

# Mental health challenges of LGBT forced migrants

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**Many LGBT forced migrants have significant and sometimes incapacitating psychological scars. Mental health providers can assist in documenting the psychological impact of anti-LGBT persecution and its impact on the ability to secure refugee status.**

Lesbian, gay, bisexual and transgender (LGBT) forced migrants around the world report a history of multiple traumatic events across their lifespan. The range of events includes verbal, emotional, physical and sexual abuse and assault, harassment, shunning, spitting, discrimination in housing and employment, destruction of property, blackmail, forced prostitution, forced heterosexual marriage, 'corrective rape'<sup>1</sup> and coerced sexual orientation conversion interventions. Those who from a young age are perceived by others as behaving in gender non-conforming ways are targeted starting in childhood.<sup>2</sup>

LGBT persons who are victims of sexual orientation and gender identity (SOGI)-based violence seldom find comfort in their families, either because they are not 'out' to their families or because their families join in their persecution. LGBT forced migrants are distinct from other persecuted groups in that their families of origin often contribute to the abuse. Many LGBT forced migrants report emotional, verbal, physical and sexual violence at the hands of their family. A Peruvian woman who was non-gender conforming was, from an early age, emotionally and physically abused by her family; she was not allowed to eat with the rest of the family and, unlike her siblings, was not given a bed to sleep in. A Colombian woman reported feeling sad, angry and isolated when, after an anti-LGBT assault by the police, she could not go to her family for help and emotional support as that would have necessitated coming out to her family.

## Psychological consequences

Many suffer from significant mental health consequences as a result of a lifetime of cumulative trauma. Common diagnoses are recurrent depression, dissociative disorders, panic disorder, generalised anxiety disorder,

social anxiety, traumatic brain injury and substance abuse. LGBT forced migrants may also suffer from two types of Post-Traumatic Stress Disorder: PTSD and complex PTSD. PTSD includes the symptom triad of re-experiencing traumatic events, numbing and avoidance of thinking about these events, and hyper-arousal. Those who have a history of cumulative trauma may suffer from the symptoms not only of PTSD but also of complex PTSD which include self-destructive behaviour, amnesia, intense shame, difficulties with intimacy, experiencing bodily pains in response to psychological distress, and despair about finding loving relationships.

Adjudicators expect coherent, consistent and sequential accounts of persecution. But a person's survival of persecution sometimes necessitates amnesia and denial of the impact and severity of traumatic events. Memories of trauma may be stored as fragments – images, sounds, smells and physical sensations – rather than as a verbal narrative, and this poses challenges to recounting a history of persecution. Furthermore, repeated retelling of a history of persecution can be re-traumatising for the forced migrant and cause secondary trauma to advocates and adjudicators. When a mental health provider is available they can utilise techniques that may minimise the level of re-traumatisation.<sup>3</sup>

## Assessing SOGI

In the absence of a safe environment, many LGBT individuals are not able to work through the internal processes necessary to allow them to integrate the multiple aspects of their sexuality. Instead, these processes may slow down or become 'frozen' until they reach the relative safety of a new host country. Because the coming-out process may only begin to unfreeze many years after arrival in the host country, some individuals may have difficulty

convincing adjudicators that they are LGBT. To document the developmental changes that LGBT forced migrants may experience in their sexual orientation and gender identity before and after migration, it is helpful to shift expert testimony away from a focus on any one aspect of SOGI to documenting shifts over time in a broad range of SOGI features: sexual feelings; sexual fantasy; crushes and falling in love; romantic relationships; self-labelling; disclosure of self-labelling to LGBT persons; disclosure of self-labelling to heterosexual persons; forming relationships with other LGBT persons; and sexual behaviour.<sup>4</sup>

It is also helpful to document the fear, shame and attempts to hide their sexual orientation and gender identity experienced by many LGBT persons who are persecuted. For example, a LGBT forced migrant may have never had sex or a romantic relationship with a same-sex partner, may have been in a heterosexual marriage or relationship, may have had children in a heterosexual marriage, and may have limited relationships with LGBT persons in their host country. Nonetheless, they may identify as LGBT and recount a history of having same-sex crushes, of feelings of fear in response to noticing features of their sexual orientation and gender identity, of attempts to hide their sexuality, of being targeted because of non-conforming gender behaviour, and of fears of disappointing their family of origin. Adjudicators need to be educated that these characteristics alone are valid indicators in an asylum claim based on SOGI-related persecution, and that claimants do not need to produce evidence such as sexual behaviour or involvement in the host country's LGBT community to be credible.

Slowing down of the coming-out process may lead to two types of difficulties: firstly, delays in seeking protection from persecution or, secondly, seeking protection from persecution but not disclosing SOGI as the basis for the claim until later in the claim process. The cumulative effect of social and family anti-LGBT abuse creates potent psychological obstacles to seeking help on a SOGI basis. LGBT forced migrants experience considerable shame and fear when disclosing their sexual orientation

and gender identity, especially in recounting the instances of traumatic violence directed at their sexuality. For many LGBT forced migrants, the notion that they would receive help from governmental authorities on the grounds that they have suffered persecution based on SOGI is difficult to grasp until they have been outside their country of origin for an extended period. Complex PTSD makes it difficult for forced migrants to recount a history of traumatic events and it may take many years for the shame and fear to diminish sufficiently to allow a forced migrant to be able to seek help.

### Post migration

Documenting developmental events in SOGI that occur after arrival in the host country may be critical data in asylum applications in countries, such as the US, that require 'exceptional changes in personal circumstances' when the application is filed after the allowed period.<sup>5</sup> Some transgender forced migrants may experience shifts in gender identity that occur after they have reached the relative safety of the host country. Some may start an asylum application while self-identifying as lesbian or gay but later on in the application process they may adopt a transgender identity. Adjudicators need to be educated that these are normative developmental events for transgender forced migrants.

Unlike other forced migrant groups, once LGBT persons are in a host country they do not usually have the natural support of their ethnic community. Their compatriots remind them of the very people that they have fled from and are fearful of. In their contact with members of their ethnic community they will often not disclose their sexual orientation and/or gender identity. Furthermore, when connecting with the local LGBT community, they may experience considerable self-blame and embarrassment about their history of persecution and hide it from their new LGBT social network. In this way they often miss out on two potential sources of social support and sometimes experience great isolation.

Forced migrants experience tremendous changes during their first years in their new country. Their perceptions of themselves as LGBT

persons may be in flux as they test out how people respond. They are often incredulous to discover that there are people who want to help them even though they are LGBT; but they can also be hyper-vigilant and fearful when they meet new people or those who remind them of their tormentors. In our clinical work, we have observed that it is common for new social situations to reactivate traumatic memories. One client from Moldova worked in a supermarket that caters to people from Moldova and Russia. Hearing co-workers and customers speak in Russian triggered memories of being harassed and physically assaulted, and being a social outcast. “When people at work give me looks, it automatically reminds me of people in my country. I start shaking, and I go in the bathroom and cry. I’m not in control of my feelings; my body responds to my emotions.”

### Conclusion

Mental health providers can help document and explain the psychological impact of anti-LGBT persecution and the developmental changes that can be expected in sexual orientation and gender identity characteristics. Adjudicators need to be able to draw on this expertise in order both to be accurate in their judgments of claims for asylum based on SOGI-based persecution and also to help minimise the re-

traumatisation that may occur when forced migrants are asked to retell their history as part of a SOGI-based asylum claim.

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Article based on research drawn from interviews with persons from 26 countries. Email authors for more information.

1. Rape of a person because of their perceived sexual or gender orientation; the intended consequence of the rape, as seen by the perpetrator, is to ‘correct’ their orientation – to turn them heterosexual or to make them act more in conformity with gender stereotypes.
2. Anti-LGBT traumatic events can be assessed using Ariel Shidlo’s SOGI Traumatic Events Questionnaire (SOGI-TEQ), unpublished measure, 2010. Contact author for details.
3. See Ariel Shidlo, Joanne Ahola, Michael Corradini, & M. Carl Budd, ‘Mental health challenges of LGBT refugees and asylum seekers’, presented at Double Jeopardy 2012 conference at Greenwich University, London, July 2012.
4. Ahola and Shidlo, ‘SOGI Assessment in Forced Migrants (SOGI-AFM)’, unpublished measure, 2011.
5. US Citizenship and Immigration Services ‘Guidelines for Adjudicating Lesbian, Gay, Bisexual, Transgender, and Intersex (LGBTI) Refugee and Asylum Claims’. 2011. pp 48 and 64 <http://tinyurl.com/USCIS-march2011>