

Sexual and Gender Minorities Among the Foreign-Origin Populations in Finland

An intersectional analysis

Mercédesz Czibalmos
Shadia Rask



Report 10/2022

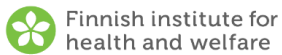
Sexual and Gender Minorities Among Foreign-Origin Populations in Finland

An intersectional analysis

Mercédesz Czibalmos, Shadia Rask



Finnish institute for
health and welfare



**Finnish Institute of
Occupational Health**

Leverage from
the EU
2014–2020



© Author(s) and Finnish Institute for Health and Welfare

Cover photo: Mire Mroué

ISBN 978-952-343-913-9 (printed)

ISSN 1798-0070 (printed)

ISBN 978-952-343-912-2 (online publication)

ISSN 1798-0089 (online publication)

<http://urn.fi/URN:ISBN:978-952-343-912-2>

PunaMusta Oy
Vantaa, Finland 2022

Foreword

Migration studies have long been characterized by cis- and heteronormative assumptions that all immigrants are cis-gender and heterosexual. Queer migration scholarship has, however, increased globally over the past two decades. Although queer migration is not a new phenomenon in the Nordics, research centered around migration and sexual and gender diversity has been scarce. This research seeks to fill this gap in knowledge.

This study focuses on the lived experiences of sexual and gender minorities in the foreign-origin population in Finland. The report addresses the themes of forced migration, health and wellbeing, discrimination, and religion from the perspective of persons identifying themselves to the target population. The report also includes recommendations on how to improve the situation of sexual and gender minorities in Finland, in general and for multiple minorities in particular. The recommendations cover eight themes: employment, healthcare, and social services, trans rights, immigration services, police, religion, language, and research.

The report reflects on the most common challenges sexual and gender minorities in the foreign-origin population face in the Finnish society. The quotations from the qualitative interviews are concrete and moving examples of lived experience. The research shows various structural barriers that minorities within minorities face.

This report was produced as part of the Manifold More project at the Finnish Institute for Health and Welfare (THL). THL's aim in all its activities is that we all could live a healthy life. To achieve this, knowledge on the health, wellbeing and service needs of different foreign-origin populations is also needed. This research fulfils in part one of THL's priorities to reduce inequality and marginalization, and to pioneer in equality. Moreover, THL's statutory duty is to promote gender equality and equity both in its personnel policy and in all its research, guidance, and service activities.

This research was designed and implemented applying the framework of intersectionality and participatory methodologies. In addition, language awareness was applied in the research design, data collection and reporting. This report was initially written in English and translated into Finnish, to serve a wider audience. This is one example of creative yet simple solutions for more inclusive knowledge production.

This work would not be possible without the collaboration of all the different organizations and their representatives, who provided their input, expertise and help throughout the different steps of the project. Most importantly, this report aims to give voice to the forty individuals who participated in the interview process and shared their lived experiences. We thank all the representatives of the organizations and all the individual participants for taking part in the study and contributing to its success.

Abstract

Mercédesz Czimbalmos, Shadia Rask. *Sexual and Gender Minorities Among Foreign-Origin Populations in Finland. An intersectional analysis.* Finnish Institute for Health and Welfare (THL). Report 10/2022. 114 pages. Helsinki, Finland 2022. ISBN 978-952-343-913-9 (printed); ISBN 978-952-343-912-2 (online publication)

Research shows that experiences of discrimination and unequal treatment are multiple for individuals who belong to several minorities. This study focuses on the lived experiences of sexual and gender minorities in the foreign-origin population in Finland.

This report is based on qualitative data from focus group interviews (n=8) and individual semi-structured interviews (n=40). The data collection for the work was implemented using a participatory approach. The concept of intersectionality was applied both in the data collection and in the analytical process. As a first step, focus group interviews were conducted with representatives of organizations and projects who work with sexual and gender minorities (SGMs) in Finnish society. This included stakeholders who specifically work with SGMs but also those who carry out broader minority work, e.g., in the field of anti-racism. As a second step, semi-structured qualitative interviews were conducted with adults who self-identified as sexual and/or gender minorities and of being members of the foreign-origin population.

The content of the individual interviews was divided into four main domains: forced migration, health and wellbeing, discrimination, and religion. These were analyzed domain by domain using Braun and Clarke's reflexive thematic analysis. Recommendations on how to improve the situation of sexual and gender minorities in Finland, both in general and for multiple minorities in particular were identified through the focus group interviews. The recommendations cover eight themes: employment, healthcare and social services, trans rights, immigration services, police, religion, language, and research.

The interviews show that individuals who self-identify as sexual and/or gender minorities and of being members of the foreign-origin population experience challenges in Finnish society due to their migration status, and due to their queerness. These experiences were often emphasized by the intersection of class and to an extent also their ethnicity or race. Persons who fall onto the intersections of various marginalized identities (such as queer asylum seekers or refugees, or racialized individuals) are in especially vulnerable positions in the Finnish society. They often experience both overt and covert forms of discrimination, physically and verbally abusive behavior and various challenges related to exclusion in Finnish society. Challenges are experienced in different life domains from employment and education to the service system and personal life.

The recommendations of this report include strengthening the skills and knowledge of different professionals, ranging from healthcare to the police, on sexual

orientation and gender diversity and expression and cultural diversity. In addition, as the report points out, religious actors should be educated and encouraged to condemn discrimination based on sexual orientation and gender diversity. Better accessibility of information in multiple languages and easy Finnish (fi. selkokieli) is needed. The use of professional interpreters is recommended, and specific attention should be paid to ethical challenges in small diaspora communities. To improve trans rights, legislative changes and attention to trans-specific healthcare are needed. Support for SGM asylum seekers should be streamlined, and reception centers that are suitable and sensitive to the needs of sexual and gender minority asylum seekers should be sufficiently available.

This research has been conducted as part of the Manifold More project at the Finnish Institute for Health and Welfare. The project is partnered by the Finnish Institute for Occupational Health and funded by the European Social Fund (ESF). The Manifold More project has developed participatory knowledge production and language aware practices in expert organizations. Language awareness was applied in the design, data collection and reporting of this research. This report has been initially written in English and has been translated into Finnish. This is one example of creative yet simple solutions for more inclusive knowledge production. To further understand the lived experiences of persons who self-identify as sexual and/or gender minorities and of being members of the foreign-origin population, future research should continue collaboration with grassroots experts, minority communities, and activists.

Keywords: queer migration, sexual and gender minorities, intersectionality, participatory research

Tiivistelmä

Mercédesz Czibalmos, Shadia Rask. Sexual and Gender Minorities Among Foreign-Origin Populations in Finland. An intersectional analysis [Seksuaali- ja sukupuolivähemmistöt ulkomaalaistaustaisessa väestössä Suomessa. Intersektionaalinen analyysi]. Terveyden ja hyvinvoinnin laitos (THL). Raportti 10/2022. 114 sivua. Helsinki, 2022. ISBN 978-952-343-913-9 (painettu); ISBN 978-952-343-912-2 (verkkojulkaisu)

Tutkimukset osoittavat, että moninkertaiseen vähemmistöön kuuluvat saavat osakseen moninkertaista syrjintää ja eriarvoista kohtelua. Tämä tutkimus keskittyy Suomessa asuvien ulkomaalaistaustaisten seksuaali- ja sukupuolivähemmistöjen kokemuksiin.

Raportti perustuu laadulliseen aineistoon, joka kerättiin fokusryhmähaastatteluista (n=8) ja puolistrukturoiduista yksilöhaastatteluista (n=40). Tiedonkeruu toteutettiin osallistavana tutkimuksena. Sekä tiedonkeruussa että analysointiprosessissa sovellettiin intersektionaalista viitekehystä. Tutkimuksen ensimmäisessä vaiheessa järjestettiin fokusryhmähaastattelut, joihin osallistui suomalaisessa yhteiskunnassa seksuaali- ja sukupuolivähemmistöjen kanssa työskentelevien järjestöjen ja hankkeiden edustajia. Tähän kuului erityisesti seksuaali- ja sukupuolivähemmistöjen kanssa työskenteleviä sidosryhmiä, mutta myös laajemmin esimerkiksi antirasismia ja yhdenvertaisuutta edistäviä tahoja. Toisessa vaiheessa toteutettiin puolistrukturoidut laadulliset haastattelut seksuaali- ja/tai sukupuolivähemmistöihin identifioituville aikuisille, jotka kuuluivat ulkomaalaistaustaiseen väestöön.

Yksilöhaastattelujen sisältö oli jaettu neljään alueeseen, jotka olivat pakkomuutto, terveys ja hyvinvointi, syrjintä ja uskonto. Nämä analysoitiin alueittain Braunin ja Clarken refleksiivisen temaattisen viitekehyksen (RTA) avulla. Suosituksia seksuaali- ja sukupuolivähemmistöjen tilanteen parantamiseksi, sekä yleisesti että moninkertaisen vähemmistöjen näkökulmasta, laadittiin fokusryhmähaastatteluiden pohjalta. Suositukset kattavat kahdeksan teemaa: työllisyys, terveys- ja sosiaalipalvelut, transioikeudet, maahanmuuttopalvelut, poliisi, uskonto, kieli ja tutkimus.

Haastattelut osoittavat, että seksuaali- ja/tai sukupuolivähemmistöihin ja ulkomaalaistaustaiseen väestöön kuuluviksi identifioituvat kohtaavat suomalaisessa yhteiskunnassa haasteita maahanmuuttoasemansa ja sateenkaari-identiteettinsä vuoksi. Nämä kokemukset korostuivat usein silloin, kun niihin yhdistyi luokka ja jossain määrin myös etnisuus tai rotu. Erityisen haavoittuvassa asemassa suomalaisessa yhteiskunnassa ovat henkilöt, jotka kuuluvat useampiin eri marginalisoituihin identiteetteihin, kuten queer-turvapaikanhakijat tai -pakolaiset ja rodullistetut henkilöt. He kohtaavat usein sekä ilmeisiä että piileviä syrjinnän muotoja, ruumiillisesti ja sanallisesti loukkaavaa käytöstä sekä ulossulkemiseen liittyviä vaikeuksia suomalaisessa yhteiskunnassa. Haasteita on eri elämänalueilla työllisyydestä ja koulutuksesta palvelujärjestelmään ja yksityiselämään.

Tämän raportin suositukset koskevat muun muassa eri ammattilaisten, kuten terveydenhuollon työntekijöiden ja poliisin, seksuaaliseen suuntautumiseen ja sukupuolen moninaisuuteen ja niiden ilmaisuun sekä kulttuuriseen moninaisuuteen liittyvän osaamisen vahvistamista. Lisäksi olisi koulutettava ja kannustettava uskonnollisia toimijoita tuomitsemaan syrjintä, joka perustuu seksuaaliseen suuntautumiseen ja sukupuolen moninaisuuteen. Huomiota on kiinnitettävä myös tiedon saavutettavuuteen useilla kielillä, myös selkokielellä. Ammattimaisten tulkkien käyttöä suositellaan, ja pienissä maahanmuuttajayhteisöissä tulee kiinnittää erityistä huomiota tulkin käyttöön liittyviin eettisiin haasteisiin. Transoikeuksien parantamiseksi tarvitaan lainsäädännöllisiä muutoksia ja transsukupuolisuuden huomioivan terveydenhuollon kehittämistä. Seksuaali- ja sukupuolivähemmistöihin kuuluville turvapaikanhakijoille annettavaa tukea tulisi sujuvoittaa, ja sopivia vastaanottokeskuksia, jotka huomioivat seksuaali- ja sukupuolivähemmistöjen tarpeet tulisi olla riittävästi.

Tutkimus on osa THL:n Moninaisesti parempi -hanketta. Hanke toteutetaan yhteistyössä Työterveyslaitoksen kanssa, ja sen rahoittajana toimii Euroopan sosiaalirahasto (ESR). Moninaisesti parempi -hankkeessa on kehitetty osallistavaa tiedontuotantoa ja kielitietoisia toimintatapoja asiantuntijaorganisaatioille. Tutkimuksen suunnittelussa, tiedonkeruussa ja raportoinnissa on toteutettu kielitietoisuuden periaatetta. Raportti on kirjoitettu alun perin englanniksi ja käännetty suomeksi. Tämä on yksi esimerkki luovasta, mutta yksinkertaisesta ratkaisusta osallistavampaan tiedontuotantoon. Jotta ymmärtäisimme paremmin seksuaali- ja/tai sukupuolivähemmistöön identifioituvien ja ulkomaalaistaustaiseen väestöön kuuluvien kokemuksia, tutkimusta olisi tulevaisuudessakin tehtävä yhteistyössä eri sidosryhmien, kuten asiantuntijoiden, vähemmistöyhteisöjen ja aktivistien kanssa.

Avainsanat: queer-siirtolaisuus, seksuaali- ja sukupuolivähemmistöt, intersektionaalisuus, osallistava tutkimus

Sammandrag

Mercédesz Czimbalmos, Shadia Rask. Seksuaali- ja sukupuolivähemmistöet ulkomaalaistaustaisessa väestössä Suomessa. Intersektionaalinen analyysi. [Sexuella och könsrelaterade minoriteter bland personer med utländsk bakgrund i Finland. Intersektionell analys]. Institutet för hälsa och välfärd (THL). Rapport 10/2022. 114 sidor. Helsingfors, Finland 2022. ISBN 978-952-343-913-9 (tryckt); ISBN 978-952-343-912-2 (nätpublikation)

Forskning visar att upplevelserna av diskriminering och ojämlik behandling är flerdagiga för personer som tillhör flera minoriteter. Den här studien fokuserar på sexuella och könsrelaterade minoriteters upplevelser bland personer med utländsk bakgrund i Finland.

Den här rapporten bygger på kvalitativa data från fokusgruppsintervjuer (n=8) och enskilda semistrukturerade intervjuer (n=40). Datainsamlingen för arbetet genomfördes med hjälp av delaktighet. Begreppet intersektionalitet användes både i datainsamlingen och i analysprocessen. Som ett första steg genomfördes fokusgruppsintervjuer med representanter för organisationer och projekt som arbetar med sexuella och könsrelaterade minoriteter (SGM) i det finländska samhället. Detta omfattade intressenter som särskilt arbetar med SGM, men även de som utför ett bredare minoritetsarbete, t.ex. inom området antirasism. Som ett andra steg genomfördes semistrukturerade kvalitativa intervjuer med vuxna som själva identifierade sig som sexuella minoriteter och/eller könsrelaterade minoriteter, och som medlemmar av befolkning med utländsk härkomst.

Innehållet i de enskilda intervjuerna delades in i fyra huvudområden: tvångsmigration, hälsa och välbefinnande, diskriminering och religion. Dessa analyserades område för område med hjälp av Braun och Clarkes reflexiva tematiska analys. Genom fokusgruppsintervjuerna identifierades rekommendationer om hur man kan förbättra situationen för sexuella och könsrelaterade minoriteter i Finland, både i allmänhet och för flera minoriteter i synnerhet. Rekommendationerna omfattar åtta teman: sysselsättning, hälsovård och sociala tjänster, rättigheter för transpersoner, invandrings-tjänster, polis, religion, språk och forskning.

Intervjuerna visar att personer som identifierar sig som sexuella minoriteter och/eller könsrelaterade minoriteter, och som medlemmar av den utländska ursprungsbe-folkningen, upplever utmaningar i det finländska samhället på grund av sin migrationsstatus och på grund av sin queerhet. Dessa upplevelser betonades ofta av klass och i viss mån även av deras etniska tillhörighet eller ras. Personer som befinner sig i grupper av olika marginaliserade identiteter (t.ex. asylsökande eller flyktingar som är queer eller rasifierade individer) befinner sig i särskilt utsatta positioner i det finländska samhället. De upplever ofta både öppen och dold diskriminering, fysiskt och verbalt kränkande beteende och olika utmaningar i samband med utslutning i det

finländska samhället. Utmaningar upplevs inom olika livsområden, från sysselsättning och utbildning till servicesystemet och privatlivet.

Rekommendationerna i rapporten omfattar bland annat att stärka kompetensen och kunskapen hos olika yrkesgrupper, från sjukvården till polisen, om sexuell läggning och könsrelaterad mångfald och uttryck samt kulturell mångfald. Dessutom bör religiösa aktörer utbildas och uppmuntras att fördöma diskriminering på grund av sexuell läggning och könsrelaterad mångfald, vilket påpekas i rapporten. Det behövs bättre tillgång till information på flera språk och lättläst finska (fi. selkokielä). Användning av professionella tolkar rekommenderas, och särskild uppmärksamhet bör ägnas åt etiska utmaningar i små diasporasamhällen. För att förbättra transpersoners rättigheter behövs lagändringar och uppmärksamhet behöver ägnas åt transspecifik hälso- och sjukvård. Stödet till asylsökande från grupper av sexuella och könsrelaterade minoriteter bör effektiviseras, och mottagningscenter som är lämpliga och tar hänsyn till behoven hos asylsökande från sexuella och könsrelaterade minoriteter bör vara tillgängliga i tillräcklig utsträckning.

Denna forskning har utförts som en del av Mångfaldigt bättre -projektet vid Institutet för hälsa och välfärd i Finland. Projektet är ett samarbete mellan Institutet för företagshälsovård i Finland och finansieras av Europeiska socialfonden (ESF). Projektet Manifold More har utvecklat en modell för deltagande kunskapsproduktion och språkmedveten praxis i expertorganisationer. Språklig medvetenhet tillämpades vid utformningen, datainsamlingen och rapporteringen av denna forskning. Denna rapport har ursprungligen skrivits på engelska och har översatts till svenska. Detta är ett exempel på kreativa och enkla lösningar för en mer inkluderande kunskapsproduktion. För att ytterligare förstå upplevelserna hos personer som identifierar sig som sexuella minoriteter och/eller könsrelaterade minoriteter, och av att tillhöra befolkningen med utländsk härkomst, bör framtida forskning fortsätta att samarbeta med experter på gräsrotsnivå, minoritetsgrupper och aktivister.

Nyckelord: queer migration, sexuella och könsrelaterade minoriteter, intersektionalitet, delaktighet forskning (participatory research)

Abbreviations

CBPR: community based participatory research

EC: European Commission

ELC: Evangelical Lutheran Church

ERC: Equal Rights Coalition

EU: European Union

GICE: Gender identity conversion efforts

ILGA: International Lesbian, Gay, Trans and Intersex Association

LGBT: The acronym for lesbian, gay, bisexual, transgender

LGBTIQ: The acronym for lesbian, gay, bisexual, transgender, intersex, queer

LGBTQI: The acronym for lesbian, gay, bisexual, transgender, queer, intersex

LGBTQI+: The acronym for lesbian, gay, bisexual, transgender, queer, intersex, and other

LGBTQIA: The acronym of lesbian, gay, bisexual, transgender, queer, intersex, and ally

Migri: Finnish Immigration Service

PHR: participatory health research

RTA: reflexive thematic analysis

SGM: sexual and gender minorities

SOGI: sexual orientation, gender identity and expression

SOGIE: sexual orientation, gender identity and expression

SOGIESC: sexual orientation, gender identity and expression and sex characteristics

SOGIECE: sexual orientation and gender identity and expression change efforts

UNHCR: UN Commission on Human Rights

UNHRC: UN Human Rights Council

WHO: World Health Organization

Glossary

- **Asexual:** A person who experiences little or no sexual attraction to others and/or a lack of interest in sexual relationships/behavior. Asexuality is a broad term that may include a large spectrum of variations in this respect. Asexual people can identify themselves as homosexual, bisexual, pansexual, etc. and can also identify with various genders.
- **Bisexual:** A person who experiences sexual, romantic, physical, and/or spiritual attraction to more than one gender, not necessarily at the same time, in the same way, or to the same degree.
- **Cisgender/cis:** A person whose sense of personal identity or gender does correspond to the sex they were assigned at birth.
- **Gay:** Used in some cultural settings to represent men who are attracted to men in a romantic, erotic and/or emotional sense. Not all men who engage in same-gender sexual behavior identify as gay.
- **Genderfluid:** A person who does not identify with the gender binary and moves within genders and gender stereotypes.
- **Genderqueer:** A person who does not identify or express their gender within the gender binary. Genderqueer people may see themselves as outside of or in between the gender binary or may simply feel restricted by gender labels.
- **Homosexual:** An individual who has romantic and/or sexual orientation towards representatives of the same gender.
- **Intersex:** An umbrella term that describes people born with variations in sex characteristics including chromosomes, gonads, sex hormones, or genitals. Intersex persons are also assigned either male or female at birth. However, the definition made at birth does not necessarily reflect a person's own experience of their gender.
- **Lesbian:** Usually refers to a woman who has a romantic and/or sexual orientation towards women. Not all women who engage in same-gender sexual behavior identify as lesbian.
- **Non-binary:** A person whose gender identity does not fall within the binary genders of man or woman. Non-binary individuals often fall under the umbrella term of transgender people.
- **Pansexual:** A person who experiences sexual, romantic, physical, and/or spiritual attraction for members of all gender identities/expressions.
- **Passing:** In the context of gender, "passing" is a contentious term used when someone is perceived as e.g., cisgender.
- **Queer:** A political and often academic perspective and mindset that questions society's norms related to gender and sexual orientation. Queer can also be an identity, meaning that a person does not want to determine their own sexual orientation or gender.

- **Questioning:** An individual who is unsure of and/or exploring their gender identity and/or sexual orientation.
- **Transgender/trans:** A person whose sense of personal identity or gender does not correspond to the sex they were assigned at birth. Trans people could identify along the binary, as men or women, but can also identify as non-binary. It is important to mention that sexual orientation varies and is not dependent on gender identity.

Sources (in Finnish):

Seta's "rainbow glossary" (fi. sateenkaarisanasto)

THL's glossary on sexuality and gender (fi. seksuaalisuuden ja sukupuolen sanasto)

THL's equality glossary (fi. tasa-arvosanasto)

Contents

Foreword	3
Abstract	4
Tiivistelmä.....	6
Sammandrag.....	8
Abbreviations	10
Glossary.....	11
Contents.....	13
1 Introduction	15
1.1 The global situation of gender and sexual minorities	16
1.1.1 The rights of gender and sexual minorities.....	16
1.1.2 The situation of gender and sexual minorities in Europe	18
1.2 The situation of gender and sexual minorities in Finland	19
1.2.1 Organizations and projects supporting SGMs	23
1.2.2 Increasing interest in SGM research in Finland.....	23
2 Theoretical Framework and Methods.....	25
2.1 Intersectional approach	25
2.2 Participatory research.....	27
2.3 Data and Methods	29
2.3.1 Focus groups.....	29
2.3.2 Individual interviews	30
2.3.3 Analytical approaches.....	31
2.3.4 Limitations.....	32
2.4 Ethical considerations	33
3 Queer Asylum Seekers and Refugees	35
3.1 Introduction.....	35
3.2 Data and methods.....	37
3.3 Results.....	38
3.3.1 Proving credibly queer as an asylum seeker is not without difficulties	38
3.3.2 Finland is not necessarily a safe haven.....	42
3.3.3 Increased need of support systems	44
3.4 Conclusions.....	46
4 Discrimination, microaggressions and exclusion	47
4.1 Introduction.....	47
4.2 Data and methods.....	49
4.3 Results.....	49
4.3.1 Experiences of microaggressions	49
4.3.2 Overt discrimination on multiple grounds.....	53

4.3.3 (Self-) constructed “bubbles”	57
4.4 Conclusions.....	59
5 Health and Wellbeing.....	61
5.1 Introduction.....	61
5.2 The effects of the corona pandemic on sexual and gender minorities	63
5.3 Data and methods.....	63
5.4 Results.....	64
5.4.1 Perceived barriers when accessing health services.....	64
5.4.2 Struggles with mental health	68
5.5 Conclusions.....	71
6 Religious Communities	73
6.1 Introduction.....	73
6.2 Religious communities in Finland	74
6.3 Data and methods.....	75
6.4 Results.....	76
6.4.1 Religion legitimizing discriminatory behavior.....	76
6.4.2 Combining religious and queer identities	79
6.5 Conclusions.....	83
7 Recommendations	84
7.1 Employment.....	84
7.2 Healthcare and social services	85
7.3 Trans rights	85
7.4 Immigration services.....	86
7.5 Police	87
7.6 Religion.....	88
7.7 Language.....	89
7.8 Research.....	89
8 Conclusions	91
About this report	93
References	94
Attachment 1. Translation of abstracts.....	107
Arabic	107
French	109
Russian.....	111
Attachment 2. Focus group interview outline	113
Attachment 3. Individual interview outline.....	114

1 Introduction

Migration across state and cultural borders has been typical for humans since ancient times. The nature of migration can differ remarkably depending on the experiences of localities and regions (Martikainen 2013). Migration to Finland is not a particularly new phenomenon either, as proved by previous works on the Finnish Tatars, or the roots of the Finnish Jewish communities (see, e.g., Torvinen 1989; Halén & Martikainen 2015; Czimbalmos & Pataricza 2019). Finland has been a country of migration throughout its modern history (Martikainen 2013: 3-4; Heleniak 2020: 42). As such, it is not surprising that the subject of migration to and from Finland has been previously studied from various perspectives.

Multiple studies have focused on the experiences of various diaspora communities in Finland—including those of asylum seekers, refugees, or undocumented migrants (Wahlbeck 1997; Juntunen 2011; Bjork & Farah 2017; Yijälä & Nyman 2017; Juntunen & Al Aloulou 2019; Bjork & Farah 2017; Jauhiainen & Tedeschi 2021). A number of studies have focused on aspects of family migration (Leinonen & Pellander 2014; Pellander 2016) and the effects of immigration on the field of religion (Martikainen 2013, 2015). In addition, recently the experiences and needs of Finnish citizens residing (and returning from) abroad have also been of interest (Hovi, Tervonen & Latvala-White 2021). When it comes to the health and wellbeing of immigrant populations and individuals of migrant origins in Finland there have been extensive studies in various forms (see, e.g., Mähönen, Leinonen & Jasinskaja-Lahti 2013; Koukula et al. 2016; Rask et al. 2018; Skogberg et al. 2019; Kuusio et al. 2020; Çilenti et al. 2021). The Finnish Institute for Health and Welfare has extensively studied various aspects connected to the subject.

Migration studies have for long been characterized by the assumption that “all the immigrants are heterosexual” and “all the queers are citizens” (Luibhéid 2004: 233), while queer migration itself is not a new phenomenon at all. In the Finnish context, in the 1970s, for example, several individuals migrated from Finland to Sweden not only for economic reasons, but also to find queer communities (Rydström & Mustola 2007). Yet, while previous research established that migration studies would benefit from applications of gender-sensitive theoretical frameworks (Palmary et al. 2010; Sollund & Leonard 2012; Timmerman et al. 2018) and while gendering migration has been studied since the early 1990s, queer migration has only recently gained increasing academic interest (Mole 2018: 77).

Internationally, several studies have been conducted on sexual and gender minorities from a migration perspective, outside Europe (see e.g., Eng 1997; Mai & King 2009; Luibhéid 2008; Luibhéid & Cantú 2009; Lee & Brotman 2011; Murray 2014; Alessi 2016; Cheney et al. 2017; Manalansan 2018; Marnell, Oliveiria & Khan 2021).

Research in the European and Nordic context has mainly focused on queer refugees and asylum seekers (see, e.g., Hertoghs & Schinkel 2018; Mole 2018; Korten 2019). In Finnish research, while several recent works have touched upon certain aspects of migration in relation to sexual and gender minorities (see, e.g., Lepola 2018; Jokela et al. 2020), queer migration, and the various complexities connected to it are yet to be studied in detail. Noticeably, there has been a growing interest in studying the experiences of asylum seekers and refugees, who also fall into the intersection of queerness in bachelor's and master's theses (see, e.g., Albekoglu 2018; Vitikainen 2019; Puumalainen 2018, 2020). In addition to these theses, a few other publications have also touched upon the needs of this group (Castaneda et al. 2018; Skogberg et al. 2019).

While migration has long been an important, and well-research topic in Finland queer migration, in all its complexities, is arguably understudied in the Finnish context, and requires further attention. This report fills the gap in the current research and aims to reflect on the most crucial challenges sexual and gender minorities who also identify as belonging to the foreign-origin populations in Finland face.

1.1 The global situation of gender and sexual minorities

While the situation for sexual and gender minorities has changed significantly over the past decades globally, it is clear from international research that this segment of the population does not have the same rights and treatment in each country over the globe. In many countries, sexual and gender minorities still face discrimination, repression, imprisonment, and even the threat of death. A growing number of activists and governments have brought the topic to the forefront of discussions to initiate laws and policies to protect this community from legal, political, social, and economic marginalization and discrimination. The goal of this chapter is to provide a brief overview of some sexual and gender minority rights internationally and in Finland and introduce the readers to some aspects of research on the subject in the Finnish context.

1.1.1 The rights of gender and sexual minorities

Over the past decades, several legal entities, and human rights treaties have addressed the rights of sexual and gender minorities internationally. Even though activism in support of sexual and gender minority rights has gained increasing visibility over the recent years and the number of countries where steps towards providing rights have been increasing, the development of these rights globally is neither linear nor necessarily solely progressive.

In 2003, the Brazilian Resolution was presented to the Economic and Social Council of the United Nations on “Human Rights and Sexual Orientation” to the UN Commission on Human Rights (UNCHR) (UNCHR 2003a, b, c). The rights of sexual and

gender minorities in the UN system have begun to be increasingly addressed during the 2010s. In 2011, UN Human Rights Council (UNHRC) resolution 17/19 “Human Rights, Sexual Orientation and Gender Identity” was adopted: the United Nations High Commissioner for Human Rights was mandated to commission a study, documenting sexual orientation and gender identity (SOGI) based discrimination and violence around the world (UNHRC 2011: 1). The results were discussed during the UNHRC panel in the following year (UNHRC 2012).

In 2006, a group of human rights lawyers gathered in Yogyakarta, Indonesia, to outline a set of principles relating to sexual orientation and gender identity. Their efforts resulted in the Yogyakarta Principles, which have served as a touchstone for sexual and gender minority rights ever since. The Yogyakarta Principles address a broad range of international human rights standards and their application to matters of sexual orientation and gender identity (SOGI). In November 10th 2017 a panel of experts published additional principles expanding on the original document reflecting developments in international human rights law and practice since the 2006 Principles, “The Yogyakarta Principles Plus 10”. The new document also contains 111 “Additional State Obligations,” related to areas such as torture, asylum, privacy, health, and the protection of human rights defenders (Yogyakarta Principles).¹

Bodies of the UN treaty have frequently referred to issues related to sexual orientation, gender identity, gender expression, and gendered body features in their conclusions. According to ILGA World’s annual report, entitled “United Nations Treaty Bodies: References to Sexual Orientation, Gender Identity, Gender Expression and Sex Characteristics,” in 2019, nine Treaty Bodies made 137 SOGIESC references in sixty-six Concluding Observations on fifty-six different states. This included ten follow-up recommendations to eight countries made by five Committees (ILGA AR 2019: 9).

There are also other entities that work on enhancing and strengthening the rights of sexual and gender minorities, such as the UN LGBTI Core Group or the Equal Rights Coalition. The former, established in 2008, is an informal group of currently thirty-three states, that promotes the realization of LGBTIQI rights in the UN system. Their core objectives are to raise awareness about LGBTI issues, to contribute to multilateral work and negotiations at the UN, and to engage in dialogue and cooperation with UN member states and other stakeholders outside the group (UN LGBTI CG). The latter one, is an intergovernmental organization established in 2016. Currently, it consists of forty-two members, including Finland. Their activities consist of national and regional diplomacy, cooperation with civil society and multinational institutions, and influencing national legislation and policy development (ERC).

¹ The full text of the Yogyakarta Principles and the *Yogyakarta Principles Plus 10* are available at: www.yogyakartaprinciples.org.

Despite these developments, the recent emersion of restrictive laws, as well as the criminalization of sexual conduct is also present in a great number of countries. During the first months of 2016, for example, 100 reported murders of transgender and gender-diverse people were reported worldwide (Transgender Murder Monitoring Project 2017). Sexual and gender minorities experience several risk factors, denunciation, and high levels of violence all over the world (see e.g., Stotzer 2009; Rothman, Exner & Baughman 2011; Buyantueva 2018; Bosia, McEvoy & Rahman 2019; Müller et al. 2021; Durojaye, Mirugi-Mukundi & Ngwena 2021).

1.1.2 The situation of gender and sexual minorities in Europe

Protecting and promoting the fundamental rights of sexual and gender minorities is an important element of the agenda of the European Union. While in certain countries, progress has been made in the protection against discrimination based on sexual orientation, gender identity, and sex characteristics since 2010 within the EU there are still several important questions relating to the fundamental rights of SGMs which are yet to be addressed at an EU level. Some recent examples are the cases of Hungary and Poland, where multiple violations against the fundamental rights of sexual and gender minorities happened over the past years (EC 2021).

On the 5th of March 2020, the European Commission (EC) proposed the Gender Equality Strategy 2020-2025. The Strategy sets out to protect and advance the rights of “women and girls in all their diversity” and specific actions. “In all their diversity” is explicitly defined in the Strategy to refer to people regardless of their “sex, gender identity, gender expression, or sex characteristics” (GES 2020). On the 11th of November 2020, the European Commission adopted the LGBTIQ Equality Strategy 2020-2025 (LGBTIQ ES), reaffirming the EC’s commitment to work towards the adoption of non-discrimination directives, and EU-wide protection against discrimination on the grounds of sexual orientation, gender identity and expression, and sex characteristics (SOGIESC) in all Member States. In addition, over the past ten years, the European Parliament has adopted a number of resolutions on the rights of sexual and gender minorities, addressing several matters, including discrimination based on sexual orientation and gender identity in various situations or hate speech against sexual and gender minorities, the rights of intersex people, gender-based violence, and issues related to the health and well-being of sexual and gender minorities.²

Despite these, there are still major differences between legislation and general attitudes concerning sexual and gender minorities in Europe, even within the European Union. These differences are, systematically pointed out by ILGA Europe, the

² For further details, see European Parliament, Legislative Observatory (EP LO): <https://oeil.secure.europarl.europa.eu/oeil/home/home.do>

International Lesbian, Gay, Trans and Intersex Association’s annual Rainbow Map and Index.³

When it comes to the Nordic countries specifically, the area of gender equality has been a key point of their collaboration. Until recently, equal rights for sexual and gender minorities were not part of this Nordic co-operation, however in 2020, this changed, and the collaboration was expanded to include the rights of LGBTI people—which is the abbreviation officially used in the context of Nordic co-operation (Norden). Moreover, in September 2019, the Finnish Presidency of the Council of the European Union and the European Commission hosted the High-Level Conference on Advancing LGBTI Equality in the EU: from 2020 and beyond, during which the advancement of “LGBTI equality”—as stated in the conference report—was discussed (EU-EC Conference Report 2019).

1.2 The situation of gender and sexual minorities in Finland

It is difficult to estimate the precise size of the sexual and gender minority population in Finland, for multiple reasons. The spectrum of sexual orientations, behaviors and gender diversity is vast, and naturally it may change over the course of individuals’ lives. Nevertheless, the size of this segment of the population in Finland, has previously been estimated to be approximately 5–15 percent of the overall Finnish population (Lehtonen 2006: 14).

Finland, as well as other Nordic countries are often “marketed” as the most developed countries in the world, in terms of (sexual and gender) minority rights (Gisalson, Lammi-Taskula & Holter 2016). Sexual and gender minority rights are also reflected on in the recent Government Action Plan for Gender Equality 2020–2023 (STM 2021). The same publication emphasizes the importance of intersectional approaches as well.

Finland recognizes sexual orientation, gender identity and expression (SOGIE) as bases of asylum-seeking claims. This is especially important, considering that the number of asylum claims based on SOGIE has been growing all over the world. Due to the recent political events in Afghanistan, Ukraine, and Russia the number of asylum seekers arriving in Finland may potentially be growing. As such, the number of

³ ILGA Europe, is an entity (established in 1996), under ILGA World. ILGA Rainbow Map and Index in 2009 to document the legal situation, and to measure change, and progress at the international level to achieve full equality of sexual and gender minorities worldwide. The Rainbow Map and Index is to set benchmarks and identify necessary to pave the way for this equality. Using hard data, this publication ranks each country and points out the necessary legal changes that are to be implemented in various realms of sexual and gender minorities’ lives.

SGM asylum seekers may also become significantly higher in the country in the foreseeable future.

Taking all these matters into consideration, “The 2021 Rainbow Map and Index” of ILGA, ranks Finland sixth on the list of forty-nine European countries in terms of LGBTI rights and policies (ILGA 2021), and since the decriminalization of homosexual activities in 1971, there have been significant changes and advancements in the rights of sexual and gender minorities in Finland—as summarized by the non-governmental organization Friends of Queer History (fi. Sateenkaarihistorian ystävät ry)⁴ on their website.⁵

⁴ In Swedish: Queerhistoriens vänner rf. For further details, see: <https://sateenkaarihistoria.fi/>

⁵ The entire timeline showed on the website has been edited slightly and certain dates were omitted from this report.



Picture 1. Modified timeline of the legal changes concerning sexual and gender minorities in Finland from the website of Friends of Queer History

While these changes have affected sexual and gender minorities positively, there are multiple issues that require further consideration. Guaranteeing equality plays an important role in the implementation of human rights in Finland.

The Act on Equality between Women and Men (609/1986)—colloquially known as the Equality Act—with its latest amendments aims to prevent discrimination based on gender, promote equality between women and men, and thus to improve the status of women, particularly in working life. In addition, it aims to prevent discrimination based on gender identity or gender expression.

The purpose of the Non-Discrimination Act (1325/2014) is to promote equality and prevent discrimination as well as to enhance the protection provided by law to those who have been discriminated against. In addition to questions of subtle forms of discrimination, there are other factors too which require further attention. Overt discrimination, and hate crimes are very much present in Finnish society. According to recent

estimates, approximately 80 percent of hate speech, harassment and other similar incidents are left unreported to the relevant authorities (OG 2018).

While the Finnish legislation provides a certain level of protection to victims of discrimination, particular events of discrimination may not be overt nor easily

detectable. One example of this is the “trans law” (563/2002)⁶ of Finland for example which has been criticized by researchers, activists, and the general public alike. Whilst recognizing the issues with the current law, a government proposal (STM009:00/2021) was created, with the intention to update the legislation. Gender-affirming care in Finland is currently legally administered in Finland in two outpatient clinics, trans polyclinics—often referred to as “transpoli” or “trans clinic”—located in Helsinki and Tampere. At the clinics, psychiatric-led work groups are responsible for the gender-affirming processes (Mattila & Tinkanen 2015: 363; Irni 2017: 125). The clinics utilize the diagnostic codes of the ICD-10.⁷ After receiving a diagnosis from either of these clinics, the gender-affirming treatment of the patient is administered along a personalized path and may entail hormone treatment or certain surgical procedures (Mattila & Tinkanen 2015: 363; Tinkanen & Das 2015: 372; Irni 2017: 115). Due to the current legislation, a trans person wanting to correct their legal gender marker are required to undergo a sterilization process. In addition, there is normative pressure on trans people to undergo hormone therapy and/or surgical procedures even if they would prefer not to (Repo 2019: 97).

Another rather well-known legislative issue is the fact that conversion practices as such, are still not legally banned by the Finnish legislation. In 2021, both the Finnish Psychiatric Association (Suomen psykiatriyhdistys), and the Finnish Psychological Association (Psykologiliitto) issued their statements on sexual orientation and gender identity and expression change efforts (SOGIECE),⁸ emphasizing that such “therapies” and “treatments” which essentially aim to change an individual’s sexual orientation, sexual behavior or self-perceived gender are harmful for the individuals’ psychological health and wellbeing (PSY 2021; PSL 2021). A citizens’ initiative (KA 2021) that aims to urge the Finnish Parliament to take up the issue of banning conversion therapies has gained enough support and has been sent to the parliament to be processed. However, while not supported by credible professional communities (Kinitz et al. 2021), currently conversion practices still are used in various circles. The subject of conversion practices has recently been tackled in an extensive report titled “Conversion Practices and Societal Responsibility” (fi. Eheytystoiminta ja yhteiskunnan vastuu) written by researcher Peik Ingman and published by the Finnish non-governmental human rights organization, Seta ry. As Ingman stresses, even if

⁶ Fi. Laki transseksuaalin sukupuolen vahvistamisesta; Eng. Act on legal recognition of the gender of transsexuals.

⁷ International Classification of Diseases. Whereas in the ICD-10 guidelines (WHO, ICD-10) the two currently used diagnostic codes related to gender-affirming care are placed under “Mental and Behavioural Disorders,” in the ICD-11 (WHO, ICD-11; WHA) guidelines, the diagnostic code “Gender incongruence” was introduced and placed under “Conditions related to sexual health.”

⁸ The statements of the two associations refer to gender identity changing efforts and conversion therapies in their text.

conversion practices are banned, it is important to emphasize the support needs of those who have tried to change and the readiness of welfare services.

Other problematic aspects concerning the rights of sexual and gender minority rights in Finland are summarized in the report “Towards a More Inclusive Finland for LGBTIQ People: Situational Assessment of the Fundamental and Human Rights of Sexual and Gender minorities in Finland 2021” (Pihlajamaa 2021). The extensive report addresses several aspects connected to sexual and gender minorities and their rights in Finland, including the attitudes towards sexual and gender minorities, hate crimes and safety, self-determination and family law, health and wellbeing, working life and livelihood, education, training, sports, youth, and cultural matters. It also addresses the structures of LGBTIQ policy, such as the coordination between ministries and collection of information on the subject (Pihlajamaa 2021).

1.2.1 Organizations and projects supporting SGMs

While the situation of sexual and gender minorities in Finland is significantly better than in various other countries—both within and outside the EU—it is important to highlight that the work of organizations, projects and non-governmental organizations play a crucial role in Finland in advancing these rights and developing the societal position of this segment of the population.

There are several “rainbow organizations,” NGOs and individual projects that aim to support different groups within sexual and gender minorities specifically. In addition to these, some organizations have a broader or different focus but tend to work with an intersectional approach, and as such also support SGMs. They recognize that issues that certain minority groups experience are interrelated and are to be viewed and treated holistically. While these organizations and projects do tremendous work both nationally and internationally when striving to create a more inclusive society, their resources—especially their financial resources—are often scarce and their projects are often temporary.

1.2.2 Increasing interest in SGM research in Finland

A growing number of studies are focusing on sexually and gender diverse individuals in Finland. In 2004, the Society of Queer Studies in Finland started their operations, advocating research on critical, theoretical, and empirical exploration of sexualities and genders. They publish their open access SQS journal, and arrange lectures, meetings, and conferences regularly (SQS). The importance of such research has also been pointed out by the Ministry of Justice’s recent Policy Brief (OM 2021). Over the past two decades, a significant number of studies have addressed issues connected to SGMs—naturally not solely connected to SQS.

The results of THL’s recent publication *Perspectives on gender equality—analyses of the Gender Equality Barometer 2017* (fi. Näkökulmia sukupuolten tasa-arvoon—analyyseja tasa-arvobarometrista 2017) (Teräsaho & Närvi 2019) has already

highlighted the importance of recognizing and considering gender diversity and sexual diversity in questionnaire surveys. In line with this, the School Health Promotion Survey of 2019 (fi. Kouluterveyskysely 2019) addressed the studied youth also with asking questions about their sexual orientation and gender identity.

The results of survey demonstrate that mental health issues concern for SGM youth twice as much as they concerned “non-rainbow youth.” Mental health was a worry for more than half of the SGM youth: sixty percent of SGM youth had been worried about their mental health during the past year since conducting the survey. In addition, anxiety and depression were almost three times more common among them: one in five of the respondents had felt that their health was moderate or poor. The results also indicate that SGM youth do not receive sufficient help with their problems when they would really need it (Jokela et al. 2020).

As the analysis of the survey responses point out, 7–8 percent of youth who identify themselves as individuals of foreign-origin also consider themselves as belonging to sexual or gender minorities (Jokela et al. 2020: 13), which is a particularly relevant information for future research. Due to the urgency and the importance of the topic, it is, perhaps not surprising that several studies have focused on the experiences of SGM youth, as well as the education on sexual and gender minorities in Finland (see, e.g., Hästbacka & Sirén 2017; Lehtonen 2017; Lehtonen & Taavetti 2018; Kaltiala-Heino 2019; Kurki-Kangas et al. 2019; Heino, Ellonen & Kaltiala 2021; Lehtonen 2021a, b).

Moreover, the recent and ongoing WeAll and CoWeAll research projects have focused on facilitating the inclusion of vulnerable, discriminated, or marginalized groups in working life and education. The projects have explored practices, experiences, and discourses by focusing on particular intersections of individuals lives, including those of sexual and gender minorities (WeAll; CoWeAll), resulting in numerous publications⁹ (see, e.g., Francis, Kjaran & Lehtonen 2020; Lehtonen 2020; Hyvärinen, Jokela & Lehtonen 2021). In addition, the research project PRACT at the University of Jyväskylä (2018–2021) was launched to promote equal access and to tackle discrimination against gender and sexual minorities in sports and physical education (PRACT).

These examples are a small segment of the overall picture. The list of works that have studied different aspects pertaining to SGMs in Finland is much longer, while the experiences of those whose identities fall onto various intersections require further research. In each of the results chapters of this report, further relevant international and Finnish research on the topic of the specific chapter will be elaborated at the beginning of each chapter.

⁹ For the full list of publications associated with the projects, see: <http://weallfinland.fi/julkaisut/>

2 Theoretical Framework and Methods

2.1 Intersectional approach

Intersectionality has recently emerged as a concept, a theoretical framework, and an analytic sensibility in various academic fields. While certain scholars have outlined specific utilization guidelines for intersectionality both in quantitative and qualitative research methodologies, intersectional approaches to research have remained as contested as they are popular. This section aims to give a brief introduction to the history of intersectionality, a brief overview of the concept and its criticism.

Over the past decades, intersectionality has become a widely known term in international academic and activist circles, which have frequently applied the concept in their work. While the term that we use today has emerged from the experiences of Black women in the United States, intersectionality is not confined to the North American, or the European context solely, and as such, has been used by people in the Global South as well, without naming the concept “intersectionality” as such (Collins & Bilge 2016: 13; Pandey 2019).

In 1989, Kimberlé Crenshaw used the term “intersectionality” in “Demarginalizing the intersection of race and sex: a black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics” (Crenshaw 1989) when demonstrating how the dichotomous policies in the USA could only see discrimination through a black male or a white female narrative. Using the famous crossroad metaphor, Crenshaw’s goal was to point out that anti-discrimination policies must take into account what happens when gender- and race-based discriminations cross each other (Lykke 2010: 71).

Since Crenshaw coined the term, intersectionality has been broadened by both scholars and activists, who have engaged in a broad range and variety of issues, including power dynamics, legal and political systems, social identities, or discourse structures within and beyond the United States (Carbado et al. 2013; Collins & Bilge 2016). The term “intersectionality” has been used in various ways, with various definitions and understandings of the term.

While there are several different approaches to intersectionality, three elements of the theory are, perhaps, common to each of these approaches: individuals are assumed to have multiple intersecting identities; a dimension of power and oppression is within each identity; these identities of individuals are created by the socio-cultural context and as such they are mutable (Else-Quest & Hyde 2016; Abrams et al. 2020:2). Patricia Hill Collins and Sirma Bilge (2016) suggest the following description of the framework of intersectionality:

Intersectionality is a way of understanding and analyzing the complexity in the world, in people, and in human experiences. The events and conditions of social and political life and the self can seldom be understood as shaped by one factor. They are generally shaped by many factors in diverse and mutually influencing ways. When it comes to social inequality, people's lives and the organization of power in a given society are better understood as being shaped not by a single axis of social division, be it race or gender or class, but by many axes that work together and influence each other. Intersectionality as an analytic tool gives people better access to the complexity of the world and of themselves.

(Collins & Bilge 2016: 11)

Identities of individuals overlap, are rather interdependent, and mutually constructive of each other. This implies that neither of these alone can explain disparate outcomes, or privileges or advantages, without the intersection of the other multiple social identities. These identities are to be treated as overlapping and connected (Collins 1990; Nash 2008; Bowleg 2008, 2012, 2013: 755). The marginalized social positions of people (e.g., race, gender, sexual minority status, etc.) and the social processes based on those positions (e.g., discrimination) intersect to reflect socially structured privilege and inequality (Bowleg 2012, 2017; Crenshaw 1989; Collins 1990).

Some scholars refer to intersectionality as a theory, others as an analytic sensibility (Rice, Harrison & Friedman 2019; Abrams et al 2020). Intersectionality is not a unified theory or approach, but rather one way of conceptualizing a central theoretical development in recent feminist theory (Vuola 2019: 55). Intersectionality has the potential of highlighting the interaction of various social identities, in various contexts (Collins 2015), and as such, has been crucial to identifying the challenges intersectional oppression results in different spaces. Intersectionality has the potential to create a better understanding of advantaged and disadvantaged positions, marginalized and privileged identities in order to facilitate a better understanding of health. Intersectional qualitative research can generate new knowledge and more holistic representations of the experiences of marginalized groups and individuals, by pointing out which forces create those experiences. Intersectionality allows for the advancement of social justice via critical study areas such as health services at the individual and community level, of health disparities of individuals, or of cultural illness narratives—to name a few (Abrams et al. 2020: 4). Therefore, with the tool of intersectionality, underlying power structures that inform health inequities can be addressed efficiently (Choo & Ferree 2010; Bowleg 2017).

While criticism towards the framework of intersectionality exists (see, e.g., Greenebaum 1999; Stögner 2021) it pertains by and large to the utilization of the concept, rather than to the legitimacy of intersectionality itself. While it has most certainly been a guiding framework focusing on experiences of marginalized groups, it is a

framework that pertains to all people: it can be utilized to investigate experiences of individuals with multiple privileged identities, and individuals who have a combination of privileged and unprivileged identities (Yuval-Davis 2011; Christensen & Jensen 2012; Abrams et al. 2020).

2.2 Participatory research

Over the last decade, researchers from a variety of disciplines have engaged different stakeholders, including the youth, marginalized communities, end-users, or patients—to name a few—by providing them with active roles in the research process to ensure that the research is translational and relevant to their lives (Balazs & Morello-Frosch 2013; Jull, Giles & Graham 2017; Vaughn et al. 2018; Vaughn & Jacquez 2020). These stakeholders are engaged in a continuum, ranging from academic-driven research to equitable, shared decision making between academic and community partners. As such, there is not a dichotomous distinction between engagement and non-engagement (Vaughn & Jacquez 2020).

Participatory Research (PR) is an umbrella term that covers a wide range of participatory approaches, methodologies and frameworks. These use systematic inquiry in collaboration with those who are affected by the studied issue for the purpose of action or change. Participatory approaches share the value of doing research with those who are typically the subjects of research, instead of doing research on them (Reason & Torbert 2001; Cargo & Mercer 2008; Vaughn & Jacquez 2020), which allows conducting research from a more ethical perspective. Participatory approaches facilitate the involvement of individuals, who may belong to or represent the interests of the people who are the focus of the particular study, including individuals and with insider knowledge and expertise about the community that is to be studied. These individuals may or may not be necessarily trained in research.

During a participatory research process, the researcher builds up partnerships with these communities (Jagosh et al. 2012; Vaugh & Jacques 2020). Participatory research allows for individuals, groups, and communities to actively contribute to the creation of knowledge in the research process (Reason & Bradbury, 2006), and thus provides an interactive process of knowledge exchange, and it can “bridge the know-do gap” (Jull, Giles & Graham 2017: 2) in research. PR has the potential to increase knowledge and understanding of a given phenomenon, and to increase policy and social change to improve the health and quality of life of community members, and vulnerable populations (Aldridge 2015; Israel et al. 1998, 2010, 2012; Wallerstein et al. 2018; Vaugh & Jacques 2020).

There are multiple ways of doing participatory research. Generally, researchers within each field and discipline view research as a collaborative inquiry. During each and all phases of the research, the researcher has the possibility to decide which methodological approaches or tools will produce the desired level of participation.

Generally, as a first step, stakeholders must identify their needs in and goals of the research process. As a second step, researchers must identify the needs of the research to provide the desired impact, outcome, and evidence. Ideally, academic and community partnerships work together to identify the needs of both communities. These steps will then lead to different participatory strategies (Vaughn & Jaquez 2020:5).

In fields, such as public health, nursing or social work, the term community based participatory research (CBPR) has been increasingly used, which describe collaborative, participatory approaches and research orientations (Wallerstein et al. 2018; Vaughn & Jaquez 2020). CBPR in public health is a research approach that fairly involves community members, organizational representatives, and researchers in all aspects of the research process and in which all partners contribute expertise and share decision making and ownership (Israel et al. 1998, 2008).

Participatory health research (PHR) is a research paradigm, and type or a variation of community-based participatory research, which most centrally values participation from stakeholders in the research process in specific ways to improve the quality and relevance of the research (Vaughn & Jaquez 2020). PHR is informed by a variety of participatory research traditions from different areas and time periods. It is not a unified research paradigm, in the sense that it entails several different “scales” of participation. These cannot be confined to simple invitations. The scale and the extent of the community’s participation requires the initiators of the research to identify meaningful ways to judge the adequacy, and participation for those involved in specific contexts and on specific levels in the research process (Wright, Springett & Kongats 2018: 6–9). When non-participatory approaches are utilized, the knowledge creation is mainly in the hands of the researcher. Participatory approaches, therefore, can empower the community and allow them to construct the information that essentially concerns their communities.

The research behind the current report was based on close collaboration with grass-root experts, who provided the researcher with empirical knowledge on the subject matter before, during and after the focus group interviews, helped in suggesting participants for the study and disseminated the information about the study in their own networks. Via these inputs, the researcher was able to reflect on and address issues that may not have been visible through traditional research approaches.

It is noteworthy, however, that due to the large number of stakeholders, their participation and levels of involvement varied throughout the process. Some of them were involved in the focus group interviews, and in the initial discussion with the researcher preceding them, and some were consulted regularly during the research process. All stakeholders who participated in the research had the opportunity to comment the recommendations of this report (see, “Recommendations”), which were primarily created via analyzing the focus group interviews and integrating the individual interview analysis results.

2.3 Data and Methods

The qualitative data analyzed within the scope of this study was collected between February–July 2021, within the Manifold More Project. The qualitative data collection for the study was implemented in two main stages: first focus group interviews were conducted with the relevant identified stakeholders (see in the upcoming section), then individual interviews were conducted with the members of the target population.

In addition to the newly collected qualitative data, the responsible researcher reviewed the possibility to include the analysis of previously collected quantitative data from the FinMonik 2018–2019 research. However, the sample size of those who identified themselves as belonging to gender minorities amounted to less than one percent of the overall number of participants ($n=6836$) and as such, no reliable information could be derived from the sample. Moreover, the data collection did not specifically refer to non-heterosexual relationships and as such, no reliable information was derivable in relation to sexual minority status either (see, Kuusio et al. 2020).

When conducting the interviews—particularly those with the individual participants—the researcher strove to ensure inclusive data collection by conducting the interviews flexibly in locations and time frames which suited the participants the most, including outside of office hours, for example over the weekend. Moreover, preferences concerning the usage of language, and preferred interpreters were considered thoroughly.

2.3.1 Focus groups

First, the key stakeholders who work together with sexual and gender minorities were identified. These stakeholders were informed about the research and its scope and were asked to take part in the study. These stakeholders included organizations whose work specifically focuses on sexual and/or gender minorities, but also organizations that encounter this specific group of the population in their daily work, but their scope is extended to other minorities within the Finnish society. To ensure the intersectional perspective already in the data collection, a broad range of organizations and projects were contacted at this stage. As a second step, focus-group interviews were conducted with the representatives of the following organizations:

- Anti-Racist Forum
- City of Helsinki (Helsingin kaupunki)
- City of Oulu (Oulun kaupunki)
- City of Tampere (Tampereen kaupunki)
- Family Federation of Finland (Väestöliitto ry)
- Fem-R
- Helsinki Pride Community (Helsinki Pride -yhteisö ry)

- Islamia Queeristi
- Kaikkien naisten talo
- Loisto settlement (Loisto settlementti ry)
- Sinuiksi
- Seta
- Support of Victims of Religions (Uskontojen uhrien tuki ry)
- Taakasta voimavaraksi
- The Evangelical Lutheran Church of Finland (Suomen evankelis-luterilainen kirkko)
- The Jewish Community of Helsinki (Helsingin juutalainen seurakunta)
- The Orthodox Church of Finland (Suomen ortodoksinen kirkko)
- Trans ry
- Transfeminines ry (Transfeminiinit ry)
- Trasek ry

The prompts for the focus group interviews focused on the work of the organizations and projects particularly connected to sexual and/or gender minorities in the Finnish population. The focus group informants were asked about the main challenges they, or their clients, or the people they represent face in Finnish society. Altogether six focus groups were organized with 3–5 participants, in various settings. Due to the Covid-19 pandemic, the interviews were organized online, which impacted their length and the number of participants that could be included in the discussions. According to the initial plans, fewer focus group interviews were to be organized, however, it appeared to be difficult for the participants to maintain a discussion online, and thus, in some instances, the size of the focus group interviews was reduced, which resulted in more interviews. Those attending the focus group interviews as grassroots experts will be referred to as “informants” throughout this work. The outline of the focus group interviews can be found in the attachments of this report.

2.3.2 Individual interviews

In the second stage, the forty semi-structured qualitative interviews were conducted with individuals who self-identified as members of the target population. The semi-structured interview frame was partially informed by the focus group discussions and partially by the framework of intersectionality. Participants who were over 18 years of age and who self-identified as sexual and/gender minorities and as members of the foreign-origin population were invited to take part in the research.

A call for participation was announced on the website of THL in Finnish, English, Russian, Arabic and French. In addition, the focus group interview participants were also asked to distribute the call via their own channels. Many participants were recruited via snowball sampling. The combination of this sampling was decided upon to ensure that participants come from diverse enough backgrounds, including participants who are traditionally hard to engage in research. This entailed individuals who

do not necessarily feel the importance of investing time in research, or those who possibly had negative experiences in the past with research.

The interview outline was semi-structured, and the questions can be found from the attachments of this report. The researcher had a list of questions and themes that she wished to discuss with the participants but was ready to reflect on issues that the participants raised themselves, or that appeared to be important from the scope of the study. The semi-structured interview outline also allowed for the participants to refrain from answering certain questions or from talking about certain experiences they wished not to disclose to the researcher. The focus group informants also drew the researcher's attention to topics worthy of more elaboration. Due to the diversity of the participants, the semi-structured interview frame also allowed the researcher to specifically ask about things that might only concern some of the participants but might not concern other participants at all. Due to the Covid-19 pandemic, a significant number of interviews were conducted online, or over the phone.

Prior to their participation in the study, during the initial discussions and right before the actual interviews, all participants were told about the practicalities of the research, informed about their rights and the storage of their data, and their rights as participants (see, "Ethical considerations"). Those agreeing to be interviewed as members of the target population will be referred to as "participants" throughout this work.¹⁰

2.3.3 Analytical approaches

After careful consideration of various analytical approaches, a reflexive thematic analysis (RTA) was chosen for analyzing the interview material. RTA as such, traces back to Braun and Clarke's publication on the topic of thematic analysis in the field of psychology (Braun & Clarke 2006). Since the initial publication of their initial contribution on thematic analysis (TA), the authors have published several works which have outlined considerable developments in their approach to TA, much of which addresses and clarifies misconceptions of their approach (e.g., Braun & Clarke 2012, 2019a, 2019b, 2021; Braun et al. 2019). As they point out, a thematic analysis offers a useful qualitative approach to research that has the potential to reach into policy or practice arenas. As such, it is a widely used tool within the health and social sciences (Braun & Clarke 2014). It has the potential to answer a wide range of research questions pertaining to aspects such as the lived experiences of individuals

¹⁰ One sign of the significance of the interviews for the participants is that after the data collection was finished, a number of individuals reached out to the researcher and wished to talk about their more recent experiences with homophobia, transphobia and racism in Finland. In one case, an additional interview was conducted with the participant. In other cases, the data collection was already closed when the participants contacted the researcher, hence no further interview took place.

(Braun, Clarke & Terry 2015). A reflexive thematic analysis is an analytical approach that allows for fluid, organic and recursive coding practices where codes often become more interpretive and conceptual in the analytical process (Braun and Clarke 2019b), which is especially suitable when applying an intersectional theoretical and analytical framework during the research. In the RTA approach, themes reflect a pattern of shared meaning, organized around a central organizing concept or idea (see, e.g., Braun, Clarke & Rance 2014; Braun et al. 2019).

Individual interviews with the members of the target population were semi-structured and lasted between one hour and two and a half hours. They were recorded and transcribed verbatim by the responsible researcher. Hesitations, speech repetitions, expressions, and emotions were included in the transcripts. Minor grammatical errors were corrected in the quotations, without altering the meaning of the extracts. When necessary, explanatory terms were added to the extracts in brackets. After the initial phase of reading and re-reading the material several times, the entire data set was coded with a data-driven approach.

After this initial phase, the codes were separated into four broad domains that discussed or were asked about during the interviews. This was necessary, as the interviews covered a broad range of topics, and reflected on people's broader lived experiences in Finnish society. These domains were forced migration, health and wellbeing, discrimination, and religion. After dividing the codes into these broader categories, the analytical focus went beyond the semantic content of the data, with a deductive framework, driven by intersectionality. The process entailed domain-by-domain coding and included more latent codes in the analysis. Intersectional framing was incorporated into the data analysis on both the semantic and the latent levels to ensure a more comprehensive analysis—as suggested by previous research (Abrams et al. 2020). The themes that were developed as a result of the coding are described and explained in the beginning of each chapter.

The focus group interviews were analyzed separately. The main findings from them are summarized in the chapter entitled “Recommendations.” In the upcoming parts of the report, interview extracts are presented in edited form, to ease the reading without altering the meaning of the text. The annotation [...] indicates, that certain parts of the extracts were omitted from the text, as they are not relevant to the analysis. In order to protect the participants' privacy, identifying features were replaced or removed in the transcripts and in the presented extracts as well.

2.3.4 Limitations

There are various limitations related to this research. Firstly, the qualitative data of this research does not provide information on the prevalence of the studied phenomena, and the data is not based on a representative sample of the studied population. The qualitative data can, however, shed light on phenomena that cannot be analyzed-quantitatively.

Secondly, as the topic of “sexual and gender minorities among the foreign-origin populations in Finland” is a broad topic, the interview questions could not possibly reflect every aspect of individual experience in Finland. For this reason, the interview outline was left fairly open, and the interviewer reflected on specific issues brought up by the participants and guided the interview towards the expression of experiences that the participants themselves found especially meaningful, or important in relation to their lives in Finland.

Thirdly, while the a priori application of intersectionality guided the overall study and the data collection, often the participants elaborated on their intersectional experiences, frequently referring to their sexual orientation, gender identity, ethnicity, or race, but often they did not explicitly discuss their socioeconomic status (SES) or class in their interviews overtly. Naturally, information and experiences pertaining to these aspects was often covertly embedded in their narratives.

Lastly, while the sample was diverse, some groups were underrepresented in the sample in terms of sexual orientations, gender identities or expressions but also, in terms of countries and regions of origin, and religious affiliations, and ages. Moreover, the study did not particularly reflect on the experiences of consensually non-monogamous individuals, in relation to their relationship status. Therefore, more research is necessary in order to draw sufficient conclusions and tackle the experiences of those who were underrepresented in the sample, including e.g., asexual individuals, elderly people and or those, who live in non-monogamous relationships.

2.4 Ethical considerations

This research has been approved by the ethics committee of the THL (THL/6548/6.02.01/2020). The following chapter will reflect on the ethical concerns when researching minority populations.

Researching vulnerable and marginalized communities and individuals has been at the forefront of studies on research ethics in the past decades. Multiple contributions have been made on the theoretical and methodological approaches to ethical research in a variety of fields (see e.g., Israel & Hay 2006; Smith 2008).

Earlier studies have pointed out that sexual and gender minorities are at risk of experiencing violence, discrimination, and exploitation in a variety of contexts and the subsequent negative effects of these experiences (Meezan & Martin 2003). The experiences of these individuals and their communities are multifarious. As their experiences are located within the majority cisgender, heterosexual society, they are often hidden, ignored, devalued, and even stigmatized (Henrickson et al. 2020). Researching these groups therefore is not only critically important, but also crucially important to plan according to appropriate ethical standards and considerations.

Based on the principle of respect for autonomy, individuals should have the right to “maintain secrets, deciding who knows about them” (Israel & Hay 2006: 78). This

was told to all the participants in the study. The semi-structured interview prompts and framework of the interviews allowed for individuals to withhold information they did not feel comfortable sharing. Participation both in the focus groups and in the individual interviews was voluntary. Both the individual and the focus group participants and informants were told about the scope of the research, they were informed about their rights, and the means of processing and archiving of their interviews.

Focus group informants were informed about general privacy, data protection and data management concerns before the interviews. They were ensured that their quotations would not be directly affiliated with them, or with their organizations or projects in any of the publications connected to this research. The informants were asked to give their written consent to the study, which they were told they had the right to withdraw at any time. During these interviews, the core ethical concern was that there is more than one participant present at the set-up at the time. The researcher can only ensure their own confidentiality and cannot ensure that the discussions of the group participants will remain entirely confidential (Willis et al. 2009). Nevertheless, the researcher must ask participants to respect confidentiality and to not repeat the confidential content discussed outside the group (Smith 1995).

When it came to the individual participants, individuals who were members of several minority groups were interviewed. Some of them may be in a particularly vulnerable positions due to the intersections of their multiple (marginalized) identities. Their data is considered sensitive, as it concerns personal information of the participants connected to aspects such as their sexual orientation, gender identity, religious affiliation. For this purpose, the interviews were conducted entirely anonymously. Some interviews were carried out via the help of an interpreter—based on the language preference(s) of the participants. In these cases, the researcher made sure that the interpreter had a clear understanding about their role and that the participants felt comfortable in their presence. In particular cases, based on the request of the participants, a non-official interpreter took up the responsibility. Both the focus group interviews, and the individual interviews were transcribed by the responsible researcher verbatim. Information that would make the participants easily identifiable was erased from the transcripts. As the combination of extracts from the different interviews may carry the possibility of making the focus group informants and the individual participants identifiable, the interview codes were removed from the inserted quotations.

Despite ethical considerations, a power imbalance between the researcher and the researched parties – that is, the participants of the individual interviews in particular – remains. Therefore, the researcher strove to apply constant reflexivity during the research process. This in practice meant e.g., that the researcher constantly examined her self-positioning in relation to the researched population. The research group jointly discussed choices related to the data collection and questions related to the interview situations.

3 Queer Asylum Seekers and Refugees

- Queer asylum seekers expressed that while they knew that they were not cis and/or heterosexual during the time of their arrival in Finland, they were not familiar with terms used in the Finnish discourse, which put them at a disadvantaged position in the asylum interviews.
- Queer asylum seekers can seldom be open about their sexual orientation or gender identity due to the lack of specifically queer-friendly reception centers and immense threat from the diaspora communities.
- Trans asylum seekers and refugees experience homophobic, transphobic violence in Finland, and individuals do not feel that the police are able to secure their safety.
- Different professionals, such as interpreters, play a crucial part in the asylum application process, and a limited understanding of LGBTQI+ matters can have serious consequences for queer asylum seekers.

3.1 Introduction

Around the globe, sexual and gender minorities have joined other groups internally displaced or forced into migration by war, natural disaster, economic and social violence, and repression. International research has already pointed out that the number of SOGI asylum claims is growing (see, e.g., Dustin 2018; van der Pilj et al. 2018; Barnes 2019; Tschalaer 2020). Between January 2015 and January 2022, a total of 35,328 asylum applications were filed with the Finnish Immigration Service by individuals over 18 years of age (Migri 2022a). Most recently, due to the Covid-19 pandemic, the number of asylum claims submitted in Finland has decreased (Migri 2020). In addition to asylum applications, during the years 2001–2019, Finland has received 750 quota refugees per year. In 2020, the number was 850, and in 2021 1,050 (Migri 2022b).

Previous research in the European context has focused on sexual and gender minorities as asylum seekers or refugees. As such, several studies have tried to investigate the assessment processes of seeking asylum and communicating “queerness” (e.g., Bennett & Thomas 2013; Akin 2015, 2017; Dustin & Held 2018; Hertoghs & Schinkel 2018; Giametta 2020), the intersections of queerness and religion (Tschalaer 2020), or the lived experiences of SGM asylum seekers in their host countries (Giametta 2014; Chossière 2021). As Tschalaer (2020) points out, sexual orientation and/or gender identity-based asylum claims must be assessed in accordance with the UNHCR and the European Court of Justice’s protection guidelines, but the EU secondary law allows state authorities to conduct their own assessments of these matters (Tschalaer 2020: 6).

Nevertheless, the notion of refugee rights has proven to be contradictory and unachievable for those who may not fit the normative notions of citizenship, class, gender, sexuality, or race. Asylum seekers and refugees need to make themselves legible within the systems of these specific legal and social norms that have been set by others (Shakshari 2014: 1004–12), which can be problematic as many of them may not use the “labels” of sexual and gender minorities that are often commonly referred to in Western societies. The narrow understanding of sexuality and gender and the normative expectations of the performance of victimhood and of sexuality and gender may exclude sexual and gender minorities from receiving asylum (Spijkerboer 2013; Akin 2017; Chossière 2021).

While a number of theses have focused on queer asylum seekers and refugees in the Finnish context, this topic has been underrepresented in Finnish research. Finland recognizes SOGIE as bases of asylum-seeking claims. In the 2017 European Union Fundamental Rights Agency Report on LGBTI asylum seekers, the number of asylum claims in Finland based on sexual orientation or gender identity was estimated to be around 500 cases (EU FRA 2017). While on their website the Finnish Immigration Service does provide some information on the process of accessing asylum claims based on belonging to sexual and/or gender minorities (Migri 2017), they do not have statistical information on claims filed on basis of SOGIE, as terms referring to sexual orientation and gender diversity are not used consistently in their processes.¹¹

This is not unique to Finland: according to the 2017 EU FRA from the EU member states, only Slovakia was able to provide EU FRA with (at least) partial statistics (EU FRA 2017). While it is difficult to estimate the number of asylum claims based on SOGI or SOGIE, it is known that the number of such applications has been substantial in the past 5–6 years in Finland. This has already been pointed out by previous research pertaining to non-Finnish contexts as well (see, e.g., Dustin 2018; van der Pilj et al. 2018; Barnes 2019; Tschalaer 2020).

¹¹ Correspondence with Migri.

3.2 Data and methods

Among the participants of the Manifold More project were sixteen individuals¹² who identified as being members of sexual and/or gender minorities and also came from asylum-seeking, or refugee backgrounds. Two participants arrived in Finland as quota refugees, and thus went through the asylum-seeking process and received international protection while residing in Turkey, while the rest of the participants arrived in Finland as asylum seekers and applied for international protection in Finland. One of them arrived in Finland over ten years ago, while the other participants arrived after 2015. Five of them arrived from various African countries, two from Russia, and the rest from countries in the Middle East. During our interviews, in addition to the two quota refugees, eight participants had received a positive decision from the Finnish Immigration Service (Migri) by the time of the interviews, some of them only after receiving multiple negative decisions from the authority. One of them had lived as an undocumented migrant, and four of them were waiting for decisions, some with already received negative responses.

The decisions of the Immigration Services are based on several complex factors, including the applicants' country of origin, the political situation in the country, the age of the applicant, etc. Many of these aspects were not discussed in detail during the interviews conducted within the Manifold More project. While the interviews conducted did not specifically focus on the evaluation processes of the Finnish Immigration Services, the participants were asked to elaborate on the circumstances of arriving in Finland, and on the greatest challenges they experience(d) in Finnish society. Answering this question, three main themes were developed in the analysis:

- proving credibly queer as an asylum seeker is not without difficulties;
- Finland is not necessarily a safe haven; and
- SGM refugees and asylum seekers are in increasing need of supporting systems.

¹² In addition, there was another person who first arrived in Finland as an asylum seeker but left the country. After coming back, he applied for family reunification after having been married to a Finnish citizen. Moreover, another person came from Finland from a refugee background in another country, while his basis for migration to Finland was due to having studies in Finland. Their experiences are not discussed in this chapter.

3.3 Results

3.3.1 Proving credibly queer as an asylum seeker is not without difficulties

Waiting for asylum claims to be processed can last for several months or even years. On the administrative level, being a “refugee” or an “asylum seeker” does not only pose administrative issues, but also affects the everyday lives, and personal experiences of the individuals. These statuses can become stigmas, or, can be used strategically—and, as such, the ways these imposed categories and identities are negotiated, subverted, or appropriated in different contexts needs to be taken into consideration (Chossière 2021).

The traumas that sexual and gender minority asylum seekers experience in their countries of origin may make them reluctant to disclose their identities (Shidlo & Ahola 2013). This reluctance is often amplified by issues connected to safety, and the fear of disclosing one’s identity in their “own community.” Sexuality and gender can be expressed in a broad range of spectrums, and in multiple, fluid ways. As Akin (2017: 458) concludes by drawing on a number of previous studies, queer individuals are often “burdened by proof” (Dauvergne and Millbank 2003: 299) and understood via Westernized, and often rigid scripts of victimhood and sexuality (Cantú 2009; Spijkerboer and Jansen 2011; Muhleisen, Rothing & Svendsen 2012; Middelloop 2013; Giametta 2014; Murray 2014; Walker-Said 2014; Akin 2017; Choissière 2021).

The Finnish Immigration Service asks questions about sexual orientation or gender identity when applicants bring the subject of belonging to sexual and/or gender minorities up by themselves. Belonging to sexual and/or gender minorities are not automatic grounds for international protection. The evaluation is not performed solely based on the applicant’s individual answers. The credibility of the person and their story is looked into extensively during the interview (Migri 2017). In some cases, asylum seekers are unfamiliar with Finland and the attitudes of the public towards sexual and gender minorities. As such, they may fear disclosing their identities to the authorities—at least at the beginning of their asylum claim process. An Iraqi man in his late 20s described this:

I did identify as a gay man, but I didn't tell it. I didn't tell it. I was waiting for a chance to tell it. [...] When I arrived, I didn't know what my rights were. No one explained to me what my rights were. No one told me that it's okay and it's accepted to be gay.

His fear from homophobia was further hindered by his fear of his own family members, who were also in Finland seeking refuge. After the first negative decision, he finally gathered the courage to talk about his sexual orientation, he received a rejection again. In the fear of being deported from Finland, he got married to a woman. He described this by saying:

So, I stopped the deportation with that paper. And then, of course, when you say that you are gay, they will tell that “You were married with a woman so you cannot be gay.”

After several appeals and negative decisions, at the time of the interview for the current project, he was living as an undocumented migrant in Finland, with minimal social support for over half a year. He was not the only one who experienced fear from his family at the time of the interview. A person who was uncertain about their gender identity at the time described similar experiences. They¹³ did not arrive in Finland alone and were afraid of the reaction of their family members in case they found out about this—supposedly private—information. They explained this by saying:

The first interview, in the beginning, was with the police. We went to the police and we went there as a group. I had my uncle and my brother with me, but also other people. [...] I couldn't tell what I wanted because there was always someone listening nearby. [...] I already knew at the time what I wanted to say. I knew that I was not like my brother for example and that I was something different, but I couldn't talk about it, because in the end, they [the family members] would listen, or after the interview they always give you a printed paper [about what I told them]. This printed paper, that the police or Migri gave me to my hand would not necessarily stay in my hand. When I get out, a member of, for example the family, such as my uncle will take it from me. They will translate everything and will want to know what I answered. And I couldn't say what I wanted because I was afraid that they would find out.

In many instances, the participants expressed that while they knew that they were not cis and/or heterosexual during the time of their arrival, they were not familiar with terms used in the Finnish discourse, and as such, they were unable to articulate their SGM status the “the right way” (Dhoest 2018: 1–3). After becoming more acquainted with the terms used in Finland, they were able to formulate their identities in a manner which was likely to affect their asylum claims. One participant explained:

I have never received any kind of education about sexuality. I didn't know what “top” or “bottom” means, or what it is to be transgender. [...] In Finland, it became clearer to me, because I haven't received sexual education [before moving to Finland]. I have been like this in my home country as well, but there I used to refer to myself as gay. But then, here in Finland, I understood that I am actually transgender.

¹³ As this participant was uncertain about their gender identity at the time of the interview, and described themselves as “questioning,” therefore they/them pronouns are used when referring to them.

In order to construct a legible subjectivity of queerness within the borders of nation-states, one is expected to reveal as much as possible about one's gender identity and/or sexuality, through a credible and coherent narrative (Shakshari 2014: 1002; Koçak 2020: 29). Of course, identities are under constant flux and turmoil and negotiation. As such, sexual orientation and gender identity may also change throughout one's life. The necessity to formulate these identities in narratives that do not entail any sort of change, therefore is difficult. One participant explained this:

I was very confused at that time [of the asylum-seeking process]. [...] I did tell them [the Immigration Service], that I had had a relationship with a man, but at the same time, I did tell that I also had a relationship with a woman too, because even in Iran, I did not know about myself that well. I thought I might like men because I don't have enough sex with women. So, I thought if I have sex with women, I get that and I won't have that drive anymore to have sex with men. So, I had a lot of sex with women too and at the same time, I was hoping that it is going to fix my "gay problem."

The above quoted participant was not believed and spent almost five years appealing his case several times. As he explained, he was expected to be openly gay in Finland by Migri. Many asylum seekers are expected to be living as openly gay in the host country, which is virtually impossible, partially due to their experiences in their countries of origin, and partially due to issues of safety (as elaborated in the next section)—this may be a burden to the positive evaluation of their cases as well (Lewis 2014). In the last interview he had with Migri, he showed all the threats he received on social media due to his sexual orientation—which according to him, contributed to the positive evaluation of his claim. Other participants recounted similar experiences. Another Middle Eastern man, who identified himself as pansexual for example, told that after two rejective decisions from Migri, and attaching the proof of the threats he experienced due to his sexual orientation, he received a positive evaluation. In both of these cases, the greatest threat came from the diaspora communities.

A Palestinian refugee from Syria, who identifies as a gay man, but did not talk about his sexual orientation to Migri at all explained:

I didn't say anything to Migri about my sexual orientation. I think I got the permit because I am a Palestinian-Syrian. [...] I came from a country where these kinds of things are forbidden. They're wrong. It's wrong to tell people about it even if you live it. [...] I didn't know how Finland thinks about these matters. I had no information. I decided not to say anything, but to read more and find information.

The narratives of the participants of the current study suggest that asylum-seekers who were certain about their identities during the time they were called in for their interviews with the Finnish Immigration Services, and those who were familiar with

particular terms or discourses were in an advantaged position of being able to present their narratives in a way that was understandable and believable to the migration services as well. An Iraqi a gay man in his 30s and an Iranian trans woman in her late 20s were able to formulate their identities in a comprehensible, “Westernized” manner in their interviews, right from the start. They were among those who were certain about their own selves already when they arrived in Finland. While this particular trans participant did not dare to disclose her identity in the first police interview when arriving in Finland, later she came out to a nurse at the reception center where she was placed, who encouraged her to be entirely open about her gender identity. The other participant was similarly open at the Migri interview he had. Due to his previous educational background, he spoke fluent English, and requested his interview with Migri to be in English. He explained:

This was where I actually managed to unleash whatever I wanted [laughs]. I was completely honest, and there was no misinterpretation involved.

His usage of the phrase “misinterpretation” was not a coincidence. While waiting for this interview with the Finnish Immigration Service, he encountered misconduct from interpreters in various situations, which he wanted to avoid.

When it comes to the questions of separating sexuality or sexual orientation from gender identity, previous studies suggest that employees of authorities who assess asylum claims often conflate the experience of transgender persons to LGB persons, or approach the LGBTQI+ discourse from a Westernized, homo-nationalist perspective (Barnes 2017; van der Pilj 2018; Tschalaer 2020). In addition, encounters with the services of the state increase the possibility of misgendering, that is, the inadequacy of gender identity and the ways people are gendered by others (Chossière 2021). One of the participants, a trans man, explained this:

It is not possible to talk to me in gender neutral language when you translate into my mother tongue. It was very weird to hear female gendered words from the translator. It was weird. I think it was, I think it confused the immigration officer, that how can I be a trans guy and gay at the same time, and also from some officials, I got questions like “If you like men, why do you need to change your gender?”

The role of interpreters is crucial in the application process. Interpreters may contribute to the jeopardy of asylum cases. For example, in a particular case the interpreter mixed up references to male and female friends, which according to a participant “substantially changed the way the case was handled” in his application.

Previous research comparing claims that received positive and negative evaluations in 2015 and 2017 has shown, that the Finnish Immigration Service “did not believe applicants’ claims so often in 2017 as it did in 2015” (Vanto et al. 2021: 19), and the immigration officers “were lacking faith in the veracity of applicants” after the

perceived refugee crisis, in 2017 (Vanto et al. 2021: 22). While the qualitative data collected in this study cannot be used to comprehensively examine the background of the decisions of the interviewees, the narratives of the participants' signal that those who were familiar with the Western discussions on sexual orientation and gender identity were able to construct a more credible narrative of their queerness. These individuals were often, but not always, the ones who had previous educational backgrounds, or had resources to help them navigate the asylum process. While the narratives based on which this theme was developed almost exclusively focused on issues connected to intersections of migration status and queerness, they were often emphasized by the intersection of class. The notion of refugee rights as such appears to be harder to achieve—if not unachievable—to those, who do not fit into the normative notions of sexuality, gender, citizenship, race, or class (Shakshari 2014), or to those, who are unable to tailor “their ‘sexual asylum stories’ to institutional expectations” (Tschalaer 2020: 8).

3.3.2 Finland is not necessarily a safe haven

Finland is often thought to be a safe place for queer individuals from the moment they arrive in the country. In reality, experiences of safety are rather subjective, and safety is not a privilege of every queer individual.

This was very clear, when the participants made comparisons to their countries of origin. While in Finland they have experienced more safety and, to an extent, security, they emphasized that these feelings are contextual and situational. One of the participants noted:

I happened to find myself in Finland...it made me feel safe to some extent. Compared to [my country of origin in Africa], where I am from originally.

While asylum claims are being processed, asylum seekers are often placed in reception centers or social housing. Due to the lack of specifically queer-friendly reception centers, and the previously indicated fears rooted in treatment in their countries of origin (see, e.g., Lewis 2014), individuals can seldom be open about their sexual orientation or gender identity in these places. They partially fear the hostility of the diaspora communities, their own family members, and even the reactions of the workers of the reception centers, and this is partially due to the uncertainty about these aspects of their identities (as indicated above). This is especially problematic when they are expected to disclose their identities to gain asylum (Akin 2017; Wimark 2021). One of the participants explained this, saying:

[T]he Immigration Services expected me to be openly gay in the camp, and not hide it! Then, they would have believed that I am gay, but if I am gay, the people there would kill me. [...] You should know, what these reception centers are. They are like torture centers. You could see.

You wouldn't believe it is in Finland, but it is. [...] forget that you are in Finland, in a very modern country. If you are in a reception center, where you have to be, and there is like 500 other people from [your region of origin]. It feels like you are in the heart of [the area].

While the host country itself may be more accepting towards diverse expressions of sexuality and gender, individuals may, nevertheless, experience homophobia and transphobia from (their own) diaspora communities (Alessi 2016), and those who “pretty drastically hate homosexuals”—as expressed by one participant. Many participants described experienced explicit violence, such as rape or other physical or mental abuse both in and outside the reception centers:

The last physical attack happened in [date]¹⁴. They started to beat me on the train [...]. All the other people stayed far [away], I was by myself. I had blood everywhere, I covered my face. They were calling me a faggot and telling me like “shame on you, a man from [hometown of the participant], you do this, you should return to Iraq, your blood should be everywhere in Iraq” and these kind of things.

Trans asylum seekers and refugees, for example, were among the ones who experienced homophobic, transphobic violence in Finland quite frequently—many of them did not feel that the police were able to secure their safety, or even investigate their cases. A trans woman concluded: “The police don't protect me, but they don't let me to protect myself either. I know how I can protect myself, but if I do something, it will be used against me. I am a trans refugee, I am powerless.” In addition to the distrust in the protection from the authorities, when lacking trans-specific treatment, trans women especially felt that they might be exposed to higher levels of discrimination or violence if they were not able to look how it is “expected” for a woman by individuals in their countries of origin. One participant stated:

The police do nothing. How many times have they let me be bullied on the street and in public? How many times I got attacked physically? I went to the police, made crime reports, nothing happened. Last time they beat me up inside the train. The camera inside [the train], blood all over me...

Interactions with the police, were perhaps not overtly but often covertly associated with the intersections of migration status, race, and queerness, and were experienced by many participants and summarized as “the police do nothing.” One participant, for example was not only raped and both physically and mentally abused during their stay in Finland but was also a victim of human trafficking. They filed multiple crime

¹⁴ The date was consciously omitted from the interview in order to protect the identity of the participant.

reports to the police—with the help of a local NGO. As for the report on human trafficking, the police closed the investigation, as the perpetrator was never found. The participant concluded that the perpetrator is “continuing to do the same thing with others” and “I think if I was Finnish, the police would have tried harder.” Undeniably, however, other experiences were less negative.

A black, lesbian woman, in her forties, who was employed by a private person as a cleaner and was harassed by him over the course of her employment expressed her fear in turning to the authorities, but in the end, her experience was positive. She explained:

Me? I am a nobody. An asylum-seeker for that matter. [...] So, I talked to a policemen, I told them that he [the former employer] is a lawyer, and he is very wealthy man, he has all this property. The police also told me that he will never contact me or come close to me. That statement almost hit me in my heart. He was making a move, and not trying to rape me. In [my country of origin], I was fully raped, and nobody cared. Instead, I had to run away for my life.

Like many others, she was initially scared to report the case at the police. Her fear on the one hand, was rooted in her previous experiences with the police in her country of origin. On the other hand, the fear was connected to the differences of power between her and her former employer. As she formulated “I am just an asylum seeker. How is it possible for me to report a Finn for what he did to me?” Later, when discussing some of the challenges she talked about challenges both in the “black community” and “even with Finns.” As she summarized, her former employer “showed her that the place was not really what she thought.”

3.3.3 Increased need of support systems

Individuals who come from asylum seeking and refugee backgrounds have often experienced traumatic events, as previously indicated in other studies on individuals with such backgrounds in Finland (Castaneda et al. 2017). Functional, and structural social support and support networks are proven to be core determinants of resilience and health for individuals suffering from mental health problems, or (migrating) populations who have been exposed to traumatic experiences or torture (de C Williams & van der Merwe 2013; Isakson & Jurkovic 2013; Episkopou et al. 2019).

Displaced people in the host country may struggle with difficulties securing housing, finding employment, accessing social or health services, and navigating the asylum claims process (Marnell, Oliveira & Khan 2021). These struggles are also experienced by those who do not identify as sexual or gender minorities, but those who fall into the intersections of being displaced and queerness seem to be marginalized and discriminated against in many different situations. In addition to the reception centers and social housing not necessarily being safe places, they often are located in

places where individuals are lack supporting systems. This has previously been addressed by research as well (e.g., Akin 2017; Tschalaer 2020). For example, one participant mentioned that she would need more help from her social worker in practical matters, when navigating Finnish bureaucracy:

We don't understand, I don't understand how it [the Finnish system] works. I can't find people who would help me with it. It's a monthly struggle, between me, KELA, the landlord, the payments...and then if you talk about bullying and discrimination in society...I don't go out. I am home all the time, especially with this Corona now.

Many participants mentioned that the social workers in and outside the reception centers were busy, and could not always provide sufficient support due to their lack of resources, as summarized by a participant when reflecting on the issue:

...my social worker was not really helping. There were so many people and she didn't have time to...to help. [...] It was super hard to even talk to the social worker and stuff. And I was even there in contact with He-Seta,¹⁵ [...] they were also trying to get me out of the place in Vantaa.

In some instances, workers often lack a proper understanding of SGM-specific matters, especially if they are located in the intersections with other identities. For instance, a trans woman who arrived in Finland as a quota refugee wanted to access gender-affirming care, about which, she asked her social worker. She noted:

[My social worker] told me: "You are a full woman. If I didn't see it in the papers that you are trans woman, I would have never guessed. I would think that you are a woman."

Amongst the most important issues, transgender refugees and asylum-seekers recounted the lengthy processes of receiving trans-specific gender-affirming healthcare. Adult asylum seekers are entitled to receive urgent or essential treatment only (THL 2021). Gender-affirming treatment however is not regarded as such. This was pointed out by those informants who wished to seek gender-affirming care before receiving a positive decision from the authorities regarding their asylum claim. The processing times of these claims, however, may last for years, and thus, receiving the initial first appointment to a trans clinic may take a long time, and may cause serious issues for the concerned individuals. This is not unique to Finland within the European Union, however (see, e.g., Transvie; QRD).

In addition to the trans-specific care, the experiences of participants signal that the intersections of their migration status, queerness and, to a certain extent class and race

¹⁵ Currently known as Helsinki Pride Community.

or ethnicity predispose them to a number of difficulties, and as such are in increased need of support—which they often receive from local NGOs, such as Loisto Settlement, or Helsinki Pride Community. Many of this group, including cis-gender participants, have referred to the above-mentioned organizations or their clients as their “family.” The need for these supporting systems was amplified with the outbreak of the Covid-19 pandemic. As many activities stopped or were transferred online, many of these people were left without social connections and a real support system around them.

3.4 Conclusions

Queer asylum seekers and refugees, who often fall into various intersections of identities are in especially vulnerable positions in Finnish society. The results of this study are very much in line with international research (see, e.g., Spijkerboer 2013; Akin 2017; Choisière 2021). Individuals from asylum seeking and/or refugee backgrounds experience challenges in Finnish society due to their migration status and due to their queerness, while these experiences are often emphasized by the intersection of class, and to an extent ethnicity or race as well. Sexual and gender minorities often experience several difficulties when seeking asylum partially or entirely based on their sexual orientation, gender identity or expression (Spijkerboer 2013; Akin 2017; Chossière 2021).

Individuals often find it particularly complicated to frame their narratives according to what is expected from the local authorities. This is partially due to their experiences in their countries of origin, due to the lack of trust in the local authorities, and due to fear of the reactions of both the host country and the diaspora communities. These matters also suggest that receiving international protection does not mean that individuals experience Finland as a safe haven. Displaced people often struggle with not only practical aspects in the host countries (Marnell, Oliviera & Khan 2021). In addition to these struggles, queer displaced individuals who also experience overt and covert discrimination and challenges due to various aspects of their identities are in increasing need of social support.

4 Discrimination, microaggressions and exclusion

- Sexual and gender minorities of foreign-origin experience both overt and covert discrimination in Finland in various realms of their lives.
- Sexual and gender minorities of foreign-origin describe negative health effects caused by experiences of discrimination.
- Sexual and gender minorities of foreign-origin experience racialization and microaggressions, regardless of their migration background.
- Sexual and gender minorities of foreign-origin experience intersectional discrimination when two or multiple grounds of discrimination operated in their lives in an inseparable manner.

4.1 Introduction

Discrimination is broadly understood as unfair treatment based on an individual's membership of a particular social group (Thoits 2010). As such, the core element of discrimination is the social status upon which such treatment is based. Discrimination, however, can also be described as “all means of expressing and institutionalizing social relationships of dominance and oppression” (Krieger 2000: 69).

Forms of discrimination may vary and could be based on various memberships in not only one but multiple social groups (Grollman 2014). Overt discrimination could include openly expressing prejudices towards certain groups, or verbally or even physically insulting and harassing them, while more subtle forms of discrimination (e.g., microaggressions) include the expressions of prejudice while covering it with neutral or even moral behavior (see, e.g., Sue et al. 2007; Sue 2010; Lennartz, Proost & Brebels 2019). A microaggression is an intentional or unintentional act or comment that maintains and reinforces racist or otherwise discriminatory stereotypes while othering people (Yhdenvertaisuusvaltuutettu 2020). Previous research shows that there is a connection between perceived microaggression, discrimination and health (Solórzano, Ceja & Yosso 2000; Gee 2002; Jasinskaja-Lahti, Liebkind & Perhoniemi 2006; Williams & Mohammed 2009; Rask et al. 2018).

While overt discrimination is often noticeable, covert discrimination and microaggressions are often ambiguous, denied, or rationalized as well-intentioned. This calls for a more active, and complex appraisal of the situations in which they occur (Noh, Kaspar & Wickrama 2007; Sue et al. 2007; Tran & Lee 2014; Williams 2020). Both overt and covert forms of discrimination may target individuals because of their

race, ethnicity, gender, or sexual orientation (see, e.g., Sue et al. 2007; Kohli & So-lórzano 2012; Desouza & Wesselmann 2017; Sue et al. 2019).

Multiple discrimination involves unequal treatment based on various socially constructed categories, such as gender, race, transgender identity or expression, ethnicity, religion, disability status or sexual orientation. Multiple discrimination as such includes no explanation of how these various categories interact (Schömer 2016: 119). Intersectional discrimination, however “does not merely consist of the adding of two or more sources of discrimination; the result is qualitatively different or synergistic ...” (Crenshaw 1989: 140). Intersectional discrimination occurs when multiple grounds of discrimination operate in a person’s life simultaneously and interact in an inseparable manner.

The European Union’s Fundamental Rights Agency’s 2019 survey on the experiences and views of LGBTI individuals reported that 31 percent of respondents in Finland experienced discrimination in the 12 months preceding answering a survey questionnaire in 8¹⁶ areas of their lives. Intersex¹⁷ and transgender individuals seemed to have had the most encounters with discrimination, with 70 and 46 percent reporting on such experiences (EU FRA 2020).

According to the results of the 2016 Survey on Minorities and Discrimination in the EU (EU FRA 2017), 45 percent of the respondents¹⁸ from Finland reported to have been discriminated against in the 12 months prior the survey in ten areas¹⁹ of life. Moreover, from the respondents of the 2020 European Agency for Fundamental Rights LGBTI survey, 46 percent of trans individuals have experienced “discrimination due to being LGBTI in 8 areas of life” over the past 12 months. In contrast, 32 percent of lesbian women, 28 percent of gay men, 23 percent of bisexual women, 25 percent of bisexual men, and 30 percent of intersex individuals reported similar experiences (EU FRA 2020). Arguably, these percentages prove that while the status of sexual and gender minorities in Finland is significantly better than in some other countries in the European Union, SGMs still experience discrimination in various realms of their lives in Finland too.

Furthermore, a number of studies have indicated that sexual and gender minorities encounter various forms of discrimination in employment situations, at school and

¹⁶ The 8 areas include: looking for a job; at work; looking for housing; by healthcare or social services personnel; by school/university personnel; at a café, bar or nightclub; at a shop; when showing your ID or any official document that identifies your sex.

¹⁷ Results based on a small number of responses are statistically less reliable.

¹⁸ The countries of origin for each target group were selected based on considerations with respect to their vulnerability of being discriminated against. Respondents in Finland were immigrants and descendants of immigrants from Sub-Saharan Africa.

¹⁹ Areas of life asked about in the survey: looking for work; at work; education (self or as parent), health; housing and other public or private services (public administration, restaurant or bar, public transport, shop).

often in circles outside these realms as well (see, e.g., Lehtonen 2014, 2021a; Lepola 2018; Jokela et al. 2020). A recent report which studied multiple discrimination experienced by sexual and gender minorities concluded that while the general attitudes towards sexual minorities have changed and are moving in a more positive direction, these individuals still experience discrimination and harassment in their lives, often on multiple grounds (Lepola 2018). Lepola (2018) also draws attention to the important role of supporting organizations, which are often only focusing on a particular characteristic of the individuals.

4.2 Data and methods

For this chapter, all forty individual interviews were analyzed. The purpose of the analysis was to obtain more information on the participants' experiences of different forms of racism and discrimination within Finnish society.

Racial/ethnic discrimination is justified by the ideology of racism. While the notion of racism is often associated with prejudice, discrimination by an individual, a community or an institution against a person or a group of people based on their membership in a particular (marginalized) ethnic group, racism goes far beyond ethnic differences. In this realm "race" as such is often defined as a social construct. This also implies that racism can take many forms and can present itself in a society in a multitude of ways, ranging from interpersonal to structural racism (Bailey et al. 2017). Racism can manifest itself, for example, in the form of microaggressions.

During the analysis the interviews uncovered the participants' descriptions of multiple different experiences related to overt and subtle forms of discrimination and racism. The presence of racial discrimination and racism was prevalent in the majority of the participants' narratives. As a result of the analytical process, the following main themes were developed:

- experiences of microaggressions;
- overt discrimination on multiple grounds; and
- (self)-constructed "bubbles."

4.3 Results

4.3.1 Experiences of microaggressions

One of the most prevalent issues for most of the participants were their experiences of microaggressions in Finnish society, in various contexts. Most participants implied that many of these remarks were not necessarily intentional or results of bad will, but rather of ignorance, assumptions, and prejudices.

Racial and ethnic microaggressions were common, regardless of migration backgrounds (i.e., whether the participants came to Finland as asylum seekers, refugees, or whether they were born in the country). Those who were born and raised in Finland, or who have lived in Finland from their early childhood, and were members of e.g., ethnic minorities were often also racialized—for example by receiving “compliments” on their Finnish language skills.

While race or ethnicity may be distinguishable attributes, they may affect the experience of sexual minority persons of color more than their sexual orientation, which is a nonphysical trait (Fattoracci, Revels-Macalinao & Huynh 2021). Individuals who experience racial microaggressions are also at greater risk of being targeted for their other marginalized identities (Yosso et al. 2009).

The construct of intersectional invisibility however suggests that the intensity of the experiences of oppression may vary, for example, if individuals do not conform to the stereotype underlying particular microaggressions (Purdie, Vaughns & Eibach 2008). This was especially prevalent in the cases of e.g., homosexual male participants, or trans men and women, who described themselves as “passing” (see, Glossary). Seemingly, prejudices connected to one’s migration status were among the most frequent ones mentioned by the participants:

[I was told by my partner’s mother that] Eastern Europeans come to Finland, to pick strawberries, and it is a big issue, because Eastern Europeans are just so fast at picking these strawberries. Like twice as fast as Finns, and there’s a Helsingin Sanomat article about this, where these two Finns complained about these “filthy Eastern Europeans” picking strawberries. And, she was like directing this to me, which felt really weird. And, then she explained to me, that it’s because these people, Eastern Europeans, “don’t have thoughts, and they are very simple people, so they can just like mindlessly pick these strawberries.” And she was just going on about it! And I was like thinking all sorts of things, but I didn’t say anything, because we were in their mökki, [cabin] you know and there was this like, big difference and it was just like...weird. But yeah, there have been those kinds of situations. And I don’t know how much my transness plays into it, because also, um, it’s only recently that I am like becoming this more visibly trans, because I recently started taking hormones.

Previous research has suggested that there is a particular “hierarchy” between different migrants in Finland. The basis of categorizing migrants includes several intersecting standards related to one’s ethnic background, socioeconomic position, and other factors as well. Together, they form the concept of “migrant hierarchy” (Koskela 2014: 20–21). In the current case, the participants signaled the existence of such a hierarchy as well. Those, who assumed to be (or who were) from developing countries, or were assumed to have a lower education, for example, encountered derogatory

remarks more frequently, and as such, those, who were from developed countries were in advantaged positions in this respect. One of the participants explained this by saying:

...and there's also been like simple microaggressions as well, of like...you know you hear someone speaking Finnish like “We are in Finland, speak Finnish!” [aggressive tone] and then, suddenly they are like “Where are you from? Where are you from?” yelling at me, and I am like “I am from New York” and then, suddenly their whole attitude changes, like “Ooooh, I love New York! Oooh!” [polite tone]. So, [...] I use this New York-card, because it usually changes the conversation, right away. Like, I can't imagine if I was from somewhere else. Like how horribly some of those interactions could have ended.

Insensitive remarks by healthcare or social service providers were also described by several participants. It is important to point out that notions of “race,” or “whiteness,” are guided by the social meanings that are ascribed to them. Race is a social category, and as such is not simply rooted in biological foundation, skin tone or color (see, e.g., Krieger et al. 1993; Jones 2000). This is clearly exemplified by the case of a participant, who arrived in Finland from Russia, identifies himself as a white man and mainly has sex with men:

I just started dating this local, young Finnish guy, and I wanted to be sure that there was nothing passed between us. I came to the nurse and asked for it [testing for sexually transmitted diseases]. And her reaction was, instead of saying “Yes, sure, here is your referral” she said “Back in Russia, have you ever heard of condoms? Let me explain you how they work.” She went on the rant, about “how in Europe, white people use condoms,” and “you scum should learn how to use them as well” [sarcastically] [...] I mean, she didn't even ask why I asked for it! She went straight into you know “I bet you have HIV now because you are a monkey who didn't use a condom.”

Transgender participants recounted microaggressions rooted in incorrectly gendered pronouns or terminology, expectations to conform to particular ideas of gender, harassment, and systemic or environmental microaggressions (such as unexperienced health or social service providers, government issued identification assistance, gendered toilets). These domains of trans-specific microaggressions have been described in previous research as well (Nadal, Rivera & Corpus 2010; Nadal, Skolnik & Wong 2012). Each non-binary participant talked about the issue of misgendering, especially in the contexts where conversations take place in English. One of them, for example, referred to this stating:

...the number of times I have heard Finnish people say that they just struggle with gender-neutral pronouns, because of “hän” [gender neutral personal pronoun in Finnish] and all this stuff. Honestly, I just can’t hear it anymore. So, I think this is like my Finland-specific struggle.

Another participant, a trans woman recounted an encounter with unexperienced health service staff right before a surgery:

There was a nurse who said that they [the nurses] have been quarrelling about who would have the rights to work the days I am there. I was considered problematic because I am trans, I guess. I said “Okay, that’s interesting,” like [they told] “we have never had a transgender patient here, you are the first transgender person I have even met!” It felt like in a zoo!

Systemic and environmental microaggressions, such as the lack of gender-neutral toilets, difficulties when changing official names and/or gender markers were present in most trans participants’ narratives, as the quote here exemplifies:

Well, each time I go to a toilet [I experience discrimination]. [...] As sad, as it is. Actually, either way, whichever one [toilet] I go into, I get some comments. It’s ridiculous. It’s like “mind your own pooping business, I am coming here to do mine.” It’s just so strange, but well, maybe not as much discrimination, I guess, or like, it’s microaggression rather. But maybe like this fear, when I enter a gendered space. I have to worry about, how people perceive me, am I in the correct gendered space, is this safe for me? Is it a threat to someone else that I am here?

Individuals, whose sexual orientation was known or assumed by others, frequently encountered microaggressions that were connected to these identities. A lesbian woman, for example, who described herself as someone who presents herself in what she considered to be masculine attire, talked about an experience at a job interview for a position at a large, international company:

I don’t know what people expect when they read about me on paper, I don’t include a picture [in my CV], ‘cause I don’t find it necessary. I remember, when I met this lady [for a job interview], I remember stepping in... I didn’t wear a tie, but I had, kind of like nice, masculine apparel, like a sweater, and a shirt underneath and, I don’t know her whole face just totally changed. At some point, she said that she “expected something different,” and that’s like really weird to say that to the person you’re interviewing! Like what do you mean? I mean, I could see it was totally based on my appearance. And my voice, you know? I spoke with you know, I sound one way you expect this girl to come here, and I show up, and I think she was a bit like taken back from it. I think in some ways

that cost me that job, I mean... I cannot say for sure whether I think someone is homophobic, or not, but you know when you get a vibe, you get a vibe.

As she explained her experience was not a one-time encounter, and while her migration status, nationality, and educational background seemed to be suitable for the position, her assumed sexual minority status, and its intersection with her other identities put her in a disadvantaged position. Participants shared that similar microaggressions were experienced also outside Finland. While some participants seemed to have reacted to these microaggressions less negatively, many of them clearly recognized the cumulative impact on their lives, which they frequently associated with negative health outcomes.

4.3.2 Overt discrimination on multiple grounds

In addition to encountering microaggressions, overt discrimination such as being threatened, or being called names was also present in the narratives. In many instances, overt discriminatory experiences were rooted in systemic microaggressions.

Experiences of discrimination often spanned “transnational borders.” This was especially prevalent when trans individuals who had previously started the transitioning process tried to travel abroad with documents that still included their “dead names”—a birth name of a trans person who has changed their name as part of their transition—or the wrong gender markers. A transgender woman, with a refugee background, shared her experiences when traveling abroad as follows:

In Turkey, they usually make fun of me. They make a clown out of me at the airport. They call me “hadji,” you know...they start calling me Hadji [dead name], because that’s my male name. “Oh Hadji [dead name], you are here, how beautiful!” They start to call each other: “Wait, I will call my friend so he can also see Hadji [dead name].” You know, before stamping my passport. It’s like watching me in a zoo or something. Humiliating.

When it comes to experiences in Finland, the host society, and the non-diaspora communities, overt discrimination appeared to be more common on the grounds of race, or ethnicity. In the diaspora communities such experiences were more frequent on the grounds of sexuality and gender, given that these attributes “confirmed” the stereotypes frequently being associated with them. This is well exemplified by the case of asylum seekers and refugees, who frequently encountered obvious homo- or transphobia in their own communities, while also facing racial or ethnic discrimination by the host society. Fearing this discrimination, and the possible physical and/or psychological abuse they may encounter, asylum seekers who were living in reception centers often did not dare to be open about their identities in Finland, which had significant effects on how their claims were processed and evaluated. Experiences of

similar encounters were also common in other situations, such as in educational institutions as one participant explained:

...the group [at the vocational school] is full of people from “Arabic countries.” Everybody knows my male [dead] name, and I am harassed a lot. I have so many problems in my school because of who I am. [...] The first issue, that happened in the class was because of a man, a classmate, who just started to tell things about my voice, like “Haha, you look like a woman, but sound like a man, you can never change these.” He made me feel uncomfortable about my voice and “if you want to be a woman, just shut up and be silent” and things like this, just to embarrass me in the class.

Unfortunately, for some, these experiences did not end on the level of verbal comments, a trans woman from the Middle East described the fear and anxiety they felt resulting from their or their acquaintances’ experiences in Finland. One participant talked about several physical attacks she was a victim of. The attacks were clearly due to the intersection of her ethnic background, migration status, and gender identity. The same participant, and many others, expressed that such incidents and cases are not being taken seriously by the Finnish police.

Previous research has shown that when transgender people consider different transitioning processes, there is a perceived need in them not only to develop and communicate their gender, but also to represent it authentically when balancing discriminatory conditions (Levitt & Ippolito 2014). These experiences, and the perceived necessity to conform to particular stereotypes around gender, therefore impacted those who fall onto the intersections of migrations status and transness. These participants often felt it very important to go through the physical transitioning process in particular ways.

In contrast to the homo- and transphobic discrimination by the diaspora communities, racialized individuals’ narratives either overtly or covertly suggested that the prejudices and overt discriminatory or racist comments they receive are by and large connected to their ethnicity or race. These experiences were however often amplified by prejudices and assumptions about their socioeconomic status, or levels of education. A Middle Eastern gay man in his 30s stated:

...I was doing my laundry [in a public laundromat]. There was an old lady, and she just started talking to me. [...] she started asking me where I am from, and then she started talking about how foreigners come and take the money, and they don’t pay taxes, and Finland spends money on them. And I told her that I work, that I have work, and she just didn’t believe me! She said I was lying, and she kept going on and on and on, and I was like...oh my God...so, this is one of the things, that I feel like people might have in their mind. That I am just here, exploiting the

system, taking money, not paying taxes, and living off like social welfare. [...] I think sometimes they think I am less educated, or I didn't go to the university, or like I came to Finland by boat, or something like this. Yeah. That...this is like something maybe general, and I feel it and I have heard it, that "I don't know the values of the Western culture." You know? This kind of like, how to behave around people, saying "Kiitos!" to the bus driver when getting off, those small details, that they think are like "Western" details.

When reflecting on the intersection of his ethnicity, immigrant status, and his sexual orientation, he however, felt that his homosexuality located him in an advantaged position—at least from the perspective of the host society. Ethnic discrimination targeting Middle Eastern men was often emphasized along the intersections of ethnicity and gender. Those who were perceived to have adopted the "Westernized gay lifestyle" (Tschalaer 2020: 14) fell into more advantaged positions. As the previously quoted participant expressed, the openly discriminatory comments tend to decrease after he reveals his sexual minority status:

Well, this might sound weird, as a homosexual man, I think some of the prejudice is not there, because I think like yeah, people kind of see me...like I am gay from the Middle East, and people see that I am safer than a straight person from the Middle East. Because I am not going to go after girls, or like you know...flirt with them, or just I don't know, like touch them, or anything. It's just like "Okay, you are cool, because you are gay." So, that's like...I feel like that's also not right. Like, other people are treated differently in that regard.

Individuals with Middle Eastern backgrounds, whether they grew up in the Middle East or not, were often racialized as Muslims. As one Iraqi participant concluded "I can say that I don't know anything about religion [...] I don't feel like I belong to Islam at all. But I think when people know that I am from Iraq, they think that I am a Muslim." In addition, they were also thought to be of lower educational or socioeconomic status, regardless of whether that was actually the case or not. A woman in her 20s, who was born in Finland to immigrant parents, and who identified herself as queer and brown person talked about an encounter with the gynecologist when seeking a sexually transmitted disease (STD) test as follows:

So, I went there [to the gynecologist]. [...] The gynecologist was like "Have you ever heard of condoms?" I was thinking like "Obviously, I have heard about condoms, I am not fucking stupid..." but of course, I told the gynecologist "Yes" only. Ehm, but then there were these prejudices made about my ethnicity, like "Well, it's not like you are assumed to know about these things..." ["No, mutta eihän teidän jotenkin oletetaan tietävä..."] Something like that, you know? Like he was asking

about my ethnicity, and he wanted to blame my color for being “ignorant”—which he clearly thought I was. It put me into a mindset, that they think that white is better, and more educated than brown. That I am like uneducated, uncivilized...a savage that I don’t know about shit. I honestly felt like that...like that he thought that me being of Middle Eastern ancestry would be a reason for me not knowing how to protect myself from STDs, which is not the case. I was with my partner for multiple years. We broke up, and I didn't know if he cheated on me, and I wanted the tests [...] I felt really bad, because what does my ethnicity has to do with this?

While overt discrimination by the host society—that is, excluding diaspora communities—mainly centered around the axes of race and (assumed) ethnicity, there were some cases when the participants indicated that they “confirmed” certain stereotypes associated with sexual or gender minorities, and that they also encountered discrimination on those grounds:

I had ordered something and this guy, this delivery guy came to my house to bring it. He called my number, he spoke Finnish, I didn't understand him, so I gave him to my wife, and uh, she told him...I don't remember what it was about...I think leaving the package somewhere. But before he hung up, he said in Finnish to my wife something like “these must be some dykes” or something [...] we have filed a complaint to the delivery service...

In addition to these experiences, the narrative of “non-welcoming queer circles” was quite prevalent in most interviews. Several participants talked about discrimination and exclusion they had experienced in the local queer circles. One participant explained:

It’s also a lot in quote, unquote “woke” acceptable, uh accepted, like...queer scene, LGBT scene. I have noticed that [...] if a group of Middle Eastern men walk in, or if a group of black men walk in...there’s this automatic look on everyone's faces, like “Why are they here?” like “Do we have to be worried?” like “Should we watch them? Should we get security to remove them?” They don’t think that these people may also be LGBT and they are looking desperately for a place where they can just hold hands or meet someone, or like fall in love, or have a fun night where they don't have to be worried about being found by other members of their community, so you know...this discrimination is not just limited to straight people. Or even just white people, so...

Resulting from the subtle, and the not-so-subtle discriminatory experiences on various grounds, most participants shared a common narrative of establishing “their own

circles,” where they surrounded themselves with people whom they consider to be “likeminded,” usually on the intersections of similar identities, as described in detail in the following theme.

4.3.3 (Self-) constructed “bubbles”

Attitudes towards immigrants may be rooted in social closure or boundary work (Neumann & Moy 2018). The participants frequently disclosed feelings of exclusion and the sense that they did not truly belong or fit in with Finnish society. This was especially prevalent in the narratives of those who immigrated to Finland as adults.

The existence, and often conscious construction of particular circles, or “bubbles,” as some referred to them was a dominant account in the interviews. One participant addressed the subject when referring to the different groups formed during the Helsinki Pride Week event a few years before the interview:

[...] during Pride, like you could see that on the Friday evening, during Pride, you have different parties in the city, you have different places for the different groups. There are the parties in Hercules, for like the white, gay cis men, you have the parties for women in like, Kaivohuone, or that area, and then, there are the teenagers in DTM [laughs] [...] The kids there [in DTM], their mothers in the park [laughs] and you know, there are the immigrants, you know? Like when we go and try to be at any place it's like “No” you know? You're not even welcome!

The participants highlighted that the feeling of not being welcome in Finnish society very often stemmed from the usage of language by the host society when interacting with people who do not speak Finnish, or do not speak Finnish on a level that is considered to be sufficient. One participant noted:

[...] thinking language...I think most people in Finland, or at least the young people in Finland can speak English quite well, and then...but it's interesting for example, some groups of friends I had in Sweden, or Norway, if there was one English speaker, everyone would switch the language to English, like no questions asked. In Finland, even with people who I know for eight years, it's like...I have just gotten used to the fact, that they will speak Finnish, until they speak directly to me. [laughs] That's like an interesting...an interesting kind of thing. Yeah. You can zone out a little bit. [laughs]

These concerns were also raised in relation to the “queer circles,” and in relation to most organizations who focus on supporting sexual and gender minorities:

I mean, many times when I was in all sorts of social settings with Finnish people, then the conversation would quickly turn from English to Finnish, and here I am, an outsider again. Uh, in these situations...so also, not

a good experience when you are trying to mingle with people who are like the same as you, but also different, so you can't really communicate properly. At least this has been my experience, you know? Like when everyone's drinking, having fun, things change quickly to Finnish, and then I become singled out and lost, like I was really included for like 30 minutes. Of course, it's natural to go back to your mother tongue, that was just like my experience, but like once you have those experiences...like I don't want to keep having that same experience. Like a lot of different things are happening here, like layers of different things where I feel like I don't belong...

Crenshaw (1993) also illustrates how language, and potentially nativity and citizenship status, can serve as other axes of delimitation in different structures. While the sense of exclusion was also addressed in the broader scheme of experiences, when reflecting on the media, documentation, and information in English, the accessibility of services in English (and even in Swedish) was a frequently raised concern also in the case of governmental and non-governmental organizations. In addition, it was also present in relation to personal contacts and relationships a person may want to accumulate:

[...] I don't want to name other countries, or other nations, but there are some over the world where people who are from the country are open and become very good friends with newcomers or immigrants. Here, in Finland, in my own experience of five years, trying my best to make friends with Finns, and I don't succeed. They don't want to get close to someone who is a foreigner, or from the Middle East.

A rather common narrative among the participants was that the “general society” failed to understand their identities—and the intersections of their identities—which they perceived to require constant explanation and elaboration. Several participants talked about the boundaries the host society seemed to erect along the lines of migration status, language, ethnicity or even race:

[...] most people who come in [to Finland] from outside do the same, I guess...just make their bubbles because you can have the least interaction possible with anybody who's from here. Like they don't really want to hang out. I managed to create my bubble every time I came here, I created my bubble and I have like my group of friends, and I have my activities even start businesses or whatever, like it's been working that way [...] it's like every time you meet somebody from here [from Finland] you have to give your life story. I'm a very complex person with many identities that intersect. So, meeting a person is like going through an audition, to see what parts they are OK with which parts they are not, and also, it's exhausting to put the time that it takes to present

yourself into everything. There's no kind of like "cute meets" like in any other country, where these just like naturally come up in a conversation...you know? Like whatever, you interact, and you just get to know the person naturally. In here, it feels like a presentation, and in the end, you are excluded because of one thing, or another, especially if you are like, not white. It's like, it makes me feel like I don't want to integrate at all, you know? Like it's not even possible [...] and you'll never be good enough.

Another participant shared similar sentiments, emphasized along the lines of the intersections of not only her queerness, her background as an immigrant, and her disability—which were consistently present throughout her whole interview connected to various realms of her life, but seemed to make her situation particularly individual in employment situations:

[...] And honestly, the whole situation in Finland is...I feel like an outsider. I always have. And...maybe it's from the idea of being queer or being disabled...I feel like I can't advance. Like my Finnish peers you know, they left school, found jobs immediately. And me? I couldn't do that. I can never say was it the English or...I mean I don't know, because the jobs I applied for were English speaking jobs. Was it my background? Was it me? I don't know. But you know, the experience, when you apply for hundreds of jobs, I mean...hundreds! And you get, like three interviews, and then there, people are worried about how you look, rather than...you know? Like "You look great on paper but look how you look!" Like...that really kind of hurt me as a person! You know? Like it really gave me a bad experience here. And, a lot of...you know...this is the truth in it, and it's not my finest point, but when I don't feel secure there, and I don't feel like I belong here...which is somewhat my fault, and somewhat something else...you know, why would I want to continue learning the language?

Due to the experiences of not "belonging" and of falling into particular and multiple intersections of different identities, the participants used these bubbles as self-constructed safe spaces. These spaces allowed them to limit the risk of receiving derogatory remarks, experiencing exclusion and other negativities in their daily lives.

4.4 Conclusions

Social divisions may exist along the lines through which people experience inclusion, exclusion, discrimination, and with the specific identities people have in their daily lives (Yuval-Davis 2006). Consistently with previous research, the participants of the

current study reported various, often intersecting forms of overt and covert discrimination in Finland. They associated experiences of microaggressions and overt discrimination on multiple grounds for particular identities. Nevertheless, the intersectionality framework posits that the social positions targeted by discrimination, both overt and covert, are not independent, but are mutually constitutive (Crenshaw 1989, 1993; Bowleg 2008). In this respect, although these experiences were reported as being attributable to a particular identity, other identities, such as the individuals' gender or age may have been factors in the experiences as well.

In certain cases, the influence of these intersections was acknowledged by the participants themselves. While mentions of different forms of ethnic and racial microaggressions and discrimination by the host society were prevalent in the narratives of the participants, those who suggested that they “confirmed” certain stereotypes associated with particular sexual minorities, and those whose identities were difficult to “comprehend” by others—such as non-binary trans participants—seemed to encounter discrimination on the grounds of their sexual orientation and/or gender identities as well. Several participants who arrived in Finland from countries or who had roots in countries which are not particularly welcoming towards sexual and gender minorities frequently mentioned direct encounters with often violent homo- and transphobia. Resulting from these experiences and from the feelings of being excluded from different groups, most participants talked about establishing their own social circles, or “bubbles” where they could surround themselves with individuals who fall into similar intersections of various identities as they themselves do.

While these experiences and narratives are in line with previous studies on the discriminatory experiences that sexual and gender minorities encounter further research is needed about such discriminatory events in Finland, preferably with a direct focus on specific realms, such as employment, educational or healthcare situations.

5 Health and Wellbeing

- Sexual and gender minorities of foreign-origin experience health problems related to their minority status.
- Sexual and gender minorities of foreign-origin experience mental health problems, such as depressive and anxiety symptoms.
- Accessing tests and preventive prescription measures for sexually transmitted diseases appears to be difficult.
- Transgender people who come from foreign backgrounds face hardships when accessing gender-affirming care.

5.1 Introduction

Research on the health, wellbeing, and health service usage of SGMs has rapidly been growing. The experiences of SGMs are largely shaped by the diversity and the intersection of their other identities, as well as the local, contextual, and structural forces that impact them.

Recent research shows that there have been uneven gains in advancing the health status of sexual and gender minorities and that there are a range of health disparities in their health status. The present inequities experienced by SGMs are largely connected to the social and historical precedent shaping their lives, including for example that fact that same-sex attraction, or homosexuality has been pathologized and stigmatized (Littlejohn, Poteat & Beyrer 2019). Previous studies clearly show that SGMs are at risk of greater health disparities than cisgender, heterosexual individuals. There are various underlying mechanisms, as the risk factors may be connected to certain biological mechanisms, as well as to other matters, e.g., discrimination or minority stress.

Sexual minorities have poorer health outcomes than their heterosexual counterparts, and they are more likely to have a medical record of anxiety and/or depression compared with heterosexuals (Diamant et al. 2000; Conron, Mimaga & Landers 2010; Hatzenbuehler, McLaughlin & Slopen 2013; Björkenstam et al. 2017). A recent study on European sexual minority youth pointed out that there was a high-risk group of suicidality, independent from objective factors such as victimization or substance abuse among the studied group (Gambadauro 2020).

Transgender individuals experience intersecting forms of social marginalization and are disproportionately affected by health inequities (Reisner et al. 2016). It has previously been shown that transgender individuals working as sex workers are often predisposed to HIV infections (Baral, Poteat & Stromdahl 2013). Moreover, transgender people are more prone to experiencing depression, anxiety, or loneliness

(Verbeek et al. 2020). As such, the World Health Organization has called for a global health agenda for transgender individuals (Thomas et al. 2017).

While gender-affirming healthcare has the potential of increasing life-quality as it reduces gender dysphoria and has been identified as a key social determinant of health among transgender people (White Hughto & Reisner 2016; Fraser, Brady & Wilson 2021; Lacombe et al. 2021), it is not equally accessible for all. Several international studies argue that in many countries trans identities and experiences are still pathologized. Certain requirements for legal gender recognition (such as sterilization, and divorce) do not meet human rights standards (see, e.g., Davy, Sørli & Suess Schwend 2018; Suess Schwend 2020). Kärnä et al. (2021) point out that gender-affirming treatments are the most effective way of reducing gender dysphoria and support better psychosocial functioning and quality of life. As the article points out, even after rigorous evaluation prior to gender-affirming treatments approximately 0.3–3 percent of the patients express disappointment and regret the transitioning later in life (Kärnä et al. 2021).

In addition to these matters, it has previously been established that SGMs may experience discrimination concerning intake forms, in examination rooms, and seeking and receiving quality care. Healthcare providers often interact with SGMs along the lines of cis- and heteronormative biases—even unconsciously (Shuster 2021). As healthcare providers do not have sufficient knowledge about their specific healthcare needs their care is often delayed. Due to these experiences, SGMs are often more reluctant to seek care or treatment, compared to cisgender and heterosexual individuals (Poteat, German & Kerrigan 2013; Agénor et al. 2014; Dahlhamer et al. 2016; Hsieh & Ruther 2017).

When it comes to the foreign-origin populations of Finland, as the results of the FinMonik 2018–19 (Kuusio et al. 2020) study show, individuals of foreign backgrounds in Finland are less likely to consider their health as good or fairly good and they are more likely to deem health services as insufficient. The same study points out, that high prevalence of health risk factors were particularly emphasized in the country groups in which forced migration is common (Kuusio et al. 2020).

As it has been pointed out in previous studies, the health and wellbeing of individuals who come from asylum-seeking backgrounds is significantly worse than that of other groups of the population and they may have severe mental health problems (Garoff et al. 2019; Skogberg et al. 2019). Individuals who fall into the intersections of immigrant and SGM status experience particular vulnerabilities: asylum seekers and refugees belonging to SGM population are shown to face adversities both in terms of health and healthcare access (Meads, Carmona & Kelly 2012; Shidlo & Ahola 2013; Alessi & Van Der Horn 2017; Zeeman et al. 2019; Gottlieb et al. 2020).

5.2 The effects of the corona pandemic on sexual and gender minorities

McGowan, Lowther, and Meads (2021) conducted a systematic review of the effects of the Covid-19 pandemic on the health and well-being of the “LGBT+ populations” in the United Kingdom. The study shows that LGBT+ populations tended to show poor outcomes concerning mental health and well-being, health behaviors, safety, social connectedness, and access to routine healthcare. In addition, they suffered from worse outcomes of the pandemic compared to the heterosexual and cisgender populations. In the UK context, the experiences of LGBT+ individuals over 60 years of age were also studied. The results of the study showed that tensions with perceptions of reactionary narratives, social inequalities, and intolerance towards stigmatized groups, particularly trans people were frequent in the community. Combined with the lack of LGBT+ community networks and restrictions, this had potentially severe consequences for some (Hafford-Letchfield, Toze & Westwood 2021). Studies from other countries came to strikingly similar conclusions (Barrientos et al. 2021; Gibb et al. 2021; Janse, van Rensburg & Smith 2021).

The non-governmental organization Save the Children (fi. Pelastakaa lapset) collected information about Covid-19 experiences among youth (n = 3129). 18 percent of the respondents identified as belonging to SGMs. The results of the analysis showed that rainbow youth were significantly more likely to feel stress (66%, all 54%), anxiety (63%, all 49%) and depressed (49%, all 33%), in comparison to those, who did not identify as SGMs. Moreover, a recent survey studied the effect of the Covid-19 crisis on LGBTI people with 325 respondents, one-fifth of whom feared negative increasing sexual and gender minority attitudes in the corona crisis. Slightly more feared that the pandemic could be used as a “political weapon” in Finland. Outside Finland, these fears were reported by a higher number of individuals (Lehtonen 2021b). The impact of Covid-19 on the health and wellbeing of persons who had migrated to Finland was significantly higher in most of the examined domains of health and wellbeing compared to the general population (Skogberg et al. 2021)

5.3 Data and methods

Even though healthcare and wellbeing services were not a primary theme in the semi-structured interviews, discussions on these were prevalent in the interview material. The parts of the dataset that referred to the health and wellbeing of the individuals were analyzed to reflect on what the main challenges of sexual and gender minorities in relation to their health are in Finland. As a result of the analysis, two main themes were developed:

- perceived barriers when accessing health services;
- struggles with mental health.

5.4 Results

5.4.1 Perceived barriers when accessing health services

Access to healthcare is one of the key determinants of health (Bravemen et al. 2004; Wamala et al. 2007). Barriers to accessing healthcare services include a wide range of factors such as the cost and availability of services, lack of information and trust in the service system. Additionally, experiences or fear of discrimination can act as barriers to quality care (Ferguson & Candib 2002; Scheppers et al. 2006).

Finland guarantees universal right to healthcare services to all officially registered residents of the country. Overall, healthcare services are considered good by Finnish residents (Kemppainen et al. 2018). However, shortages of general practitioners (GPs) and long waiting lines have previously been mentioned as challenges within the system (Kemppainen et al. 2018: 700–701).

When discussing certain barriers to healthcare, participants addressed the question of “gatekeepers,” mainly—but not solely—in the public health context. Naming actors such as general practitioners (GP), nurses or other health professionals “gatekeepers” implies that in the perception of the participants, there is a particular figure who has a significant role concerning accessing resources. This role may involve screening of individuals seeking entry and allowing only some to pass “beyond the gate” (Collyer, Willis & Lewis 2017: 97). In some cases, “passing beyond the gate” was quite literal: a gay man in his 30s, who identifies as brown turned up at the emergency department shortly after his arrival in Finland, due to some pain he experienced in his shoulder. He recounted his experiences as follows:

The nurse at the reception was really rude and mean to me, and she didn't let me in. She started shouting, and said like “If you are not dying, we won't let you in.” Just shouting at me. That was like a very weird and uncomfortable situation, and I was like quite new in the country, so, I didn't like, take any reaction, or I didn't complain, I just left the emergency department. That was one experience in the healthcare system, which was negative. [...] I think it's [the reason of the reaction] like, a mix of job frustration, coupled with prejudice, coupled with, I don't know, just like she was tired. Maybe the fact that I was brown, with a beard, and you know, obviously speaking English triggered her or something.

While he acknowledged the role of other factors in this experience, he felt that prejudices associated with his ethnicity, and migration status posed obstacles during this

encounter. This participant also mentioned that his other experiences with healthcare providers have not been negative. In general, participants associated good service with the lack of barriers and with positive encounters with healthcare professionals: feelings of having been “taken seriously,” generally created feelings of positive encounters. The main obstacle, as well as the reason for negative experiences were often associated with the intersections of immigration status and ethnicity:

...the service there [at the local health center], the ones [the personnel answering the phone at the local health center] you call...they never let you meet a doctor. You have to go through many people until you can see one. They don't take you seriously. I think especially when you are a foreigner. [...] I guess with my name and [me using] English, they uh, make assumptions about my background, like that I am from the Middle East.

Another participant found his experiences to be very similar: after an injury, as he described he “had to beg” the nurse who she was first assigned to see, to refer him to a physiotherapist. Eventually, he got the referral. As he summarized:

I think that it had to do with the fact that I am a foreigner and a person of color. Absolutely. Because I have a lot of...friends from [my country of origin], who are white, and they don't have these experiences, like not so bad ones. When I talk to them about it, it's like...hearing that like, aliens exist, because they haven't had to go through this sort of thing.

Barriers when wanting to access tests and treatments connected to sexual health were often mentioned by highly educated participants—a majority of whom were men who have sex with men (as well). In these instances, the primary concern centered around the difficulty of accessing these tests, as one person described:

...you have to actually go through the nurse and tell that “I wanna be tested for STDs.” When you say that, they usually give you a urine test, and the HIV test, good enough, I mean you know, that would happen. They would not test your throat, and they would usually not test your urethra, and would not test your anal samples. So, that already dismisses loads of people who might have you know, gonorrhea in the anal channels and your throat. [...] These things, you have to explicitly demand, and in order to get that, you have to say explicitly “I had unprotected sex, with a penis in my throat, with a penis in my ass.” Unless you say that, they won't give the referrals to those tests. Which, I believe is absolutely ridiculous, and can be humiliating.

In addition to the difficulties in getting tested for sexual diseases, difficulties when accessing preventive prescription measures such as PrEP (pre-exposure prophylaxis)

or PEP (post-exposure prophylaxis) were also present in these interviews.²⁰ Another man shared that he had been a victim of non-consensual intercourse (i.e., rape) and had tried to access PEP via many different doctors and channels shortly after his arrival in Finland. Due to his lack of success, he travelled abroad, in order to access the medication. Another participant when referring to sexual health services concluded “I feel like things like health services are harder to access here, even in my privileged position,” implying that despite many attributes that often placed him in a more advantaged position in Finnish society (e.g., his SES, migration status, educational background, whiteness, etc.) he perceived particular barriers to be present in this respect.

Due to such perceived barriers and often influenced by discriminatory experiences, the participants decided to consciously refrain from interacting with health service providers. A trans woman in her 50s described barriers to accessing services for sexual health as follows:

[PrEP is] one of the things that I haven’t looked at in here basically because I expect it to be kind of a pain [...] But if it was easier to access? Yeah. I probably would be on it! Just because it’s sort of the right thing to do. [...] I know it’s gonna be an annoying, pain-in-the-ass conversation with the doctor. And that is something where I expect some kind of stigma. Like if I go to an unrelated medical appointment, “Okay, tell us what you are taking” yeah. I expect to get, as...uh, someone who passes as female and upper class, I expect to get some weird reactions from clinicians for “Why are you taking that?” You know? And if I don’t, that I know that the only reason why they don’t say something that...uh, either that they know that they should probably shut up or are being polite. You know?

Transgender participants, especially those who immigrated to Finland, repeatedly raised concerns about the barriers to receiving gender-affirming healthcare. These barriers were by and large connected to the long waiting period in relation to the process—which undoubtedly was, at least partially, a result of the previously indicated “gatekeeper experience” and the currently applied diagnostic processes in Finland. When addressing this barrier, participants often expressed distress with the waiting period imposed on them. Individuals who had previously started gender-affirming treatment in other countries—whether legally or not—had difficulties making themselves, as one participant phrased it, “legible” for the same treatments in the Finnish system. Those who arrived in Finland from countries, where they had the legal

²⁰ The national guidelines for using PrEP in Finland was published in 2019 (Sutinen, Hietalahti & Hiltunen-Back 2020); from 01.07.2021, PrEP medication is freely available from the public health providers (Laine & Mikkola 2021). As such, the experiences described in relation to the accessibility of PrEP or PEP are likely to be somewhat different today.

possibility—and the financial means—of accessing certain treatments were, often in advantaged positions. Transgender asylum seekers are, in this respect, especially vulnerable, as they are not entitled to gender-affirming care in Finland before receiving a positive decision of their asylum claim.

Trans participants who had been accessing or who had contemplated accessing services of the trans polyclinic reflected on their experiences in depth. These experiences were mostly elaborated along the lines of frustration and fear of the processes and from not being able to access the desired gender-affirming treatments. A trans-masculine, non-binary participant, who due to their SES could afford particular treatments in their country of origin said: “it took like a lot of energy, and weird privileges and resources to navigate transitioning without the transpoli here.”

Participants moreover often described the necessity to enact their “transness” along with particular—often binary perception—of gender. This was especially prevalent in the narratives of non-binary individuals, who described the necessity to enact their identities “along the binary” in order to be able to access particular gender-affirming treatments:

I am also nervous as a non-binary person, that I am “not binary-enough,” or I am not like, in their opinion “trans enough.” [...] I just feel like the binary trans man is the thing that they would want me to go for, I would maybe say that I am not a non-binary, but trans man or trans guy, but I don’t fit that model [...]. I have heard like...different kinds of advice [from others]. For example, it’s better to lie that you are more binary than you actually are [...] and I am a bit nervous about how me being [racialized]...like...affects it. I don’t think they understand what things I say at times, like...I was talking about the “not being able to fit into any genders” [...]

Refugees and asylum seekers often expressed difficulties in “knowing how the system works” reflecting on barriers posed by language, migration status and the gatekeeper experience. Those who fall into the intersections of transness and refugee or asylum-seeking focused on the barriers to receiving trans-specific healthcare. A trans refugee who arrived in Finland over three years ago as a quota refugee due to her being a trans woman in a country where she was subjected to violence partially due to her gender minority status. She was granted asylum in Finland based on her gender identity, and talked about the difficulties accessing trans-specific healthcare in Finland:

I didn’t come here, still looking like a man with a beard. I am a woman, in front of you, with everything. With all the surgeries and all the hair removed. And they are still asking me these questions again? I am not young. I told them I have been using the hormones for 10 years. What do they still want to know? [...] It’s a lot of money [to access hormones and surgeries]. I get the money from sex work. This is the only way I

can support myself. I need to sell myself to a lot of clients, to get the money I need for the hormone treatment, and for the operations I need.

She, as many other refugees and asylum seekers had accessed particular gender-affirming treatments abroad—often resulting from the perceived barrier to accessing trans-specific healthcare in Finland, and often resulting from a lower SES.

The question of the language when accessing different services was present in most interviews. This is not surprising, as the ability to talk about a problem in consultations is crucial to accessing healthcare (Dixon-Woods et al. 2005). In this respect, lack of (sufficient) Finnish skills seemed to have been an issue for most participants. The difficulty of accessing services in Swedish was also addressed by some. While native English speakers seemed to have fewer difficulties at least when encountering professionals in person, the lack of documentation in English (including the records of their visit, pre-visit forms, and questionnaires) was also a concern raised by many of them:

Like a lot of paperwork, I got in the past, for example in this mental health section was in Finnish, and sometimes people would go through it with me, sometimes then I would have to get a friend, whom I could ask to translate. Which is also weird, when there is this like...very sensitive like...you know like...interrogating kind of questions you know...

Many participants compared the Finnish health services to those in their countries of origin. A number of them implied that they were not aware of their rights, and the services that they were or were not entitled to in Finland.

While most participants stated that many of the experienced barriers are common—regardless of the intersections—the examples given by the participants clearly showed that the barriers were emphasized along the lines of migration status, language skills, and often ethnicity or race. As the perceived barriers often stemmed from the fundamentally intersectional identities of the participants, they were more difficult to overcome, and resulted in delayed access to treatment, feelings of vulnerability and discomfort when turning to health professionals—whether the professional in question was in the public or private systems. Negative experiences were, however, more commonly expressed in relation to accessing public health services. Resulting from these barriers, the participants often refrained from utilizing the Finnish health services altogether—which could have a negative effect on physical and mental health outcomes.

5.4.2 Struggles with mental health

As mentioned earlier, sexual and gender minorities generally have poorer health outcomes than their cisgender, heterosexual counterparts. Previous research has also shown that individuals who are also members of ethnic minority groups experience discrimination, or stereotyping related to their ethnic minority status, which could

contribute to health disparities—mental and physical alike (see, e.g., Solórzano, Ceja & Yosso 2000; Gee 2002; Jasinskaja-Lahti, Liebkind & Perhoniemi 2006; Williams & Mohammed 2009; French & Chavez 2010; Bazargan & Galvan 2012; Rask et al. 2018). A large body of literature has previously linked everyday discrimination to negative mental and physical health outcomes across racial and ethnic groups (Ayalon & Gum 2011; Earnshaw et al. 2016). Importantly, while the migration experience may reshape certain the experiences of sexual and gender minorities, it does not necessarily erase them (Alessi et al. 2021; Chossière 2021: 3)

A number of participants described having previously been struggling with issues of mental health, such as anxiety or depression. Mental health issues may be associated with a variety of factors including experiences before migrating to Finland—in the case of those who immigrated to Finland—childhood experiences, and often struggles with accepting their sexual orientation and/or gender identity. Most participants talked about encountering small discriminatory remarks and occasionally, overt discrimination in their daily lives: on the street, at school, and even when accessing health services, as recounted by one participant here:

Once I took a huge amount of medication to kill myself, but then, I didn't die. I don't know what happened to me. I took so many drugs, they took me to hospital, they cleaned my stomach. Since then, I have this heart thing and I take tranquilizers all the time. Some people think that you arrive to Europe, and it's paradise and you should be thankful, but the reality is not like that.

Connecting racial and ethnic microaggressions to the participants' own mental health was quite common among the participants. A homosexual man, from Latin-America in his 30s for example talked about remarks referring to his country of origin made as “jokes:”

[...] they joke so much about it that it makes me wonder. [...] there's a lot of like, like, microaggressions, like tiny jokes that are not really funny at all in any sense. And they are heavy, mentally. But they think it's funny. Yeah. So yeah, I would say that that's like been more present than issues connected to the gay part.

Another participant reflected on the daily encounters with such microaggressions along very similar lines:

I noticed that I can be having a good day, or I can be in high spirits, and, just one look, one action, one like...one microaggression can turn that around, and just ruin your day, completely. And then, your guard is up, and you are ready for more. So, that's not really healthy. [...] I think it has really started to affect my mentality, and these days I have like, started to develop a lot of anxiety about leaving the house. Because I

have to prepare myself, like a lot. It takes a lot of energy to prepare myself to face the fact, that as soon as I leave my house, I know I am going to get all that bullshit. Like, it's all gonna come my way. No matter what I do, no matter how friendly I am, no matter how uh, like a "model minority" I behave. It's gonna come my way. And, it causes a lot of anxiety.

The participants described challenges when seeking therapy in English in Finland. Accessing mental health services, especially with support from KELA seems to be particularly difficult due to the low number of English-speaking KELA-certified mental health professionals. This challenge was discussed in a panel discussion at Helsinki Pride, organized by the non-governmental organization Seta as well (Seta 01.07.2021).

As mentioned earlier, transgender people are especially prone to experiencing mental health related problems, including anxiety or depression. These psychological problems tend to decrease after transition (Verbeek et al. 2020: 2), and the life quality of the individuals concerned tends to increase (White Hughto & Reisner 2016). The desire to receive appropriate gender-affirming healthcare was crucial in the participants' narratives often directly connected to their mental health:

[...] you have to show [at the trans polyclinic] that the "dysphoria and the discomfort that you are living with the wrong gender" - issue is major enough that you get help, but you can't show that it's too major, or that it makes you too sick, which it does anyways...but you know, if they think that it makes you too sick, they won't help you.

The most often raised concern in relation to mental health by transgender participants was connected to their gender dysphoria, often emphasized along the lines of their migration status:

...uh, if you add that [gender dysphoria] to the minority stress, like that you are being somebody who is in a new country, and then, you have like problems...of course you are depressed.

With the intersection of migration status, and transgender identities, those participants who migrated to Finland as asylum seekers or refugees expressed the heaviest burden related to mental health issues. These issues were not only connected with their traumatic experiences in their countries of origin, but also to their desire to receive appropriate gender-affirming health services. Receiving these services was especially important for handling particular administrative matters, for example changing names or gender markers, which were particularly important for the individuals as they often faced systemic and environmental microaggressions resulting from these matters—as previous studies have pointed out (Nadal, Rivera & Corpus 2010; Nadal, Skolnik &

Wong 2012). A transgender refugee, who arrived in Finland summarized her experiences related to her health towards the end of the interview, as follows:

If this [interview] is really going to be used at the institution that takes care of health and wellbeing of people, I would like to tell you about my experience from the community. If you receive an immigrant who starts to take hormonal treatment in a foreign country, abroad, and they come here, please give them their hormones. If you make them go through the process, and they need to stop the treatment for two years or even more, till the process finishes, their situation will be very complicated and it will result in anxiety and depression, like it did to me and to many others.

When asking the participants about the effects the Covid-19 pandemic had on their lives, the narratives appeared to be verge on seeing the pandemic “as a blessing and a curse.” Those, who did not have supporting groups and broad social circles in Finland faced the difficulties of NGOs and other supporting organizations transferring their activities online or cancelling them altogether. This was especially prevalent in the cases of asylum seekers and refugees, who suffered significantly from the lack of these contacts, and increased loneliness. Those who described the pandemic along more negative lines talked about the lack of social contacts affecting their mental health. Those, who approached the matter in a more positive light suggested that due to the minimal number of contacts, they encountered significantly fewer negative experiences (e.g., microaggressions or overt discrimination) when interacting with society at large. The pandemic intensified existing inequalities and exemplified how ethnicity, gender, socioeconomic status, or age overlap and interact resulting in unequal impacts on different groups in society.

5.5 Conclusions

Sexual and gender minorities of foreign-origin experience health problems related to their minority status. Previous research has shown that the health and wellbeing of the foreign-origin population in Finland is worse than that of the general population. Moreover, SGMs experience poor health outcomes that distinctly differ from the experiences of their cis- and heterosexual counterparts.

The participants of this study associated their experiences with their migration status, and often their ethnicity—while many also noted that similar experiences may be common in the general Finnish society to an extent. The narratives of the participants clearly indicate that those who fall onto the intersections of various marginalized identities experienced difficulties. Specifically, accessing tests and preventive prescription measures for sexually transmitted diseases appeared to be difficult. It is noteworthy that the majority of the participants were living in reasonable proximity to larger hospitals, often in cities, where accessing services may be significantly easier than in

remote geographical locations. This aspect should be examined more in further studies.

Most participants who took part in the study reflected on various issues affecting their mental health. While they talked about such issues, their struggles were emphasized along different lines. Some participants associated microaggressions and overt discrimination with the status of their mental health, and some spoke about the issue of finding appropriate professionals with whom they could talk in English. Transgender participants repeatedly mentioned various problems resulting from the barrier to receiving gender-affirming healthcare and, as a result of this barrier to issues pertaining to changing their gender marker, or their official names. It is clear from the narratives that these concerns were accentuated by their migration status, while in particular cases they were affected by race, ethnicity, and gender as well. In this realm, individuals in the most vulnerable positions—such as asylum seekers, refugees, and transgender participants—were affected the most.

To improve the quality of life of people who fall into the intersections of various identities, it is crucial to further examine the experiences surrounding the health and wellbeing of the SGM population, and study social, and health policies from an intersectional perspective. While the themes presented in this chapter concern the most frequent concerns of the participants of this sample, it is important to point out that as the SGM population is not homogenous, further research is necessary to better understand specific matters pertaining to aspects such as certain biological mechanisms, and more detailed experiences of different groups in specific cases.

6 Religious Communities

- Religious identities may be intertwined with one's perception of their own ethnic, cultural, and even political identities.
- Interpretations of various religious texts are often used to justify discriminatory behavior.
- Sexual and gender diversity is not contradictory to religious identity, and many can reconcile their sexual orientation and/or gender identity with their religious identities.
- Migration may open new paths for reconciling queerness and religious identities and provide a connection to supportive communities.

6.1 Introduction

Religious lives and communities are widely varied and inherently diverse. Religion and religious affiliations are often left out or neglected in intersectional analytical processes, while in fact, religious identities may have crucial importance in the lives of individuals. Secularizing trends over the globe have, to a certain extent, lead to assumptions that religion has none or very little force in contemporary societies. The question of how important religious thought is in a society is very much dependent on the context, and on the religion itself, as well as the means through which one defines religion. Religious belief, practice, or expression cannot be explained by the dichotomous understanding of religious versus secular, a juxtaposition that is especially problematic in diversified religious landscapes (Nynäs et. al 2020). Religion in everyday life appears as a lived experience that is far from uniform and is often influenced by multifarious factors and considerations. Scholarly research has already understood the need for more polygonal models when studying diverse societies and diverse religious expressions worldwide (Czibalmos 2020: 56; Illman & Czibalmos 2020).

Queer and religious/spiritual (R/S) identities are often thought to be mutually exclusive. As a result of the dichotomous understanding of religion, one may falsely think that religion equals oppression, while secularization accounts for freedom—whatever definition of religion is applied. The dichotomy of oppressed individuals either complying or breaking free from traditional (gender) expectations of religious communities is often false, however (Avishai 2008, 2016; Burke 2012; Avishai et al. 2015). Individuals may have several identities which are intertwined with numerous aspects and positionalities of cultural and social life, such as gender, social class, religious affiliation, or ethnicity, and thus they are also fundamentally intersectional (Moberg, Sjö & Lövheim 2020: 15). In this context, religion may not only be a

significant means of self-understanding, but it is also a major socio-historical force that reflects variations in political climates and cultural dominance (O’Brien 2014: XIV).

Identities may be self-proclaimed, or ascribed (Moberg, Sjö & Lövheim 2020: 15) and an individual may have a certain view of themselves that others do not necessarily share of them (Czimbalmos 2021: 29). When one is thought to differ from the expectations of a particular group towards their membership, exclusion, rejection, and discrimination may also occur. This is not foreign to religious communities either. Interpretations of religious traditions may result in the exclusion and discrimination of queer bodies from these communities. In these cases, depicting queerness as a sin renders certain beliefs (Yip 2004; Itzhaky & Kissil 2015), and religious ideologies are often used to excuse abusive behavior, and particular religious values and beliefs can be used to justify physical, verbal, and emotional aggression towards sexual and gender minorities (Newman & Fantus 2015). These ideologies may also support traditional gender norms, and expectations act as predictors of domestic and honor related or honor-based violence (Björktomta 2019; Beller, Kröger & Hosser 2021). While balancing certain ideologies and expectations may be difficult, it is not impossible. Previous research has shown that it is possible to accept one’s sexual orientation without neglecting their religious identity (Lease, Horne & Noffsinger-Fraizer 2005; Rodriguez, Lytle & Vaughan 2013).

6.2 Religious communities in Finland

Finland is generally described as one of the world’s most secular countries (Illman 2019). The majority of its population, 66.6 percent as of 2021, belongs to the Evangelical Lutheran Church (ELC), whilst the size of the population with official affiliation to the Orthodox Church is approx. 1.7 percent, Muslim congregations account for 0.25 percent, and e.g., Jewish communities amount to 0.02 percent.²¹ Nevertheless, the religious landscape of Finland is diverse, and diversity exists within the Evangelical Lutheran Church, too. In addition, according to recent estimates, the religious affiliation of the first second-generation immigrant population of Finland is also diverse. According to the 2019 data, Christians constituted 41.3–42.3 percent of the immigrant-background population, Muslims, 22.8–24.6 percent, the non-religious, 21.0–21.1 percent (Pauha & Martikainen 2022).

While these percentages showcase a substantial affiliation to different religious communities, it is important to point out that the high level of nominal church membership in the Nordics may be identified as a phenomenon that has been described as

²¹ For detailed statistics on the denominations and their membership in Finland, see: Tilastokeskus 2022

“belonging without believing” in previous studies (Nynäs et al. 2020; Czimbalmos & Tuori 2022). Due to the size of the ELC, there are higher chances of finding inclusive communities for those who fall into the intersections of religiosity and queerness, or other identities for that matter. While there are several more welcoming communities within the ELC, for example, there is an obvious lack of inclusive and egalitarian congregations in the Jewish or Muslim communities—to name a few. It is important to mention, however, that a number of organizations provide support for those who fall into the intersections of SGM and R/S identities, such as BuraQ, Support for Victims of Religions, or Malkus.²²

Belonging to a particular denomination or being affiliated with a certain religious tradition does not imply that the perception of religion and religious practices of individuals would always be dichotomous. Scientific research on religious communities in Finland has already pointed out that non-dichotomous understandings of religion have been increasingly present in various smaller religious communities. As such, individuals often tend to perceive their religious identities as their individual choice, which is often projected in the ways they do or practice religion (see, e.g., Kupari 2016; Illman & Czimbalmos 2020; Pauha 2022)—while this may be dependent on the community they perceive themselves to belong to. Certain identities are often falsely perceived to be solely constructed and negotiated on religious grounds, when in fact they may be affiliated to one’s perception of their own ethnic, cultural, and even political identities.

6.3 Data and methods

From the overall sample (n=40), the topic of religion and religious institute was addressed in twenty-four interviews. The majority of the participants who discussed questions of religion were from the Middle East, and came from Muslim backgrounds themselves, apart from one person who was from a Yezidi family. In addition, there were two participants who identified themselves as Jews and others who affiliated with different Christian denominations, including Anglican, Evangelic Lutheran, and Roman Catholic. Resulting the analysis of these twenty-four interviews, the following two themes were developed:

- religion legitimizing discriminatory behavior;
- combining religious and queer identities.

²² Sateenkaariyhdyitys Malkus ry. For further information, see: <https://www.malkus.fi/>

Before analyzing the two themes developed from the selected set of interviews, it is important to note that the majority participants who reflected on questions of religion and/or their own religious affiliation arrived in Finland from countries where Islam was (one of) the most dominant religion(s). Participants born and raised in Finland seldom talked about religion in depth. In addition, it is also worth mentioning that not all participants who addressed the question of religion perceived themselves to belong to any religious tradition or did not necessarily perceive themselves to be “religious.”

6.4 Results

6.4.1 Religion legitimizing discriminatory behavior

In certain contexts—as indicated earlier—there is still a belief that sexual and gender diversity is contradictory to religious identities (see, e.g., Goodwill 2000; van Klinken 2015; Thompson 2020). These hegemonic beliefs and ideas are clearly present in the material—especially in relation to the experiences of participants in particular religious contexts, and include: rejection, exclusion, discrimination, psychological and even physical abuse, which were often experienced on grounds that were perceived to be connected to “religion,” and its “incommensurability” with queerness.

Sexual and gender minorities often experience religious abuse. Religious abuse occurs when a leader of a religious group, or the group itself manipulates the victim of the abuse with their own beliefs and misuse the religious rules or doctrines to harm these individuals (Super & Jacobson 2011). For individuals from asylum-seeking and refugee backgrounds, connecting certain religious perceptions with exclusion from circles was especially common. Experiences of discrimination, psychological and physical violence—very often honor-related violence—were a common domain in the narratives. Often, migration as such, did not erase experiences of such discrimination and abuse. Several participants reported to have experienced these also in Finland, often from diaspora communities.

A trans woman from Iraq, who recounted many incidents when she was subjected to honor-related violence both in her country of origin and Finland described the situation and her experiences in her hometown as follows:

[...] I come from, is a religious city. It's considered a religious city. [...] Very religious, very conservative. I come from a very big “clan.” The way of living was according to the norms of the clan. The traditions, the rules, the conservative ways. This [being transgender] is something to-tally forbidden. It's so strange there that you cannot even come out. [...] Shia Muslim city. Very strict. They are mostly connected to Iran and even in Iraq, they follow Iranian rules, almost. [...] I was facing a lot of physical violence. Coming from people that I don't even know. I cannot

remember who they are, or whether they were close to me. I also was beaten by my father. I still have a big mark on my body and legs, when he was trying to make me be more like a boy, that I should be.

Another trans woman with a similar background talked about visiting Turkey to receive gender-affirming treatments, which she could not access in Finland at the time due to reasons partially connected to her socioeconomic status, and partially due to the processes of the trans polyclinic. She had not had the possibility to change her name in her official documents, and thus she faced significant difficulties when returning to Finland when trying to board the airplane. She explained:

At that time, I recognized, that the issue was more than just that I was a trans woman. It was that and my name. It was like scandalous. My name. Trans and Muslim, you know. They think you can't be both. Like in an Islamic country, it was a scandal. I don't know what he thought, but I think this was the biggest issue. [...] My name, before was Mohammad.²³ Mohammad the Prophet. And you see Mohammed on a paper, and you see me.

Undeniably, this experience of the participant was connected to a religious matter, but as it was covertly reported by her, it was also emphasized along the systemic microaggression she suffered from when not being able to change her name in her official documentation.

Participants from the Middle Eastern and African backgrounds suggested that the conceptualization of homosexuality or transness were often along the line of behavioral traits, rather than segments of one's identity in their countries of origin. In several Middle Eastern countries, "gay identity" as such, may be resisted and its existence may be denied, while homosexual behavior may be silently tolerated, though not publicly acknowledged (Jaspal 2014: 54). This does not imply that such behavior may be excused. As one participant reported:

It is one thing to be gay or like act gay, another is, to advertise it, or to talk about it. So, if you go onto social media, the Islamic government and the Islamic rule which is the rule in Iran, to go outside, and openly say that you are gay? They would forget every other gay person in hiding and would just focus on that one openly gay person, because that is the one, making a difference.

The perceived contradiction between religious and queer identities was not only common in the case of individuals with Muslim backgrounds. Associating discriminatory actions with religious ideologies was present in other narratives as well. A gay man

²³ The dead name of the participant was written down after agreeing with her on the matter.

from an African country where the majority of the population belong to different Christian denominations, for example, stated:

I think it's the church. Everywhere. With us [people from the participants' country of origin], it gets force. The church is there, we have the tradition. Maybe it's different. But, like I still say, even in the church, those people who claim publicly to denounce gay people, they are down low, having sex with the same people.

Along the same lines, a Roman Catholic woman from another African country expressed similar opinions, when talking about her experiences with deliverance, conversion practices and violence due to her sexual orientation, saying "It was in the organized, Catholic church [...] they say that this [homosexuality] is a sin." In most African countries, religion is often viewed to be intrinsically homophobic (van Klinken 2015), and homosexuality is thought of as immoral and un-African. Deliverance and conversion practices are frequently practiced in order to change people's sexual orientation, or gender identity (Richman 2021). As she further explained:

[I was] going for deliverance. From church to church, because they told me there is a demon in me, that I wanted delivered. And there is this demon, I cannot tell you the kind of demon. Just to be free! They told me "Okay," and they would give me three days fasting, seven days fasting, not eating...first, when my mother found out, they took me to church, they gave me fourteen days of fasting. No food, no water. So, that the demon can go. That thing...that makes you feel like you have been possessed by a demon. They said I was possessed by a spirit of a man. [...] Because me, you know, I went to church. I went to do that fasting and deliverance. I still feel the same. I have paid those pastors, and I did everything they told me to do. I still feel the same. According to the priests, who know everybody and everything. I am not supposed to be gay. I am supposed to be straight. At my age, I am supposed to be somebody's wife. A mother of his children.

As the participant later described, her physical abuse continued with her being flogged daily, whilst she was doing the deliverance. In addition to such physical violence based on religious grounds, undoubtedly, she suffered tremendous psychological abuse as well. Similar experiences were shared by other participants, who were deemed to bring shame on their families.

Previous research has pointed out that when religious abuse occurs, whether physical and/or psychological, those who have suffered from the abuse may avoid or withdraw from a faith community, consciously change their beliefs, or alter the practice of their religion (Whitley 2009; Barton 2010; Super & Jacobson 2011). This was also present in some of the interviews. A Syrian trans woman, who experienced both physical and psychological violence throughout her life stated:

Syria is an Islamic country, with a Muslim majority. They don't accept people like me. How I look, for them, is not acceptable. When I was younger, I was beaten by my parents and my siblings so that I cannot even describe it. The beating and the physical violence. After that, on top of that, I had issues with the authorities, with the police. I was in prison many times. [...] Yes, I was born in a Muslim country, I have a Muslim background, knowing what I know about Islam, or about Muslims, I know that most of them don't accept me. They don't respect me, and it's because Islam says from their point of view, that they need to put me to a high place and throw me down to be killed. This is something that I don't relate to, and I don't want to be related to by others. To Muslims like that.

When religion, or interpretations of religious texts are used to justify discriminatory behavior symbolic power is used and abused to shape the discussions around who and what is considered to be Catholic, Muslim, Jewish or a member or representative of any other religious denomination. Those who have this symbolic power get to decide on the boundaries erected and about the people excluded from the communities. Of course, it is possible to maintain a community, a religious, ethnic, or cultural affiliation with people from other communities. This, however, could require tremendous efforts.

6.4.2 Combining religious and queer identities

As established above, the alleged contradiction between queerness and religion was present in the participants' accounts when they were talking about certain religious communities and the way those queer communities treat queer people.

Nevertheless, a number of people acknowledged the non-dichotomous nature of self-identification, religious practices, and beliefs. Their narratives suggested that there is a significant knowledge gap in relation to these subjects in cases of certain religious denominations. One participant recalled having listened to a panel discussion, where the Islamia Queeristi²⁴ project talked about queer Muslim identities, and concluded:

Previously, I only have heard the “one truth” [sarcastically] of Islam. I have only heard the one story, the one voice, like “man and woman have to be together, and it's not okay to be lesbian, or gay, and I will go to hell.” Basically, that's what I have heard, but now, I learned that it's not

²⁴ The project does not have an official English name. The Finnish Islamia Queeristi is loosely translated as “Queering Islam.”

true! That [hearing those things] leaves some kind of marks or like scars in your mind. Like, for years I thought I would go to fucking hell!

When a person remains religious, and values both their religious and SGM identity they may apply individual strategies to integrate these identities with each other (Wilcox 2002). Many of those, who were affiliated with a particular (religious) tradition successfully reconciled the coexistence of their religious identities and did not feel the need to prioritize one over the other. A gay, Roman Catholic participant for example explicitly stated that he had “no problem with being gay and religious” because the “important thing is what you have it in your heart anyway, not what people think about how it should be.” As the quotation indicated, this participant differentiated between the perspective of organized religious communities, and his own, individual faith and beliefs. This differentiation was present in the accounts of participants who seemed to have reconciled their sexual orientation and/or gender identity with their religious identities. As one participant explained:

From the understanding of the Muslim leaders, like the imams who speak about Islam, I am not [a Muslim]. I don't consider myself belonging to them, but I have my own understanding of Islam, how I see Islam. [...] I never had a confrontation about this, or even a talk with any imam directly. For me, I feel I read the Bible, the Old Testament, the New Testament, the Quran, and other books, and I feel that there is nothing wrong with being gay and religious at the same time. This is how I understand Islam, and I accept myself this way. To be a Muslim and gay. For many religious leaders, if you are gay, you cannot be a Muslim. But I still think I am a Muslim.

While reconciling these identities is possible, finding accepting communities may often seem like an impossible quest. Religious queer people often seem to be erased from the discussions with the assumption that they are not religious, or that they do not practice religion in particular ways. Sexual and gender minorities in different religious communities are often forced to negotiate their identities and social codes in relation to expectations relating to gender, sexuality, or ethnicity (Chakravarty & English 2020; Thompson 2020; Pallotta-Chiarolli, Reem Sweid & Budi Sudarto 2022). In certain “gender traditional” religious communities, navigating gender expectations and normative behavioral traits may be difficult. This is an especially pressing issue in cases where the choices of religious spaces are not vast, or where there is a lack of communities that operate in an egalitarian manner, for example, without gender segregation.

While there is both a recently registered Jewish and a Muslim initiative that aim to support those who may need egalitarian religious spaces, there are a lack of such spaces in Finland. In this realm, choosing a community, or affiliating with a particular religious denomination may be a conscious choice to avoid not only gender-

segregated but often homo- and transphobic spaces. As such, some participants decided not to visit any religious spaces at all. A trans woman from an Evangelical Lutheran background who “believes in her own way” described that she does not feel welcome in the congregation she used to visit before her transition. She explains: “...that’s very sad, because I would like to go, from time to time. And I have felt that some of the clergy don’t accept me.”

Not being accepted in currently existing communities was one of the most prevalent topics even among those who were able to reconcile their queerness and religiosity or faith. A genderfluid participant, who identified as Jewish reflected that they would not be accepted in an Orthodox Jewish community, but in Finland, the current possibilities in relation to inclusive Jewish communities are also scarce. They summarized the choice behind their denominational affiliation, and reflected on the issues with defining their level of religious observance as follows:

I was searching for the “middle way.” Liberal was not an option, because...I felt it was too untraditional for me, somehow [laughs] and Orthodox was not an option, because I feared I will never be accepted in my identity, you know? So, I chose the middle way, I mean if I want to say it simply, it was, how it was. [...] The rabbi in Stockholm, she warned me about this [the lack of Jewish spaces in the part of Finland where they live]. She said “You cannot be Jewish by yourself, it’s not possible” and you know, sometimes I think about these words, you know and...um, they make me think, you know?

Similarly to this Jewish participant, a gay Muslim participant also explained their choice of community along similar lines, emphasized by particular “creativity.” He suggested that he did “not feel at home” in Finnish mosques and detailed the means of choosing a mosque for himself with a rather pragmatic, yet original consideration:

I go to places [mosques] where I don’t speak the language of the people who attend the prayers. [laughs] [...] So, he [the imam] gives the khutbah, I understand nothing. Nothing! So, he can be homophobic, or whatever. [laughs] I don’t understand, so it’s fine. We stand, we pray, I pray with them, and I get out. [...] I am here for God, bye-bye. That’s it. This is my way to interact with this. But I don’t talk to the imam, no. I don’t feel safe with them. I don’t want to listen to toxic messages, or of someone who is judging me, and he thinks that he is representing God on this Earth. I don’t want to talk to people like that, I am not like that. Let them think what they want to think, I believe what I believe, I feel what I am comfortable with. They can tell me that I am going to hell, or that I am not a Muslim because I am gay, they can tell whatever they want. It’s their own thing. I don’t want to hear it, see it, or be nearby. This is the way I cope with it.

In some instances, the participants explained that they have some sort of personal faith, but they wish to be unaffiliated with any organized religious group or community. A trans woman, who often felt that she has been discriminated against based on religious grounds summarized why she disaffiliated from this particular religious tradition:

I believe that God exists. For sure. But feeling that I am a part of a certain religious group...I don't feel that. Especially when you talk about Muslims.

The bodies of all (ethnic) religions are complex, and their boundaries are carefully negotiated through multiple dimensions. This implies, that one can e.g., identify as being Jewish or Muslim without identifying as being religious, and adhering with religious rules or dogmas. Undoubtedly however, certain religious denominations and congregations do not always regard at the boundaries of such identities with great flexibility. While in many instances, institutionalized religious spaces and their leaders seem to fail to cater to the needs of queer people who wish to have a connection with them, there are examples to the contrary. One genderfluid, polysexual participant who—before the Covid-19 pandemic—visited the church of a smaller Christian denomination regularly, summarized this as follows:

...the Reverend has been really welcoming to me and has been very welcoming to my husband, so I think he is very welcoming to, sort of queer members. If any of the congregation have a problem with it, I think they are just doing a very good job in keeping it to themselves.

When talking about the importance of religion in his life, moreover, they summarized it as:

I suppose it's both like a cultural thing, and personal belief...thing. Belief...I have never asked this from another Christian, and uh, I personally don't believe everything in the Bible happened [laughs] and you know, you have to remember this was a book that was written...it was based on stories that were told for a thousand years before anyone could read, and it was a book that was translated to a bunch of different languages before it was published in English [the mother tongue of the participant], but you know, you want to focus on the good aspects of this. That we are all made to love each other, and care about one each other, and there're these prophets, whose main message was to love each other, and not to judge each other. [laughs]

Queer religious bodies develop their own models to do religion suited for their other identities. This will result in the selection of a particular religious repertoire, rather than being constrained by it (Yip 2005: 59). “Doing religion” along such lines may not be possible in certain societies, where the legal and societal possibilities do not

allow for such flexibility. In this respect, for some participants, migration constituted and can constitute a turning point. It may open not only new paths for reconciling their queerness and religious affiliation, identity, or faith, but could also allow for a connection to communities that support the fact that religion and queerness are not mutually exclusive categories.

6.5 Conclusions

Religion, faith, or belief can be defined in a multitude of different ways. Religion and spirituality, or faith are often viewed as interchangeable, while they in fact are different constructs (Bent-Goodley & Fowler 2006). It is important to point out, that none of the religions mentioned or referred to in this chapter are unified movements, nor is the purpose of the chapter to generalize them or deem them as hostile towards particular identities. As this chapter indicated, various interpretations of religious teachings may exist, some of which are more hostile and some of which are more open and welcoming towards sexual and gender minorities. Reconciling one's religious affiliation, faith, and spiritual identity with one's sexual orientation and/gender identity is possible, but not necessarily the easiest task.

Interpretations of religious texts are often used to justify ideas according to which religion, spirituality, or faith are incompatible with queer identities. These ideologies may result in the physical and psychological abuse and discrimination of individuals who do not fit the normative, hegemonic ideas about who and what are considered appropriate. When religion is perceived to be intrinsically homophobic and transphobic, and where SGM statuses are seen as a behavioral trait, rather than segments of one's identity, abusive actions may be used to change the "behavior" of people. When such abuse occurs, those who have suffered from the abuse may avoid or withdraw from the faith community, consciously change their beliefs, or alter the practice of their religion (Whitley 2009; Barton 2010; Super & Jacobson 2011).

Reconciling religiosity with queerness is not, however, impossible. SGMs in different religious communities are in need of negotiating not only their identities, but certain expectations or social codes in relation to their gender or sexuality as well (Chakravarty & English 2020; Thompson 2020; Pallotta-Chiarolli, Reem Sweid & Budi Sudarto 2022). Such negotiations with positive outcomes are probable, yet they may be challenging when navigating traditional gender spaces, expectations, and normative behavioral traits in particular religious spaces. Smaller religious denominations may also imply a lesser possibility of the existence of such spaces. The lack of such communities may allow individuals to develop their own creative ways of "doing religion."

7 Recommendations

The recommendations of this report synthesize information from the individual interviews and information from the focus group interviews (n=8). The recommendations of this chapter are listed and organized systematically along the lines of the key topics which were raised by the grassroots professionals. The recommendations cover eight themes: employment, healthcare and social services, trans rights, immigration services, police, religion, language, and research.

When working with a participatory approach, the main goal of the data collection was not only to inquire information from the individuals from the target population (in this case sexual and gender minorities who identify themselves as members of the foreign-origin population in Finland), but also to rely on the grassroots expertise of the professionals who work with this segment of the population directly, or whose work touches upon matters that concern this segment of the population as well. Due to their work, these organizations and/or projects, and their representatives have in-depth knowledge of the main issues sexual and gender minorities of foreign-origin encounter in Finland, and/or prior to their migration to the country.

This report focuses on the lived experiences of sexual and gender minorities in the foreign-origin population in Finland, but the study findings, societal challenges identified, and recommendations suggested in the report are likely to be of value and relevance also outside national boundaries.

7.1 Employment

Workplaces and organizations benefit from workplace diversity. Many organizations and employers have become more inclusive and supportive of not only linguistic, but also gender diversity. Still covert discrimination in both recruitment processes and employment situations is still very much present in Finnish working life. Discrimination experiences in the workplace include microaggressions targeting not only sexual and/or gender minorities, but also ethnic minorities, for example.

- Employers should implement diversity enhancing recruitment processes, such as anonymous recruitment or using a diversity clause, to ensure equal treatment and encourage minority background candidates to apply (see, e.g., Rask, Nykänen & Teräsaho 2021; TEM).
- Organizations should be committed to developing and executing non-discrimination and inclusion measures as part of their equality planning process.
- Sensitivity training in workplaces should include information about sexual and gender diversity, cultural diversity, and microaggressions.

- Attention to the inclusion of transgender and nonbinary personnel can include providing gender neutral restrooms in workspaces and paying attention to the use of pronouns and practices of grouping employees based on gender or ethnicity.

7.2 Healthcare and social services

Healthcare and social service providers often lack sufficient intersectional understanding of various identities and as a result, often fail to establish safe spaces and safe environments for sexual and gender identity clients. Resulting from these issues, individuals may decide not to be open about their lifestyle and the potential choices and decisions they make, which may affect their physical and psychological health.

Health and social service providers often lack an understanding of the terminology connected to sexual and gender minorities. Moreover, ethnic minority clients may face prejudices, false assumptions, microaggressions, and often overt forms of discrimination when turning to these service providers. This may leave health-related issues unnoticed and result in individuals refraining from turning to health providers altogether. Trans-specific healthcare, especially in relation to the trans law was a frequently raised concern in the discussions.

- The skills and knowledge of health and social service professionals should be strengthened in relation to cultural diversity, sexual orientation and gender diversity and expression, e.g., by including these topics in the compulsory training of health and social service professionals.
- The diversity of the population should be recognized in health and social services, e.g., documentation should be provided in different languages and the possibility of marking one's perceived gender on forms to be filled e.g., prior to visits should be explored.
- Organizations providing health and social services should be committed to equality and non-discrimination actions as part of their equality planning processes.

7.3 Trans rights

While most focus group informants pointed towards the positive changes in the Finnish legislation over the past decades, there was a clear consensus among those who raised the questions of legislation that there are several legislative changes to be implemented. One of the most prevalent examples raised during the discussions was the question of the current “trans law” (563/2002). The question has also been addressed by THL previously (THL Blog 23.06.2015). Recognizing the issues with the current legislation, a governmental proposal (STM009:00/2021) was created, with the intention to update the legislation. The shortcomings of the current trans law are not only

associated with barriers to gender-affirming care, and with the sterilization requirement, but also with the broader societal perception of gender minorities.

As previous studies have pointed out, the concept of self-determination in gender-affirming care can be understood to be a key determinant of transgender health. Several international studies argue that the pathologization of trans identities and requirements for legal gender recognition (such as sterilization, and divorce) do not fit human rights standards (see, e.g., Davy, Sørli & Süss Schwend 2018; Süss Schwend 2020). As the focus group participants pointed out, changing the trans law, and thus bringing it more into line with higher international standards, and complying with human rights principles, the renewed law could potentially reduce the discrimination and stigma transgender individuals face on various levels of society. In addition, it is important to reflect on the rights of transgender asylum seekers, who currently are not allowed to receive gender-affirming healthcare—which may be particularly problematic from both the perspective of their physical and mental health.

- Information available on gender diversity should be made more available and implemented in educational settings—especially concerning the training of social and healthcare professionals.
- The possibility to provide gender-affirming healthcare for transgender asylum seekers and consider it as essential care should be explored.
- The possibilities of introducing a third legal gender in official documents should be explored, as suggested previously (see, e.g., VM 2020; STM 2021).

7.4 Immigration services

Immigration services were mainly present in the discussions in relation to asylum seekers. Waiting for asylum claims to be processed may last for years. The long waiting process can seriously affect the lives of those who are waiting for their decisions to be processed. Traumas of SGM applicants in their countries of origin may make them reluctant to disclose their identities. This is often amplified by the family and/or community control that is not necessarily erased with the migration. These matters have previously been addressed by international research as well (see, e.g., Shidlo & Ahola 2013; Spijkerboer 2013; Akin 2017; Chossière 2021).

Many asylum seekers do not dare to address certain issues in their interviews with the authorities. Furthermore, they can often also be burdened by the lack of vocabulary to describe their experiences in a way that is comprehensible in the Westernized discourse. As for the linguistic barrier, it is especially important to provide applicants with interpreters who are aware of the vocabulary connected to sexual orientation, gender identity, and expression (SOGIE).

- Immigration officers and reception center personnel (e.g., interpreters, social workers, and healthcare professionals) should be educated further about sexual and gender diversity.
- Access to support and information for SGM asylum seekers should be strengthened and available in the reception centers from the beginning of their stay in Finland.
- Reception centers that are suitable and sensitive to the needs of sexual and gender minority asylum seekers should be sufficiently available, e.g. in close proximity of organizations who support SGM asylum seekers or refugees.
- Immigration officers should be aware of the many difficulties that asylum applicants experience in establishing their credibility in Finland, e.g., due to fear and lack of language and familiarity with Western norms to describe sexual and gender diversity. As such, they should further strive for undertaking credibility in an “individualized and sensitive way,” in accordance with the UNHCR Guidelines on International Protection No. 9.

7.5 Police

The key role of the police is to maintain public safety and an individual sense of security in a diversified society (Police Act 2011). In general, trust in the police in Finland is quite high (Vuorensyrjä & Rauta 2020). However, the means via which police handle individuals of different cultural, ethnic, or religious backgrounds, whether they are sexually and gender diverse or not, has previously been criticized, and individuals from particular minority backgrounds also distrust the Finnish police (Kääriäinen & Niemi 2014; Sahramäki, Niemi & Kääriäinen 2014; Keskinen et al. 2018).

A number of informants in the focus group sessions articulated that there are serious issues of trust between their clients and the police. These issues of trust may be based on their previous experiences with the Finnish police, but may also be connected to individuals’ previous experiences, e.g., in their countries of origin. It is important to understand that migration experiences may affect relationships with and perceptions of public authorities.

Special attention is needed to develop police education to achieve better services and higher levels of trust between different population groups and the police.

- The police should be able to identify, prevent and respond to the hate crimes sexual and gender minorities are targeted by (including e.g., honor-related violence, kidnapping/abducting family members for the purpose of subjecting them to SOGIE conversion practices and forced marriage abroad).
- It should be recognized that minority populations, such as foreign-origin sexual and gender minorities, are targeted by specific hate crimes (e.g., based on multiple

discrimination). To prevent these, appropriate monitoring and statistics on their prevalence are needed.

- The police should strengthen their knowledge further on questions pertaining to cultural diversity, sexual orientation, gender identity, and expression to be able to detect motives for aggravated criminal offenses.
- Further measures of protection for victims of forms of abuse and violence that are difficult to assess (e.g., honor-related violence, forced marriages, conversion practices, etc.) are needed.

7.6 Religion

Religious identity (or lack thereof) interacts with other forms and contexts of identity. Sexual orientation and/or gender identity are no exceptions from this. While the intersection of these is very often negotiated, contested, and even resisted by both the individuals and their communities, religious and queer identities do coexist.

Religion may have particularly positive impacts on individuals' lives by providing not only meaning, but a community. On the other hand, religious doctrine is used to justify discrimination and abuse towards sexual and gender minorities. While certain religious congregations seem to be open to change, other communities seem to be especially hostile towards queer people, using religion as a justification for discrimination or even ostracism.

The psychological violence that may exist in religious communities is often undetected, as it is less visible than physical violence. When it comes to psychological health, focus group informants often raised the issue of SOGIECE (sexual orientation and gender identity and expression change efforts), which have been previously scientifically discredited, and criticized by mental health professionals (see, e.g., Kinitz et al. 2021; PSY 2021; PSL 2021). There is currently no legislation in place that would comply with the current scientific consensus and forbid with the goal of changing one's sexual orientation or gender identity. Mental health practitioners must be aware that religion may serve different functions for different groups in society.

- Religious leaders and authorities should be educated on sexual orientation and gender diversity and encouraged to condemn discrimination based on these.
- Possible events of discrimination in particular religious communities should be dealt with special carefulness, to avoid in-group and out-group discrimination.
- When investigating hate crimes, special attention needs to be paid to those involving psychological violence (e.g., ostracism) and spiritual abuse (fi. hengellinen väkivalta).
- The harmful effects SOGIECE should be recognized and thus such practices should no longer be practiced, as previously recommended (Ingman 2022) and victims of such practices should be provided adequate help and support.

7.7 Language

Language is a means of communication which is inextricably related to culture. The importance of language was often raised in the interviews and focus group discussions. Words carry meaning and power, and words can be used to stigmatize. The lack of words and vocabulary, e.g., on gender and sexual diversity and expression, is also harmful.

Words and expressions that may exist in popular Western discourses (such as particular expressions connected to sexuality and/or gender) may not carry the same meaning or may not exist at all in other contexts. Moreover, language around gender and sexuality continues to evolve. Certain words and their definitions change over time.

It is especially important for professionals to be aware of the power of language and differences in use and availability of vocabulary on sexuality and gender between different regions and backgrounds.

- Organizations working with sexual and gender minorities should strive to provide easily accessible information in different languages as well as simplified languages (fi. selkokieli).
- Language related power imbalance may be reduced, e.g., by providing interpreters to those who are in need, as recommended in the PALOMA-handbook (Castaneda et al. 2018).
- In case of situations which require the presence of an interpreter, preference should be given to professional interpreters. It is noteworthy, however, that in small diaspora communities, even the use of professional interpreters could be considered ethically challenging.
- The professional training of interpreters should provide knowledge on sexual orientation, gender identity and expression (SOGIE) related vocabulary.

7.8 Research

Sexual and gender minority individuals are understudied and underrepresented in Finnish research. Accurate identification and definition of identities and inclusive data collection are critical to recognizing and reducing the disparities in health and well-being between SGMs and those who do not identify as belonging to this segment of the population. Recently in Finland and internationally several changes and developments have been made in research on sexual and gender minorities.

A growing number of studies has taken this segment of the population into consideration, but there is still a serious need for appropriate, and perhaps SGM-specific data collection. In the case of large-scale surveys that do not specifically focus on SGMs, the number of respondents who belong to gender minorities remains small.

Moreover, research should further address the experiences of individuals who, in addition to their SGM status, also belong to other minorities. In addition, research processes that do not seem to engage the community in greater depth are still rather common.

- Future research on SGMs in Finland should be conducted by specifically surveying this segment of the population and by creating both qualitative and quantitative studies focusing on various segments of their lives.
- Such research should also acknowledge the diversity of SGM populations, by focusing on the experiences of individuals who are also members of other (e.g., ethnic, or religious) minority groups.
- Data collections should explore the possibilities of participatory approaches and ideally favor them.
- Researchers should consider the application of an intersectional lens in both the data collection and analytical processes.

8 Conclusions

This study has focused on the lived experiences of sexual and gender minorities in the foreign-origin population in Finland. The report is based on qualitative data from focus group interviews (n=8) and individual semi-structured interviews (n=40). The data collection for the work was implemented using a participatory approach in close collaboration with stakeholders who work with sexual and gender minorities (SGMs) in Finnish society. Language awareness was applied in the design, data collection and reporting of this research. This report was initially written in English and has been translated into Finnish. This is one example of a creative yet simple solution for more inclusive knowledge production.

The results of this study confirm previous research and reveal that the experiences of discrimination and unequal treatment are multiple for individuals who belong to several minorities. The interviews show that individuals who self-identify as sexual and/or gender minorities and of being members of the foreign-origin population experience challenges in Finnish society due to their migration status, and due to their queerness. These experiences were often emphasized by the intersection of class, and to an extent, ethnicity or race. Persons who fall onto the intersections of various marginalized identities (such as queer asylum seekers or refugees, or racialized individuals) are in especially vulnerable positions in Finnish society. They often experience both overt and covert forms of discrimination, physically and verbally abusive behavior and various challenges related to exclusion in Finnish society. These challenges are experienced in different life domains ranging from employment and education to the service system and personal life.

Recommendations on how to improve the situation of sexual and gender minorities in Finland, both in general and for multiple minorities in particular, were identified through the focus group interviews. The recommendations cover eight themes: employment, health and social services, trans rights, immigration services, police, religion, language and research.

The recommendations of this report include strengthening the skills and knowledge of different professionals ranging from healthcare to the police on sexual orientation and gender diversity and expression. They also consider the increasing need for religious actors to be educated and encouraged to condemn discrimination based on sexual orientation, gender identity and expression. Accessible information in multiple languages and easy Finnish (fi. selkokieli) is needed. The use of professional interpreters is recommended, and specific attention should be paid to ethical challenges in small diaspora communities. To improve trans rights, legislative changes and attention to trans-specific healthcare are needed. Support for SGM asylum seekers should be streamlined, and reception centers that are suitable and

sensitive to the needs of sexual and gender minority asylum seekers should be sufficiently available.

This study shows how the framework of intersectionality offers a way to reflect on the lived reality of individuals. As the findings of this study demonstrate, experiences of discrimination, xenophobia, and racism are linked to certain contextual social structures and systems of power. To understand the challenges that minorities within minorities face, it is essential to acknowledge not only underlying homophobia or transphobia that may underline certain societal structures, but also the hetero and cis-normative attitudes and cultures those ideas tend to arise from.

This work would not have been possible without the collaboration of all the different organizations and their representatives, who provided their input and expertise and help throughout the different steps of the project. Most importantly this report has sought to give voice to the forty individuals who participated in the interview and shared their lived experiences.

To improve the situation for sexual and gender minorities in Finland, and globally, the intersectional experiences of this group need to be investigated in further detail in collaboration with minority communities, activists, and grassroots experts in different fields. Such research and development work would not only contribute to better data collection, but also more ethical research with a better understanding of the needs of this segment of the population. Ultimately research-based information is needed and should be used to improve equality and non-discrimination in society.

About this report

About the Manifold More Project

This research has been conducted as part of the Manifold More project at the Finnish Institute for Health and Welfare. The project (2019-2022) is partnered by the Finnish Institute for Occupational Health and funded by the European Social Fund (ESF).

The Manifold More project aims to promote diversity, equality, and non-discrimination in working life and expert organizations. The project consists of three components which aim to: 1) create gender-sensitive and diversity-promoting human resource practices in expert organizations, 2) strengthen the expertise and employment of women with immigrant backgrounds, 3) disentangle stereotypes associated with women who have an immigrant background through research and expert communications.

This study on gender and sexual minorities among foreign-origin populations in Finland is part of the research of the Manifold More project. One of the main aims of the project and this report is to make multiple discrimination in employment visible. Research-based information is used to disentangle stereotypes related to women with immigrant backgrounds as well as in gender and sexual minorities in religious communities, and queer asylum seekers. An intersectional approach was applied to take into account how different factors simultaneously affect the individuals and their position in society.

More information is available on the work and publications of the Manifold More project at www.thl.fi/moninaisesti. Previous publications of the project include results from the recruitment experiment of the Manifold More project (Rask, Teräsaho & Nykänen 2021).

Language Awareness

The Manifold More project has developed a model for participatory knowledge production and language aware practices in expert organizations (Rask, Teräsaho & Nykänen 2021). Language awareness aims to remove barriers to understanding and participation, for example in working life and research. Language awareness was applied in the design, data collection and reporting of this research. In practice, both English and Finnish were actively used throughout the research process. This report has been initially written in English and has been translated into Finnish. This is one example of creative yet simple solutions for more inclusive knowledge production. Language aware practices can diversify perceptions of expertise and develop more inclusive practices in expert organizations.

References

- Abrams J, Tabaac A, Jung S, & Else-Quest NM (2020). Considerations for employing intersectionality in qualitative health research. *Social Science & Medicine* (1982), 258, 113138–113138. <https://doi.org/10.1016/j.socscimed.2020.113138>
- Agénor M, Krieger N, Austin SB, Haneuse S, Gottlieb BR (2014). At the intersection of sexual orientation, race/ethnicity, and cervical cancer screening: Assessing Pap test use disparities by sex of sexual partners among black, Latina, and white U.S. women. *Social science & medicine* (1982), 116, 110–118. <https://doi.org/10.1016/j.socscimed.2014.06.039>
- Akin D (2015). Assessing Sexual Orientation-based Persecution: A Closer Look at the Norwegian Practice of Asylum Evaluation of Gay and Lesbian Claimants. *Lambda Nordica* 20 (1): 19–42
- Akin D (2017). Queer Asylum Seekers: Translating Sexuality in Norway. *Journal of Ethnic and Migration Studies* 43(3): 458–474. <https://dx.doi.org/10.1080/1369183X.2016.1243050>.
- Albekoglu A (2018). Hetero kunnes todistetaan. Seksuuoli- ja sukupuolivähemmistöjen turvapaikkapäätökset Helsingin hallinto-oikeudessa vuosina 2015–2016. Master's thesis. University of Helsinki.
- Aldridge J (2015). *Participatory Research: Working with Vulnerable Groups in Research and Practice*. Bristol: Policy Press.
- Alessi EJ (2016). Resilience in sexual and gender minority forced migrants: A qualitative exploration. *Traumatology*, 22(3): 203–213. <https://doi.org/10.1037/trm0000077>
- Alessi EJ, Kahn S, Van Der Horn R. (2017). A Qualitative Exploration of the Premigration Victimization Experiences of Sexual and Gender Minority Refugees and Asylees in the United States and Canada. *The Journal of Sex Research*. 54:936–948. <http://doi:10.1080/00224499.2016.1229738>
- Alessi EJ, Shannon C, Sarilee K & Yu M (2021). A Scoping Review of the Experiences of Violence and Abuse Among Sexual and Gender Minority Migrants Across the Migration Trajectory. *Trauma, Violence, & Abuse* 22 (5): 1339–55. <https://doi.org/10.1177/15248380211043892>.
- Available at: <https://www.psyli.fi/suomenpsykologiliiton-kanta-ehetyshoitoihin-on-ehdotoman-kielteinen/<01.07.2022>>
- Avishai O (2008). “Doing religion” in a secular world: women in conservative religions and the question of agency. *Gender & Society*. 22(4): 409–33
- Avishai O (2016). Theorizing gender from religion cases: agency, feminist activism, and masculinity. *Sociology of Religion: A Quarterly Review*. 77: 261–79. <https://doi.org/10.1093/socrel/srw020>
- Avishai O, Jafar A & Rinaldo R (2015). A gender lens on religion. *Gender & Society*. 29(1): 5–25. <https://doi.org/10.1177/0891243214548920>
- Ayalon L, Gum AM (2011). The relationships between major lifetime discrimination, everyday discrimination, and mental health in three racial and ethnic groups of older adults. *Aging & Mental Health*. 15: 587–594. <http://doi:10.1080/13607863.2010.543664>
- Balazs CL & Morello-Frosch R (2013). The three Rs: How community-based participatory research strengthens the rigor, relevance, and reach of science. *Environmental Justice*. 6(1): 9–16. <https://doi.org/10.1089/env.2012.0017>
- Baral SD, Poteat T, Strömdahl S, MD, Wirtz AL, Guadamuz TE & Beyrer C (2013). Worldwide burden of HIV in transgender women: A systematic review and meta-analysis. *The Lancet infectious diseases*, 13(3): 214–222. [https://doi.org/10.1016/S1473-3099\(12\)70315-8](https://doi.org/10.1016/S1473-3099(12)70315-8)
- Barnes N (2019). Within the Asylum-advocacy Nexus: An Analysis of Mexican Transgender Asylum Seekers in the United States. *Sexuality, Gender & Policy* 2 (1): 5–25. <https://dx.doi.org/10.1002/sgp2.12000>
- Barrientos J, Guzman-Gonzalez M, Urzua A, Ulloa F (2021). “Psychosocial Impact of COVID-19 Pandemic on LGBT People in Chile/L’impact Psychosocial de La Pandemie de COVID-19 Sur Les Personnes LGBT Au Chili.” *Sexologies: European Journal of Sexology* 30 (1): e35–
- Barton B (2010). “Abomination”—Life as a bible belt gay. *Journal of Homosexuality*, 57(4): 465–484. doi:10.1080/00918361003608558
- Barton B (2010). “Abomination”—Life as a bible belt gay. *Journal of Homosexuality*, 57(4): 465–484. doi:10.1080/00918361003608558
- Bazargan M & Galvan F (2012). Perceived Discrimination and Depression Among Low-income Latina Male-to-female Transgender Women. *BMC Public Health* 12 (1): (2012): 663. <https://dx.doi.org/10.1186/1471-2458-12-663>
- Beller J, Kröger C, Hosser D. (2021) Disentangling Honor-Based Violence and Religion: The Differential Influence of Individual and Social Religious Practices and Fundamentalism on Support for Honor Killings in a Cross-National Sample of Muslims. *Journal of Interpersonal Violence*. 36 (19-20):9770-9789. doi:10.1177/0886260519869071
- Bennett C & Thomas F (2013). Seeking Asylum in the UK: Lesbian Perspectives. *Forced Migration Review* 42: 25–28.
- Bjork, SR & Farah AO (2017). *Somalis abroad: Clan and everyday life in Finland*. University of Illinois Press.
- Björkenstam C, Björkenstam E, Andersson G, Cochran A & Kosidou K (2017). Anxiety and

- Depression Among Sexual Minority Women and Men in Sweden: Is the Risk Equally Spread Within the Sexual Minority Population? *Journal of Sexual Medicine* 14 (3): 396–403. <https://dx.doi.org/10.1016/j.jsxm.2017.01.012>.
- Björktomt SB (2019). Honor-Based Violence in Sweden – Norms of Honor and Chastity. *Journal of family violence* 34 (5): 449–460. <https://dx.doi.org/10.1007/s10896-019-00039-1>.
- Bosia MJ, McEvoy SM & Rahman M (2019). *The Oxford Handbook of Global LGBT and Sexual Diversity Politics*. New York: Oxford University Press.
- Bowleg L (2008). When Black + Lesbian + Woman ≠ Black Lesbian Woman: The Methodological Challenges of Qualitative and Quantitative Intersectionality Research. *Sex Roles* 59: 312–325. <https://doi.org/10.1007/s11199-008-9400-z>
- Bowleg L (2012). The Problem with the Phrase Women and Minorities: Intersectionality— an Important Theoretical Framework for Public Health. *American journal of public health* (1971), 102(7): 1267–1273. <https://doi.org/10.2105/AJPH.2012.300750>
- Bowleg L (2013). Once You've Blended the Cake, You Can't Take the Parts Back to the Main Ingredients: Black Gay and Bisexual Men's Descriptions and Experiences of Intersectionality: Intersections of LGBT, Racial/Ethnic Minority, and Gender Identities. *Sex Roles*. 68(11–12): 754–767. <https://doi.org/10.1007/s11199-012-0152-4>
- Bowleg L (2017). Towards a Critical Health Equity Research Stance: Why Epistemology and Methodology Matter More Than Qualitative Methods. *Health Education & Behavior*, 44(5): 677–684. <https://doi.org/10.1177/1090198117728760>
- Braun V & Clarke V (2021). One Size Fits All? What Counts as Quality Practice in (Reflexive) Thematic Analysis? *Qualitative Research in Psychology*. 18(3): 328–352. <https://doi.org/10.1080/14780887.2020.1769238>
- Braun V & Clarke V (2019a). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise & Health* 11 (4): 589–97. doi:10.1080/2159676X.2019.1628806
- Braun V & Clarke V (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology* 3:77. doi:10.1191/1478088706qp063oa.
- Braun V & Clarke V (2012). *Thematic Analysis*. H Cooper (ed) *APA Handbook of Research Methods in Psychology*. Vol. 2: Research Designs, 57–71. Washington, DC: APA books.
- Braun V & Clarke V (2014). What Can “Thematic Analysis” Offer Health and Wellbeing Researchers? *International Journal of Qualitative Studies on Health and Well-being* 9:26152. doi:10.3402/qhw.v9.26152.
- Braun V & Clarke V (2016). (Mis)conceptualising Themes, Thematic Analysis, and Other Problems with Fugard and Potts’ (2015) Sample-Size Tool for Thematic Analysis. *International Journal of Social Research Methodology* 19 (6):739–43. doi:10.1080/13645579.2016.1195588.
- Braun V & Clarke V (2019b). To Saturate or Not to saturate? Questioning Data Saturation as a Useful Concept for Thematic Analysis and Sample-Size rationales. *Qualitative Research in Sport, Exercise & Health*. 1–16. doi:10.1080/2159676X.2019.1704846.
- Braun V, Clarke V & Terry G (2015). *Thematic Analysis*. P Rohleder and A Lyons (eds.) *Qualitative Research in Clinical and Health Psychology*, 95–113. Basingstoke: Palgrave MacMillan.
- Braun V, Clarke V & Rance N (2014). How to Use Thematic Analysis with Interview Data. A Vossler & N Moller (eds.) *The Counselling & Psychotherapy Research Handbook*. 183–97. London: Sage.
- Braun V, Clarke V, Terry G & Hayfield N (2019). “Thematic Analysis.” P Liamputtong (ed) *Handbook of Research Methods in Health and Social Sciences*. 843–860. Singapore: Springer.
- Burke KC (2012). Women’s Agency in Gender-Traditional Religions: A Review of Four Approaches. *Sociology Compass*. 6(2): 122–33. <http://doi:10.1111/j.1751-9020.2011.00439.x>
- Buyantueva R (2018). LGBT Rights Activism and Homophobia in Russia. *Journal of homosexuality*, 65(4): 456–483. <https://doi.org/10.1080/00918369.2017.1320167>
- Cantú L (2009). *The Sexuality of Migration: Border Crossings and Mexican Immigrant Men*. New York: New York University Press
- Carbado DW, Crenshaw K, Mays V, Tomlinson B (2013). Intersectionality Mapping the Movements of a Theory. *Du Bois Review: Social Science Research on Race* 10(2): 303–312. <http://doi:10.1017/S1742058X13000349>.
- Cargo M, Mercer SL (2008). The value and challenges of participatory research: strengthening its practice. *Annual Review of Public Health*. 29:325–50. <http://doi:10.1146/annurev.publhealth.29.091307.083824>.
- Castaneda AE, Junna L, Lilja E, Skogberg N, Kuusio H, Koponen P, Suvisaari J (2017). The prevalence of potentially traumatic pre-migration experiences in Russian, Somali and Kurdish origin migrants in Finland: a population-based study in Finland. *Journal of Traumatic Stress Disorders and Treatment*. 6, s1.
- Castaneda AE, Mäki-Opas J, Jokela S, Kivi N, Lähteenmäk M, Miettinen T, Nieminen S, Santalahti P. & PALOMA asiantuntijaryhmä, 2018. Seksuaali- ja sukupuolivähemmistöt. AE Castaneda, J Mäki-Opas, S Jokela, N Kivi, M Lähteenmäki, T Miettinen, S Nieminen, P Santalahti & PALOMA asiantuntijaryhmä, 2018. Pakolaisten mielenterveyden tukeminen Suomessa. PALOMA-käsi-kirja. Ohjaus, 5/2018. Terveiden ja hyvinvoinnin laitoksen julkaisuja. 384–387.
- Chakravarty D & English M (2020) “I Don’t Like Going To Gay Pride:” Experiences of Negotiating

- LGBTQIA Mormon Identity in Utah. *Sexuality & Culture* 25(1): 235–254
- Cheney MK, Gowin MJ, Taylor EL, Frey M, Dunnington J, Alshuwayyer G, Huber JK, Garcia MC, Weay GC (2017). Living Outside the Gender Box in Mexico: Testimony of Transgender Mexican Asylum Seekers. *American Journal of Public Health* (1971), 107(10): 1646–1652. <https://doi.org/10.2105/ajph.2017.303961>
- Choo HY, Ferree MM (2010). Practicing Intersectionality in Sociological Research: A Critical Analysis of Inclusions, Interactions, and Institutions in the Study of Inequalities. *Sociological Theory*. 28(2):129–149. <https://doi.org/10.1111/j.1467-9558.2010.01370.x>
- Chossière F (2021). Refugeeness, Sexuality, and Gender: Spatialized Lived Experiences of Intersectionality by Queer Asylum Seekers and Refugees in Paris. *Frontiers in Human Dynamics*. <https://dx.doi.org/10.3389/fhumd.2021.634009>
- Christensen AD & Jensen SQ (2012). Doing intersectional analysis: Methodological implications for qualitative research. *NORA - Nordic Journal of Feminist and Gender Research*, 20(2): 109–125. <http://doi.org/10.1080/08038740.2012.673505>
- Çilenti, K, Rask S, Elovainio M, Lilja E, Kuusio H, Koskinen S, Koponen P & Castaneda AE (2021). Use of Health Services and Unmet Need Among Adults of Russian, Somali, and Kurdish Origin in Finland. *International Journal of Environmental Research and Public Health* 18 (5): 2229. <https://dx.doi.org/10.3390/ijerph18052229>
- Collins PH (1990). *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment*. London: Harper Collins.
- Collins PH (2015). Intersectionality's Definitional Dilemmas. *Annual Review of Sociology*. 41(1): 1–20. <https://doi.org/10.1146/annurev-soc-073014-112142>
- Collins PH, Bilge S (2016). *Intersectionality*. Malden, MA: Polity Press.
- Conron KJ, Mimiaga MJ & Landers SJ (2010). A Population-Based Study of Sexual Orientation Identity and Gender Differences in Adult Health. *American Journal of Public Health*, 100 (10): 1953–1960. <http://doi.org/10.2105/AJPH.2009.174169>
- CoWeAll . Weallfinland.fi. WeAll kiittää CoWeAll jatkaa. <http://weallfinland.fi/weall/news/weall-kiittaa-coweall-jatkaa/<03.07.2022>>
- Crenshaw K (1989). Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics. *University of Chicago Legal Forum*. 1989 (1). Article 8. Available at: <http://chicagounbound.uchicago.edu/uclf/vol1989/iss1/8<30.06.2022>>
- Crenshaw K (1993). *Beyond Racism and Misogyny*. M Matsuda, C Lawrence & K Crenshaw (eds.) *Words that Wound*. 111–133. Boulder, CO: Westview Press
- Czibalmos M & Pataricza D (2019). Boundaries of Jewish Identities in Contemporary Finland. *Nordisk Judaistik – Scandinavian Jewish Studies* 30(1): 1–7. <https://doi.org/10.30752/nj.80214>
- Czibalmos M & Tuori R (2022). Chabad on Ice: Jewish Encounters with Fundamentalism in Finland. *Approaching Religion*. 12(2): 38–58. <https://doi.org/10.30664/ar.112800>
- Czibalmos M (2020). “Everyone does Jewish in their own way:” Vernacular practices of Intermarried Finnish Jewish Women. *Approaching Religion*. 10 (2): 53–72. <https://doi.org/10.30664/ar.91381>
- Czibalmos M (2021). *Intermarriage, Conversion and Jewish Identity in Contemporary Finland: A study of vernacular religion in the Finnish Jewish communities*. Doctoral Dissertation. Åbo Akademi.
- Dahlhamer JM, Galinsky AM, Joestl SS, Ward BW. Barriers to Health Care Among Adults Identifying as Sexual Minorities: A US National Study. *American Journal of Public Health*. 106(6):1116–22. doi: 10.2105/AJPH.2016.303049.
- Dauvergne C & Millbank J (2003). Burdened by Proof: How the Australian Refugee Review Tribunal has Failed Lesbian and Gay Asylum Seekers. *Federal Law Review* 31: 299–342.
- Davy Z, Sørli A, & Suess Schwend A (2018). Democratising diagnoses? The role of the depathologisation perspective in constructing corporeal trans citizenship. *Critical Social Policy*. 38(1): 13–34. <https://doi.org/10.1177/0261018317731716>
- de C Williams AC & van der Merwe J (2013). The Psychological Impact of Torture. *British Journal of Pain* 7 (2): 101–106. <https://dx.doi.org/10.1177/2049463713483596>
- DeSouza ER, Wesselmann ED & Ispas D (2017). Workplace Discrimination Against Sexual Minorities: Subtle and Not-so-subtle. *Canadian Journal of Administrative Sciences* 34 (2): 121–132. <https://dx.doi.org/10.1002/cjas.1438>
- Dhoest A (2018). Learning to Be Gay: LGBTQ Forced Migrant Identities and Narratives in Belgium. *Journal of Ethnic and Migration Studies*. <https://doi.org/10.1080/1369183X.2017.1420466>
- Diamant AL, Wold C, Spritzer K & Gelberg L (2000). Health Behaviors, Health Status, and Access to and Use of Health Care: a Population-Based Study of Lesbian, Bisexual, and Heterosexual Women. *Archives of Family Medicine*. 9 (10): 1043. <http://doi.org/10.1001/archfam.9.10.1043>
- Dixon-Woods M, Kirk D, Agarwal S, Annandale E, Arthur T, Harvey J, et al. (2005). *Vulnerable Groups and Access to Health Care: A Critical Interpretive Review*. Report for the National Coordinating Centre for NHS Service Delivery and Organisation R & D. NCCSDO. Available

- at: http://www.netscc.ac.uk/hsdr/files/project/SDO_FR_08-1210-025_V01.pdf <30.06.2022>
- Durojaye E, Mirugi-Mukundi G, Ngwenya C (2021). Advancing Sexual and Reproductive Health and Rights in Africa. <https://doi.org/10.4324/9781003175049>.
- Durojaye, E, Mirugi-Mukundi, G & Ngwenya, CG (2021). Advancing Sexual and Reproductive Health and Rights in Africa: Constraints and Opportunities. Routledge Taylor & Francis Group.
- Dustin M & Held N (2018). In or out? A Queer Intersectional Approach to “Particular Social Group” Membership and Credibility in SOGI Asylum Claims in Germany and the UK. *GenUS*. (2): 74–87.
- Earnshaw VA, Rosenthal L, Carroll-Scott A, Santilli A, Gilstad-Hayden K, Ickovics JR (2016). Everyday discrimination and physical health: Exploring mental health processes. *Journal of Health Psychology*. 21: 2218–2228. doi:10.1177/1359105315572456
- EC 2021. EU Founding values: Commission starts legal action against Hungary and Poland for violations of fundamental rights of LGBTIQ people. Available at: https://ec.europa.eu/commission/presscorner/detail/en/ip_21_3668 <30.06.2022>
- ELC. The church in numbers. Available at: <https://evl.fi/the-church-membership/the-church-in-numbers> <30.06.2022>
- Elmgren, A (2021). Our Secret Weapon – Minority Strategies of the Finnish Tatars 1890–1945. *Journal of Finnish Studies*. 24(1&2): 62–93.
- Else-Quest NM & Hyde JS (2016). Intersectionality in quantitative psychological research: I. Theoretical and epistemological issues. *Psychology of Women Quarterly*. 40: 155–170. <https://doi.org/10.1177/0361684316629797>
- Eng, DL (1997). Out Here and Over There: Queerness and Diaspora in Asian American Studies. *Social Text*. 52-53(52/53): 31–52. <https://doi.org/10.2307/466733>
- EP LO. European Parliament – Legislative Observatory. Available at: <https://oeil.secure.europarl.europa.eu/oeil/home/home.do> <30.06.2022>
- Episkopou M, Venables E, Whitehouse K, Eleftherakos C, Zamatto F, de Bartolome Gisbert F, Severy N, Barry D & Van den Bergh R (2019). In Island Containment: A Qualitative Exploration of Social Support Systems Among Asylum Seekers in a Mental Health Care Programme on Lesbos Island, Greece. *Conflict and Health* 13 (1): 34. <https://dx.doi.org/10.1186/s13031-019-0218-9>
- ERC. The Equal Rights Coalition. Available at: <https://equalrightscoalition.org/> <30.06.2022>
- EU EC Conference Report 2019. Advancing LGBT Equality in the EU: from 2020 and beyond. Conference Report 2019. Available at: https://ec.europa.eu/info/sites/default/files/aid_development_cooperation_fundamental_rights/final_report_advancing_lgbti_equality_in_the_eu_conference.pdf <30.06.2022>
- EU FRA 2017. Current migration situation in the EU: Lesbian, gay, bisexual, transgender and intersex asylum seekers. European Fundamental Rights Agency. Available at: https://fra.europa.eu/sites/default/files/fra_uploads/fra-march-2017-monthly-migration-report-focus-lgbti_en.pdf <30.06.2022>
- EU FRA 2020. LGBTI Survey Explorer. Discrimination in the Past 12 Months in 8 Areas of Life. Available at: <https://fra.europa.eu/en/data-and-maps/2020/lgbti-survey-data-explorer> <08.07.2022>
- Fattoracci Elisa SM, Michelle Revels-Macalino & Huynh Q (2021). Greater than the Sum of Racism and Heterosexism: Intersectional Microaggressions Toward Racial/Ethnic and Sexual Minority Group Members. *Cultural Diversity & Ethnic Minority Psychology* 27(2): 176–188. <https://dx.doi.org/10.1037/cdp0000329>.
- Finnish Immigration Service. Available at: <https://migri.fi/en/-/koronaviruspandemian-aikana-on-jatetty-vain-vahan-turvapaikkahakemuksia> <01.07.2022>
- Francis D, Kjaran J & Lehtonen J. eds. (2020) *Queer Social Movements and Outreach Work in Schools: A Global Perspective*. London: Palgrave Macmillan.
- Fraser G, Brady A & Wilson MS (2021). “What if I’m not trans enough? What if I’m not man enough?”: Transgender young adults’ experiences of gender-affirming healthcare readiness assessments in Aotearoa New Zealand. *International Journal of Transgender Health*, 22(4): 454–467. <http://doi.org/10.1080/26895269.2021.1933669>
- French SE & Chavez NR (2010). The Relationship of Ethnicity-Related Stressors and Latino Ethnic Identity to Well-Being. *Hispanic Journal of Behavioral Sciences* 32 (3): 410–428. <https://dx.doi.org/10.1177/0739986310374716>
- Gambadauro P, Carli V, Wasserman D, Balazs J, Sarchiapone M et al. (2020). Serious and persistent suicidality among European sexual minority youth. *PLOS ONE* 15(10): e0240840. <https://doi.org/10.1371/journal.pone.0240840>
- Garoff F, Skogberg N, Klemetilä A, Lilja E, Ahmed Haji Omar A, Snellman O & Castaneda AE (2021). Mental Health and Traumatization of Newly Arrived Asylum Seeker Adults in Finland: A Population-Based Study. *International Journal of Environmental Research and Public Health*, 18(13): 7160–. <https://doi.org/10.3390/ijerph18137160>
- Gee GC. (2002). A multilevel analysis of the relationship between institutional and individual racial

- discrimination and health status. *Am J Public Health* 92: 615–23
- GES 2020. Communication from the Commission to the European Parliament, the Council, the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions. A Union of Equality: Gender Equality Strategy 2020-2025. European Commission. Available at: <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52020DC0152> <30.06.2022>
- Giametta C (2014). *The Sexual Politics of Asylum: Lived Experiences of Sexual Minority Asylum Seekers and Refugees in the UK*. London: London Metropolitan University
- Giametta C (2020). New asylum protection categories and elusive filtering devices: The case of “Queer asylum” in France and the UK. *Journal of ethnic and migration studies*. 46(1): 142–157. <https://doi.org/10.1080/1369183X.2018.1500172>
- Gibb JKL, DuBois Z, Williams S, McKerracher L, Juster RP & Fields J. (2020). Sexual and Gender Minority Health Vulnerabilities During the COVID-19 Health Crisis. *American Journal of Human Biology*, 32(5): e23499-n/a. <https://doi.org/10.1002/ajhb.23499>
- Gísalson, I, Lammi-Taskula, J & Gullvåg Holter Ø (2016). Gender Equality – A Democratic and Co-operative Issue. 291–298. A Simonyi DL Cagan (eds.) *Nordic Ways*. Brookings Institution Press, Center for Transatlantic Relations.
- Goodwill K (2000). Religion and the Spiritual Needs of Gay Mormon Men. *Journal of Gay & Lesbian Social Services*. 11(4): 23–37. doi:10.1300/J041v11n04_02
- Gottlieb N, Püschmann C, Stenzinger F, et al. (2020). Health and Healthcare Utilization among Asylum-Seekers from Berlin’s LGBTIQ Shelter: Preliminary Results of a Survey. *Int J Environ Res Public Health*. 17(12):4514. <http://doi:10.3390/ijerph17124514>
- Greenebaum J (1999). Placing Jewish Women into the Intersectionality of Race, Class and Gender. *Race, Gender & Class* 6(4): 41.
- Grollman EA (2014). Multiple Disadvantaged Statuses and Health: The Role of Multiple Forms of Discrimination. *Journal of Health and Social Behavior* 55 (1): 3–19. <https://doi.org/10.1177/0022146514521215>.
- Hafford-Letchfield T, Toze M & Westwood S (2021). Unheard Voices: A Qualitative Study of LGBT+ Older People Experiences During the First Wave of the COVID-19 Pandemic in the UK. *Health & Social Care in the Community*. 30(4): e1233-e1243. <https://doi.org/10.1111/hsc.13531>.
- Halén, H & Martikainen T (2015). Finland. I Svanberg & D Westerlund (eds.) *Muslim Tatar Minorities in the Baltic Sea Region*. 86–104. Leiden: Brill.
- Hatzenbuehler ML, McLaughlin KA, Slopen N (2013). Sexual orientation disparities in cardiovascular biomarkers among young adults. *American Journal of Preventive Medicine*. 44(6): 612–621. <http://doi.10.1016/j.amepre.2013.01.027>
- Heleniak T (2020). *The Wary Welcome: Migration and Diversity in the Nordic Countries*. E. Heikkilä (ed) *Mihin suuntaan Suomi kehittyi? Liikkuvuuden ja muuttoliikkeen dynamiikka/Which Direction is Finland Evolving? The Dynamics of Mobility and Migration*. 40–61. X Migration Symposium 2019. Migration Institute of Finland.
- Henrickson M, Giwa S, Hafford-Letchfield T, Cocker C, Mulé NJ, Schaub J & Baril A (2020). Research Ethics with Gender and Sexually Diverse Persons. *International Journal of Environmental Research and Public Health*. 17(18): 6615. <https://doi:10.3390/ijerph17186615>.
- Hertoghs M & Schinkel W (2018). The State’s Sexual Desires: The Performance of Sexuality in the Dutch Asylum Procedure. *Theory and Society*. 47(6): 691–716. <https://doi:10.1007/s11186-018-9330-x>
- Hovi, T, Tervonen M & Latvala-White H eds. (2021). *Muutuva ulkomalaisuus: Kyselytutkimus maastamuutosta ja ulkosuomalaisuudesta. Siirtolaisinsituutti 06/2021*.
- Hsieh N, Ruther M (2017). “Despite Increased Insurance Coverage, Nonwhite Sexual Minorities Still Experience Disparities in Access to Care.” *Health Affairs* 36(10):1786–94. <https://finlex.fi/fi/laki/kaannokset/2011/en20110872>
- Hyvärinen A, Jokela S, & Lehtonen J (2021). Sateenkaarinuoret tarvitsevat tukea elinympäristössään ja palveluissa. Terveysten ja hyvinvoinnin laitos. Available at: <https://blogi.thl.fi/sateenkaarinuoret-tarvitsevat-tukea-elinymparistossa-ja-palveluissa/> <30.06.2022>
- Hästbacka N & Sirén I (2017). ”Ehkä ne on senkin takia ollu hiljaa”. Ammattilaisten valmiudet kohdata sateenkaarinuoria ja huomioida moninaisuutta päihde- ja mielenterveyspalveluissa. *Helsinki: Nuorisotutkimusseura. Kasvatus* 49(3): 255–258.
- ILGA 2021. *The 2021 Rainbow Map and Index*. International Lesbian, Gay, Bisexual, Trans and Intersex Association. Available at: <https://www.ilga-europe.org/rainboweurope/2021> <30.06.2022>
- ILGA AR 2019. *United Nations Treaty Bodies: References to Sexual Orientation, Gender Identity, Gender Expression and Sex Characteristics*. Available at: https://ilga.org/downloads/2019_Treaty_Bodies_Annual_Report.pdf <30.06.2022>
- Illman R & Czimbalmos M. (2020). Knowing, Being, and Doing Religion. *Temenos* 56(2): 171–99. <https://dx.doi.org/10.33356/temenos.97275>.
- Illman R (2019). *Researching Vernacular Judaism: Reflections on Theory and Method*. Nordisk

- judaistik/Scandinavian Jewish Studies 30 (1): 91–108, <https://doi.org/10.30752/nj.77287>
- Ingman, P (2022). Eheystoiminta ja yhteiskunnan vastuu. Seksuaaliseen suuntautumisen, sukupuoli-identiteetin tai sukupuolen ilmaisun muutospyrkimykseen kannustavan toiminnan puuttuminen Suomessa ja kansainvälisesti. Available at: <https://setary.sharepoint.com/Setafitiedostoalue/Forms/AllItems.aspx?id=%2FSetafitiedostoalue%2FSelvitys%20eheyt%20C3%A4mis-toimin-nasta%202022%2FSetan%20raportti%20eheyt%20C3%A4mis-toimin-sta%20Ingman%202022%2Epdf&parent=%2FSetafitiedostoalue%2FSelvitys%20eheyt%20C3%A4mistoitimin-nasta%202022&p=true> <30.06.2022>
- International Collaboration for Participatory Health Research (ICPHR). (2013). Position Paper 1: What is Participatory Health Research? Available at: http://www.icphr.org/uploads/2/0/3/9/20399575/icphr_position_paper_1_definition_-_version_may_2013.pdf <30.06.2022>
- Irni S (2017). On the Materialization of Hormone Treatment Risks: A Trans/Feminist Approach. *Body & Society* 23 (2): 106–131. <https://doi.org/10.1177/1357034X17697365>
- Isakson BL & Jurkovic GJ (2013). Healing After Torture: The Role of Moving On. *Qualitative Health Research* 23 (6): 749–761. <https://dx.doi.org/10.1177/1049732313482048>
- Israel BA, Coombe CM, Cheezum RR, Schulz AJ, McGranaghan RJ, Lichtenstein R, Burris A, Reyes AG, Clement J, Burris A (2010). Community-Based Participatory Research: A Capacity-Building Approach for Policy Advocacy Aimed at Eliminating Health Disparities. *American Journal of Public Health*. 100(11): 2094–102. <https://dx.doi.org/10.2105/AJPH.2009.170506>.
- Israel BA, Eng E, Schulz AJ, Parker EA eds. (2012). *Methods for Community-Based Participatory Research for Health*. Jossey-Bass.
- Israel BA, Schulz AJ, Parker EA & Becker AB (1998). Review of community-based research: assessing partnership approaches to improve public health. *Annual Review of Public Health* 19 (1): 173–202.
- Israel BA, Schulz AJ, Parker EA & Becker AB (2008). Critical Issues in Developing and Following Community-Based Participatory Research Principles. M Minkler & N Wallerstein (eds.) *Community-Based Participatory Research for Health*. 47–62. Jossey-Bass.
- Israel M & Hay I (2006). *Research Ethics for Social Scientists: Between Ethical Conduct and Regulatory Compliance*. Sage Publications.
- Itzhaky H & Kissil K (2015). “It’s a Horrible Sin. If They Find Out, I Will Not Be Able to Stay:” Orthodox Jewish Gay Men’s Experiences Living in Secrecy. *Journal of Homosexuality* 62(5): 621–643. <https://dx.doi.org/10.1080/00918369.2014.988532>.
- Jagoe J, Macaulay AC, Pluye P, Salsberg J, Bush PL, Henderson J, Sirett E, Wong G, Cargo M, Herbert CP, Seifer SD, Green LW & Greenhalgh T (2012). Uncovering the benefits of participatory research: Implications of a realist review for health research and practice. *Milbank Quarterly*, 90(2): 311–346. <https://doi.org/10.1111/j.1468-0009.2012.00665.x>
- Janse van Rensburg M, Smith H (2021). Navigating Uncertainty, Employment and Women’s Safety During COVID-19: Reflections of Sexual Assault Resistance Educators. *Gender, Work, and Organization* 28 (S1): 122–136. <https://doi.org/10.1111/gwao.12508>
- Jasinskaja-Lahti I, Liebkind K, & Perhoniemi R. (2006). Perceived Discrimination and Well-being: A Victim Study of Different Immigrant Groups. *Journal of Community & Applied Social Psychology* 16 (4): 267–284. <https://dx.doi.org/10.1002/casp.865>.
- Jaspal R (2014). Sexuality, Migration and Identity among Gay Iranian Migrants to the UK. Y Taylor & R Snowden (eds.) *Queering Religion, Religious Queers*. 44–61. Taylor & Francis.
- Jauhainen JS & Miriam T (2021). *Undocumented Migrants and Their Everyday Lives: The Case of Finland*. Springer.
- John TS & Jacobson L (2011). Religious Abuse: Implications for Counseling Lesbian, Gay, Bisexual, and Transgender Individuals, *Journal of LGBT Issues in Counseling*- 5(3–4): 180–196. <http://doi.10.1080/15538605.2011.632739>
- Jokela S, Luopa P, Hyvärinen A, Ruuska T, Martelin T, Klemetti R (2020). Sukupuoli- ja seksuaalivähemmistöihin kuuluvien nuorten hyvinvointi. *Kouluterveyskyselyn tuloksia 2019*. Työpöytä 38/2020. Terveystieteiden tutkimuskeskus, 2020.
- Jones CP (2000). Levels of Racism: A Theoretic Framework and a Gardener’s tale. *American Journal of Public Health*. 90(8):1212-5. <http://doi:10.2105/ajph.90.8.1212>.
- Jull J, Giles A & Graham ID (2017). Community-Based Participatory Research and Integrated Knowledge Translation: Advancing the Co-Creation of Knowledge. *Implementation Science*. 12(1): 150–150. <https://doi.org/10.1186/s13012-017-0696-3>
- Juntunen M & Al Aloulou O (2019). Resettled Refugees and Asylum Seekers in the Finnish Housing Market: Iraqi, Syrian and Eritrean Experiences. *Turku: Migration Institute of Finland*.
- Juntunen M (2011). *Prospects for Sustainable Return: Iraqi and Afghan Asylum Seekers in Finland*. Tampere: Tampere Peace Research Institute
- KA 2021. Ehjänä syntynyt - loppu ”eheytshoidoille.” Available at: <https://www.kansalaisaloite.fi/fi/aloite/8747> <30.06.2022>

- Keskinen S, Kivijärvi A, Osazee U, et al. (2018) The stopped—ethnic profiling in Finland. University of Helsinki, Swedish School of Social Science.
- Kinitz DJ, Salway T, Dromer E, Giustini D, Ashley F, Goodyear T, Ferlatte O, Kia H & Abramovich A (2021). The scope and nature of sexual orientation and gender identity and expression change efforts: a systematic review protocol. *Systematic Reviews*, 10(1): 14. <https://dx.doi.org/10.1186/s13643-020-01563-8>.
- Klinken AV (2015). Queer Love in a “Christian Nation.” *Zambian Gay Men Negotiating Sexual and Religious Identities*. *Journal of the American Academy of Religion*, 83(4): 947–964. <https://doi.org/10.1093/jaarel/lfv073>
- Koçak M (2020). Who is “Queerer” and Deserves Resettlement?: Queer Asylum Seekers and Their Deservingness of Refugee Status in Turkey. *Middle East Critique*. 29(1): 29–46. <https://doi.org/10.1080/19436149.2020.1704506>
- Kohli R & Daniel GS (2012). “Teachers, Please Learn Our Names! Racial Microaggressions and the K-12 Classroom.” *Race, Ethnicity and Education*. 15(4): 441–462. <https://dx.doi.org/10.1080/13613324.2012.674026>.
- Korten Z (2019). *Queer Migration Perspectives: Identity construction and experiences of social inclusion and exclusion of LGBTQ refugees in Sweden*. Master’s Thesis. Malmö University.
- Koskela K (2014). *Boundaries of Belonging: Highly Skilled Migrants and the Migrant Hierarchy in Finland*. *Journal of Finnish Studies*. 17(1-2): 19–41.
- Koukkula M, Keskimäki I, Koponen P, Mölsä M, Klemetti R (2016). Female Genital Mutilation/Cutting Among Women of Somali and Kurdish Origin in Finland. *Birth* (Berkeley, Calif.) 43(3): 240–246. <https://dx.doi.org/10.1111/birt.12236>.
- Krieger N (2000). Discrimination and health. LF Berkman & I Kawachi (eds.) *Social Epidemiology*. 36–75. New York: Oxford University Press.
- Krieger, N., Rowley, D. L., Herman, A. A., Avery, B., et al. (1993). Racism, sexism, and social class: Implications for studies of health, disease, and well-being. *American Journal of Preventive Medicine*, 9(6, Suppl), 82–122.
- Kupari H (2016). *Lifelong religion as habitus: Religious practice among displaced Karelian Orthodox women in Finland*. Boston: Brill.
- Kuusio H, Seppänen A, Jokela S, Sommersalo L, Lilja E (2020). *Ulkomaalaistausten terveys ja hyvinvointi Suomessa: FinMonik-tutkimus 2018-2019*. Terveystieteiden tutkimuslaitos (THL). Raportti 1/2020.
- Kärnä T, Das P, Mikkola A, Uusi-Mäkelä (2021). *Sukupuolenkorjauksen katuminen, pettymys ja takaisinkorjautumisen mahdollisuudet*. *Lääkäri-lehti*. 76s: 1478 – 1482. Available at: <https://www.laakarilehti.fi/tieteessa/katsausartikkeli/sukupuolenkorjauksen-katuminen-pettymys-ja-takaisinkorjautumisen-mahdollisuudet/?public=0bde07ccf0cc6ea29e43d09cb3bfde8d<30.06.2022>>
- Kääriäinen J & Niemi J (2014). Distrust of the Police in a Nordic Welfare State: Victimization, Discrimination, and Trust in the Police by Russian and Somali Minorities in Helsinki. *Journal of Ethnicity in Criminal Justice*. 12(1): 4–24. <https://doi.org/10.1080/15377938.2013.819059>
- Lacombe-Duncan A, Jadwin-Cakmak L, Trammell R, Burks C, et al. (2021). “...Everybody Else Is More Privileged. Then It’s Us...:” A Qualitative Study Exploring Community Responses to Social Determinants of Health Inequities and Intersectional Exclusion Among Trans Women of Color in Detroit, Michigan. *Sexuality Research & Social Policy*. <https://doi.org/10.1007/s13178-021-00642-2>.
- Laine J & Mikkola J (2021). HIV-infektio. *Duodecim*. 137(13):1417–20. Available at: <https://www.duodecimlehti.fi/duo16320<30.06.2022>>
- Lease SH, Horse SG, Noffsinger-Frazier N (2005). Affirming Faith Experiences and Psychological Health for Caucasian Lesbian, Gay, and Bisexual Individual. *Journal of Counseling Psychology*. 52(3): 378–388. <https://doi.org/10.1037/0022-0167.52.3.378>
- Lee, EOJ & Brotman S (2011). Identity, Refugeeeness, Belonging: Experiences of Sexual Minority Refugees in Canada: Identity, Refugeeeness, Belonging. *The Canadian review of sociology*, 48(3): 241–274. <https://doi.org/10.1111/j.1755-618X.2011.01265.x>
- Lehtonen J & Taavetti R (2018). Ambivalent Positions and Challenging Contexts in Researching “Rainbow Youth” in Finland. T Shefer, J Hearn, K Ratele & F Boonzaier (eds.) *Engaging Youth in Activism, Research and Pedagogical Praxis: Transnational and Intersectional Perspectives on Gender, Sex, and Race*. 75–90. Routledge. <https://doi.org/10.4324/9781315270470-5>
- Lehtonen J (2006). Seksuaali- ja sukupuolivähemmistöt Suomen kunnissa. Keinoja ja ideoita yhdenvertaisuuden tueksi. Työministeriö, Euroopan sosiaalirahasto 2000–2006, Tutkimukset ja selvitykset 8/06, Helsinki: Oy Edita Ab.
- Lehtonen J (2017). *Hankala kysymys. Intersukupuolisuus suomalaisissa koulu- ja työelämäntutkimuksissa*. *Sukupuolentutkimus* 30(1): 71–75.
- Lehtonen J (2020) *HLBTI-ihmiset ja -järjestöt koronakriisissä – tutkimustietoa tarvitaan*. Helsinki: Helsingin yliopisto. Available at: <http://weallfinland.fi/hlbt-ihmiset-ja-jarjestot-koronakriisissa-tutkimustietoa-tarvitaan/<30.06.2020>>
- Lehtonen J (2014). Ei-heteroseksuaalisten ja transnuorten kokemukset työelämästä. *Työelämän tutkimus*. 12(3): 285–291.
- Lehtonen J (2021a). Heteronormative violence in schools: Focus on homophobia, transphobia and

- the experiences of trans and non-heterosexual youth in Finland. Y Odenbring & T Johansson (eds.) *Violence, Victimization and Young People: Education and Safe Learning Environments*. 155–172). Springer. https://doi.org/10.1007/978-3-030-75319-1_10
- Lehtonen J (2021b) Pääkaupunkiseudun sateenkaariväki koronakriisissä. Helsingin kaupunki: Kvartti. <https://www.kvartti.fi/fi/artikkelit/paa-kaupunkiseudun-sateenkaarivaki-koronakriisissa.<30.06.2022>>
- Leinonen J & Pellander S (2014). Court Decisions over Marriage Migration in Finland: A Problem with Transnational Family Ties. *Journal of Ethnic and Migration Studies*, 40 (9): 1488–1506. <https://doi:10.1080/1369183X.2013.846825>.
- Lennartz C, Proost K & Brebels L (2019). Decreasing Overt Discrimination Increases Covert Discrimination: Adverse Effects of Equal Opportunities Policies. *International Journal of Selection and Assessment* 27(2): 129–138. <https://dx.doi.org/10.1111/ijsa.12244>.
- Leonard L & Sollund RA eds. (2012). *Transnational migration, gender and rights*. Emerald.
- Lepola O (2018). Koko ajan jännittyneenä Moniperusteinen syrjintä seksuaali- ja sukupuolivähemmistöihin kuuluvien kokemana. Oikeusministeriö 51/2018
- Levitt HM & Ippolito MR (2014). Being Transgender: The Experience of Transgender Identity Development. *Journal of Homosexuality*, 61(12): 1727–1758. <https://doi.org/10.1080/00918369.2014.951262>
- Lewis RA (2014). “Gay? Prove It:” The Politics of Queer Anti-deportation Activism. *Sexualities*. 17 (8): 958–975. <https://dx.doi.org/10.1177/1363460714552253>.
- LGBTIQ ES. LGBTIQ Equality Strategy 2020–2025. Available at: https://ec.europa.eu/info/policies/justice-and-fundamental-rights/combating-discrimination/lesbian-gay-bi-trans-and-intersex-equality/lgbtiq-equality-strategy-2020-2025_en<30.06.2022>
- Littlejohn T, Potat T & Beyrer C (2019). Sexual and Gender Minorities, Public Health, and Ethics. AC Mastorianni, JP Kahn, NE Kass (eds.) *The Oxford Handbook of Public Health Ethics*. <http://doi:10.1093/oxfordhb/9780190245191.012.17>
- Luibhéid E & Cantú L eds. (2005). *Queer Migrations: Sexuality, U.S. Citizenship and Border Crossings*. Minneapolis: University of Minnesota Press.
- Luibhéid E (2004). Heteronormativity and Immigration Scholarship: A Call for Change. *GLQ: A Journal of Lesbian and Gay Studies* 10(2): 227–235. <https://doi.org/10.1215/10642684-10-2-227>.
- Luibhéid, E (2008). *Queer/Migration: An Unruly Body of Scholarship*. *GLQ: A Journal of Lesbian and Gay Studies* 14(2): 169–190. Project MUSE Available at: muse.jhu.edu/article/241318.
- Lykke N (2010). *Feminist Studies: A Guide to Intersectional Theory, Methodology and Writing*. 1. Routledge.
- Mai N & King R (2009). Love, Sexuality and Migration: Mapping the Issue(s). *Mobilities*. 4(3): 295–307. <https://doi.org/10.1080/17450100903195318>
- Malkus ry (2022). <https://www.malkus.fi/<30.06.2022>>
- Manalansan MF (2018). Queer Intersections: Sexuality and Gender in Migration Studies. *The International Migration Review*. 40(1): 224–249. <https://doi:10.1111/j.1747-7379.2006.00009.x>.
- Marnell J, Oliveira E & Khan GH (2021). “It’s about Being Safe and Free to Be Who You Are:” Exploring the Lived Experiences of Queer Migrants, Refugees and Asylum Seekers in South Africa. *Sexualities* 24 (1–2): 86–110. <https://doi.org/10.1177/1363460719893617>.
- Martikainen T (2013). *Religion, Migration, Settlement: Reflections on Post-1990 Immigration to Finland*, Brill.
- Martikainen T (2015). Uskonto suomalaisessa maahanmuuttotutkimuksessa. R Hämäläinen & H Pesonen (eds.) *Kohtaamisia: Kirjoituksia uskonosta, arjesta ja monikulttuurisuudesta*. 82–93. *Uskontotiede*. Vol. 16. Helsingin yliopisto, maailman kulttuurien laitos.
- Mattila A & Tinkanen H (2015). Transsukupuolisuu- den hoito Suomessa. *Duodecim* 131(4): 363–364.
- Meads C, Carmona C & Kelly MP (2012). Lesbian, Gay and Bisexual People’s Health in the UK: A Theoretical Critique and Systematic Review. *Diversity and Equality in Health Care*. 9(1): 19–32.
- Meezan W & Martin JI (2003). Applying Ethical Standards to Research and Evaluations Involving Lesbian, Gay, Bisexual, and Transgender Populations. <https://doi.org/10.4324/9780203057155-18>
- Middelkoop L (2013). Normativity and Credibility of Sexual Orientation in Asylum Decision Making. T Spijkerboer (ed) *Fleeing Homophobia: Sexual Orientation, Gender Identity and Asylum*. 154–175. <https://doi.org/10.4324/9780203515723>.
- Migri 2017. Miten turvapaikahakijan kuulumista seksuaali- tai sukupuolivähemmistöön selvitetään? Available at: <https://migri.fi/-/miten-turvapaikanhakijan-kuulumista-seksuaali-tai-sukupuolivahemmistoon-selvitetaan-<30.06.2022>>
- Migri 2020. Only a few asylum applications have been submitted during the coronavirus pandemic.
- Migri 2022a. Finnish Immigration Service. Adult applications. 1/2015-1/2022. Available at: <https://statistik.migri.fi/index.html#applications/23330/49/2624?l=en&start=540&end=623<01.07.2022>>
- Migri 2022b. Finnish Immigration Service. Quote Refugee Selections. Available at: <https://migri.fi/en/quota-refugee-statistics<01.07.2022>>
- Moberg M, Sofia S, Lövheim M (2020). Digital media and religion in an international context.

- Perspectives on identity, connection and authority. M Mober & S Sjö (eds.) 12–26. Young Adults, and Religion. An International Perspective. London and New York: Routledge.
- Mole, RCM (2018). Identity, Belonging and Solidarity among Russian-speaking Queer Migrants in Berlin. *Slavic Review*. 77(1): 77–98. <https://doi.org/10.1017/slr.2018.11>
- Muhleisen W, Rothing A & Svendsen SHB (2012). Norwegian Sexualities: Assimilation and Exclusion in Norwegian Immigration Policy. *Sexualities* 15 (2): 139–15
- Murray, DAB (2014). Real Queer: “Authentic” LGBT Refugee Claimants and Homonationalism in the Canadian Refugee System. *Anthropologica*, 56(1): 21–32. <http://www.jstor.org/stable/24469638>
- Müller A, Daskilewicz K, McLean K, Mmolai-Chalmers A, Morroni C, Muparamoto N, Adamson MS, Odira, V, Zimba, M (2021). Experience of and Factors Associated with Violence Against Sexual and Gender Minorities in Nine African Countries: A Cross-sectional Study. *BMC Public Health* 21(1): 357. <https://dx.doi.org/10.1186/s12889-021-10314-w>.
- Mähönen TA, Leinonen E & Jasinskaja-Lahti I (2013). Met Expectations and the Wellbeing of Diaspora Immigrants: A Longitudinal Study. *International Journal of Psychology* 48 (3): 324–333. <https://dx.doi.org/10.1080/00207594.2012.662278>.
- Nadal KL, Rivera DP & Corpus MJH (2010). Sexual Orientation and Transgender Microaggressions in Everyday Life: Experiences of Lesbians, Gays, Bisexuals, and Transgender Individuals. DW Sue (ed) *Microaggressions and Marginality: Manifestation, Dynamics, and Impact* 217–240. New York, NY: John Wiley & Sons.
- Nadal KL, Skolnik A & Wong Y (2012). Interpersonal and Systemic Microaggressions Toward Transgender People: Implications for Counseling. *Journal of LGBT Issues in Counseling*. 6(1): 55–82. <https://doi.org/10.1080/15538605.2012.648583>
- Nash JC (2008) Re-thinking intersectionality. *Feminist Review*. 89:1–15. <https://doi.org/10.1057/fr.2008.4>
- Newman P & Fantus S (2015). A Social Ecology of Bias-Based Bullying of Sexual and Gender Minority Youth: Toward a Conceptualization of Conversion Bullying. *Journal of Gay & Lesbian Social Services*. 27(1): 46–63. <http://doi.org/10.1080/10538720.2015.988315>
- Noh S, Kaspar V & Wickrama KAS (2007). Overt and Subtle Racial Discrimination and Mental Health: Preliminary Findings for Korean Immigrants. *American Journal of Public Health*. 97: 1269–1274. <http://doi.org/10.2105/AJPH.2005.085316>
- Norden. Nordic Co-operation on Gender Equality and LGBTI issues. Available at: <https://www.norden.org/en/information/nordic-co-operation-gender-equality-and-lgbti-issues> <01.07.2022>
- Nynäs P, Kejonen E & Vullers P (2020). The Changing Relation Between Sexual and Gender Minorities and Religion in Finland: Some Observations in the Light of Postsecularity. M Derks & M van den Berg (eds.) *Public Discourses About Homosexuality and Religion in Europe and Beyond*. 171–196. Palgrave Macmillan. https://doi.org/10.1007/978-3-030-56326-4_8
- O’Brien J (2014). Outing Religion in LGBT Studies. Y Taylor & R Snowden (eds.) *Queering Religion, Religious Queers*. XI–XXIII. Taylor & Francis.
- OG 2018. Selvitys vihapuheesta ja häirinnästä ja niiden vaikutuksista eri vähemmistöryhmiin. *Seurantakysely 2017*. Available at: https://owalgroup.com/wp-content/uploads/2018/08/VIPU-Raportti_2018.pdf <01.07.2022>
- OM 2021. Tutkimustietoa seksuaali- ja sukupuolivähemmistöjen tilanteesta Suomessa. Available at: https://yhdenvertaisuus.fi/documents/5232670/5376058/OM_policy_brief_5_web.pdf/aced140e-d940-b37b-a4ce-ad59cf92be1b/OM_policy_brief_5_web.pdf?t=1618904629224 <01.07.2022>
- Pallotta-Chiarolli M, Sweid R & Sudarto S (2022). “You Can’t Be Gay and Do Religion:” Understanding Muslim LGBTIQ+ Experiences of Accessing Support Services. *Journal of Intercultural Studies*. 43 (1): 148–165. <https://doi.org/10.1080/07256868.2022.2012136>
- Palmari I, Burman E, Chantler K, Kiguwa P (2010). Gender and Migration: Feminist Interventions. New York: Palgrave Macmillan.
- Pandey R (2019). Locating Savitribai Phule’s Feminism in the Trajectory of Global Feminist Thought. *Indian Historical Review*. 46(1): 86–105. <https://doi.org/10.1177/0376983619856480>.
- Pauha T & Martikainen T (2022). Arvio maahanmuuttotautustaisen väestön uskonnollisesta jakaumasta Suomessa vuosina 1990–2019. *Teologinen Aikakauskirja* 2022/5. 3–23.
- Pauha T (2022). The Many Voices in a Muslim Self: Dialogical Self Theory in Conceptualizing the Religious Identities and Authorities of Young European Muslims. *Approaching Religion*. 12(1): 201–217. <https://doi.org/10.30664/ar.110855>
- Pellander S (2016). Gatekeepers of the Family: Regulating Family Migration to Finland. Doctoral Dissertation. University of Helsinki.
- Pihlajamaa, M (2021). Kohti sateenkaariystävällisempää Suomea: Tilannearvio seksuaali- ja sukupuolivähemmistöjen perus- ja ihmisoikeuksien toteutumisesta Suomessa 2021. Oikeusministeriön julkaisu, Selvityksiä ja ohjeita 2021:26. Available at: <https://julkaisut.valtioneuvosto.fi/handle/10024/163566> <01.07.2022>

- Poteat T, German D & Kerrigan D (2013). Managing Uncertainty: A Grounded Theory of Stigma in Transgender Health Care Encounters. *Social Science & Medicine* 84:22–29.
- PREACT. Promoting Equal Access and Tackling Discrimination Against Gender and Sexual Minorities in Sport and Physical Education. Available at: <https://www.jyu.fi/sport/en/research/research-projects/preact/en>
- PSL 2021. Suomen Psykologiliiton kanta eheytyshoitihin on ehdottoman kielteinen – Psykologiliiton kannanotto seksuaali- ja sukupuolivähemmistöille tarjottavista nk. eheytyshoidoista
- PSY 2021. Suomen Psykiatriyhdistyksen kannanotto eheytysterapioihin. https://www.psy.fi/blogit-ja-kannanotot/suomen-psykiatriyhdistyksen-kannanotto-eheytysterapioihin.1313.blog?fbclid=IwAR12t0Lnn-biheq7vi7h91qyy4KN5oQ-ByCHigZ_QR1QZSDTax-G7FeyVgW9s<01.07.2022>
- Purdie-Vaughns V & Eibach RP (2008). Intersectional Invisibility: The Distinctive Advantages and Disadvantages of Multiple Subordinate-Group Identities. *Sex Roles*. 59(5–6): 377–391. <http://doi:10.1007/s11199-008-9424-4>.
- Puumalainen M (2018). Seksuaali- ja sukupuolivähemmistöihin kuuluvien turvapaikanhakijoiden kokemuksia turvapaikkaprosessista ja palvelujärjestelmästä. Bachelor's Thesis. Hämeen Ammattikorkeakoulu.
- Puumalainen M (2020). Pakolaistaustaisten LHBTIQ-ihmisten erityinen haavoittuvuus queer-teorian valossa. Bachelor's Thesis. University of Lapland.
- QRD. Guide for newly immigrated and refugee trans+ people. *Queer Refugees Deutschland*. Available at: <https://www.queer-refugees.de/trans-3/<01.07.2022>>
- Rask S, Elo IT, Koskinen S, Lilja E, Koponen P, Castaneda AE (2018). The Association Between Discrimination and Health: Findings on Russian, Somali and Kurdish Origin Populations in Finland. *European Journal of Public Health* 28 (5): 898–903. <https://dx.doi.org/10.1093/eurpub/cky100>.
- Reason P & Torbert WR (2001). The Action Turn: toward a transformational social science. *Concepts and Transformations*, 6(1), 1–37.
- Reason P & Bradbury H (2006). *The SAGE handbook of action research: Participative inquiry and practice*. London: SAGE.
- Reisner SL, Poteat T, Keatley J, Cabral M, Mothopeng T, Dunham E, Holland CE, Max R, Baral SD. Global Health Burden and Needs of Transgender Populations: A Review. *The Lancet (British edition)*. 388(10042): 412–436. [https://doi.org/10.1016/S0140-6736\(16\)00684-X](https://doi.org/10.1016/S0140-6736(16)00684-X).
- Repo J (2019). Governing Juridical Sex: Gender Recognition and the Biopolitics of Trans Sterilization in Finland. *Politics & Gender*, 15(1): 83–106. <https://doi:10.1017/S1743923X1800034X>
- Rice C, Harrison E & Friedman M (2019). Doing Justice to Intersectionality in Research. *Cultural Studies ↔ Critical Methodologies* 19 (6): 409–20. <https://doi.org/10.1177/1532708619829779>.
- Richman N (2021). Homosexuality, Created Bodies, and Queer Fantasies in a Nigerian Deliverance Church. *Journal of Religion in Africa* 50 (3–4): 249–277. <https://doi.org/10.1163/15700666-12340192>
- Rodriguez EM, Lytle MC & Vaughan MD (2013). Exploring the Intersectionality of Bisexual, Religious/Spiritual, and Political Identities from a Feminist Perspective. *Journal of Bisexuality*. 13(3): 285–309. <https://doi.org/10.1080/15299716.2013.813001>
- Rothman EF, Exner D & Baughman AL (2011). The Prevalence of Sexual Assault Against People Who Identify as Gay, Lesbian, or Bisexual in the United States: A Systematic Review. *Trauma Violence Abuse*. 12(2): 55–66. <https://doi.org/10.1177/1524838010390707>
- Rydström J & Mustola K eds. (2007). *Criminally Queer: Homosexuality and Criminal Law in Scandinavia 1842-1999*. Amsterdam: Aksant.
- Sahramäki I, Niemi J & Kääriäinen J (2014). Racist crime reported to the police in Finland: Comparison of register-based data and victimization survey. *European Journal of Crime, Criminal Law, and Criminal Justice*. 22(19): 59–78. <https://doi.org/10.1163/15718174-22012039>.
- Seta 01.07.2021. Panel Discussion: How are we doing? Available at: <https://seta.fi/tapahumat/panel-discussion-how-are-we-doing/<03.07.2022>>
- Setan satenkaarisananasto. [Seta's rainbow glossary]. <https://seta.fi/sateenkaarietieto/sateenkaarisananasto/<03.07.2022>>
- Shakhsari S (2014). The Queer Time of Death: Temporality, Geopolitics, and Refugee Rights. *Sexualities* 17 (8): 998–1015. <https://doi.org/10.1177/1363460714552261>.
- Shidlo A & Ahola J (2013). Mental Health Challenges of LGBT Forced Migrants. *Forced Migration Review*. 42:9–11.
- Shuster SM (2021). *Trans Medicine: The Emergence and Practice of Treating Gender*. New York, NY: New York University Press.
- Skoberg N, Koponen P, Mustonen KL, Ahmed Haji Omar A, Tiittala P, Snellman O, Castaneda AE (2019). Turvapaikanhakijoiden terveys ja hyvinvointi. Tutkimus Suomeen vuonna 2019 tulleista turvapaikanhakijoista. Raportti 12/2019. Terveiden ja hyvinvoinnin laitos. Available at: https://www.julkari.fi/bitstream/handle/10024/138298/URN_ISBN_978-952-343-351-9.pdf<03.07.2022>
- Skogberg N, Koponen P, Lilja E, Austero S, Prinkey T & Castaneda AE (2021). Impact of Covid-19 on

- the Health and Wellbeing of Persons Who Migrated to Finland the MigCOVID Survey 2020–2021. Raportti 08/2021. Terveystieteiden tutkimuslaitos. Available at: https://www.julkari.fi/bitstream/handle/10024/142826/THL_RAP2021_008_0907.pdf?sequence=4&isAllowed=y <03.07.2022>
- Skogberg N, Koponen P, Lilja E, Mustonen KL, Garroff F, Ahmed A & Castaneda AE (2019). The health of asylum seekers in Finland: a total population health examination survey (TERTTU). *European Journal of Public Health*, 29 (S4). <https://doi.org/10.1093/eurpub/ckz185.577>.
- Smith LJ (2008). How ethical is ethical research? Recruiting marginalized, vulnerable groups into health services research. *Journal of advanced nursing*, 62(2): 248–257. <https://doi.org/10.1111/j.1365-2648.2007.04567.x>.
- Smith MW (1995). Ethics in Focus Groups: A Few Concerns. *Qualitative Health Research*, 5(4): 478–486. <https://doi.org/10.1177/104973239500500408>
- Solórzano D, Ceja M & Yosso T (2000). Critical Race Theory, Racial Microaggressions, and Campus Racial Climate: The Experiences of African American College Students. *Journal of Negro Education*, 69: 60–73.
- Spijkerboer T & Jansen S (2011). Fleeing Homophobia: Asylum Claims Related to Sexual Orientation and Gender Identity in the EU. Amsterdam: Coc Nederland/VU University Amsterdam.
- Spijkerboer T (2013). Fleeing Homophobia: Sexual Orientation, Gender Identity and Asylum. London: Routledge.
- Stienstra D (2015). Northern Crises. *International Feminist Journal of Politics*, 17(4): 630–651. <https://doi.org/10.1080/14616742.2015.1060695>
- STM 2021. Suomi tasa-arvon kärkimaaksi: Hallituksen tasa-arvo-ohjelma 2020–2023/ Government Action Plan for Gender Equality 2020–2023. Publications of the Ministry of Social Affairs and Health 2021:10. Available at: <https://julkaisut.valtioneuvosto.fi/handle/10024/162588> <03.07.2022>
- Stotzer RL (2009). Violence Against Transgender People: A Review of United States Data. *Aggression and Violent Behavior*, 14(3): 170–179. <https://doi.org/10.1016/j.avb.2009.01.006>
- Stögner K (2021). Antisemitism and Intersectional Feminism: Strange Alliances. A Lange, K Mayerhofer, D Porat, LH Schiffman eds. *Confronting Antisemitism in Modern Media, the Legal and Political Worlds*. Vol 5. 69–88. Boston: De Gruyter. <https://doi.org/10.1515/9783110671964-006>.
- Sue DW (2010). *Microaggressions in Everyday Life: Race, Gender, and Sexual Orientation*. Hoboken, NJ: Wiley.
- Sue DW, Alsaidi S, Awad MN, Glaeser E, Calle CZ, Mendez N (2019). Disarming Racial Microaggressions: Microintervention Strategies for Targets, White Allies, and Bystanders. *American Psychologist*, 74(1):128–142. <https://doi.org/10.1037/amp0000296>.
- Sue DW, Capodilupo CM, Torino GC, Bucceri JM, Holder AMB, Nadal KL & Esquilin M. (2007). Racial Microaggressions in Everyday Life: Implications for Clinical Practice. *The American Psychologist*, 62(4): 271–286. <https://doi.org/10.1037/0003-066X.62.4.271>
- Suess Schwend A (2020). Trans Health Care from a Depathologization and Human Rights Perspective. *Public Health Reviews* 41 (3). <https://doi.org/10.1186/s40985-020-0118-y.fv>
- Sutinen J, Hietalahti J & Hiltunen-Back (2020). HIVin ehkäisy lääkkein: prep nyt Suomessakin. *Duodecim*, 136 (11):1283–90. Saatavilla: <https://www.duodecimlehti.fi/duo15510> <30.06.2022>
- TEM. Työelämän monimuotoisuusopas ja yritysvälennukset helpottavat monimuotoisten työyhteisöjen rakentamista. Available at: <https://tem.fi/tyoelaman-monimuotoisuusopas-ja-yritysvälennukset-helpottavat-monimuotoisten-tyoyhteisöjen-rakentamista> <03.07.2022>
- Teräsaho M & Närhi J (2017). Näkökulmia sukupuolten tasa-arvoon: Analyseja tasa-arvobarometrista 2017. 6/2019.
- THL 2021. Turvapaikahakijoiden terveydenhuoltopalvelut. THL. Available at: <https://thl.fi/fi/web/maahanmuutto-ja-kulttuurin-moninaisuus/maahanmuutto-ja-hyvinvointi/turvapaikahakijat/turvapaikahakijoiden-terveydenhuoltopalvelut> <03.07.2022>
- THL Blog 23.06.2015. Translaki uudistettava pikaisesti. THL Blog 23.06.2015. Available at: <https://blogi.thl.fi/translaki-uudistettava-pikaisesti/> <03.07.2022>
- THL:n seksuaalisuuden ja sukupuolen sanasto. [THL’s glossary on sexuality and gender] <https://thl.fi/fi/web/lapset-nuoret-ja-perheet/kehittyvat-kaytannot/seksuaalisuus-puheeksi/seksuaalisuuden-ja-sukupuolen-sanasto>. <03.07.2022>
- THL:n tasa-arvosanasto [equality glossary]. <https://thl.fi/fi/web/sukupuolten-tasa-arvo/sukupuoli-tasa-arvosanasto>. <03.07.2022>
- Thoits P (2010). Stress and Health: Major Findings and Policy Implications. *Journal of Health and Social Behavior* 51(S): S41–S53. <https://doi.org/10.1177/0022146510383499>.
- Thomas R, Pega F, Khosla R, Verster A, Hana T, Say L (2017). Ensuring an inclusive global health agenda for transgender people. *Bulletin of the World Health Organization* vol. 95(2):154–156. <https://doi.org/10.2471/BLT.16.183913>.
- Thompson KD (2020). Becoming Muslims with a “Queer Voice”: Indexical Disjuncture in the Talk of LGBT Members of the Progressive Muslim Community. *Journal of Linguistic Anthropology*, 30(1): 123–144. <https://doi.org/10.1111/jola.12256>

- Timmerman, C, Fonesca ML, Van Praag L & Pereira S (2018). *Gender and Migration: A Gender-Sensitive Approach to Migration Dynamics*. Leuven University Press.
- Tinkanen, H & Das, P (2015). Transsukupuolisten hormonihoidot. *Duodecim* 131 (4): 372–378
- Torvinen, T (1989). *Kadimah: Suomen juutalaisten historia*. Helsinki: Otava.
- Tran AGTT & Lee RM. (2014). You Speak English Well! Asian Americans' Reactions to an Exceptionalizing Stereotype. *Journal of counseling psychology*, 61(3): 484–490. <https://doi.org/10.1037/cou0000034>
- Transgender Murder Monitoring Project (2017): Trans Day of Remembrance (TdoR) 2017. Press Release. Transgender Murder Monitoring Project. Available at: <http://transrespect.org/en/tmm-update-trans-day-remembrance-2017>. <05.10.2020>
- Transvie. Transgender Health Care of Asylum Seekers. Transvie. Available at: <https://www.transvisie.nl/transitie/algemeen/dutch-healthcare-for-foreigners/#1524602374428-66bd4c74-555d> <03.07.2022>
- Tschalaer M (2020). Between Queer Liberalisms and Muslim Masculinities: LGBTQI+ Muslim Asylum Assessment in Germany. *Ethnic and Racial Studies* 43 (7): 1265–1283. <https://dx.doi.org/10.1080/01419870.2019.1640378>.
- UNCHR. 2003a. “Promotion and Protection of Human Rights: 2003/.... Human Rights and Sexual Orientation.” E/CN.4/2003/L.92*. April 17. Geneva. Available at: <https://www.un.org/Docs/journal/asp/ws.asp?m=E/CN.4/2003/L.92> <03.07.2022>
- UNCHR. 2003b. “Commission on Human Rights 59th Session: Summary Records of the 61st Meeting.” E/CN.4/2003/SR.61. May 26. Geneva. Available at: http://ap.ohchr.org/documents/sdpage_e.aspx?b=1&se=5&t=12. <03.07.2022>
- UNCHR. 2003c. “Commission on Human Rights 59th Session: Summary Records of the 63rd Meeting.” E/CN.4/2003/SR.63. May 26. Geneva. Available at: http://ap.ohchr.org/documents/sdpage_e.aspx?b=1&se=5&t=12. <03.07.2022>
- UNCHR. 2012. “Human Rights Council Panel on Ending Violence and Discrimination against Individuals Based on Their Sexual Orientation and Gender Identity: Summary of Discussion.” March 07. Geneva. Available at: <http://www.ohchr.org/Documents/Issues/Discrimination/LGBT/SummaryHRC19Panel.pdf>. <03.07.2022>
- UNHRC. 2011. “Resolution Adopted by the Human Rights Council: 17/19 Human Rights, Sexual Orientation and Gender Identity.” A/HRC/RES/17/19. June 17. Geneva. Available at: http://ap.ohchr.org/documents/dpage_e.aspx?si=A/HRC/RES/17/19. <03.07.2022>
- van der Pijl Y, Oude Breuil BC, Swetzer L, Drymioti M & Goderie M (2018). “We Do Not Matter:” Transgender Migrants/Refugees in the Dutch Asylum System. *Violence Against Women*, 5(1).
- Vanto J, Saarikkomäki E, Alvesalo-Kuusi A, Lepinkäinen N, Pirjatanniemi E & Lavapuro J (2021). Collectivized Discretion: Seeking Explanations for Decreased Asylum Recognition Rates in Finland After Europe’s 2015 “Refugee Crisis.” *The International Migration Review*. <https://dx.doi.org/10.1177/01979183211044096>.
- Vaughn LM, Whetstone C, Boards A, Busch MD, Magnusson M, & Määttä S. (2018). Partnering with Insiders: A Review of Peer Models Across Community-Engaged Research, Education and Social Care. *Health & Social Care in the Community*, 26(6): 769–786. <https://doi.org/10.1111/hsc.12562>
- Verbeek MJ, Hommes MA, Stutterheim SE, van Lankveld JJ & Bos AE (2020). Experiences with Stigmatization Among Transgender Individuals After Transition: A Qualitative Study in the Netherlands. *International Journal of Transgender Health* 21, no. 2 (2020): 220-233. <https://dx.doi.org/10.1080/26895269.2020.1750529>.
- Vitikainen S (2019). *Gay Muslim Refugees in Finland: Intersections of Experience*. Master’s Thesis. University of Helsinki.
- VM 2020. Hetu-uudistuksen loppuraportti. Julkisen hallinnon ICT. Valtiomministeriön julkaisu 2020:20. Available at: https://api.hankeikkuna.fi/asiakirjat/beb585c4-f7b5-4f04-b15d-6f89c5ad72d1/3d8ba14b-0393-421d-a22e-6dae1c5efa29/RA-PORTTI_20200409115946.pdf <03.07.2022>
- Vuola E (2019). Intersections of gender and minority status: perspectives from Finnish Jewish women”. *Nordisk judaistik/Scandinavian Jewish Studies*. 30(1): 55–74. <https://doi.org/10.30752/nj.77270>
- Vuorensyrjä M & Rauta J (2020). Poliisibarometri 2020: Kansalaisten arviot poliisit toiminnasta ja Suomen sisäisen turvallisuuden tilasta. Sisäministeriön julkaisu 2020:12. Available at: <https://julkaisut.valtioneuvosto.fi/handle/10024/162345> <01.07.2022>
- Wahlbeck, Ö (1997). *Kurdish Refugee Communities: The Diaspora in Finland and England*. Coventry: University of Warwick.
- Walker-Said C (2014). *Sexual Minorities among African Asylum Claimants: Human Rights Regimes, Bureaucratic Knowledge, and the Era of Sexual Rights Diplomacy*. B Lawrence, I Berger, T Redeker-Hepner, J Tague & M Terretta (eds.) *African Asylum at a Crossroads: Activism, Expert Testimony, and Refugee Rights*. Athens: Ohio University Press.

- Wallerstein N, Duran B, Oetzel J & Minkler M eds (2018). *Community-Based Participatory Research for Health: Advancing Social and Health Equity*. Jossey-Bass.
- WeAll. Weallfinland.fi Available at: <http://weallfinland.fi/> <03.07.2022>
- White Hughto JM, Reisner SL (2016). A Systematic Review of the Effects of Hormone Therapy on Psychological Functioning and Quality of Life in Transgender Individuals. *Transgender Health*. 1(1):21–31. <https://dx.doi.org/10.1089/trgh.2015.0008>.
- Whitley BE (2009). Religiosity and Attitudes Toward Lesbians and Gay Men: A Meta-Analysis. *The International Journal for the Psychology of Religion*. 19 (1): 21–38. <https://dx.doi.org/10.1080/10508610802471104>.
- Wilcox MM (2002). When Sheila's a Lesbian: Religious Individualism among Lesbian, Gay, Bisexual, and Transgender Christians. *Sociology of Religion*, 63(4): 497–513. <https://doi.org/10.2307/3712304>.
- Williams DR, Mohammed SA (2009). Discrimination and Racial Disparities in Health: Evidence and Needed Research. *Journal of Behavioral Medicine*. 32(1): 20–47. <https://doi.org/10.1007/s10865-008-9185-0>
- Williams, MT (2020). Microaggressions: Clarification, Evidence, and Impact. *Perspectives on Psychological Science*. 15(1): 3–26. <https://doi.org/10.1177/1745691619827499>.
- Willis K, Green J, Daly J, Williamson L & Bandyopadhyay M (2009). Perils and possibilities: Achieving best evidence from focus groups in public health research. *Australian and New Zealand Journal of Public Health*. 33(2): 131–136. <https://doi.org/10.1111/j.1753-6405.2009.00358.x>
- Wright MT, Springett J & Kongats K (2018). What is Participatory Health Research? MT Wright & K Kongats (eds). *Participatory health research: Voices from around the world*. Springer.
- Yhdenvertaisuusvaltuutettu 2020. Mikroaggressiot. Available at: <https://syryjinta.fi/rasismi> <03.07.2022>
- Yijälä A & Nyman M (2017). *Living in Limbo: Qualitative Case Study of Skilled Iraqi Asylum Seekers in Finland*. Helsinki: City of Helsinki.
- Yip AK (2005). Queering Religious Texts: An Exploration of British Non-heterosexual Christians' and Muslims' Strategy of Constructing Sexuality-affirming Hermeneutics. *Sociology (Oxford)*. 39(1): 47–65. <https://doi.org/10.1177/0038038505049000>
- Yip AKT (2004). Embracing Allah and Sexuality? South-Asian Non-Heterosexual Muslims in Britain. In *South Asians in the Diaspora*. Leiden, The Netherlands: Brill. https://doi.org/10.1163/9789047401407_016.
- Yosso T, Smith W, Ceja M & Solórzano D. (2009). Critical Race Theory, Racial Microaggressions, and Campus Racial Climate for Latina/o Undergraduates. *Harvard Educational Review*. 79(4): 659–691. <https://dx.doi.org/10.17763/haer.79.4.m6867014157m7071>.
- Yuval-Davis N (2011). *The politics of belonging: Intersectional Contestations*. London, UK: Sage Publications, Inc.
- Zeeman L, Sherriff N, Browne K, McGlynn N, Miranda M, Gios L, Davis R, Sanchez-Lambert J, Aujean S, Pinto N et al. (2019). A review of lesbian, gay, bisexual, trans and intersex (LGBTI) health and healthcare inequalities. *European Journal of Public Health*. 29(5): 974–980. <https://doi.org/10.1093/eurpub/cky2>.
- LAWS AND REGULATIONS
- 1325/2014. Yhdenvertaisuuslaki. Available at: <https://www.finlex.fi/fi/laki/alkup/2014/20141325> <29.06.2022>
- 563/2002. Lakitransseksuaalin sukupuolen vahvistamisesta. Available at: <https://www.finlex.fi/fi/laki/alkup/2002/20020563> <29.06.2022>
- 609/1986. Laki naisten ja miesten välisestä tasa-arvosta. Available at: <https://finlex.fi/fi/laki/ajantasa/1986/19860609#a30.12.2014-1329> <29.06.2022>

Attachment 1. Translation of abstracts

Arabic

خلاصة

تُظهر الأبحاث أن التمييز ان هناك تمييز والمعاملة غير المتساوية لدى الأفراد الذين ينتمون إلى الأقليات المتعددة. تُركّز هذه الدراسة على التجارب المُعاشة للأقليات الجنسية والجنسانية التي من أصل أجنبي وتُسكن في فنلندا.

يعتمد هذا التقرير على بيانات نوعية مستخلصة من المقابلات الجماعية (العدد = 8) والمقابلات الفردية (العدد = 40). تم جمع البيانات لهذا لعل باستخدام نهج تشاركي. تم تطبيق مفهوم التقاطعية في كل من جمع البيانات والعملية التحليلية. وكخطوة أولى، تم إجراء مقابلات جماعية مُركّزة مع ممثلي المنظمات والمشاريع التي تعمل مع الأقليات الجنسية والجنسانية في المجتمع الفنلندي. وشمل ذلك أصحاب المصلحة الذين يعملون مع الأقليات الجنسية والجنسانية على وجه التحديد وكذلك أولئك الذين يعملون على نطاق واسع مع الاقليات ، على سبيل المثال، في مجال مكافحة العنصرية. وكخطوة ثانية، أُجريت مقابلات نوعية شبه منظمة مع بالغين عرّفوا بأنفسهم على أنهم أقليات جنسية و / أو جنسانية وكأفراد من السكان ذوي الأصول الأجنبية.

تم تقسيم محتوى المقابلات الفردية إلى أربع مجالات رئيسية: الهجرة القسرية، والصحة والرفاهية، والتمييز والدين. تم تحليل هذه المجالات على حدة باستخدام التحليل الموضوعي الانعكاسي لبراون (Braun) وكلاكرك (Clarke). حُدِّثت التوصيات حول كيفية تحسين وضع الأقليات الجنسية والجنسانية في فنلندا، سواء بشكل عام أو لأقليات متعددة على وجه الخصوص، من خلال المقابلات الجماعية المركزة. تغطي التوصيات ثمانية مواضيع: التوظيف، والرعاية الصحية، والخدمات الاجتماعية، وحقوق المتحولين جنسياً، وخدمات الهجرة، والشرطة، والدين، واللغة، والبحث.

تُظهر المقابلات أن الأفراد الذين يعرفون أنفسهم كأقليات جنسية و / أو جنسانية وكأفراد من أصل أجنبي يواجهون تحديات في المجتمع الفنلندي بسبب وضعهم كمهاجرين وبسبب غرابتهم. عادة ما تم التأكيد على هذه التجارب من خلال تقاطع الطبقة وكذلك من خلال إثنيتهم أو عرقهم. إن الأشخاص الذين ينتمون إلى تقاطعات الهويات المهمشة المختلفة (مثل طالبي اللجوء من المثليين أو اللاجئيين، أو الأفراد الذين يعانون من العنصرية) يتواجدون في وضع ضعيف بشكل خاص في المجتمع الفنلندي. غالباً ما يتعرضون إلى أشكال تمييز علنية وسرية، وسلوك مسيء جسدياً ولفظياً وتحديات مختلفة ذات صلة بالإقصاء في المجتمع الفنلندي. تُواجه تحديات في مجالات الحياة المختلفة من التوظيف والتعليم إلى نظام الخدمات والحياة الشخصية.

تتضمن توصيات هذا التقرير تعزيز مهارات ومعارف مختلف المهنيين، بدءاً من الرعاية الصحية إلى الشرطة، حول التوجه الجنسي والتنوع بين الجنسين والتعبير والتنوع الثقافي. علاوة على ذلك، وكما يشير التقرير، ينبغي تثقيف الفاعلين الدينيين وتشجيعهم على إدانة التمييز على أساس التوجه الجنسي والتنوع بين الجنسين. هناك حاجة إلى وصول أفضل للمعلومات بلغات متعددة وبلغة فنلندية مُبسّطة (selkokieli). يوصى باستخدام مترجمين شفويين محترفين، وينبغي إيلاء اهتمام خاص للتحديات الأخلاقية في مجتمعات الشتات الصغيرة. ولتحسين حقوق المتحولين جنسياً، هناك حاجة إلى تغييرات تشريعية والاهتمام بالرعاية الصحية الخاصة بالمتحولين جنسياً. يجب تبسيط دعم طالبي اللجوء من الأقليات الجنسية والجنسانية، ويجب أن تُتاح مراكز استقبال اللاجئيين المناسبة والحساسة لاحتياجات طالبي اللجوء من الأقليات الجنسية والجنسانية بشكل كافٍ.

تم إجراء هذا البحث كجزء من مشروع تنوّع أُكثُر في المؤسسة الفنلندية للصحة والرفاهية. يشارك في المشروع المعهد الفنلندي للصحة المهنية وبتمويل من الصندوق الاجتماعي الأوروبي (ESF). طور مشروع تنوّع أكثر نموذجاً لإنتاج المعرفة التشاركية والممارسات المدركة للغة في المنظمات المتخصصة. تم تطبيق الوعي اللغوي في تصميم جمع البيانات وإعداد التقارير الخاصة بهذا البحث. كُتِبَ هذا التقرير في البداية باللغة الإنجليزية وتُرجم إلى اللغة الفنلندية. هذا مثال على الحلول الإبداعية والبسيطة لإنتاج معرفي أكثر شمولاً. ولأجل فهم أكبر للتجارب المعاشة للأشخاص الذين يُعرّفون أنفسهم كأقليات جنسية و / أو جنسانية وكأفراد من أصل أجنبي، يجب أن تستمر الأبحاث المستقبلية في التعاون مع خبراء القاعدة الشعبية ومجتمعات الأقليات والناشطين.

Avainsanat/keywords:

keywords الكلمات الدالة

sexual and gender minorities الأقليات الجنسية والجنسانية

intersectionality تقاطع

participatory research البحث التشاركي

queer migration هجرة الكوير

French

Résumé

Les études démontrent que les personnes appartenant à une minorité multiple sont discriminées et traitées de manière inégalitaire de multiples façons. Cette étude se concentre sur les expériences des minorités sexuelles et de genre d'origine étrangère habitant en Finlande.

Ce rapport se base sur des données qualitatives recueillies des entretiens faits dans des groupes de discussion (n= 8) et des entretiens individuels semi-structurés (n=40). La collecte des données a été réalisée en utilisant une approche participative. Le système de référence de l'intersectionnalité a été respecté dans la collecte des données et lors du processus d'analyse. Dans la première phase de l'étude, les entretiens des groupes de discussion ont été organisés aux représentants des organisations et des projets travaillant avec les minorités sexuelles et de genre dans la société finlandaise. À ces représentants appartiennent notamment les groupes d'intérêt travaillant avec les minorités sexuelles et de genre, mais aussi plus extensivement par exemple les milieux promouvant l'antiracisme et l'égalité. Dans la deuxième phase, les entretiens semi-structurés qualitatifs ont été organisés aux adultes d'origine étrangère s'identifiant aux minorités sexuelles et de genre.

Le contenu des entretiens individuels a été divisé en quatre domaines qui ont été la migration forcée, la santé et le bien-être, la discrimination et la religion. Ces domaines ont été analysés selon le système de référence thématique réflexif de Braun et Clark. Des recommandations ont été préparées en se basant sur les entretiens faits dans les groupes de discussion pour améliorer la situation des minorités sexuelles et de genre de manière générale ainsi que du point de vue des minorités multiples. Ces recommandations couvrent huit thèmes qui sont l'emploi, les services de santé et sociaux, les droits des personnes transgenres, les services d'immigration, la police, la religion, la langue et la recherche.

Les entretiens démontrent que les personnes s'identifiant aux minorités sexuelles et/ou de genre et à la population étrangère rencontrent des difficultés dans la société finlandaise à cause de leur statut de migrant et de leur identité homosexuelle. Ces expériences ont été accentuées surtout quand la classe sociale et dans une certaine mesure l'ethnicité et la race y ont été associées. Les personnes qui s'identifient à plusieurs identités marginalisées (comme les demandeurs d'asile et les réfugiés homosexuels et les personnes racisées) sont dans une position très vulnérable dans la société finlandaise. Elles rencontrent souvent à la fois des formes de discrimination évidentes et latentes, de comportement abusif physiquement et verbalement et des problèmes liés à l'exclusion dans la société finlandaise. Les défis qu'elles rencontrent dans les différents domaines de la vie vont de l'emploi et de l'éducation jusqu'au système de services et à la vie privée.

Les recommandations de ce rapport concernent entre autres l'amélioration du savoir des divers professionnels, comme des employés des services de santé et de la police, associé à l'orientation sexuelle et à la diversité des genres et à leur expression et à la diversité culturelle. En outre, il faudrait éduquer et encourager les acteurs religieux à condamner la discrimination qui se base sur l'orientation sexuelle et la diversité des genres. Il faudrait faire attention à l'accessibilité de l'information à plusieurs langues, aussi en langage simplifié. Il est recommandé d'utiliser des interprètes professionnels et il faut spécialement prêter attention aux défis éthiques associés à l'usage d'un interprète dans les petites communautés des migrants. Pour améliorer les droits des personnes transgenres, il faut des changements législatifs et développer des services de santé qui prennent en compte le transgenre. Le soutien donné aux demandeurs d'asile appartenant aux minorités sexuelles et de genre devrait être rendu plus facile et il faudrait assez de centres d'accueil convenables qui sauraient prendre en compte les besoins des minorités sexuelles et de genre.

Cette étude fait partie du projet « Moninaisesti parempi » de l'Institut finlandais pour la Santé et le Bien-être (THL). Ce projet est réalisé en coopération avec l'Institut de la Médecine du travail et il est financé par le Fonds social européen (FSE). Dans le projet « Moninaisesti parempi », le modèle de la production de l'information participative et des pratiques linguistiques conscientes a été développé pour les organisations d'experts. Le principe de la conscience linguistique a été appliqué dans la planification, dans la collecte des données et dans la documentation de l'étude. Le rapport a été écrit en anglais et il a été traduit en finnois. Ceci est un exemple d'une solution créative, mais simple, vers une production d'information plus participative. Pour mieux comprendre les expériences des personnes s'identifiant aux minorités sexuelles et/ou de genres et à la population étrangère, il faudrait faire de la recherche aussi dans l'avenir en coopération avec des différents groupes d'intérêts, comme les experts, les communautés minoritaires et les activistes.

Mots-clés: migration queer, minorités sexuelle et genre, intersectionnalité, approche participative

Russian

Аннотация

Исследование показывает, что лица, которые относятся сразу к нескольким меньшинствам, могут многократно сталкиваться с дискриминацией и неравным обращением. Предметом настоящего исследования является жизненный опыт сексуальных и гендерных меньшинств среди населения иностранного происхождения в Финляндии.

Данный отчет основывается на количественных данных, собранных в рамках групповых фокусированных интервью (n=8) и индивидуальных полуструктурированных интервью (n=40). Сбор данных для исследования осуществлялся с помощью подхода, предполагающего активное участие. Концепция интерсекциональности применялась как при сборе данных, так и в аналитическом процессе. На первом этапе были проведены групповые фокусированные интервью с представителями организаций и проектов, работающих с сексуальными и гендерными меньшинствами (СГМ) в финском обществе. Сюда относятся ключевые представители, которые работают непосредственно с СГМ, но также те, кто занимается более широкой работой с меньшинствами, например в вопросах противодействия расизму. На втором этапе были проведены полуструктурированные качественные интервью со взрослыми людьми, которые относили себя к сексуальным и/или гендерным меньшинствам и являлись представителями иностранного населения.

Содержание индивидуальных интервью было разделено на четыре основные сферы: вынужденная миграция, здоровье и благополучие, дискриминация и религия. Эти сферы были последовательно проанализированы с помощью метода рефлексивного тематического анализа Браун и Кларк. На основе групповых фокусированных интервью были определены рекомендации о том, как улучшить положение сексуальных и гендерных меньшинств в Финляндии как в целом, так и в отношении нескольких конкретных меньшинств. Рекомендации касаются восьми тем: трудоустройство, здравоохранение и социальное обеспечение, права трансгендеров, иммиграционные услуги, полиция, религия, язык и исследования.

Интервью показали, что лица, которые относят себя к сексуальным и/или гендерными меньшинствам и являются представителями иностранного населения, сталкиваются с проблемами в финском обществе по причине своего миграционного статуса и квинности. Этот опыт зачастую усиливается за счет пересечения нескольких категорий и может также затрагивать их этническую или расовую принадлежность. Люди, которые самоидентифицируются на пересечении нескольких маргинализированных категорий (например, квин-просители убежища или беженцы, или принадлежащие к расовым меньшинствам) находятся в особенно уязвимом положении в финском

обществе. Они часто сталкиваются как с открытой, так и со скрытой дискриминацией, физическим насилием, словесным оскорблением и различными проблемами, связанными с отчуждением в финском обществе. Проблемы относятся к различным сферам жизни — от трудоустройства и получения образования, до системы обслуживания и личной жизни.

Рекомендации, собранные в этом отчете, включают укрепление навыков и знаний специалистов разных отраслей — от здравоохранения до полиции — по вопросам сексуальной ориентации, гендерного разнообразия, гендерного самовыражения и культурного разнообразия. Кроме того, отчет подчеркивает, что необходимо информировать религиозные институты и поощрять их осуждать дискриминацию по признаку сексуальной ориентации и гендерного разнообразия. Необходимо обеспечить лучшую доступность информации на разных языках и на упрощенном финском языке (фин. *selkokieli*). Рекомендуется привлекать к работе профессиональных переводчиков, и особое внимание необходимо уделять этическим проблемам в небольших диаспорах. Для лучшего обеспечения прав трансгендеров необходимы законодательные изменения и внимание к здравоохранению для транс-персон. Получение поддержки для просителей убежища из числа СГМ должно быть упрощено, и подходящие приемные центры, которые учитывают потребности просителей убежища, относящихся к сексуальным и гендерным меньшинствам, должны быть доступны в необходимом объеме.

Это исследование проводилось в рамках проекта «*Moninaisesti parempi*» Национального института здравоохранения и социального благосостояния Финляндии. Проект реализуется в партнерстве с Финским институтом охраны труда и при финансовой поддержке Европейского социального фонда (ЕСФ). Проект «*Moninaisesti parempi*» разработал модель для совместного сбора знания и практики, ориентированные на языковое восприятие, для использования в экспертных организациях. Языковое восприятие учитывалось при разработке, сборе данных и составлении отчета по итогам исследования. Этот отчет изначально был составлен на английском языке, и затем переведен на финский. Он является примером творческого, но простого решения для более инклюзивного сбора знания. Чтобы лучше понять жизненный опыт людей, которые относят себя к сексуальным и/или гендерным меньшинствам и являются представителями иностранного населения, дальнейшее исследование необходимо проводить в сотрудничестве с рядовыми специалистами, представителями меньшинств и активистами.

ключевые слова: миграция (*queer migration*), сексуальные и гендерные меньшинства, интерсекциональность, совместное участие

Attachment 2. Focus group interview outline

Approximately 1,5-2 hrs long discussion, 5-8 participants

Welcome and intro of participants

- Introduction of the moderator
- Introduction of the participants by themselves

Ground rules and practical information

- Safe space, respectful communication
- Notes on recording, privacy, and confidentiality

Discussion

- The discussion will be guided and moderated through the discussion prompts (below)
- Closure
- Thanking for participation

Discussion prompts

- How does your organization/project work with sexual and gender minorities in Finland?
- Who are your primary clients/who are the people who turn to your organization regularly?
- What are the main challenges these people face, and what are the main reasons they seek your help/advice?
- What are the main institutions, or other organizations that you collaborate and/or work together with? What is your opinion on these collaborations?
- What are the main challenges you and your organization face when working with individuals who identify as sexual and gender minorities?
- What could be done to help the work of your organization, and thus the individuals you are working with?
- Is there anything else that we did not mention, but you would like to address?

Attachment 3. Individual interview outline

Approximately 1,5-2 hrs long discussion with one participant

1. Welcome and introduction
information on the research and its scope, privacy issues, data storage, ensuring the participant of their anonymity, no right or wrong answers
2. Semi-structured interview
3. Closure

Sample Questions

1. Background
Please tell me a little bit about yourself, your background, when and where were you born, etc.
2. Migration to Finland
When did you (or your family) immigrate to Finland?
What were the primary reasons for the migration or what contributed to your (or your family's) decision of leaving your country of origin?
3. Questions related to self-perception and identity
How would you typically describe yourself?
How do other people identify you?
Has your self-perception changed throughout your life? If yes, how so?
Do you remember any specific times or events that you can connect to these changes?
4. Challenges, inclusion and exclusion
What are the day-to-day challenges you experience as a [insertion based on self-definition] in Finland?
Could you please elaborate on these challenges?
Have you experienced any prejudice or discrimination in Finland?
If yes, what do you think, what was the basis of the prejudice of the discrimination?
5. Other
What kind of effects have your experiences had on your life?
What do you think, which parts of your life had been affected the most?
Why did you want to participate in the study?
How was the interview experience for you?