‘The Darkest Times of My Life’: Recollections of Child Abuse among Forced Migrants Persecuted because of Their Sexual Orientation and Gender Identity

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Abstract
Numerous studies demonstrate that lesbian, gay, bisexual, and transgender (LGBT) children and youth are likely to experience abuse by peers, parents, and other adults and that these experiences correlate with a host of mental health problems. However, there is little understanding of the experiences of LGBT children and youth living in countries where social and legal protections for sexual and gender minorities are limited or nonexistent. This qualitative study used thematic analysis to explore the child and adolescent abuse experiences and their impact on the pre-migration mental health of LGBT forced migrants. We analyzed 26 interviews with individuals who obtained refugee or asylee status in the United States or Canada on the basis of sexual orientation or gender identity. Participants originated from countries in Asia, Africa, the Caribbean, Eastern Europe, Latin America, and the Middle East. Analysis revealed the following themes: abuse by parents and caregivers, abuse by peers and school personnel, having nowhere to turn, and dealing with psychological distress. Findings indicate that participants experienced severe verbal, physical, and sexual abuse throughout childhood and adolescence and that this abuse occurred at home, in school, and in the community. Furthermore, there were no resources or sources of protection available to them. Participants linked their abuse to subjective experiences of depression, anxiety, and traumatic stress, as well as suicidal ideation and suicide attempts. We conclude with implications for refugee adjudication practices, mental health care, and international policy.

Keywords: LGBT children; LGBT youth; international child protection; child abuse; thematic analysis
‘The Darkest Times of My Life’: Recollections of Child Abuse among Forced Migrants

Persecuted because of Their Sexual Orientation and Gender Identity

Sexual minority youth are at high risk for abuse and rejection from parents and peers because of their sexual orientation and/or gender non-conforming behavior (D’Augelli, Grossman, & Starks, 2005; D’Augelli, Hershberger, & Pilkington, 1998; Rice et al., 2015). Studies indicate that these experiences are associated with a host of mental health problems, including depression, posttraumatic stress symptoms, and suicidality (Almeida, Johnson, Corliss, Molnar, & Azrael, 2009; D’Augelli, Grossman, & Starks, 2006; Dragowski, Halkitis, Grossman, & D’Augelli, 2011). Indeed, the higher prevalence of posttraumatic stress disorder among sexual minorities as compared to their heterosexual counterparts has been attributed to sexual minorities’ greater exposure to traumatic events that typically begin in childhood (Roberts, Austin, Corliss, Vandermorris, & Koenen, 2010).

Scholars in the United States and the United Kingdom have drawn attention to the pervasive nature of victimization against lesbian, gay, bisexual, and transgender (LGBT) youth and have also developed policies and programs to address it (Ryan & Rivers, 2003). However, there is limited understanding of how abuse by peers, parents, and other adults impacts the mental health of LGBT children and youth living in countries where social and legal protections for LGBT people are few or nonexistent. Recent gains in LGBT rights have led to a backlash against sexual and gender minorities living in countries where homosexuality is already criminalized (e.g., Nigeria and Uganda) and in countries where homosexuality is legal but not accepted socially (e.g., Russia), and this backlash is likely to increase discrimination and violence against LGBT people, reduce access to health care, and impact HIV prevention programs (Beyrer, 2014). Research on LGBT people living in these countries is limited, and the
few studies that have been published focused on HIV prevention efforts among gay and bisexual adult males (Baral et al., 2009; Semugoma, Beyrer, & Baral, 2012).

The current study fills a gap in knowledge by exploring the child and adolescent abuse experiences of LGBT individuals who later obtained refugee or asylee status in the United States or Canada (hereafter referred to as LGBT forced migrants). The study also seeks to understand how LGBT forced migrants describe the impact of these experiences on their mental health prior to migration. LGBT forced migrants typically experience abuse from an early age and by multiple actors (United Nations High Commissioner for Human Rights [UNHCHR], 2011). Experiences of prolonged and severe victimization leave them at high risk for depressive, anxiety, and traumatic stress disorders (Shildlo & Ahola, 2013). What may set LGBT forced migrants apart from the general refugee population is the early onset of victimization, the perpetration of violence by family members, the societal stigma that tacitly condones this violence, and the lack of formal and informal supports to help LGBT migrants cope with trauma. Therefore, an exploration of their abuse experiences has the potential to shed light on the situation of children and youth living in countries where sexual and gender minorities contend with a number of social and legal challenges. This study has potential to contribute empirical evidence to improve refugee adjudication practices, mental health care, and international child protection policies.

**Child Protection: An International Perspective**

Adopted in 1989, the *Convention on the Rights of the Child* is the seminal international human rights document articulating the political, civil, cultural, social, and economic rights of children, defined as persons under the age of 18 (Office of the High Commissioner for Human Rights [OHCHR], 1989). The *Convention* prioritizes the rights of children over those of adults and defines those rights broadly: protection from torture, arbitrary arrest, and child labor, and
access to education, health care, and basic economic opportunities (OHCHR, 1989). It also demands that children be protected from all forms of discrimination and have unfettered opportunities to develop and thrive. Despite the document’s strengths, the original version of the Convention was criticized for its lack of external monitoring provisions (Campbell, Denov, Maclure, & Solomon, 2011). In response, the United Nations developed the Committee on the Rights of the Child (CRC) to monitor the implementation of the Convention (OHCHR, 2011). Enforcement of this protocol began in 2014.

The 1989 Convention did not specifically refer to the issues faced by LGBT children and youth, stating instead that children of “other status” should also fall under its protection. However, in 2011, the CRC issued a non-enforceable Committee General Comment asserting that children should be protected from discrimination on the basis of sexual orientation and gender identity (OHCHR, 2011). Three years later, the United Nations Children’s Fund (UNICEF) followed suit, calling for worldwide recognition of the rights of LGBT children (UNICEF, 2014). In its position paper UNICEF indicates:

The discrimination and harm that lesbian, gay, bisexual, and transgender children and parents face stems from attitudes that do not accept all individuals as equal. This lack of respect for the rights of LGBT children can manifest itself in numerous ways. These include, but are certainly not limited to, isolation from peers at school, at home, or in the community; marginalization and exclusion from such essential services as education and health care; abandonment by family and community; bullying and intimidation; physical and sexual violence, and at the extreme, corrective rape — an abhorrent practice in which an individual is raped to supposedly ‘cure’ his or her of sexual orientation or gender identity. The effects of this discrimination, exclusion and violence can extend throughout childhood and into adulthood, with lifelong consequences (p. 3).

Examined through the lens of the ecological model (Bronfenbrenner, 1979, 1994), which contends that human development occurs through a complex interchange between a person and their environment, the development of LGBT children may be thwarted by the homophobia and transphobia that are deeply embedded in traditional societal structures. In addition to identifying
sources of marginalization for LGBT children, the ecological perspective helps to draw attention to the ways in which various contexts (home, school, community) offer the potential for supporting their positive development (Craig, McInroy, McCready, & Alaggia, 2015). However, accessing support in an environment where LGBT people are denied their basic human rights is likely to be more difficult because prejudice and discrimination are reinforced by the larger social structures. This contributes to the hyper marginalization of LGBT children living in these countries, which in turn leaves them vulnerable to abuse from multiple sources.

**LGBT Rights in the Global Context**

The intersection of the rights of children with those of LGBT persons—limited as it may be—is worthy of discussion. The *Yogyakarta Principles*, a document framed by international human rights experts in 2006, call for the rights of LGBT individuals to live free of torture, degrading treatment, and punishment (International Commission of Jurists and International Service for Human Rights, 2006). Although the *Principles* briefly discuss the importance of protecting LGBT children and youth, the subsequent *Jurisprudential Annotations of the Yogyakarta Principles*, developed in 2007, offer further recommendations (Sexuality Policy Watch, 2009). The *Annotations* explicitly state that LGBT children and youth are at risk of sexual exploitation, HIV/AIDS, social exclusion, and discrimination by school officials (Sexuality Policy Watch, 2009). The *Principles* are non-binding and therefore not enforceable; nonetheless, they have paved the way for advances in human rights for LGBT persons around the world (Ettelbrick & Zerán, 2010). Additionally, changes to marriage laws around the world have helped to promote human rights for lesbian and gay individuals during the last 15 years. To date, 20 countries have approved same-sex marriage for couples, and in Mexico same-sex couples have the right to marry in certain regions (Freedom to Marry, 2015).
Despite these advances, as of 2015, 75 countries across Africa, Asia, the Caribbean, Latin America, and Oceana criminalize same-sex sexual activity (Carroll & Itaborahy, 2015). The increase in discrimination and violence against LGBT people living in countries where homosexuality is legal has also raised new concerns about LGBT human rights (Beyrer, 2014; Carroll & Itaborahy, 2015). For example, Russia, Kazakhstan, and Lithuania have recently enacted gay propaganda laws that purportedly “protect” children from information regarding nontraditional sexual relationships (Carroll & Itaborahy, 2015; Institute for War & Peace Reporting, 2015). However, human rights activists argue that these laws actually precipitate abuse toward LGBT people, leading to concerns about the health and safety of LGBT children in these countries (Human Rights Watch, 2014). Part of the recent backlash against homosexuality has been fueled by the U.S. Evangelical movement, which has helped to develop and lobby for stricter laws banning homosexuality (Federman, 2014; Nzwili, 2014).

**Using Retrospective Studies to Understand Child Abuse among LGBT Forced Migrants**

Research has yet to explore the experiences of LGBT children and youth living in countries with limited or no social and legal protections for sexual and gender minorities. Although access to this vulnerable population is difficult and ethical considerations may be numerous, researchers can begin to understand their experiences through retrospective studies of LGBT forced migrants. Studies of LGBT forced migrants are also limited (Fobear, 2014), but, what little is known about them provides a starting point for understanding the abuse experiences of LGBT children and youth living in countries where knowledge about their victimization experiences is relatively sparse, as compared to those living in Western countries. LGBT forced migrants have reported abuse by family and community members, government officials, and religious leaders (Kahn, 2014; Shidlo & Ahola, 2013). Emerging reports indicate that they have
experienced assault, blackmail, corrective rape, forced heterosexual marriage, and pressure to participate in conversion therapy (Shidlo & Ahola, 2013). The police have also been known to perpetuate acts of violence or behave in a discriminatory manner toward LGBT people, leaving them helpless after suffering extreme brutality (UNHCHR, 2011).

Preliminary evidence indicates that by the time LGBT forced migrants arrive in the host country, they suffer from serious mental health problems, including anxiety, depression, posttraumatic stress disorder (PTSD), and complex PTSD (Shidlo & Aloha, 2013). The concept of complex PTSD was first proposed by Herman (1992), who used it to describe the clinical presentation of individuals exposed to prolonged interpersonal trauma such as torture, domestic violence, and child abuse. Although Shidlo and Aloha (2013) described some of the traumatic events that impacted the mental health of LGBT forced migrants, the authors did not specifically explore experiences of child abuse. This is an important area of inquiry for two reasons. First, numerous studies demonstrate associations between child abuse with mental health problems in emerging adulthood (Hagan, Roubinov, Mistler, & Luecken, 2014) and in adulthood (Fitzhenry et al., 2015; Nurius, Green, Logan-Greene, & Borja, 2015). Second, research demonstrates that LGBT youth have higher prevalence of mental health disorders and suicidality than their heterosexual peers (Bostwick et al., 2014; Marshal et al., 2013). A recent study indicates that these disparities, particularly depression and suicidality, persist into adulthood (Marshal et al., 2013). Given the long-term psychological impact of child abuse and the increased mental health risks suffered by LGBT youth, it is important to understand the experiences of LGBT children living in countries without sufficient legal or social rights to protect them. Whereas research with children still living in these environments could place them at increased risk, retrospective studies of LGBT forced migrants can provide insight into the experiences of this population.
The time is ideal for research on LGBT forced migrants living in the United States and Canada. Recent progress in analyzing and interpreting the concepts of sexual orientation and gender identity in the context of refugee law has helped to facilitate LGBT-based refugee and asylee claims in North America and around the world (United Nations High Commissioner for Refugees, 2008). Exact numbers from public sources are limited, but available data supports this assertion. In 1992, Canada became the first Western country to grant refugee status to LGBT individuals fleeing persecution, and between 1999 and 2002 nearly 2500 people originating from 75 different countries made refugee claims there (LaViolette, 2009). More than 1300 of these claims were adjudicated in 2004 alone (Rehaag, 2008). In 1994, the United States recognized LGBT persons as members of a “particular social group,” and since then hundreds of LGBT persons have obtained refugee or asylee status in the United States (U.S. Citizenship and Immigration Services, 2012). The United States does not record the number of cases granted asylum on the basis of sexual or gender identity; however, estimates suggest that the number of LGBT refugees resettled in the United States is approximately 300 annually, while the number granted asylum is around 500 (Portman & Weyl, 2013).

Method

The purpose of this qualitative study was to understand the child and adolescent abuse experiences of LGBT individuals who later gained refuge, asylum, or withholding of removal status in the United States or Canada. Qualitative methods can be used to uncover the social and psychological processes unique to forced migrants and to illuminate aspects of their experiences (Eastmond, 2007). The current study was guided by two research questions: (a) How do LGBT refugees or asylees describe their child and adolescent abuse experiences?; and (b) How do participants describe the impact of these experiences on their mental health prior to migration?
Sampling and recruitment

We used purposive sampling to recruit participants from community organizations providing social and legal services to LGBT forced migrants in New York and Toronto. Flyers and information notices were posted at recruitment sites and handed out during service visits. Program directors also emailed study information to their members through their organizations’ email lists. Members of these email lists resided in various parts of the United States and Canada. We also informed potential participants about the study by attending community events for LGBT forced migrants (e.g., fundraising dance, advocacy meetings) and by creating a Facebook page that offered details about the study. Lastly, participants were given the opportunity to refer other individuals for study participation. To participate in the study, individuals had to (a) be at least 18 years old and (b) have received official refugee, asylee, or withholding of removal status in the United States or Canada on the basis of sexual orientation or gender identity at least one month prior to participation. The first and third author conducted phone screenings to assess individuals for study participation, and those in acute distress (e.g., suicidal) were not eligible for participation. We did not identify any prospective participants who were in acute distress.

Participants

The final sample consisted of 26 forced migrants from Barbados (n=1), Belarus (n=1), Jamaica (n=5), Iran (n=4), Kenya (n=2), Kosovo (n=1), Malaysia (n=1), Nicaragua (n=1), Nigeria (n=1), Peru (n=1), Russia (n=3), South Korea (n=1), Trinidad (n=1), Uganda (n=1), Ukraine (n=1), and Venezuela (n=1). Participants were between the ages of 21 and 49, and the mean age was 33. They obtained refugee, asylee, or withholding of removal status between 2005 and 2014, and they resided in the Northeastern or Mid-Atlantic region of the United States or the
Canadian province of Ontario. Table 1 presents demographic information. To protect participants’ confidentiality, we did not connect their countries of origin with other demographic information.

**Data collection**

After providing basic demographic information, participants took part in a life history interview that explored (a) experiences of verbal, physical, and sexual victimization over the life-span and (b) mental health problems, if any, in the country of origin. To explore victimization throughout childhood and adolescence we referred to questions from a screening tool developed by D’Augelli et al. (2006). We also asked participants the following questions: What was it like growing up for you?; What was your relationship like with your family members?; What was school like for you?; and Did you have friends or other people you could rely on? To invite reflections on mental health issues, we asked the following questions: Did you suffer from mental health problems in your country of origin? If so, can you tell me about them?; and Did you receive treatment for these problems in your country of origin? If so, what was treatment like for you? Probes and follow-up questions allowed for further elaboration of these experiences.

The first author interviewed 24 participants, and the third author interviewed two participants. A pilot interview was conducted with one participant to test and refine the interview protocol that was developed in collaboration with the second author. Data from this participant were not included in the analysis. The interviews occurred between September 2014 and April 2015 and lasted 1.25 to 2.5 hours. Interviews were conducted in a location chosen by the participant and in the first author’s office. Participants who could not be interviewed in person were interviewed via Skype or phone. There were a total of 17 in-person interviews, eight Skype interviews, and one phone interview. A translator was present during in-person interviews with three participants whose primary language was Farsi. Each interview was audio recorded and
transcribed verbatim. Following the interview, participants received 50 USD for their time and were provided with referrals to mental health clinics in their area. Participants who spoke English completed a brief (15-minute) follow-up phone interview within one week of the life history interview. The purpose of the follow-up interview was to elicit participants’ feelings about the interview, give them the opportunity to share additional information, and follow-up with those who requested referrals to mental health providers. The institutional review boards of the first and second authors’ universities granted approval for the study.

**Data Analysis**

The analysis was guided by the principles of thematic analysis outlined by Braun and Clarke (2006). Thematic analysis is used to reflect the reality of research participants, while also facilitating an understanding of what is happening beneath the surface (Braun & Clarke, 2006). The processes of thematic analysis enabled us to report the subjective realities of participants’ childhood experiences and the specific meanings that they assigned to their mental health during the pre-migration period. We identified the themes in an inductive manner, meaning that (a) the data were specifically collected for this research (through interviews) and (b) the subsequent themes were strongly linked to the data. Data were collected without inviting in a specific theme or theory, and it was analyzed according to processes outlined by Braun and Clarke. After reading the transcripts, we independently developed our initial list of codes and then participated in five peer-debriefing meetings to review, refine, and refute our codes and to develop themes. We examined the meaning of each theme, discussed disagreements until reaching consensus on the final list of themes, and then explored how each theme might be woven together to form a cohesive story (Braun & Clark, 2006).

We acknowledged and challenged our individual biases and assumptions during the
analytic process through memoing and weekly peer-debriefing meetings (Padgett, 2008). The first and second authors have extensive clinical and advocacy experience with LGBT and refugee populations that may influence their views, requiring constant reflection on possible biases toward discovering specific themes; the third author brought a particular cultural lens to the analysis, which was both a strength and a possible bias. These issues were frankly discussed. Other strategies for rigor included paying attention to negative cases, maintaining an audit trail, and triangulation of data derived from observational notes (Padgett, 2008). We also engaged in extensive member checking, an essential technique for establishing credibility in qualitative research (Cho & Trent, 2006). English-speaking participants were contacted via phone to check the accuracy of the themes. A translator contacted the Farsi-speaking participants by phone to confirm the themes with them. Phone discussions lasted 15 to 20 minutes, and member checking was conducted with 21 participants. Five participants did not respond to requests for member checking.

**Results**

The following section discusses the themes that emerged from the qualitative interviews. We identified four themes—abuse by parents and caregivers, abuse by peers and school personnel, having nowhere to turn, and dealing with psychological distress—that are discussed in detail below.

**Abuse by Parents and Caregivers**

From a young age, participants incurred reactions from parents and other family members for transgressing gender norms by their manner of speaking and dressing and their choice of recreational activities, friends, and sexual partners. These transgressions became a major source of conflict between them and their caregivers. Participants recounted episodes of severe verbal
and physical abuse that began in childhood and continued into young adulthood. For some, the abuse began as early as 5 years old. Anebi reported: “He used to, like, hit me and say, ‘You are behaving like a girl. Stand like a man. Talk like a man, your voice is too light. I don't like it. You don’t play football.’ I cried.” Another participant reported that his father physically abused him and that he sometimes verbally abused him in front of others.

Arnold: There was a time we were at the supermarket and—
Interviewer: In public?
A: Yes, it was. He’d say certain things and around his friends, and it would just, [pause] it would, it would basically just break me.
I: Yeah.
A: He really knew how to literally just break me and have me feel like nothing [sighs].

In some cases physical and verbal abuse failed to achieve the results sought by parents, and they used other methods to coerce participants to change their behavior. Eduard recalled an incident that occurred when he was 5 years old. His aunt caught him practicing ballet and told him that he was acting like a girl: “I was like so upset. I was beaten for that, you know? My parents were like, you know, like, ‘You better not expose it to public,’ you know.” Subsequently, Eduard was forced to play sports to appear “tougher.” Helen, who identifies as trans female, felt terrorized by her father. She described one incident in which he destroyed her personal belongings.

Helen: They were strongly against my behavior and my lifestyle. And it was some incident that even my dad start to cutting my clothes, breaking my, you know, DVDs. Interviewer: Were they women’s clothes or women’s DVDs?
H: No, it wasn’t the women clothes, it was my clothes, but in my dad’s perspective, it wasn’t a mannish enough. It was like—like in that time, you know, no guys wear red pants.

Joseph, who identifies as trans male, was also forced to conform to gender norms. Although his father was supportive, his mother would insist that he was a girl and that he needed to behave like one.
Interviewer: I wanted to know, what’s that like when someone wants you to do things that they don’t, that it doesn’t feel right to you?

Joseph: Like wearing dresses—

I: Yeah. How did that feel when you had to wear a dress?

J: Wearing some shoes that would poke out—

I: How did that feel when they made you wear a dress?

J: I felt very violated. Really violated.

One participant, raised by caregivers in a state-run facility, was not only beaten but also had food taken away from him for “doing girls things.”

Cat: And I used to put on their clothes, or their hats and—I remember, say 6 or 7 or 8, this house mother came in and saw us and she beat us. Yeah, she started to beat us and she start to beat me and say I’m not supposed to be doing girls things. So from there, I still was like naturally still doing girls things so I got spanking, I got no food—

Interviewer: They took away food from you?

C: Yes at times, yes, and um around age 12—because I moved from home to home, about four homes, so at the second home, when I was about 12, even at church, even at school I was a bit shy because they would say I’m not acting like a man. Some of my peers would.

As participants entered puberty, family members devised further strategies for enforcing change, especially for those whose parents discovered their same-sex attractions. For example, it was common for family members to tell participants to pray, read the Bible, or meet with clergy members in order to “cure” them. For example, Olivia reported that after her mother caught her kissing a girl when she was 16 years old, her mother beat her and insisted that she attend church. She reported that her mother also refused to discuss the incident with her:

There was never any, ‘Why are you doing this, what are you doing?’ It was the beating, the Bible reading, the going to church, but there was no discussion on how do you feel, or are you confused, or are you sure, are you experimenting? … I’d never been beaten before and that was like outrageous.

Once Chris’s parents learned that he was having a relationship with another boy, his parents forced him to seek mental health counseling and spiritual guidance:

My dad decided to send me to therapy thinking that that would change me, while my mom implemented a home therapy, which consists of me sitting in front of the television watching Buddhist monk preaching for hours every single night, for months until I graduated high school.
For others, cultural norms gave way to other mechanisms to enforce a change in sexual preference. For example, when Tico was 16 years old, he was brought before a tribunal of community elders for sentencing after his family member caught him in his room engaging in sexual behavior with another male.

*Interviewer*: And [your family member’s] reaction?
*Tico*: His reaction? He locked the door. He locked us inside. So he went and he came back with a local leader. We call them local councils, like the leaders of the village, you know, back home. So they came back—
*I*: The elders—
*T*: Yeah. So they got us, took us to a community center, some kind of local court, yeah. So they read out our cases—
*I*: Like a trial, like you were being convicted of a crime?
*T*: Yes. So working, and then community service. We’re supposed to sweep the roads for two weeks.

**Abuse by Peers and School Personnel**

Participants described a range of abuses by peers, teachers, and school administrators while growing up. All but four participants reported abuse by peers and/or school personnel for displaying gender non-conforming behaviors or for being perceived as lesbian or gay.

Victimization began in primary school and continued throughout high school. Some transferred to other schools, while others eventually dropped out because the abuse was so severe. Roman recalled his experiences of verbal abuse in high school:

> There are people like, who just say the most hurtful things, like, ‘Are you a man? Do you have a penis?’ It’s like, what the? And it’s—I mean, there would be name-calling, you know, my name would change to female form. This is, like, crazy. My best friend stopped talking to me because it was like, he didn’t like the idea that people were thinking of us as being together.

Participants were also kicked, punched, beaten, or subjected to other types of brutality. Charles recalled an incident in which he was stoned on his way to school.

*Interviewer*: They threw stones at you?
*Charles*: Yes. Right.
I: Did you have to go to the hospital?  
C: I really don’t remember, but there’s a mark on the back of my neck.  

In addition to verbal and physical abuse, some were sexually abused because they were perceived as lesbian, gay, or transgender. For example, Albert reported abuse so severe by his peers that he had to leave school: “And it was like sexual harassment as well. They like, they touch me, they finger me. And they say that you are she-male or trans. And it was all over the school.” Paul indicated that in high school a group of boys repeatedly assaulted him and that he was hospitalized three times due to injuries sustained from the attacks. In one instance, they sexually assaulted him. He explained: “Just because we are gay they think we, we like sexes a lot [pause]. Being gay don’t, don’t mean you wanna, you wanna fuck with everybody. No, we are like womens. Choice. Who you wanna be [with].”

Teachers and school personnel also targeted participants for behaving differently than their peers. Chris described an incident that occurred in third grade:

Chris: I used to remember that we have these tests where, it’s sort of like a [physical education] test, but we have to dunk basketballs.  
Interviewer: Mmhmm.  
C: Like ten dunks to get a pass or what not. I couldn’t get a single dunk, and I’d always get hit in the face by a ball whatever reason and kids would laugh. Even the teacher would join in, by using, by shouting at me saying, you know, like um, ‘Why are you such a—’. There’s a [word in my language]. It means tranny or sissy.  

Participants who attended boarding school faced harsh punishments by school officials for engaging in romantic or sexual exploration with same-sex peers. For example, after Lucy’s teachers discovered that she was having a relationship with another female student when she was 16 years old, she was caned, required to perform hard labor, and humiliated in front of her peers: “… We were actually paraded in the, you know, in the parade everyone to see us: ‘These are the lesbians.’ That was, I think that was uncalled for.” Tico was 11 years old when he was caned,
and then isolated from other students for three days after school administrators discovered that he was sleeping in the same bed with another boy:

Yeah, kids talk, and, uh, so they discovered us in our class, and they told everyone that they’ve heard gossip that some kids are, uh, sleeping together. So they told everyone to write a name of whom they think that’s doing that and the name that came out so, so many times were the people. So that’s how it happened.

Victimization by school officials could also be sexually exploitative. For example, John described an incident that occurred between him and his teacher. John was 11 years old at the time and the teacher was in his thirties:

It was the way that [the teacher] touched his knees to my knee and then touching with hands and it was—because I was there for about an hour, so it started in that way. At the first I tried, because I wasn’t sure what was going on, and I was a teenager, I wanted to explore myself as well, and I didn’t mind. At first I was afraid and I tried to, just you know, move a little bit. But after a while I let him to do that as well. And when he found out that there is a green light, so he took the next step as well.

John made a point of stating that he did not view the incident as sexual abuse, but expressed concern that others might be vulnerable to this type of victimization by their teachers.

**Nowhere to Turn**

When victimization occurred at the hands of peers or teachers, some participants could not rely on their parents to protect them. Many parents believed that participants had brought the abuse upon themselves because of their gender non-conformity. Additionally, they had nowhere to turn for support since parents and family members perpetrated the abuse as well. Consequently, they suffered in silence. For example, Chris recalled an incident in which he told his father about the abuse he experienced in middle school: “I came home, and I started to cry at dinner. I got yelled at because, you know, I get yelled at by my dad asking me to just deal with it, you’re a boy.” Danny’s parents also blamed his gender non-conforming appearance for being
beaten up at school: “Again, they just told me that, ‘It is your problem. Why you, why you appear like, why your appearance looks like alien or Martian?’”

In the cases where parents attempted to intervene on behalf of participants, school officials either minimized or overlooked the complaints. For example, Eduard’s mother talked to the principal, but no efforts were made to remedy the problem.

*Interviewer:* Nobody did anything?
*Eduard:* Come on, I was bullied by teachers.

Similarly, Paul reported that his teachers knew about the abuse, but they did nothing about it:

It was my, my, my, my teachers. They go to my parents and say to take me to another school. My parents say, ‘Why do I have to do that if you are here?’ They say, ‘We can’t do nothing, this is our country.’

Seeking help from members of the clergy was not an option either. Participants described how religious institutions reinforced homophobia and transphobia at the familial- and societal-level. When they were growing up, they frequently heard that homosexuality was an abomination or a sin and that it should be eradicated. Some expressed that this made it hard for them to rely on church members for help or guidance. As Brian explained:

You grow up in a church and the church is telling you, ‘Hey you ain’t getting any solace here because my God tell you should be put to death.’ You know I was in that congregation and [the clergy person] said and I'll never forget it, ‘The reason why [this country] is a poverty stricken country today’—he used the word poor—‘is because of the homosexual living next door. And I am telling you to get rid of that homosexuals.

African and Caribbean participants, in particular, described the influence of evangelical Christians on attitudes toward LGBT people and the way in which these attitudes fostered homophobic social environments. Despite these attitudes, Tico’s desperation led him to seek guidance from his pastors who tried to help him “change” his sexual orientation:

They would say, it’s okay. It’s probably certain in control. So we need to pray about it. Or they would … put their hands on my head and pray for me and stuff, and then I
believe that probably it’s going to change and, you know, some things. But it never change.

There were times when participants experienced victimization but chose not to tell parents, teachers, or other adults about it at all. They worried that discussing their situation might lead to further abuse. For instance, when Brian was approximately 16 years old, he was victimized while on a picnic with his male friend. He reported that strangers threw hot food on him because he was perceived as gay. A few days later, with his burns still not healed, Brian went to the hospital. However, he did not feel that the hospital staff would administer care to him if he told them what happened, so, to protect himself, he said that the burns were from cooking.

**Dealing with Psychological Distress**

Participants reported that they began to experience psychological distress in childhood and that it continued into adulthood. They described subjective experiences of depression, anxiety, and traumatic stress prior to migration to the United States and Canada. Furthermore, participants internalized negative messages regarding their identities, which contributed to the belief that they were defective, sick, or demonically possessed. For example, Tico explained:

*Tico:* My [family member] would take me to church, he take me to pastors—  
*Interviewer:* What are you thinking this whole time? What are you feeling? You have to go to the council, you get a sentence, community service, your [family member’s] telling you this could be a demon. How do you, what do you—  
*T:* I came to believe that it was probably a demon.

Being ostracized by family members, peers, and community members contributed to alienation among participants. For example, Kaspar reported: “… Because I was different, and I did not follow the common path, I was always alienated. So that in itself is torture.” Stephen described feelings of desperation as a result of being alienated by his male peers because he was perceived as gay: “It was probably the darkest times of my life because I had to deal with all that.” Stephen recalled that his mental health problems began in the seventh grade:
I don’t even know if being depressed is the right term because I was constantly anxious about getting beaten up … I didn’t want to go to school. You know I didn’t have energy. I was like, it was just, like the feeling of being down but it wouldn’t go away, but it lasted for years. And even now I can experience, like, I feel like this unexplainable feeling down from time to time. I shouldn’t feel this way now, but I do and I think it’s just the echoes from that time. I think those things don’t really go away, you know. They remain with you for the rest of your life, and you try to deal with them. But you know, sometimes it’s just I’m unable to.

Similar to Stephen, Lex described the impact of abuse by peers on his social life:

After a while I got used to it and actually began isolating myself, obviously, more and more. So I used to spend a lot of time alone at home or with, I had one or two friends in the neighborhood with who I used to hang out, but it kept me from … being social.

The abuse became so intense that Chris felt compelled to wear a baseball cap to “shield” his face from view, or else he would not leave the house:

The verbal bullying was the worst because it got me into such a bad place where for a long time since puberty I can’t look myself in the mirror. I would have to wear a cap to go out and I always look on the floor.

For some, their struggles contributed to thoughts of suicide. Ricardo described suicidal thoughts following years of cumulative abuse combined with the pressures of starting university:

When I finished high school and went to university, I was facing a new world, a new reality, and also the stress of having good grades, and my parents were putting pressure on me … And so I had contemplated suicide, because I was not really seeing any benefits to trying to be someone that my parents and society wanted me to be.

Of those who contemplated suicide, four attempted suicide at least once. For example, Roman’s first attempt occurred in his early twenties. He tried to overdose after breaking up with his boyfriend, who was his only source of support at that time. Roman described the factors that contributed to his second suicide attempt, which occurred in his mid-thirties:

… I felt like I wasn’t going anywhere because [pause] it, it wasn’t that I wasn’t an effective person, it’s just that I felt like people [pause] just saw, [pause] just saw a gay person and then couldn’t, really couldn’t see past that. And it affected me. I didn’t really have much friends. … There was nothing going on in my life, and it felt like, you know, ‘Nobody should live like this.’ … Your family is like, you don’t really know them, they don’t really know you. You have this [pause] thing that could, that’s killing you [pause].
Reflecting on the cumulative impact of child and adolescent victimization, Dionysis recalls that he felt “broken inside” and “wanted to disappear.” Others experienced the psychological consequences of child and adolescent abuse only after their migration. For example, Anebi did not realize the impact that the abuse by his father had on him until he began reflecting on his childhood experiences in psychotherapy in the United States:

That was when the destruction started, you know. I don't value myself, something is wrong with me. Why did I come to this world? Why am I like this? You know and that made me hated myself in a way. That made me feel less important.

Discussion

To date, this is the first empirical study to explore the child and adolescent abuse experiences and their influence on the pre-migration mental health of forced migrants who later obtained refugee or asylee status on the basis of sexual orientation or gender identity. Findings from this study were consistent with Bouris et al.’s (2010) systematic review that indicated that parental abuse and low levels of parental connectedness correlated with negative mental health outcomes among LGBT youth. Participants grew up in environments where transgressing gender norms was met with severe physical and verbal abuse by parents and caregivers, and this abuse occurred regardless of their country of origin. Familial abuse began as early as 5 years old and included name-calling, humiliation, and beatings. The abuse intensified once participants reached puberty, and those who came out, or were caught engaging in same-sex sexual activity, faced harsh consequences, including public shaming, withdrawal of social and emotional support, and pressure to seek “cures” from therapists or clergy members. Once participants started school, they also experienced abuse by peers, school officials, and community members. School personnel minimized or overlooked the abuse and faced no consequences for doing so.
We found that the abuse was sanctioned across all environmental contexts (home, school, and community), leaving participants with nowhere to turn. Having nowhere to turn was just as difficult for participants as experiencing abuse by peers, school personnel, and family members. The inability to rely on authority figures to protect them from abuse contributed to their feelings of helplessness and hopelessness. Participants were told that they were responsible for the abuse because they did not conform to gender norms or behave in certain ways, and they were instructed to change their behaviors if they wanted the abuse to stop. Being ostracized from one’s peers was also devastating for participants, who spent most of their time alone in order to protect themselves from further abuse. The few participants who did not face abuse in school had to hide to ensure that they fit in. Participants did not have much hope that things would get better for them and tended not to have supportive relationships that could offer them hope for the future either. When considered through the ecological paradigm, participants’ environments did not provide them with the opportunity to develop and thrive. Unlike LGBT youth from Western countries, moving to another part of the country that is affirming of LGBT people was not an option for participants because they would continue to face discrimination and prejudice no matter what region of the country they moved to. Without national laws, there is no real protection for children living in countries where LGBT people are denied basic human rights.

For participants from certain geographical areas—especially Africa and the Caribbean—unsupportive contexts, such as pervasive negative religious teachings, seemed to magnify feelings of internalized homophobia. The link between internalized homophobia and negative mental health outcomes has been long established in research (Newcomb & Mustanski, 2010). Some came to believe that their sexual or gender identity meant they were sick or demonically possessed. This is particularly concerning, since Christian evangelical movements have been
active in fueling intolerance for sexual and gender non-conformity in countries around the world (Federman, 2014; Nzwili, 2014). Markers of emotional distress for participants included feelings of extreme isolation and loneliness throughout childhood and adolescence, combined with a constant fear of being abused at home, in school, and in the community. Not surprisingly, participants described subjective experiences of depression, anxiety, and traumatic stress, aligning with previous studies of LGBT youth (Almeida et al., 2009; Dragowski et al., 2011). Some experienced suicidal ideation and suicide attempts in adolescence or emerging adulthood. Participants described factors that have been shown to increase risk of suicidality in sexual minority youth, including unsupportive social environments (Hatzenbuehler, 2011), as well as lack of caring adults and unaccepting school environments (Eisenberg & Resnick, 2006). Preliminary evidence from this study suggests that repeated exposure to traumatic events in childhood and adolescence might place LGBT forced migrants at risk for developing serious mental health problems, including complex PTSD. Scholars have discussed the importance of differentiating between cumulative and single-incident trauma, since the psychological effects of prolonged trauma tend to be more severe (van der Kolk, Roth, Pelcovitz, Sunday, & Spinazzola, 2005). However, only future studies that specifically examine the mental health problems of LGBT forced migrants will be able to show whether prolonged childhood trauma impacts their adult functioning. Although participants reported a number of mental health problems before and immediately following migration, they also manifested extraordinary levels of resilience. To deal with their situations during childhood and adolescence, many immersed themselves in their studies and therefore excelled academically. Furthermore, seeking refuge or asylum should be considered an act of resilience in and of itself (Hutchinson & Dorsett, 2012). Participants were able to muster the courage to leave their countries of origin, even though they felt battered,
defeated, and rejected. Future research is needed to understand how these children and youth manage to persevere in times of great stress.

**Implications for Practice and Policy**

The current study has implications for practice. Findings indicate that attorneys and immigration officers should ask LGBT forced migrants about their child and adolescent abuse experiences when preparing or adjudicating refugee and asylee claims. Gathering information about these experiences can help to substantiate history and fear of persecution based on sexual orientation or gender identity. Mental health practitioners may also enrich their practice through increased awareness of the social and psychological impact of childhood and adolescent abuse experiences on LGBT forced migrant adults. Before meeting with clients, mental health practitioners need to acquaint themselves with their client’s country of origin and to consider the influence of country-specific sociocultural factors when screening for depressive, anxiety, and traumatic stress disorders. Refugees also present to primary care physicians for a number of medical problems (Eckstein, 2011), and therefore they should assess LGBT forced migrants for PTSD using standardized measures. Findings suggest that it will also be important to use a trauma-informed approach when working with LGBT forced migrants. A trauma-informed approach accounts for the impact of traumatic events on the current functioning and circumstances of clients (Elliot, Bjelajac, Fallot, Markoff, & Reed, 2005). This approach also helps mental health practitioners to understand that some of their symptoms may serve as attempts at coping (Elliot et al., 2005).

This study also has implications for policy. The worldwide persecution of LGBT individuals continues to warrant immediate attention. The inclusion of LGBT children and youth in the *Convention on the Rights of the Child* and in the *Yogyakarta Principles* is promising.
However, this study’s findings suggest that it is necessary to strengthen and enforce these existing policies. The development of national and regional child protection laws that align with the Convention and Principles may help to effect change. These laws should not only protect the right of LGBT children and youth to live free from harm in all contexts, but also mandate legal consequences for those who abuse them. As LGBT rights continue to advance in many parts of the world, it is necessary to draw attention to religious extremists who may incite homophobia and transphobia abroad. The United States and Canada need to work together to repeal gay propaganda laws as well as those that criminalize same-sex sexual activity. Changing policies may begin to transform social norms in countries that lack basic human rights for LGBT people.

Advocates also need to work to transform public opinion about sexual and gender minorities (Dworkin & Yi, 2003), as it substantially influences public policy (Burstein, 2003). Improving attitudes may not be easy, but it is critical for protecting LGBT children and youth.

**Limitations**

This study had some noteworthy limitations. Because the sample included mostly gay men, we could not provide in-depth exploration of the experiences of lesbian and transgender individuals. Future studies would benefit from including more lesbian and transgender forced migrants in order to understand the issues relevant to these populations. We were unable to recruit bisexual individuals for this study, and therefore, future research needs to understand the experiences of bisexual forced migrants. They may have unique experiences that may not be captured when studying lesbian and gay forced migrants. Our analysis also did not delve into differences based on participants’ countries of origin. Doing so might have offered a better understanding of how cultural norms or the sociopolitical context contributed to participants’ child and adolescent abuse experiences. However, our recruitment strategy resulted in a diverse
sample with respect to age, race, and country of origin. The use of multiple recruitment sources helped to recruit a hard-to-reach population, for which precise prevalence estimates are currently unavailable. Second, participants’ discussions of their abuse experiences were based on retrospective reports, which can be subject to distortion. Current memories of traumatic events may be inconsistent with earlier memories of the same event (Southwick, Morgan, Nicolaou, & Charney, 1997). Additionally, individuals’ recollections of traumatic events may be influenced by their current clinical state (McNally, 2003). However, the use of probes and member checking helped to control for some of these issues. Third, participants’ discussion of their pre-migration mental health symptoms is based on self-report. Thus, we cannot conclude that they met criteria for depressive, anxiety, or traumatic stress disorders. However, whether or not these symptoms met criteria for disorder is less relevant for a study focusing on the subjective experiences of its participants. Finally, we only explored one aspect of the abuse experiences of LGBT forced migrants. Participants continued to experience victimization in adulthood, much of it perpetrated by community and state actors. It is possible that when participants recalled their mental health symptoms, they conflated their abuse experiences and therefore linked symptoms to events occurring in adulthood. However, probes and member checking helped to increase the accuracy of reporting. Despite these limitations, this retrospective study is the first to highlight the experiences of children and youth whom we know little about. Given the backlash against LGBT rights worldwide, studying the experiences of sexual and gender minority children in multiple geographical locations is vital for improving practices and policies that protect this particularly vulnerable group.
References


Table 1

Demographic Characteristics of Participants

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Race</th>
<th>Sexual Orientation/Gender Identity</th>
<th>Country of Resettlement</th>
<th>Status</th>
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<td>WOR&lt;sup&gt;d&lt;/sup&gt;</td>
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</table>

Note. WOR = Withholding of removal status; GNC = Gender non-conforming.

<sup>a</sup>Participants’ names have been changed to protect their privacy.

<sup>b</sup>Refugees document history or fear of persecution prior to arrival in the host country.

<sup>c</sup>Asylees document history or fear of persecution after arrival. However, Canada refers to forced migrants as refugees, regardless of whether they document persecution before or after arrival.

<sup>d</sup>WOR status applies to individuals in the United States. Individuals receiving WOR are not eligible for legal permanent residence and cannot travel outside of the United States.