Identity and integration in Israel and Kenya

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Expression of non-conforming sexual orientation and gender identity depends on social, legal, cultural and political opportunities which provide space for exploration and the emergence of new identities. People’s protection will also depend on these.

Sexual minority refugees and asylum seekers interviewed in Israel and Kenya had fled countries such as Armenia, the Democratic Republic of Congo (DRC), Ethiopia, Morocco, Somalia, Sri Lanka and Sudan where the LGBTI discourse is almost non-existent:

“There is no such thing in Morocco as sexual identity, forget it. Sexual identity is a Western ‘invention’. It’s either you’re a man or a woman. If you’re in the margin, then you’re a male whore.” (Gay Moroccan asylum seeker)

On arrival in their new country, most were exposed for the first time to LGBTI rights discourse through encounters with the local population, local sexual minorities, LGBTI advocates, refugee assistance agents, medical and psychosocial service providers, and media coverage. After an initial period of establishing contacts with other refugees, asylum seekers and migrants from their countries of origin, the majority tend to start to disengage from these communities and attempt instead to integrate with the local population, gradually adopting LGBTI self-representations. This process is lengthy and characterised by greater vulnerability due to lack of confidence in approaching refugee assistance and LGBTI networks or advocates.

Israel

Israel is considered tolerant of non-conforming sexual orientations and gender identities, and in this environment sexual minority asylum seekers are more able to reconfigure and be open about their sexual orientation and/or gender identity. Such opportunities, however, are dependent on a person’s language skills and encounters with trusted social agents (mainly gay-friendly employers). Access to protection is still limited and many sexual minority asylum seekers in Israel only approach refugee assistance agents or LGBTI advocates months if not years after arrival in Israel, thereby often missing the one-year deadline for submission of asylum claims to the Population, Immigration and Border Authority (PIBA). In addition, fixed and narrow LGBTI categorisations used by PIBA mean that both asylum seekers and officials are quite literally lost for words to discuss SOGI asylum claims. As of November 2012 PIBA had not yet recommended a single instance of granting refugee status on the basis of SOGI-related persecution. Isolation, loss of social networks and the stress of the asylum process, compounded by the effects of traumatic events in their home countries, lead to high rates (71%) of post-traumatic stress disorder (PTSD) among participants interviewed.

Kenya

Ugandan male LGBTI activists interviewed in Nairobi had gained refugee status after fleeing arrest and imprisonment by Ugandan authorities. As activists they possessed clearly articulated gay identities and were members of LGBTI rights networks which provided them with information about obtaining asylum in Kenya. In contrast, non-activist Ugandan sexual minority participants interviewed in Nairobi and Kisumu (who had fled Uganda primarily after being exposed by family, friends or neighbours) were not connected to LGBTI networks and had no knowledge of the asylum system and the relevance of the reason for their flight to an asylum claim. All three were in their early twenties, surviving financially by engaging in sex work.

Interviewees from DRC, Ethiopia and Somalia in Nairobi had primarily fled their countries due to violence or their political engagement. The majority first sought the assistance of
fellow countrymen in accessing the asylum process and securing employment and accommodation; after some time they reduced these contacts and started searching for spaces where they could be open about their sexual orientation and/or gender identity. However, due to the general homophobic climate in Nairobi and the threat of extortion and violence upon exposure, many of the sexual minority refugees found refuge with Kenyan, foreign and other refugee men, securing accommodation and food in exchange for sex. Some of these relations were characterised by dependency due to extortion; at least two cases amounted to sexual enslavement.

Fear of exposure by neighbours and landlords in Nairobi forces sexual minority refugees to move frequently from one lodging to another. Isolation and constant stress due to lack of protection and the impossibility of local integration may explain the high rates of PTSD among participants in Kenya. At 69% this rate is similar to rates in Israel.

Conclusions
In Nairobi, in recognition of generalised homophobia and threats towards LGBTI individuals, both HIAS Refugee Trust of Kenya and the Refugee Consortium of Kenya are operating specific programmes addressing the legal, psychosocial and shelter needs of sexual minority refugees. In Israel, where there is a general perception of tolerance towards sexual minorities, there are only minimal proactive measures being taken by assistance providers to enhance protection of this particular vulnerable group. Both settings demand further development of specific outreach and identification strategies and proactive protection measures.

LGBTI and refugee assistance agencies should:

- train local LGBTI advocates on the legitimacy of SOGI-based persecution in claiming international protection and incorporate them into a wider referral network
- post information about SOGI-based persecution and international protection on relevant websites
- extend outreach, identification and referral systems specifically to urban centres beyond Nairobi and Tel Aviv
- facilitate social support groups for sexual minority refugees including integration into social activities and vocational training run by LGBTI civil society
- improve access to psychosocial assistance by extending training on SOGI to professionals in Kenya
- provide safe shelters for sexual minority refugees in Kenya to reduce the need to form dependent relations with abusive hosts.

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1. The sample size is too small to represent the targeted population but may be indicative of a possible trend that needs to be further researched.