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# Pre-migration trauma and post-migration health burdens among sexuality and gender minority forced migrants: an exploratory qualitative study

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## ABSTRACT

Worldwide, too many sexuality and gender minority individuals face significant danger due to their identity(ies), compelling them to seek refuge in another country. This qualitative study explored the pre-migration trauma and post-migration health burdens of sexuality and gender minority forced migrants in Sweden. Between April and June 2023, 34 participants were recruited using convenience, purposive, and snowball sampling and interviewed individually using semi-structured interviews. Inductive qualitative content analysis was conducted collaboratively by two researchers and two sexuality and gender minority forced migrants. The findings reveal the deep impact of societal oppression and violence in participants' home countries, where they endured physical violence, torture, conversion attempts, and death threats, often from both community members and family. Escaping these dangers was filled with further risks. During resettlement, participants continued to face significant challenges, experiencing both mental and physical health issues, as well as profound loneliness.

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Migrants; mental health; violence; sexuality and gender minorities; trauma

## Introduction

The number of forcibly displaced persons is increasing and has surpassed 120 million individuals worldwide (UNHCR 2024). Forced migration is a significant concern severely impacting the health and wellbeing of the global population (Lebano et al. 2020). Interpersonal and structural violence are recognised reasons for being granted asylum in another country. Oftentimes, forced migrants have experienced traumatic events before and during their migration, carrying with them an elevated risk of adverse

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effects on mental health (Steel et al. 2009). Studies report a high prevalence of a range of torture experiences among refugees and asylum seekers (Sigvardsdotter et al. 2016).

Throughout the world, a significant proportion of sexuality and gender minority (SGM) individuals are exposed to physical, psychological, and sexual violence (Blondeel et al. 2018). These individuals are negatively affected by structural stigma, defined as the 'societal-level conditions, cultural norms, and institutional policies that constrain the opportunities, resources, and wellbeing of the stigmatised' (Hatzenbuehler and Link 2014). While structural stigma and oppression against SGM individuals can occur anywhere internationally, countries differ significantly in their approaches to legal protection, criminalisation, and the extent to which SGM individuals are persecuted (Ciocca et al. 2020). In many countries, SGM individuals face severe consequences and dangers because of their identity, including the death penalty for consensual same-sex sexual acts (Mendos et al. 2020; Ciocca et al. 2020). In addition to a higher risk of violence enacted by the general population in the community, SGM individuals are likely to experience domestic violence enacted by family members (VAHI (Victorian Agency for Health Information) 2020). Many countries have strengthened the legal protection for SGM individuals and now recognise persecution based on SGM status as a valid reason to be granted asylum (Piwowarczyk, Fernandez, and Sharma 2017; Alessi et al. 2021).

Pre-migration traumatic events can haunt forced migrants resettling in the host country, resulting in persisting health-related burdens (Steel et al. 2009; Lebano et al. 2020). Development of post-traumatic stress, anxiety and mood disorders are acknowledged as significant risks associated with great impact on forced migrants as well as the society (Henkelmann et al. 2020). The populations of forced migrants and SGM are both heterogeneous, as research suggest disproportional prevalence and severity of health burdens between subgroups (Mohwinkel et al. 2018; Blackmore et al. 2020; Plöderl and Tremblay 2015). Having an identity associated with several layers of disadvantages can result in intersectional marginalisation and exclusion (Hill, Collins, and Bilge 2016; Lee and Brotman 2011) as well as further exposure to violence and health burdens (Meyer 2010; Rivas-Koehl, Rivas-Koehl, and McNeil Smith 2023).

Amongst other prior traumas, SGM forced migrants may carry experiences of pre-migration sexual violence, childhood persecution, abuse enacted by family members, and suicidal ideation (Hopkinson et al. 2017). Prolonged exposure to structural oppression in the country of origin is associated with psychological distress among sexuality minority forced migrants (van der Star, Bränström, and Pachankis 2021). In addition, studies focusing on psychological impact of pre-migration violence and abuse among SGM migrants show a high prevalence of post-traumatic stress (Alessi et al. 2018; Hopkinson et al. 2017).

Little of the existing research focusing on trauma and mental health among SGM forced migrants has been conducted in European countries, particularly in the Nordic region (Gottvall et al. 2023). Additionally, existing research among SGM migrant populations has often focused on cisgender gay men, while other sexual orientations and gender identities are less well represented (Gottvall et al. 2023; Alessi et al. 2021). Therefore, we see a need for comprehensive qualitative studies encompassing the life trajectory inclusive of the diversity of SGM and migration statuses in a Nordic

country. Against this background, the aim of this study was to explore pre-migration trauma and post-migration health burdens among SGM forced migrants in Sweden. Herein, the term SGM is used to refer to people whose sexual orientation and gender identity is not self-identified as exclusively heterosexual and/or cisgender. Sexual orientation is broadly defined as an enduring physical, romantic, emotional, and/or spiritual attraction to another person, whereas gender identity is defined as an individual's personal sense of having a gender which may or may not fully align with the sex assigned at birth.

## Methods

### *Study design*

In this exploratory qualitative study, an inductive approach was utilised. Public contribution in research was conducted through close collaboration between two researchers (TC and MG) and two SGM forced migrants with lived experience (Salsberg et al. 2015). All participants provided written informed consent and received a gift card worth approximately USD 50 (SEK 500) after completing the interview. The study was approved by the Swedish Ethics Review Authority (Approval number: 2022-01483-01).

### *Sample*

Participants were recruited between April and June 2023 in Sweden by a combination of convenience sampling through online advertisements, purposive sampling through the networks of the research team, and snowball sampling by asking participants to inform others about the study. Participants expressing an interest to participate were contacted to schedule a time and place for the interview. The final sample consisted of thirty-four participants (Table 1). A range of migration statuses were represented among participants, including undocumented migrants, asylum seekers, and refugees. The most common country of origin was Uganda ( $n=16$  participants).

### *Data collection*

The first and last authors (researchers and nurse-midwives) conducted semi-structured individual interviews. In line with participants' wishes, thirty-one interviews were conducted in English without an interpreter present, one was conducted in Swedish, and two were conducted in Luganda with the aid of a bi-lingual research assistant as the interpreter. Questions in the interview guide relating to the aim of the study included 'please tell me a little about your life before you came to Sweden', 'How has your situation been since you came to Sweden', 'How has your psychological/physical health been', and 'What has been difficult for you/what challenges have you encountered since you arrived'. Follow-up questions were asked as needed and when appropriate. The interviewers were cautious not to cause distress during interviews and all participants were informed that they could dismiss questions without having to state a reason why. In total, thirteen interviews were carried out on a university campus,

**Table 1.** Characteristics of participants ( $n = 34$ ).

Characteristic		n (%)
Age	20–29	14 (41)
	30–39	14 (41)
	40–49	6 (18)
Highest educational level	Elementary school	2 (6)
	High school	7 (20)
	College/university	25 (74)
Region of origin	Africa	21 (61)
	Asia	5 (15)
	America	4 (12)
	Europe	3 (9)
	Not disclosed	1 (3)
Years in Sweden	<0	15 (44)
	1	4 (12)
	2	6 (18)
	3	2 (6)
	4	3 (9)
	>5	4 (12)
Sexual orientation	Gay/homosexual	16 (47)
	Lesbian	10 (29)
	Bisexual	8 (24)
Gender identity	Cisgender man	15 (44)
	Cisgender woman	9 (26)
	Transgender man	5 (15)
	Transgender woman	1 (3)
	Non-binary	1 (3)
	Not disclosed/unsure/undefined	3 (9)

twelve at a hotel, and nine *via* a digital video conference tool. The interviews lasted between 22 and 127 (median: 61) minutes. They were audio-recorded and transcribed verbatim.

### **Data analysis**

Interview transcripts were analysed using inductive qualitative content analysis (Graneheim and Lundman 2004), in a collaborative step-wise process involving two researchers and two forced migrants with lived experience. First, the analysts read the transcripts repeatedly to gain an overall understanding of the content and identify meaning units. Second, meaning units were condensed and provided with a code as a label to the most significant content. Third, codes were collated into descriptive subthemes and themes illustrating the common threads found in the data. Fourth, analysts produced summaries of each subtheme and identified illustrative quotes derived from the transcripts. The analysis was an iterative process in which analysts moved back and forth between the transcripts and the analytic steps.

The two researchers responsible for the study are both White Swedish-born nurse-midwife researchers. The first author identifies as a genderqueer person and the last author identifies as a cisgender woman. Throughout the study, they strived to maintain awareness of their own positionality as privileged non-migrants by challenging their preconceptions and exploring diverse perspectives. Thus, they engaged in a longitudinal close collaboration with two persons with lived experience as SGM forced migrants. The collaboration continued throughout the study design, data

collection, and all steps of the analysis. Together with the researchers, migrants were directly involved in the identification of meaning units, coding, and themes. Co-analysis conducted in collaboration with target populations has the potential to democratise research, enrich research findings, and lead to more nuanced understandings (Flicker and Nixon 2015).

## Findings

### *Experiences of pre-migration trauma*

#### *Living in a society with structural oppression against sexuality and gender minorities*

Prior to their arrival in Sweden, participants faced dangers, a lack of freedom, and exposure to discrimination based on a widespread societal oppression against sexuality and gender minorities. This oppression manifested at all levels of society and had followed them throughout their lives, as sexuality and gender minorities were considered a disgrace in their country of origin. Participants feared potential repercussions and how community and family members would react if they would find out about their sexuality and gender identity. This meant they constantly needed to stay alert and conceal their identity and their relationships, which had been mentally strenuous and burdensome. Because of the societal oppression, conversations about diverse sexual orientations and gender identities had been taboo and not allowed.

People in my country, they think that [people of sexuality and gender minorities] have a devil or something, they don't treat you well. (gay cisgender man 1)

According to participants, societal oppression and victimisation of sexuality and gender minorities was seen as linked to certain religious beliefs and ideologies. People in their country of origin had expressed the view that sexuality and gender minorities were an abomination and some religious leaders had expressed that SGM individuals should be killed. Stemming from societal oppression and conservative norms in their society, some participants had been forced into marriage with persons of the opposite sex. Some responded to this societal pressure by attempting to change their sexuality through prayer and meditation.

The problem in our country is when you enter church... they start talking 'Sodom and Gomorrah, this one was die like this, the gays we condemn them, we condemn the lesbians'. So the whole mass is about that. (lesbian cisgender woman 1)

#### *Facing immediate danger and needing to escape after being caught*

Hiding their relationships had been challenging while residing in their country of origin, and eventually, many participants had been caught while engaging in romantic and sexual acts. When caught, the moment quickly turned dangerous and violent, as participants found themselves in a sudden life-or-death situation. Because of the immediate danger, they needed to run away and leave their partner behind in an even more dangerous situation. When information about their sexuality and/or gender identity became known to others, participants and their family members were likely

to be harassed by members of the general population. People blackmailed them to leave their homes and communities, threatening to kill them if they would stay.

People do mob justice if someone knows that this one is a lesbian, this one is a gay, before police get you and take you to jail, the people can organise themselves and do something. So, my life was in danger and my friends were also scared. (lesbian cisgender woman 1)

After information about them became known, participants were able to temporarily hide through the support of friends who sheltered them. However, they feared for their lives and for the lives of their friends while in hiding. To save themselves and their loved ones, participants had to find a way to escape their country of origin. Finding a way out of the country proved difficult because of practical and financial barriers. Some received financial support from family members to escape and several needed to pay smugglers. Their migration trajectories continued through various countries in which they were faced with further dangers and oppression.

I needed money and that time my mom had a little bit of land, she sold it and gave me the money. And she said 'you can go anywhere and save your life [...] you can go to a good place and [save] your life, because, I pray for you, because you are my child'. (gay cisgender man 2)

### ***Severe violence and abuse as punishment for sexual orientation and gender identity***

Participants had faced significant physical and mental violence and abuse by a range of perpetrators, including family members, mobs, and government officials such as police officers. While some had been able to run away from the immediate danger when caught, others were physically and verbally assaulted by groups of people chasing them. When police arrived at the scene, participants were arrested and verbally abused by police officers. Participants were also exposed to the trauma of witnessing severe acts of violence against their partners.

[Husband of partner] kicked the door in because it was not closed. [...] As he was still beating [partner], I also got the gap to run. He kept running after me, making noise along the way, telling people not to leave that woman to run, so people kept on chasing [...] people were beating me up. I saw police around. When the police came, they arrested me and took me to the cell, I never heard from [partner] again. I was in the cell for two days, I slept down on the cement, there was nothing to eat or drink. The policemen would come and laugh at me. (lesbian cisgender woman 2)

Participants were exposed to considerable physical violence, including violent and repeated beatings in their country of origin. Several had been abused by family members, leaving them with scars and disabling injuries. Some had been beaten so badly that they blacked out and woke up later at the hospital, having suffered significant haemorrhages. Torture as punishment and conversion attempts were enacted against participants, who had been drenched in cold water and were locked up for several days. Family members had beaten them while praying that their sexuality would change, referring to their sexual orientation as a devil and a demon.

My father locked one room, he took me and locked one room. For maybe ten days, he didn't give me any food, not water also, but my sisters and my mum sometimes gave me water and food [...] That time, a lot of people were coming [...] everyone was telling 'we should kill him' and said 'he can go another country'. (gay cisgender man 2)

## ***Experiences of post-migration health burdens***

### ***Post-traumatic stress and anxiety***

Participants described symptoms of post-traumatic stress and anxiety, as they carried the burden of previous hardships encountered before and during their migration. Panic attacks, hypervigilance, and easily getting anxious were experienced. Participants were startled and felt like they could not breathe when they heard police sirens and felt anxious in crowded places. Interacting with people from their country of origin was stressful. A major contributor to anxiety was waiting in uncertainty for the asylum decision.

I was waiting for the results from Migration Agency. It was very stressful. (gay gender-nonconforming participant 1)

Going through asylum interviews meant needing to relive difficult memories in a stressful setting. Participants were asked detailed questions about the traumatic events, that took them back to a place they did not want to think about. They expressed how the traumatic memories stayed within them, and some said they had thought about killing themselves to escape the memories.

I just don't like speaking out everything. Because its... Some of us don't feel good about just speaking it out. Because it takes you back to a place you don't want to be. (gay cis-gender man 3)

Several experienced sleeping difficulties and nightmares, which was referred to as 'torture', illustrating the significant impact that prior traumatic experiences had on their health and wellbeing. Participants experienced vicious nightmares, including nightmares of being attacked. Some experienced sleeping difficulties despite taking sleeping medication and believed that the sleeping difficulties would continue.

I have a problem because I used to get, you know, nightmares like you are being attacked by your own family. So, I was not sleeping, actually. (gay cisgender man 4)

### ***Fears and worries***

Following their arrival in the host country, participants worried about how they would be welcomed and how they would go about in their daily lives. They were concerned about their own safety and feared that police and health professionals would report them. Considerable worries about the outcome of their asylum claim were expressed, as participants feared being denied asylum and having to return to their country of origin. Relatedly, participants worried that the political climate in the host country would change and result in stricter asylum regulations impacting their future possibility of staying in Sweden.

Asylum seekers [...] ask myself how we are going to handle this. That was the only challenge and questions that I had in my mind in case we are kicked out, how are we going to survive. (gay cisgender man 5)

Significant worries about the situation of people left in their country of origin, including partners and other family members, were also expressed. Some participants did not know the whereabouts of their partners who had been arrested when caught together with the participant. Furthermore, participants who were unable to



communicate with their children worried about their situation. Worries and fears further contributed to sleep difficulties.

My partner yes and I left her there and I'm feeling so... you know. I miss her. I wish she should be here with me. [...] [Interviewer: Do you worry about that a lot?] Yes, sometimes. It comes through my head. And I really get worried when I miss her. (lesbian cisgender woman 4)

### *Mood disturbances*

Participants experienced disturbances in their mood, with several stating that they have or previously had depression. Some said that they felt as if they were at their lowest mentally, slipping into depression while undergoing the asylum process. Being an asylum seeker with little to do in their daily lives and still experiencing a need to conceal their sexual orientation and gender identity from other migrants and the wider society contributed to mood disturbances. It had been challenging for some to think positively, and instead, participants were consumed by negative thoughts impacting their mood. They asked themselves why they were still alive and did not expect good things to happen in their future.

I think my mental health is not like... If you measure it by something, I mean a negative thing. Everything is bad for me. [...] I don't see future nowadays, because of my paperwork, my journeys, this thing, my financial thing maybe. I don't expect good things in the future. (gay cisgender man 1)

Participants also described feeling sad in the host country. Needing to flee, and leaving loved ones and their life behind, was associated with sad feelings. Participants missed people still in their country of origin and cried over their situation and the things they had lost. The challenges of finding friends in the host country made them feel lonely, further contributing to sadness. Being lonely reminded them of the loneliness they had felt in their country of origin. Participants lacked motivation to socially engage with others.

I was like absolutely more lonely... Like, I was lonely a majority of the times. And I didn't have much people to talk to. It was just depressing a majority of the times. That's the best way I can put it. It was depressing. (gay cisgender man 6)

### *Disturbances in cognitive function*

Participants also described feeling like they had too much on their mind and felt like they tended to overthink things. They felt mentally absent and drifted away in their thoughts. Difficulties focusing and easily forgetting things in daily life were also described by participants. Some talked about feeling confused while going about their life in the host country.

I go to the train. I just go thinking about something. But I didn't think, I didn't use phone or something. I forget things. I'm too stressed. (gay cisgender man 1)

### *Physical manifestations*

Participants described experiencing physical burdens and manifestations related to the violence and abuse they previously had encountered. Being in crowded places caused severe headaches. Elevated blood pressure and stomach ulcers were described. Participants had persisting injuries from the physical violence and torture they were

exposed to before arriving in Sweden. This included knee injuries because of falling while running away, broken fingers from abuse, and scars as a consequence of physical violence. Some experienced significant pain, including toothache and chest pains.

I have another problem with my knee because I have that pain, it's... I have tried to go to the hospital, but they are trying to diagnose, because I fell into a pit when I was trying to run [...], so I have a problem with my knee, you find it's swelling sometimes. Yeah, if I show you, you will find one knee is bigger. (gay cisgender man 5)

## Discussion

This qualitative study explored experiences of pre-migration trauma and post-migration health burdens among SGM forced migrants in Sweden. The findings highlighted the need for greater support in the host country, as consequences of trauma follow migrants into the resettlement phase.

Consistently, research has shown that SGM individuals have a high risk of developing mental health disorders (King et al. 2008; Plöderl and Tremblay 2015; Dhejne et al. 2016). The minority stress model presents a potential explanation by emphasising the health-related burdens experienced when exposed to societal oppression and stigma based on sexual orientation and gender identity (Pitoňák 2017; Meyer 2003; Bränström 2017). In line with findings in a previous review (Alessi et al. 2021), severe violence and abuse enacted by a range of perpetrators in the country of origin were described by participants, leaving them with both physical and mental sequelae. Refugees can experience a range of significant traumatic events (Hooberman et al. 2007), which was confirmed in our findings. In addition to societal oppression since childhood, participants in this study had to endure considerable violence once others found out about their sexual orientation and gender identity. Taken together, the findings give weight to calls for humanitarian and political efforts to end the global violence targeting SGM individuals (UN 2019). The significant oppression, dangers, and violence enacted against SGM individuals described in this study highlight the continued importance of offering asylum to those in need. Having to flee your home and seek protection in another country is a significant life event involving considerable hardship with an impact on personal growth (Hamadeh et al. 2024).

Understandably, exposure to pre-migration traumatic events, such as those described by participants in this study, is a predictor of mental health burdens among forced migrants (Steel et al. 2009). A breadth of research shows that refugees and asylum seekers experience persisting health burdens following their arrival in a host country (Henkelmann et al. 2020; Lebano et al. 2020). Similarly, participants in this study described a range of health burdens when residing in Sweden, including post-traumatic stress and anxiety, fears and worries, mood disturbances, disturbances in cognitive function, and physical manifestations. The uncertainty of being an asylum seeker involved significant fears and worries about their future, which highly impacted their health and wellbeing. Moreover, several participants described experiencing persisting sleeping difficulties and worries about people still residing in the country of origin. Very little has been reported about fears, worries, and sleeping difficulties experienced within this population, and more research is needed on these topics.

This study focused on pre-migration trauma experienced in country of origin, highlighting societal oppression and violence resulting in a need to seek refuge in another country. The findings complement prior research that highlights the continued exposure to oppression and violence related to multiple intersecting identities associated with marginalisation and oppression (Rivas-Koehl, Rivas-Koehl, and McNeil Smith 2023). During transit, SGM forced migrants are exposed to daily discrimination, harassment, and violence, indicating a significant need for further improvements in tailored services and support for displaced persons (Yarwood et al. 2022). Homophobia and transphobia are widespread global concerns, including in Western countries despite often being viewed as progressive (Ciocca et al. 2020). Importantly, SGM forced migrants continue to experience homophobic and transphobic oppression in the host country, in addition to the racism and xenophobia encountered by forced migrants in general (Gottvall et al. 2023; Held 2023). Relatedly, a range of post-migration challenges have been reported in research, as migrants venture through an uncertain and demanding emotional journey after their arrival (Gottvall et al. 2024). During resettlement in host countries, SGM migrants experience new manifestations of violence and abuse, including verbal assaults, threats, marginalisation, and stigma (Alessi et al. 2021). Poor living conditions, difficulties transitioning into the new society, and barriers to accessing health services can further compound the health burdens experienced in the post-migration period (Gottvall et al. 2023).

In line with previous studies and the minority stress model (Fox, Griffin, and Pachankis 2020; Gottvall et al. 2023; Gottvall et al. 2024), loneliness in the host country impacted the mood of participants in this study. Social support between peers is desired by SGM forced migrants (Fox, Griffin, and 2020), with the potential of providing emotional relief and affirmation in safe settings (Gottvall et al. 2023; Gottvall et al. 2024). Indeed, research suggests that social support can involve benefits for underserved populations that are challenging to reach and support through conventional routes (Gottvall et al. 2023; Sokol and Fisher 2016). Social support has been shown to have beneficial effects on health and wellbeing both in SGM populations (Dowers et al. 2020; McDonald 2018) and among forced migrants (Guruge et al. 2015; Wachter et al. 2022). However, few, if any, intervention studies have investigated the mental health effects of peer support among SGM forced migrants. Peer support interventions may promote resilience and reduce loneliness, and there is a need for more research regarding who and what these interventions should include and how they should be delivered.

### ***Methodological reflections***

The goal of this study was to generate novel findings on the trauma and health burdens experienced throughout the migration trajectory of SGM forced migrants, based on individual interviews and inductive analysis. We recruited participants *via* a combination of purposive, convenience and snowball sampling, as SGM forced migrants may be hard to reach in research through conventional routes. We argue that our recruitment strategies were successful in achieving a diverse sample regarding gender identity, sexual orientation, and region of origin. However, few participants were over the age of 40 and the majority had a college/university educational level. While we believe that whilst the approach of working collaboratively with

representatives from study population strengthened the trustworthiness of the findings, generalisation beyond the context in which data were collected is not possible.

## Conclusion

Sexuality and gender minority individuals encounter impactful and significant oppression and violence. In many countries, this violence is so significant and widespread that they have no other option than to flee for their lives. Mobs, family members, government officials, and others in the general population enact physical and psychological abuse, violence, conversion attempts, and torture against them. Importantly, some migrants continue to experience mental health problems and burdens in the host country, as they may be haunted by their pre-migration traumatic events and encounter resettlement challenges. Loneliness, living in uncertainty, fears, and worries have an impact on mental health and wellbeing. Ensuring that SGM forced migrants have access to adequate support is fundamental for personal and public health. More research is needed to develop and evaluate evidence-based support methods for forced migrants in resettlement.

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## Data availability statement

The data are not publicly available due to confidentiality.

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