed as homosexual men and the pervasiveness of anti-gay legislation, and the criminalization of homosexuality means they are at risk of being arrested. With these laws, transgender women are vulnerable to institutional violence by law enforcement. Transgender women are targeted for using women's restrooms, their clothing, or simply being in public (Snyman, 2022). Laws that criminalize homosexuality are often found in countries and cultures that are religious and conservative and consider LGBTQI+ individuals and their sexual orientations as deviant and "un-African." In cultures that exalt males over females, LGBTQI+ individuals challenge the gender dichotomy and are viewed as a threat to the moral fabric of society (Snyman, 2022).

The teleological approach to interpret the treaty along with viewing this document through the lenses of postmodern intersectional feminist legal theory, queer legal theory, and fundamental concepts of international human rights law such as equality, non-discrimination, and dignity was used by the authors. It found widespread beliefs that equated gender identity with sexual orientation contributed to violence and discrimination of transgender women. This needs to be addressed through decriminalizing homosexuality, educating the public about the differences between gender and sexual orientation, and changing the wording of the Maputo Protocol to include the entire gender spectrum, not just male and female (Snyman, 2022).

A limit to this study is that two researchers analyzed the Maputo Protocol which makes their interpretations subjective. Further research utilizing quantitative methods for data collection is needed to reduce the risk of bias. This study is bolstered by the analysis of the Southern African Development Community (SADC), a regional economic community made up of 16 African Member States which allows for a more nuanced look at the issues transgender women face (Snyman, 2022).

LGBTQI+ Refugees and Safety, Health, and Poverty

There are many LGBTQI+ refugees in the world, but the exact number is difficult to count due to the reluctance to self-disclose their identities, nor is there comprehensive data on how many individuals seek asylum due to their (SOGI). (Shaw & Verghese, 2022). Worldwide, 37 countries formally grant asylum to LGBTQI+ individuals who flee their countries of origin (COR) due to the oppression they experience because of their SOGI, and even fewer countries gather data on asylees and refugees. This creates sizable difficulties in researching this population and its experiences and needs which renders them invisible (Shaw & Verghese, 2022). As of 2020, almost 70 countries criminalize consensual same-sex activities (Mendos et al., 2020). With that comes stigma, prejudice, and exclusion both economically and socially which affects their mental and physical welfare negatively (Flores, 2021).

In the United States, most LGBTQI+ individuals seeking asylum are from the Northern Triangle region of Central America (El Salvador, Honduras, and Guatemala) (Shaw et al., 2021), where there has been a reduction in acceptance of LGBTQI+ individuals (Flores, 2021). In a 2020 study, people from these areas report gang violence is a factor in leaving their COR. Many LGBTQI+ people live in low-income areas due to the poverty they experience because of their identities. These areas may be controlled by gangs, and they target LGBTQI+ people who are vulnerable in part because they have a poor social standing and less protection from law enforcement and fellow community members-there have been assaults, killings, and extortion that may be caused by bias or to assert control over this population (Ghoshal, 2020).

In 2021, President Biden stated LGBTQI+ asylum seekers and refugees rights are a priority for the United States foreign policy and development assistance (The White House,

2021). A portion of this will be done through training all relevant governmental stakeholders such as the Department of State, Justice, and Homeland Security to provide a robust response to the needs of LGBTQI+ refugees and asylum seekers and create mechanisms such as an increase in Embassy Priority-1 referrals (P-1) (The White House, 2021). P-1 referrals are for people who need protection from danger in their COR due their race, ethnic or religious group, or creed (United States State Department, n.d.). The issue that arises is a lack of research and data on this population which impedes successful strategies for training and policy work. However, there is some research into the causes of LGBTQI+ displacement, the challenges they face in leaving their countries and asylum process, the issues they have in obtaining refugee and asylee status, and the experiences they have in the countries they relocate to (Shaw & Verghese, 2022).

Primary Causes of LGBTQI+ Migration

LGBTQI+ individuals experience two types of harm, both exogenous which is systemic discrimination and violence, and endogenous harm, which is fear, stigma, trauma, internalized shame, and being forced to conceal their identities (Hathaway & Pobjoy, 2011). LGBTQI+ individuals experience disproportionately high rates of violence compared to their heterosexual and cisgender counterparts inflicted by family members, private citizens, and government agents in the countries they flee from (Bennett & Thomas, 2013; Grungras et al., 2009; Hopkinson et al., 2017). Acts of violence include physical assault, torture, rape, murder, blackmail, forced conversion therapy, shunning, and psychological abuse (Bennett & Thomas, 2013; Grungras et al., 2009; Hopkinson et al., 2017).

Endogenous harm is linked to poor physical and mental health including depression and suicidal ideation (Hopkinson et al., 2017). However, this type of harm may not be recognized by

authorities processing asylum seekers applications and qualify them for protections that include a “well-founded fear of persecution” (Vogler, 2018). This invisible, internal trauma is often ignored because it may not be apparent to authorities. More culturally competent training is needed for immigration systems worldwide that educates people on different forms of trauma and the multiple identities refugees hold with being part of the LGBTQI+ community and their race, ethnicity, and religion, among many others.

In one study of Mexican male to female transgender asylum seekers in the United States, all participants disclosed they have experienced some type of assault (Gowin et al., 2017). Another report shows that all LGBTQI+ study participants had been abused as children (Alessi, 2016), and in a study of lesbian refugees all participants reported experiencing sexual violence including corrective rape, physical violence, imprisonment, torture, and abuse from their families based on their sexual identity (Bennett & Thomas, 2013).

Transgender refugees and asylum seekers may be visibly gender nonconforming and as a result are extremely vulnerable to be targeted for violence and discrimination due to their gender identity (Cerezo, 2014). A total of 69 countries have state-sanctioned violence codified into law such as criminalizing same-sex consensual relationships, and 13 countries target gender minorities specifically under “cross dressing laws” (Chiam et al., 2022). Since this discrimination is legal under legislation, LGBTQI+ people face significant barriers for pursuing legal actions and face insurmountable odds. State institutions such as legal courts and law enforcement often do not want to intervene in transphobic and/or homophobic violence and may be actively involved (Ghoshal, 2020).

A study of Iranian LGBTQI+ refugees highlighted that many “report police abuse, rape, and various forms of torture” (Grungras et al., 2009). In another study, many migrants reported that government actors dismissed them by saying that the migrants “were responsible for the abuse because they did not conform to gender norms or behave in certain ways, and they were instructed to change their behaviors if they wanted the abuse to stop” (Alessi, 2016). Police target visibly queer and transgender people; raids of LGBTQI+ spaces are not uncommon, as are arrests for sex work and gender non-conformity (Alessi, 2017). In a study on transgender Mexican asylum seekers, a majority of participants “reported multiple instances of false arrest, taken to jail, and held under charges that were later dropped or [held] without charges” (Cheney et al., 2017). They also noted that physical and sexual assault by the police was common (Cheney et al., 2017).

Violent against transgender individuals may be sanctioned in countries that explicitly provide legal protection against homophobic discrimination because many countries with protections for gay and lesbian individuals do not include transgender individuals leading to internal displacement through being exiled from their homes due to discrimination (Cerezo, 2014; Vogler, 2019). This can result in having little to no options for housing and made them vulnerable to financial exploitation, causing them to be forced into sex work (Munir 2019). Transgender individuals may not have options for legal help and not able to get assistance from law enforcement who can be “agents of persecution” (Munir 2019).

In Uganda, there has been a rise in mob violence towards member of the LGBTQI+ community with the passage of the 2023 Anti-Homosexuality Bill which criminalizes the LGBTQI+ community. Same-sex activity can mean life imprisonment or the death penalty for “aggravated homosexuality” in certain cases. This bill also carries a sentence of six months in

prison for people who do not report people suspected of same sex activities to the police which incentives and emboldens this violence. This law has been taken into the hands of the public, forcing LGBTQI+ individuals into hiding and hampers their ability to move about freely and be employed. Safe houses for those who are hiding can be compromised and recently three Ugandan internally displaced people in such housing were poisoned with one dying from this attack (R. LeClear, personal communication, April 13, 2023).

In South Africa, xenophobia occurs at higher rates than homophobia but these intersectional identities of LGBTQI+ individuals cause them to experience more violence motivated by these identities. There have been instances of LGBTQI+ individuals being burned alive with tires and petrol as accelerants. In June 2023, there is a deadline for refugees awaiting asylum to have proper documentation which is a challenge because it is largely inaccessible to this population due to leaving it behind in their COR or having it stolen. This makes them vulnerable to being jailed or deported, making them stateless (R. LeClear, personal communication, April 13, 2023).

Because the LGBTQI+ population is largely invisible in countries that criminalize LGBTQI+ identities and hold negative attitudes towards this community, identifying this population is challenging. In many areas, these individuals are not “out” due to the prejudice and violence they experience. This makes it difficult to identify people who need asylum assistance and/or a safe place to live. The organization, Safe Place International, finds LGBTQI+ individuals through informal channels such as word of mouth in community spaces like gay clubs, restaurants, and bars (M. Maxwell, personal communication, December 20, 2022).

Issues for LGBTQI+ Refugees Migrating and Waiting for Asylum

Applying for refugee status may cause asylum seekers to have poor health and mental health and cause economic insecurity while waiting for asylum (Llewelyn, 2021). The act of migrating and being in public spaces is often dangerous and LGBTQI+ refugees experience discrimination and violence, causing them to hide their identities to remain safe (Yarwood et al., 2022). Economic insecurity is experienced by this population and have barriers to getting documents needed to get employment (Grungras et al., 2009). LGBTQI+ migrants have issues accessing resources available and experience bias while trying to obtain services (Yarwood et al., 2022). Culturally competent training is needed for adjudicators to provide an adequate level of service for this community and connect them with the resources they need for health services including gender-affirming care, financial resources, and legal representation to help process their claims.

Difficulties Obtaining Refugee or Asylee Status

The biggest barrier to asylum is officials who process asylum claims are not aware that gender identity and sexual orientation are eligible for claiming asylum, causing additional wait times, and extending the uncertainty for refugees (Berg & Millbank, 2009). Transgender refugees have difficulty “proving” their identity to those who process asylum claims. There is a lack of education among adjudicators who think transgender individuals need to undergo medical procedures to be truly transgender, which is not the case for the entirety of this population. This increases the risk of being rejected and not qualifying for refugee status (Vogler, 2019).

Studies show adjudicators may confuse sexual activity with sexuality causing applicants who have no sexual or romantic histories to be denied asylum status (Akin, 2015). LGBTQI+ refugees are often required to “come out” in a manner that adjudicators deem “credible” and

“legible” to have their asylum claims approved through presenting themselves as stereotypical notions of sexual or gender minorities (Kahn & Alessi 2018). These views are rooted in heteronormative and Western ideas of sexuality and LGBTQI+ lifestyles (Rehaag, 2017).

Resettlement Challenges

Resettlement is thought to be the end of the asylum process because refugees are out of their COR and presumably away from danger, which is not the case. LGBTQI+ individuals experience unique issues upon arrival. Many of these individuals are forced into detention centers in their transit and host countries where conditions are dire. Many LGBTQI+ refugees are put into jails or facilities that are like jail which can cause negative health consequences and physical and sexual violence (Gerena, 2022). Transgender refugees may be more vulnerable to mistreatment in these facilities that is injurious or punitive through denying them access to hormones and other gender-affirming medical care (Singer, 2021).

LGBTQI+ refugees and asylum seekers may not be accepted by their ethnic or diasporic communities due to negative attitudes they hold towards this population which may reflect the discriminatory attitudes in their COR (Piwowarczyk et al., 2016). Complex trauma may cause this population to have negative mental health because of the multitude of traumas they have experienced from their COR and the resettlement process including depression, panic disorders, dissociative disorders, PTSD (Post Traumatic Stress Disorder), anxiety, traumatic brain injury and substance use disorders (Alessi 2017; Shidlo & Ahola, 2013). After resettlement or while in temporary housing, LGBTQI+ refugees may be placed in areas where they encounter homophobia or transphobia from their neighbors (M. Maxwell, personal communication, December 20, 2022). This highlights the importance of collecting accurate data through asking

questions and encouraging self-disclosure in a safe environment in a way that is not interrogative to know the identities of this population to avoid this further trauma and place them in areas that are safe and free of prejudice.

Methodology-Research Design

The United Nations (UN) 17 Sustainable Development Goals (SDGS) were enacted in 2015. These goals provide a loose blueprint for global strategies to promote prosperity among all peoples by the year 2030 through the eradication of poverty, improving health, and reducing inequality among others (United Nations, 2015). These goals are intended to benefit everyone, however there are shortcomings in applying these SDGs to the LGBTQI+ community globally. Looking at how to operationalize these goals specifically for the LGBTQI+ population has not been thoroughly examined to determine areas for improvement. In this program evaluation, quantitative data was taken from secondary sources, and focused on the three SDGS of eradicating poverty, promoting good health and well-being, and safety. There was also qualitative research taken from secondary peer-reviewed resources and personal communication with relevant stakeholders who are involved in advocacy work with the LGBTQI+ community.

Measures

This program evaluation used outcome measures taken through research primarily from secondary peer-reviewed quantitative research. The qualitative resources used were taken from secondary peer-reviewed studies and some informal interviews with stakeholders in the LGBTQI+ community through personal communication.

Data Collection

Data collection was primarily through secondary quantitative data researching relevant peer-reviewed studies on the LGBTQI+ population across the world and related to the three SDG goals of eradicating poverty, good health and well-being, and safety. Studies that specifically mentioned the LGBTQI+ community and how the SDGs are currently being applied to them were used to narrow down the results to the most pertinent information. This research used data from different areas of the world to get relevant information in a way that strictly qualitative means could not capture. Safety is not listed explicitly as an SDG, but it does relate to SDGs 10 and 16 which are reducing inequality within and among countries and promoting peaceful and inclusive societies for sustainable development, providing access to justice for all, and build effective, accountable, and inclusive institutions at all levels.

For qualitative data, relevant stakeholders were sought out in the LGBTQI+ community and organizations that work with this population for informal interviews through emails and meetings (personal communication) which are cited appropriately. One such stakeholder was Orlando Gonzales, the Executive Director of SAVE LGBT, an organization in the United States that does political advocacy, community outreach, and endorses candidates who oppose discrimination against LGBTQI+ individuals. This interview was done in October 2022.

In April 2023 Rachael LeClear was interviewed, the Executive Director of Safe Place International, an organization that provides safe houses, leadership development, and advocacy work with the LGBTQI+ refugee population to gather data for this population. Matt Maxwell, the Development Director of Safe Place International was interviewed in December 2022. These interviews led to the inclusion of LGBTQI+ refugees and asylum seekers in this report. For further global data, the author met with Pádraig Rice in April 2023, the Policy and Research Manager for LGBT Ireland, which provides nationwide support services for LGBTI people, their

families, and friends in Ireland along with policy advocacy, LGBTI awareness training, and helping LGBT refugees.

Data Analysis

Secondary peer-reviewed quantitative and qualitative data and qualitative data through interviews was analyzed to determine the current efficacy of SDGs relating to LGBTQI+ individuals around the world. This data was compared to the specific stated goals for the SDGS of poverty, safety, and health and well-being. Data analysis also included identifying gaps in the current application of these three SDGs and strategies for improvement based on the authors findings.

Timeline

The timeline for this program evaluation was as follows-the literature review was done and completed at the end of 2022. Potential interviewees were contacted beginning in October 2022 and interviews were completed in April 2023. Beginning in 2023, more secondary quantitative and qualitative data was gathered and analyzed and stakeholders in the LGBTQI+ community were identified and contacted. In March 2023, the author began to identify the results and findings and by May 2023, the author completed this report summarizing the findings.

Findings

As the literature and interviews show, across the world LGBTQI+ individuals face challenges due to their SOGI. They have higher rates of poverty, experience more medical and mental health issues, and are subjected to violence at higher rates than their cisgender and heterosexual counterparts. LGBTQI+ refugees and asylee seekers experience unique challenges

related to their multiple marginalized identities as well as LGBTQI+ individuals who are not displaced.

A lack of social acceptance is a major factor in all these issues. This relates to poverty, legal protections, healthcare access, poor mental and physical health, and the safety of this population. The literature and interviews also show religious acceptance is another barrier in places like the Caribbean region and areas where homosexuality is criminalized, as well as areas with religious and far-right extremism (Lovell, 2015). LGBTQI+ individuals are at a higher risk for harassment and violence by law enforcement officials and are emboldened by anti LGBTQI+ sentiments because they have no fear of repercussions (Lovell, 2015).

Data deficiency is an additional theme-there is no global data on poverty rates, HIV responses and other health issues, and rates of violence (Badgett et al., 2020). Research studies generally have small sample sizes which can compromise the results. Data collection for how many LGBTQI+ refugees is either inadequate or nonexistent and interferes with identifying migration patterns and how they relate to their COR legislation, incidences of violence, and anti-LGBTQI+ sentiments (Shaw & Verghese, 2022). Targeted interventions are therefore not comprehensive enough to address the myriad of reasons for LGBTQI+ individuals becoming refugees. This results in an unclear picture of how to best serve this community to provide resources to enhance their lives.

Legal protections are either inadequate or do not exist in areas of the world, leading to a slew of issues. No equal employment laws can lead to discrimination and not having housing protections may result in homelessness. Hate crime legislation to lessen violence against this community begets more violence with no fear of consequences. Without healthcare protections

in place, LGBTQI+ individuals may be refused services or harmed by inadequate and/or culturally incompetent care.

Discussion

A recurring theme in this study is that a lack of social acceptance is a factor in many of the issues LGBTQI+ faces worldwide. Poverty and this discrimination are linked-LGBTQI+ individuals are unemployed, underemployed, or unable to find work that pays a living wage (Poku et al., 2017). This work discrimination leads LGBTQI+ individuals, especially transgender individuals, being forced into the underground commercial sex economy (sex work) because it is their only alternative (O. Gonzalez, personal communication, October 2022). LGBTQI+ people have higher rates of food insecurity which may cause health complications such as heart disease and diabetes (Russomanno, 2019). Not being accepted by society may also lead to violence including sexual assault, physical assault, and murder.

Safe Place International has a promising pilot program where, if possible, LGBTQI+ program participants engage in intentional acts of kindness and community outreach in disadvantaged communities and/or communities that have negative social attitudes towards LGBTQI+ individuals to build social bridges and capacitate leaders in social justice, human rights, equality, kindness, mental health support, and making people's lives better. This program does depend on whether these areas are a significant threat to the safety of participants for them to do this work. Members of the LGBTQI+ faith community do outreach in religious communities that are discriminatory against the LGBTQI+ community to build back interfaith bonds and increase levels of acceptance. This is done because these religious communities may

have profound influence in broader community attitudes and acceptance may shift communities to be more tolerant (R. LeClear, personal communication, April 13, 2023).

Pádraig Rice echoed this community outreach approach to both the faith-based community and the community at large. Speaking to church leaders and encouraging them to send a different message that is more positive and inclusive of the LGBTQI+ community to spur acceptance and understanding is an approach LGBT Ireland has been using in tandem with education campaigns that focus on ways to increase positive attitudes in society and prevent discrimination and harassment (P. Rice, personal communication, April 19, 2023). Culturally responsive training for persons who work with the LGBTQI+ community such as legal systems, healthcare providers, and government agencies is needed to reduce stereotypes and stigma associated with this population which would lead to better protections, health, employment opportunities, and well-being for LGBTQI+ persons.

Discrimination from healthcare and mental healthcare providers is linked to poor health and mental health outcomes and is exacerbated by a lack of access to these services and many members of the LGBTQI+ community do not access these services as a result (Nugroho et al., 2019). Again, culturally responsive training and legal protections to reduce this bias are needed to build trust between this community and healthcare professionals. Having a client outreach program that is culturally competent and responsive to the LGBTQI+ population is necessary to increase access to general healthcare HIV testing, condoms, and educating this population on safe sex practices. Early diagnosis of HIV through testing must be available to reduce the spread of HIV and give Combined Anti- Retroviral Therapy (cART) treatment to improve the well-being of those diagnosed (Bain et al., 2019).

Universal healthcare coverage to allow access to services through targeting funding for the LGBTQI+ population to close the healthcare gap is required to decrease the lack of access caused by economic disparity which puts people who are low-income at a higher risk for poor health. LGBTQI+ individuals have higher rates of poverty and cannot afford to visit healthcare providers. Healthcare, mental healthcare, and gender-affirming services must be covered under this insurance to approach care in a holistic manner. Opportunities exist between private and public sector partnerships to increase access to healthcare and provide comprehensive care that includes gender-affirming healthcare, HIV treatments and interventions, and the treatment of non-communicable diseases (Bekker, 2018).

A lack of data for this population is another theme. It is important the SDGs are studied with this specific population to build implementation approaches with target populations in mind. Different populations and communities worldwide have unique needs, and the SDGs cannot be uniformly applied without considering the ways discrimination manifests among societies. In doing this research, relevant strategies can be developed on the local, national, and international level to address inequality. Data on intersectionality and how it affects LGBTQI+ people should be compiled regarding race, ethnicity, religion, sex, and other marginalized identities to again provide appropriate interventions.

The barriers LGBTQI+ refugees face are numerous, and more data needs to be collected to identify gaps in our current knowledge to serve this community competently and compassionately. Demographic information must be gathered, and research must be done on their COR to capture and detect patterns that may suggest reasons for their migration due to laws and policies that may be discriminatory in nature in their specific areas. The distinctive challenges and vulnerabilities of transgender and intersex refugees must be investigated and

include intersectionality between their transgender and intersex identity and other marginalized identities to give a more holistic picture of the issues they face. LGBTQI+ migrant youth and the children of LGBTQI+ refugees need to be studied, along with refugee experiences throughout their migration route.

Individual country legislation that impacts the health and welfare of this population needs to be analyzed, along with their experiences in refugee camps and other forms of accommodation to improve conditions. Outcomes of asylum claims to detect patterns in the determination process must be collected to identify and remediate issues that cause their applications to be rejected. Migration routes must be tracked within the Global South instead of presuming routes are taken from this area to the Global North to provide support that are location-specific and targeted. Mixed-method studies with large sample sizes to investigate the experiences of resettlement and social integration with a focus on intersectionality and its effects on health, economic status, and discrimination of this population are required to target and tailor interventions in a cohesive and comprehensive way. Program and intervention evaluations are needed to determine the best way to promote positive resettlement and social integration methods that are effective and culturally competent. And finally, research on the strengths and resources of LGBTQI+ individuals to promote feelings of autonomy and capability should be conducted to inform programming and social integration (Shaw & Verghese, 2022).

To decrease reluctance with self-identification, social exclusion and discrimination must be reduced on national levels through decriminalizing homosexuality, enacting specific, full, and enforced protections for the LGBTQI+ community and ensuring equal rights to pave the way for researching and applying SDGs in a targeted way to develop relevant strategies for implementation and planning. It must also be noted that leadership opportunities for both this

population and the LGBTQI+ population are crucial to increase their feelings of autonomy, control, self-advocacy, and empower them using their existing strengths through self-organizing, partnering with other relevant stakeholders, and advocacy efforts for LGBTQI+ rights.

Although it is recommended, decriminalizing homosexuality and enacting legal protections for LGBTQI+ individuals for pay equity, employment discrimination, housing, healthcare, and hate crime legislation is not binary between criminalization and legal protections nor is it a straight path from one end of the spectrum to the other. Many countries have decriminalized same-sex relationships but have no hate crime legislation and others have hate crime legal protections but still criminalize same-sex relationships. Countries like Barbados, Samoa, and Tuvalu have legal protections for employment discrimination, but same-sex consensual sexual relationships are illegal (Mendos et al., 2020). Context is important to understand existing legal protections and not approach legislation as universal. Legal protection is one aspect of ensuring safety but may not give complete protection. There may be gaps in legislation that do not guard against all facets of discrimination or violence or adequate to make successful approaches for violations or public policies (Mendos et al., 2020).

Argentina can be looked at as an example for examining legal developments with a multi-faceted approach to provide comprehensive protections. In 1996, Argentina added sexual orientation anti-discrimination protections to the Constitution of the City of Buenos Aires where progress then slowed. As of 2020, national antidiscrimination laws did not include sexual orientation or gender identity as protected, only sex. However, some progress has since been made with this inclusion (U.S. Department of State, 2022). The progress for same-sex marriage has been great-in 2002 and, in 2010, Argentina legalized same-sex marriage, the first Latin American country to do so (Mendos et al., 2020). Argentina's executive branch has created

public policies that have reduced negative social attitudes for LGBTQI+ individuals. Despite the fact there were no anti-discrimination laws that included sexual orientation, international human rights treaties have been inserted into the Argentine constitution which made it unlikely that local courts would publicly condone discriminatory acts based on LGBTQI+ identities even though these protections were not explicitly named in relevant laws (Mendos et al., 2020). This illustrates the cruciality of understanding the nuances and distinctive circumstances of each jurisdiction and cannot be simplified-this runs the risk of overlooking the uniqueness of every country's local circumstance resulting in inconsistent national protections and policies.

Limitations

There were some significant limitations in this study due to a lack of data specific to the LGBTQI+ population in many areas of the world, especially the Middle Eastern region. Research suggests this may be due to a reluctance to self-disclose their identity due to negative cultural attitudes and significant threats to their safety, but these attitudes and safety concerns are not exclusive to this region. Also related to fearing self-disclosure, sample sizes in many of these studies were small so this may compromise their results and their validity.

Conclusion

Social acceptance through educational campaigns, community outreach, and culturally competent training for those in positions of power over this community is required to decrease stigma, prejudice, and violence towards this population. Connecting with faith-based communities to increase levels of tolerance is vital-religion is often looked to as an ethical and moral blueprint and shifting attitudes in a more positive direction can influence the wider community. Acceptance would reduce poverty rates, instances of violence, the refugee

population, increase access to services, and improve the well-being of LGBTQI+ individuals. Intersectionality must be included in these campaigns to encompass all the marginalized identities these individuals hold and not just target their LGBTQI+ identity.

LGBTQI+ populations are consistently undercounted or lumped in with general populations, which is concerning from an intersectional and research standpoint. Accurate numbers are needed to conduct more thorough and generalizable research, locate LGBTQI+ individuals and connect them with services, and identify the emerging needs of this community. The challenge with this includes LGBTQI+ individuals being reluctant to self-identify out of fear of discrimination and violence. In many parts of the world, specific protections for LGBTQI+ people are either nonexistent or inadequate, and homosexuality may be criminalized which pushes this community further into the shadows.

To truly measure the success of the SDG goals, community-specific data is needed, however many LGBTQI+ individuals worldwide are unwilling to reveal their gender and/or sexual identities. This is especially true for individuals with intersectional marginalized identities regarding race, ethnicity, gender, and refugee status. To decrease fear of self-identification, social exclusion and discrimination must be reduced on local and national levels through decriminalizing homosexuality, enacting specific and full protections for the LGBTQI+ community, and securing equal rights to pave the way for researching and applying SDGs in a targeted way to develop relevant strategies for implementation and planning. Although there are a multitude of challenges, we must rise to meet them. LGBTQI+ rights are human rights, and we must advocate with this community to guarantee their ability to thrive, live where they wish, and love who they wish.

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