

Exploring the Psychosocial Wellbeing of LGBT Refugees: A psychosocial case study of the United Kingdom and South Africa

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**Declaration**

I, Libby Johnston, hereby declare that the material contained in this thesis, except where referenced and attributed to other sources is the sole responsibility of the author. A paper titled *LGBT Persons Seeking Asylum in South Africa* has appeared and has been published in The Sexuality and Equality Project in Africa in February 2014. No portion of this thesis has been published prior to the period of study. This thesis has not been submitted for a degree at any other university.

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## **Abstract**

The purpose of this research is to examine the psychosocial wellbeing of LGBT (Lesbian, Gay, Bisexual, Transgender) refugees and asylum seekers living in the United Kingdom (UK) and South Africa (ZA). This is accomplished by exploring the links among emotional, identity and legal needs within the greater scope of psychosocial wellbeing. The research follows a conceptual framework based on psychosocial theory, queer theory and concepts introduced in refugee studies.

The issues faced and the psychosocial wellbeing of LGBT refugees and asylum seekers are elicited through the use of a hands-on visual methodological approaches. Very few studies have focused on exploring 'real life' exposure as a qualitative measure to evaluate psychosocial wellbeing. So, the views of 60 LGBT refugees, of various ethnic origins, religious backgrounds and length of stay in the UK or South Africa, were explored. The data collected through semi-structured interviews and photo-elicitation shows the 'real life' of the participants.

The comparative data shows that for LGBT asylum seekers (as distinct from refugees) socio-economic factors, identity recognition, documentation and freedom are key components in their psychosocial wellbeing. On the other hand the data also highlights that LGBT refugees face similar problems to non-refugees or the local community, with the exceptions of support, healthcare and housing. The research concludes by arguing that, the legal process, safety, belonging, identity and psychosocial strengths boost the promotion, maintenance and development of psychosocial wellbeing of LGBT Refugees and that there are distinctive programmes needed to focus on the particular needs of LGBT refugees.

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## 1. Introduction

Over the last 60 years research has focused on refugee groups that have overcome adversity (Luibheid, 2008; McGhee, 2001 and 2003; Crawley, 2011; Agrew, 1999; Middleton, 2010; Anker and Ardalan, 2014; Green, 2004; Ahearn, 2000). Refugees are distinguishable from other forced migrant groups as it is assumed that they have fled their homes for involuntary reasons, particularly, because of persecution and have the threat of continued persecution upon return or if return (Lustig et al., 2003). Other forced migrant groups are involuntarily displaced due to economic collapse, natural disasters, or dislocated within their country of origin due to conflict, but they are not included under the provisions of the 1951 Convention and subsequent protocols as they have not been persecuted and in the latter case, have not left their country of origin. According to ORAM (2013) approximately two percent of the forced migrant population are sexual minorities.<sup>1</sup> The term ‘refugee’ is a legal definition set by the 1951 UN Convention on the Status of Refugees (1951 Convention). According to UNHCR Article 1A(2) of the 1951 Convention, a refugee is defined as:

‘A person owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality, and is unable to, or owing to such fear, is unwilling to avail himself of the protection of that country.’

An asylum seeker is defined as ‘someone who says he or she is a refugee, but whose claim has not yet been definitively evaluated. Asylum systems are there to decide which asylum-seekers actually qualify for international protection’.<sup>2</sup>

‘Refugee’ status is given to an individual or ‘social group’ with a well-founded fear of persecution, that the country of origin, non-State actors and government is unable to protect and/or is directly persecution (for example Uganda adopting anti-gay law). There is not one definition of ‘social group’, but the most common definition found is: ‘persons of similar background, culture, identity, habits or social status’.<sup>3</sup> Since 2008, Lesbian, Gay, Bisexual and Transgender (LGBT) individuals

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<sup>1</sup> ORAM (2013), Blind Alleys: The Unseen Struggles of Lesbian, Gay, Bisexual, Transgender and Intersex Urban Refugees in Mexico, Uganda and South Africa. ORAM 14 March 2013.

<sup>2</sup> Definitions available online at: <http://www.unhcr.org/pages/49c3646c137.html> (accessed 22.12.2022).

<sup>3</sup> ‘Guidelines on International Protection: “Membership of a particular social group” within the context of Article 1A(2) of the 1951 Convention and/or its 1967 Protocol relating to the Status of Refugees’, available at <http://www.refworld.org/pdfid/3d36f23f4.pdf> (accessed 22.12.2022).



have been recognised as ‘Members of a Particular Social Group’ (MPSG) in need of protection and care, therefore giving rise to right to claim asylum as an LGBT person. Since 2008, there has been a steady increase in asylum claims citing persecution due the individual’s sexual orientation or gender identity. The targeting of LGBT persons is a worldwide issue, with homosexuality being criminalised in 68 countries, where the death penalty is imposed in 11 of them (ILGA, 2022).<sup>4</sup> In response to persecution, many people are forced to flee their countries in search of safety becoming asylum seekers or refugees.

For the purposes of this research, the term refugee is used to include both asylum seekers and refugees as the data has shown that there were not significant differences in those who were asylum seekers and refugees, being a member of the LGBT community was more significant. A distinction is made only in the conclusion (Chapter 5). The term LGBT refugee is used throughout the thesis; however, this includes all sexual minorities also known as gender non-conforming individuals. For the purposes of this research i) a lesbian is defined as a woman who has both sexual and emotional attraction to other women, ii) gay participants are self-identifying men who has the capacity for profound emotional and sexual or intimate relations with other men iii) a bisexual is an individual who has the capacity for profound emotional and intimate and sexual relations with people regardless of their gender or sex;<sup>5</sup> and iv) a transgender individuals is someone who is born or is labelled as one gender (i.e. male or female), but self-identifies with another gender other than the one assigned to them at birth.

The ‘Refugee Experience’ is referenced throughout this research. No refugee has the same experience, however, there are inevitable similarities in the phases of their experience. Researchers generally recognise three phases in the ‘refugee experience’: (i) pre-migration, (ii) migration and (iii) post-migration (Lustig et al.; 2003, Fazel et al., 2005; and Ponanieg et al., 2005; Jacobson, 2004). Pre-migration refers to the period of time before the refugee flees from their country of origin. This phase is often characterised by violence, conflict or social upheaval. It is during this phase that the refugee faces an increased risk of physical and emotional harm. The migration phase, the second phase, is when the refugee embarks on their flight from their country of origin. This phase is characterised by displacement from their homes, families and surroundings and ends with the search for and travelling to another country to resettle in. The last phase is the post migration

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<sup>4</sup> Information is available in the annual reports of ILGA, available on their website: <https://ilga.org/about-us/annual-reports-documents> (accessed 22.12.2022).

<sup>5</sup> See Rehaag, 2009:417. Also see: ORAM (2013). *Blind Alleys: The Unseen Struggles of Lesbian, Gay, Bisexual, Transgender and Intersex Urban Refugees in Mexico, Uganda and South Africa*. 13 March 2013:iii.

phase where the refugee settles into a host country. This phase is characterised as both a joyous and mournful time as the refugee has new hopes, safety and prospects of a better life in the host country, but this is coupled with the fear and anxiety of integration and the mourning of the loss of the refugee's home, family, friends, material possessions and possibly even the loss of their language or culture (Eisenbrunch, 1991; Dynegrov, 2004).

A key concept, and focus of this research, is psychosocial wellbeing. There is not one definition of psychosocial wellbeing, or other terms used in this thesis such as resilience per se. Instead they can be generally defined. Psychosocial wellbeing broadly is reaching self-actualisation, and is determined in a multitude of ways, but for the purposes of this research I look at the resources available (both internal and external) enabling the participant to reach self-actualisation. Resilience is most simply recognised as a phenomenon that results from positive outcomes produced by utilising psychosocial strengths (Berry, 1995; Bhugra et al., 2011; Werner, 2000). Psychosocial strengths are comprised of multitude of resources both internal and external factors that can be utilised by an individual whenever faced with adversity.

Using resilience as a premise to defining psychosocial strengths and its components: Mohamed (2012:6) acknowledges 'it is not a one-dimensional quality, that either one has or does not have, but is instead the possession of many skills and resources at different time and to varying degrees'. Other scholars highlight that resilience is not a positive, neutral or negative response to adversity at all, it is merely an innate defence mechanism that supports other psychosocial strengths in overcoming adversity. Positive outcomes to adversity are known by various labels and movements such as post-traumatic growth is a term coined by Tedeschi et al. (1998) or 'stress and coping' by Lazarus (1993). Resilient individuals seem to be able to understand what has happened to them (insight), develop an understanding of what has happened to others (empathy) and experience a quality of life that is often denied to others (achievement) (Mohamed, 2012). Simpson et al. (2007) and Tizard et al. (2000) highlight predictors of resilience, which they describe as predictable indicators. These indicators are found; i) within the individual, high levels of cognitive ability, social competence, an even temperament, sense of humour and positive self-perceptions; ii) within the nuclear environment i.e. home, socio-economic status, education levels and familial responsibility; lastly iii) within the external environment, neighbourhood influences, peer influences and the level of support available. The constant concept presented there by a definition is that psychosocial strengths support a universal human capacity to cope with adversity. Hence this research defines

psychosocial strengths as factors both internal and external that enable an individual's capacity to build, cope, or thrive in adversity.

This research focuses on resilience and self-actualisation because all too often, it seems that there is a focus on 'deficits' and what is going wrong for refugees, and as Green (2004), Bhugra et al. (2011) and Werner (2000) stress, it is important to bear in mind that most refugees cope after traumatic events and difficult circumstances in which they may live without external support. Therefore, it becomes critical for practitioners to understand the coping strategies employed and resilience developed by the individual and build upon what is already there, focusing on strengths rather than weaknesses.

Berman (2008) and Woodcock (1995) classify psychosocial strengths into three groups: (i) disposition, including the refugees' self-esteem and response to new situations; (ii) 'family' support and a positive relationship with family; and (iii) environmental support from family and community members. Psychosocial strengths are internal qualities and external factors that an individual has formed through their life experiences. Based on the literature psychosocial strengths (also known as protective factors) can be anything that prevents or reduces vulnerability (Gladon, 2007; Summerfield, 1999 and 2000; WHO, 2004). The individualistic nature of psychosocial strengths highlights the reason why different individuals react to the same situation differently. An important factor in the ability to overcome adversity is the refugees' ability to draw on both internal and external psychosocial strengths. Further, it is shown that refugees know how they best cope with difficult circumstances, and how other migrants might successfully manage similar adversity or traumatic events, also they provide an important source of knowledge for both researchers and practitioners.

Many of the stressors faced by refugees are intensified in LGBT refugees as they are considered to be a double vulnerable refugee group; that is, they sit within two marginalised groups within society; LGBT individuals and refugees. Many LGBT refugees come from unstable social situations and have higher levels of anxiety and emotional distress as a result of adversity that they have faced because of their sexual orientation and gender identity. There are also additional stressors created by fleeing their country of origin combined with their initial experiences as an asylum seeker and becoming a refugee in the host country. By exploring the psychosocial strengths of the participants and their coping mechanisms, this research identifies how LGBT refugees

survive, thrive and reach their self-actualisation or maintain their psychosocial wellbeing in the UK and South Africa.

## 1.1 Research Focus: Rationale and Aims

This research supports a positivist outlook on the ‘refugee experience’ and trauma studies. This means that psychosocial support systems should focus on supporting psychosocial strengths that the refugee has already acquired rather than installing new ones (Hefferson and Bonivell, 2011; Elliot et al., 2008). Most of the literature on the psychosocial wellbeing of refugees is centred on negative resolutions to adversity, such as Post Traumatic Stress Disorder (PTSD). There are not resources to create individual psychosocial support plans. And, as noted in the literature, most psychosocial support plans/systems work from the outcome of generalised checklists such as the PTSD checklist,<sup>6</sup> as the focus on traumatic events or ‘trauma’ is the negative outcomes: such as PTSD. This means that the dialogue on refugees is often one about ‘damage’ rather than ‘strength’. The psychosocial strengths and the positive outcomes are generally overlooked by practitioners. The hyper-vigilance given to the negative responses to adversity means that limited attention has been given to positive responses and outcomes in the psychosocial wellbeing of refugees.

As Seligman and Csikszentmihaly (2000:7) wrote, the point is not only to focus on ‘fixing what is broken; [but also] nurturing what is best’. Positive psychology focuses on wellbeing, happiness, flow, personal strengths, wisdom, creativity, imagination and other characteristics used by individual (Hefferson and Boniwell, 2011; Elliot et al., 2008; Jacobsen, 2002). By isolating specific psychosocial strengths it becomes apparent what makes a particular refugee not only adapt, but flourish in their host country and overcome the adversity that they face, rather than lament and languish in it. Michalec (2009:391) defines flourishing as ‘a state of positive mental health; to thrive to prosper, to fare well in endeavours free of mental illness’. The goal is to allow the refugees to have an equal opportunity to reach their true potential and lead happy lives and obtain self-actualisation. By understanding LGBT refugees’ lived experiences and factors that contribute to their overall psychosocial wellbeing, better and more efficient psychosocial support systems can be created.

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<sup>6</sup> The PTDS checklist is available here: [http://www.mirecc.va.gov/docs/visn6/3\\_PTSD\\_CheckList\\_and\\_Scoring.pdf](http://www.mirecc.va.gov/docs/visn6/3_PTSD_CheckList_and_Scoring.pdf) (accessed 22.12.2022).

As the refugee population becomes increasingly more diverse, with a wide range of cultural, ethnic and racial backgrounds, the need to discover the processes contributing to the wellbeing of individuals takes greater importance. There is considerable literature to indicate that marginalised refugee groups are at a higher vulnerability risk and are more likely to struggle with adversity (ORAM, 2012; GRAMNet, 2012). And as adversity is present at every stage in the ‘refugee experience’ and it is becoming increasingly important to research how marginalised refugee groups overcome adversity and the support systems that are needed. Therefore, this research focuses on one of the marginalised refugee group.

### 1.2.1 Research Questions

The research question(s) seek to identify the role of psychosocial strengths associated with positive resolution in the face of or after encountering adversity. The research questions therefore include:

- a) What are the specific psychosocial difficulties that are experienced by LGBT refugees?
- b) What are the psychosocial strengths that LGBT refugees have developed and retained despite their exposure to adversity and what factors contribute in developing these?
- c) What are the similarities and differences (in relation to the above) between LGBT refugees in the United Kingdom and in South Africa?

The goal of this research is to qualitatively research the internal (psycho) and external (socio) factors that feed the psychosocial wellbeing of LGBT refugees. This research is aimed at exploring the psychosocial wellbeing of LGBT refugees because it intends to find out how LGBT refugees are able to rebuild their lives after being forced to flee their country of origin. It also evaluates whether refugee-accepting countries have the appropriate psychosocial support systems in place to provide for LGBT refugees in order to integrate and recover from adversity or acclimate to their new environment without prolonging or causing further distress.

## 2. Literature Review

This chapter introduces the theoretical framework of this research; demarcating the diverse theoretical territory that expands over modern psychosocial theory, queer theory and their application to refugee studies while also taking advantage of their intersection, which is where this research is nested.

## 2.1 Defining Psychosocial Wellbeing

Defining psychosocial wellbeing and terms associated with this concept (e.g. psychosocial strengths, resilience, etc.) often depend on the predominant paradigm of the professional discipline that they are work in (Weare, 2004; Bhugra et al., 2011; Bibou-Nakou et al., 1997; Friedman and Jaranson, 1994), this highlights the importance of defining psychosocial wellbeing for specific research. For the purposes of this literature review, to define what psychosocial wellbeing is and where and how it was integrated into the context of refugee studies and support systems definitions are drawn from psychosocial theory.

In this chapter psychosocial theory, queer theory and their implementation into refugee studies are discussed. The three main aspects of this chapter are i) a reflective description of how psychosocial theory and ii) its development impacts the ‘refugee experience’ and support available to and for LGBT refugees.

### 2.1.1 Psychosocial Wellbeing

Psychosocial theory was developed by Erik Erikson, and he posed that human behaviour is the outcome of the interplay of internal drives and emotions throughout the natural flow of developmental changes (Bychowski, 1943, Bryan, 1930 and Hartmann and Loewenstein, 1962). Psychosocial theory poses that development is driven by both internal mechanisms and by social situations (Niolin, 2010) and focused on the social and cultural norms of society. Effectively the word ‘psychosocial’ is derived from the words psychological (the mind) and social (the environment and relationships). Wellbeing is generally defined within psychosocial theory as the successful balance of outcomes—basic strengths—that support healthy drives needed to achieve goals or aspirations and overcome adversity (Miller, 2002; Erikson, 1950). Psychosocial theory is applied to study the mechanisms behind human behaviour and their impact or their internalisation and effects of socialisation on personality and its effects on sense of self. Simply, the effects of socialisation on personality and its effects on sense of self were the driving factors behind psychosocial.

It was through psychosocial theory that psychosocial support was created. Essentially, psychosocial strengths are positive outcomes and evolve when individuals successfully move on from being confronted with an obstacle or adversity.

Miller (2002) notes psychosocial theory is continuously being developed because each generation is impacted by particular events during their lifespan: for example; urbanisation, the LGBT rights movement, etc. Such life altering events show how institutions need to mould themselves to the needs of the individuals in each society during the particular era in order to support their wellbeing. Further, Miller (2002) argues that psychosocial theory is malleable and therefore so are psychosocial support systems. What is important is that psychosocial support systems are constantly evolving because they are sensitive to the social, cultural or political climates. Therefore, when trying to create or develop a psychosocial support system a holistic approach where all the facets of their life are acknowledged, this includes their internal—psychological, emotional, identity and self—and external—social environment, societal norms and experiences—attributes, must be taken into consideration.

#### 2.1.1.1 Maslow and psychosocial theory

Maslow's (1943, 1954) theory and conceptualisation of wellbeing and need enhanced psychosocial theory. There are significant parallels between the positive resolution and the 'growth aspects'—qualities acquired throughout life—of Maslow's theory self-actualisation and the formalisation psychosocial support interventions (Ingelby, 2005). There is a need to unpack Maslow's Pyramid of Human Needs to get a better understanding of its stratification and its relevance to psychosocial support systems. The most significant contribution is that Maslow's theory provides is that all humans have several basic needs for survival, yet when evaluating an individuals' psychosocial wellbeing there are more factors involved such as security, acceptance, family, confidence and achieving one's potential (also see Pupavac, 2004). Specifically, the need to feel accepted among their 'social groups'. There are many social spheres in an individual's life and their value system ranks these social spheres in order of importance. For example, family (private sphere) may be given a higher rank than school peers (public sphere) or religious groups may be valued more than community groups. Maslow (1954) notes that the need for belonging may overcome some ontological needs or fundamental needs, such as identity, depending on the individual's psychosocial strengths (as discussed earlier) or psychosocial support. The need for esteem—the desire to be accepted and valued by others is particularly important. Maslow recognises two forms of esteem; the 'lower' version—need to be desired by social groups—and the 'higher' version—the need for self-respect and self-acceptance. Maslow's pyramid culminates with 'self-

actualisation’, meaning that once an individual ‘achieves’ or ‘satisfies’ the lower tier needs or fulfils the foundation of self, then said individual reaches self-actualisation.

To put it into context psychosocial theory was enhanced by Maslow’s theory because it expanded the understanding and impact of the environment on wellbeing, but also focused on thriving not merely surviving.

#### 2.1.1.2 Striving for ‘wellbeing’

Psychosocial theory is important as it highlights the basic stratification of needs and wellbeing, and is not preoccupied with ‘when’ the drives occur in human development, but ‘what’ they are and ‘how’ they are met. It is used to explain what happens in a situation where adversity breaks, destroys or hinders the development of specific psychosocial support. Crucially, these questions also create the interface between psychosocial theory.

In relation to psychosocial support systems MacDonald and O’Hara (1998) recognise that there is not a universal formula to developing psychosocial support systems, and that there is not a culture-free definition of wellbeing. However, there are frameworks, through which individuals from a variety of different cultures could add their own awareness and understanding in order to appropriately create a psychosocial support system for specific groups. McDonald and O’Hara’s (1998) dynamic concept acknowledges that there are three different levels that influences on wellbeing: the individual (psychological) level, the organisational level (immediate social sphere), and the regional, national and/or international level (social sphere). To continue, each of these spheres play an equally significant role in wellbeing and are closely linked and dependent on each other. This is significant because, as highlighted by Miller and Rasco (2004:1) note that ‘[before] the focus is on healing or ameliorating symptoms of psychological distress within individuals, with little attention paid to mending damaged social relations within communities, or to strengthening naturally occurring resources within families and communities that could facilitate healing and adaptation’.

While other researchers such as, Dogra et al. (2002) suggested that the concept of wellbeing should be considered only on a continuum between mental wellbeing, and mental illness. The continuum ranges from normal human emotional experience to extreme psychological distress. However, this presents a problem as this scale is one dimensional because certain behaviours that are considered



normal and healthy in one society and culture might be considered as abnormal in another (Dogra et al, 2002; Scott, 2005). Thus, this model is not appropriate for use when developing psychosocial support systems for specific minority refugee groups, as it suffers from the same lack of understanding of heterogeneous societies.

### 2.1.1.3 Supporting Psychosocial Strengths and Resilience

Resiliency is important because it shows what psychosocial strengths are in place at the period of time before, during and after the trauma or adversity occurs. This highlights why most studies focus on resiliency as it is the basis for the measure of psychosocial wellbeing—the strength to overcome adversity or traumatic events. Masten et al. (1991:426) provides a comprehensive definition of ‘resilience’.

‘Resilience refers to the process of, capacity for, or outcome of successful adaptation despite challenging or threatening circumstances. Psychological resilience is concerned with behavioral adaptation, usually defined in terms of internal states of well-being or effective functioning in the environment or both.’

This explains why wellbeing is generally focused on resilience, however, this research is focused on psychosocial strengths—including resilience—and their impact on wellbeing. Studies have found that psychosocial strengths can be supported by external psychosocial support systems. Gilligan (2000), Rutter (1987) and Green (2004) note that psychosocial strengths need encouragement and support within a facilitated environment, however, as argued by Greene (2002), Pupavac (2004) and Raj and Sekar (2011), psychosocial support in emergency situations lacks the basic structure of facilitated environment and therefore encourage new structures to be formed that cater for specific groups’ wellbeing. Despite the on-going debate about the relevance of psychosocial support systems, it is acknowledged to be an essential part of the concept of wellbeing.

When analysing psychosocial strengths relating to adversity, resilience offers a useful conceptual framework. The concept of resilience is used to refer to the qualities that help an individual to deal with adversity, pain and disadvantages (Stein, 2004). Resilience is generally conceptualised in three ways: its process, a capacity, and outcomes. It describes the process of adjustment in the face of adversity, where positive outcomes are facilitated by various psychosocial factors. The resilience

framework focuses on psychosocial strengths such as positive resolutions, biological predispositions and environmental influences (Garmezy et al., 1984). Research has placed emphasis on exploring the vulnerabilities and psychosocial strengths and their importance in wellbeing, but has overlooked the positive growths that adversity develops or provides. Where resilience is a focus in most psychosocial support literature, it is usually introduced on the basis of researched empirical evidence (Elliot et al., 2008).

Psychosocial strength is defined as the mental attributes built through life experiences—trust, motivation, self-confidence, etc—and the social aspects that support positive resolutions to adversity. These individuals need, what is referred to as psychosocial support in order to build positive resolutions, enabling them to overcome adversity or to better handle the aftermath of the adversity faced. Therefore, psychosocial support is defined as an external source, which helps to identify and develop missing or weak psychosocial strengths that annul an individual's ability to overcome adversity. There are multiple 'settings' that psychosocial support systems are available at the communal, societal, national, or international level (Eisenbruch, 2004; Weine et al., 2004; Summerfield, 2000, 2001 and 2005; Arnston and Knudsen, 2004; Hubbard and Pearson, 2004; Woodcock, 1995).

The literature suggests that psychosocial strengths, specifically those that promote wellbeing, include internal resources such as: confidence, self-identity, and judgment; and external resources such as: religion/faith, friends, 'family' and activism. Strengthening psychosocial strengths and empowering refugees ensure their ability to overcome obstacles that impede on their wellbeing.

#### 2.1.1.4 Coping

Coping is a complex phenomenon that includes a plethora of behaviours, regulators and strategies that are activated in response to adversity. Within the literature on coping there are two common approaches classified—problem-focused coping and emotion-focused coping (Lazarus, 1993). Problem-focused coping is used to manage or modify the stressor(s) caused by a traumatic event or adversity; while emotion-focused coping are strategies used to regulate or reduce the emotional response to traumatic events or adversity and dictated by the hyper-awareness and focus on negative resolutions. However, positive psychologists suggest that directing attention to the positive resolutions or focusing support on existing psychosocial strengths is more beneficial and

more effective in terms of providing psychosocial support. Also ‘coping’ is seen as too simplistic of a response to adversity (Ayers et al., 1996).

### 2.1.2 Specific Adversities faced by Refugees and Asylum Seekers

In research on marginalised refugee groups that are recovering from or overcoming adversity: ‘protective factors have mainly been understood through a compensatory model in which stress factors and individuals’ personal attributes are seen as combining additively in the prediction of the resolution’ (Werner, 2000:120). However, research on psychosocial strengths is moving away from defining protective factors in broad terms, and focuses on individual and situational mechanisms involved in resolutions. Werner (2000) argues that it is necessary to move toward a more dynamic understanding of protective factors associated with refugees who are marginalised. The wide variations in mental health issues reported by marginalised refugee groups could reflect the complexity of the interaction of heterogeneous cultural and contextual factors. A look at the literature on marginalised refugees groups confirms that generalising about what constitutes a protective factor is problematic (Luibheid, 2008). Most psychosocial support available is based on the homonormative (ibid) and homogeneous contextualisation of refugees and their psychosocial needs. Some researchers, in attempting to group together certain protective factors, focus on the pre-migration phase (Rouesseau et al. 1998), while others emphasise the characteristics of the post-migration context instead (Beiser et al 1989., Rouesseau et al. 1998). The most prominent protective factors, discussed in research looks at several main factors within the psychosocial system, such as the role of culture, language, gender, identity and support network: not at a time based event, as it is believed that psychosocial strengths are carried with the refugees.

Refugees and asylum seekers are a diverse group, with one thing in common: they are subject to forced migration, due to persecution in their countries of origin. They have a range of intersectional identities and can experience discrimination on the grounds of any of the five listed in the 1951 Convention. Refugees and asylum seekers left their country of origin because of the threat or real experience of persecution based on their sexual or gender identity. There are some psychosocial strengths that are as important for marginalised refugees groups as mainstream refugees, but the focus is more on inter-personal, interactive factors than on intra-psychic factors (Kelley, 1992). For example, ‘family’<sup>7</sup> is a main psychosocial strength for refugees, but often LGBT

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<sup>7</sup> It is important to note that the term ‘family’ in the LGBT community means their nuclear support system. This can be literally their biological family, or it can be a close circle of friends and like community members.

refugees do not have this strength in the 'traditional' sense: LGBT refugees have self-made and self-identified 'families' and Broderick (1993) notes that changes in the 'family' means that one's place in society endures a readjustment and poses problems and challenges, especially for refugees. This means that the rebuilding of the 'family' is an important factor that is unique to LGBT individuals as it is a choice made by the individual to insert themselves into a particular group. Rather than a nuclear group of people connected by culture, nationality, language, ethnicity or religion. This insertion is a proclamation of identity, which plays a monumental role in wellbeing. Bowlby (1973) asserts that individuals develop their own personal life sustaining and life enhancing psychosocial systems that work in conjunction with their psychosocial strengths.

Brough et al. (2003) analysed several in-depth interviews from refugees and found that the adversity faced in post-migration situations was overcome by specific psychosocial strengths such as social interaction and community support. They were amongst the most helpful when trying to deal with poor psychosocial support or distress. In the literature the most inspiring part of refugees' psychosocial strengths is their optimism and outlook on their future. In Brough et al. (2003) and Elliot et al.'s (2008) thesis evidence the significant impact positive responses using psychosocial strengths have on wellbeing. Drawing from a review of the literature and specifically referring to minority refugees, Alvord and Grados (2005), noted six categories of psychosocial strengths that, if present, would serve as buffers to adversity. These categories include a positive outlook, self-regulatory abilities, partnerships/connections and attachments to nuclear communities, optimism and identity.

There are specific traumas related to the refugee experience, which differs from 'everyday' trauma, as it involves environmental, political and social situations. Whereas 'everyday' trauma is psychological harm that is not necessarily dependent on external factors (Loulopoulou, 2011). 'Social trauma'—which is particularly important for this research—refers to a community, social group or even an entire society that has been traumatised (Craig, 1997). For example, 'corrective rape' is a type of rape carried out on women who are thought to be lesbians. The act is supposed to 'return' the woman to a heterosexual state. In South Africa a number of 'corrective rapes' and murders have severely traumatised the LGBT social group in South Africa. Although the larger lesbian population has not been raped, there is still the threat that it could, which induces a social trauma.

Refugees are considered to be vulnerable neither because they are weak nor because they are less resilient, but because they possess less agency than other non-migrant groups (Giner, 2006). Not all individuals need psychosocial support, however, it is commonly thought that refugees automatically need psychosocial support because they have endured ‘trauma’ and ‘adversity’. This means that there is a need to access specific psychosocial support systems, which may prevent protracting the period of traumatic state. People dealing with trauma generally display unpredictable emotions and have strained relationships. This is precisely why the first response psychosocial support systems are focused on trauma and mental health.<sup>8</sup> The theory is that if a refugee is mentally frail all other support will fail. There is no ‘cure’ for trauma, but psychosocial support finds constructive ways of managing emotions, supporting and catering to the refugee’s overall wellbeing (IASC, 2008).

Schweitzer et al. (2006) in their study on thirteen MPSG refugees found that psychosocial support alongside freedom to practice their religion characterised their experience in the country of asylum. Similarly, a study conducted by Kanji and Cameron (2010) highlighted the importance of the community, faith and religion as protective factors that helped refugees cope with adversity. In the literature presented a central ingredient to the psychosocial wellbeing of MPSG refugees is relationship building, that is, developing a sense of belonging, love and safety within a nuclear group. These connections are ‘critical’ to the psychosocial wellbeing in a refugee’s hierarchy of needs. Social needs, connection, belonging, and relationships with others are essential components for survival and the development of identity. Furthermore, refugees particularly need a sense that they have a viable future and with opportunities for self-sufficiency. Most refugees because of the lack of knowledge of the country of asylum need support to rebuild or support their existing psychosocial strengths. This is the key reason why psychosocial support systems are so fundamental to wellbeing.

A consistent and systematic framework is essential in order to facilitate the work of researchers and practitioners work within the psychosocial support system and to integrate the findings into other fields. Also, to provide guidance for the implementation of appropriate interventions that reaches optimal targets. For these reasons, it is essential to delineate the main concepts involving the study of psychosocial strengths. Finding an approach care method is crucial for both the

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<sup>8</sup> World Health Organisation (WHO) (2000:11) on mental health ‘the capacity of the individual, the group and the environment to interact with one another in ways that promote subjective wellbeing, the optimal development of mental abilities (cognitive, affective and relational), the achievement of individual and collective goals consistent with justice and the attainment and preservation of conditions of fundamental equality.

refugee and service provider. Loupoloulou (2012) highlights that if the psychosocial assistance is not working it becomes frustrating both for the refugee—in terms of the expectations of service—and the professional—as they are trying to help and feel as though they have failed.

The refugee experience is an in-depth look at the entire process of becoming a refugee and in which at any point a ‘trauma’ can be experienced, but just in the ‘devastating event’ stage (Blackwell, 2005). This also means that previous trauma that the refugee experienced may not have an effect on the refugee at the time, but possibly exacerbate the refugees’ reaction on future trauma or adversity faced, because of weakened psychosocial strengths.

Refugees also experience what is termed by Bronstein and Montgomery (2011) as ‘cumulative stress’ by traumatic experiences or displacement (Rutter, 1985). This prolonged exposure can be considered as a trauma vortex (Ross, 2003; Torella, 2007); that is, the ‘refugee experience’ of loss of; family, friends, community or identity through death, exile, violence, resettlement, status and identity over an extended period of time through multiple outlets (i.e. media, contact or re-exposure to the event itself). Common experiences of ‘losses’ are influenced by a number of factors (Hamilton et al. 2000); the first set of influences include suddenness of the loss, the number of losses and the context in which they occurred. The second set of influences are individual characteristics such as age, gender, personality, mental health and protective factors. Lastly, Eisenbruch (1991) argues that secondary losses such as cultural uprooting, resulting in loss of aspects of self-identity, cultural values, traditions and meaningful social structures are also significant experiences that need to be acknowledged.

What is often overlooked, when discussing traumatic experiences within the ‘refugee experience’, is the impact of integration or assimilation on refugees because of the feeling of ‘loss of home’ and ‘cultural bereavement’. There is a sense of loss of their norms, language and values, which are often different from their country of asylum. According to Eisenbruch (1991), cultural bereavement is a critical conceptual framework needed in order to understand the ‘refugee experience’. From a psychosocial perspective, cultural bereavement, for refugees, is their response to losing touch with the attributes of their country of origin. The most recorded indicators of cultural bereavement include survivor guilt, anger, ambivalence or indifference and depression. Eisenbruch (1991) states that coping with the ‘loss of home’ and social networks—family, friends, community, institutions and routines—result in resolutions that resemble the markers associated with the criteria for PTSD, which often leads to inaccurate psychosocial support, when these

reactions are actually a normal 'loss' or 'grief' process (Young, 2002; Zur, 1996). As seen in Eisenbruch (1991), Kovacev (2004) and refugees that have experienced traumatic losses, found that their adjustment was worsened by lack of access to culturally specific practices and/or specific psychosocial support that catered to their specific needs. They found that the wellbeing of refugees dramatically improved when they were able to validate their resolutions through culturally appropriate practices and behaviours. In the past decade psychosocial support systems programmes in both institutions and emergency situations have moved towards incorporating healthy and constructive notions of cultural bereavement (Hamilton et al., 2000; Anderson and Knudsen, 2004; Muecke, 1995), which further acts as psychosocial strengths.

The 'Psychology of Place' (Fullilove, 1996) is a theoretical framework that recognises and validates the significance of a sense of place and belonging (Peck, 1995). The 'Psychology of Place' argues that individuals strive to create a sense of belonging to a specific place and that this place can never be replaced even if a new place has similar characteristic such as demographics, culture or social aspects. The psychosocial need for a sense of belonging emanates from individuals' desire to feel connected as discussed previously. For refugees there are initial and sudden losses of a country, culture, family and friends, status—both within the private and social spheres, security—both physical and emotional, religious acceptance, belonging and way of life. Simply put it is the loss of being able to interact and communicate in a place where they feel they fit. Thus, according to Fullilove's (1996) concept of the 'Psychology of Place' refugees suffer significantly more loss when they leave their 'home'. This is mainly due to the circumstances of forced migration, that is, they did not choose to leave or migrate their home on their own volition.

Fazel et al. (2012); in their review of studies of on psychosocial strengths found that identity, culture stressors and the process of integration were key factors in the psychosocial wellbeing of refugees in the studies that they reviewed (Gilligan, 2000; Fullilove, 1996). Cultures carry history, beliefs, norms and processes of communication with them and therefore a legitimate role in assessing response, resolution and acceptance of support. All experiences whether private or public events are interpreted by the individual and to a certain extent, by their culture or in a cultural context. As described earlier, when an individual is uprooted from their social, environmental, spiritual and economic structures, it results in a profound sense of loss. However, this experience does not necessarily denote 'trauma' and does not follow the classic bereavement and trauma theories, but instead requires a specific form of cultural analysis and psychosocial support, within the framework of the individual's subjective experience (Hamilton et al. 2000).

This means that factors such as social isolation affect MPSG more profoundly than other refugees this enables support workers to utilize specific psychosocial strengths, which in turn, maximises their ability to move on from adversity (Hodes, 2002; Lustig et al., 2003).

Refugees can be affected by more than one social trauma, which can cause a duality in push factors.<sup>9</sup> Therefore, reflecting back to the need of the individualisation of psychosocial support it is equally important to note that social trauma does not mean there is a prescribed psychosocial support needed, the 'social group' may have all suffered the same event but their support still needs to be individualised to a certain degree. For example LGBT refugees may have all experienced persecution and discrimination because of their sexual orientation or gender identity, but the LGBT refugees from Zimbabwe have also experienced a dictatorship and economic collapse.

There is considerable evidence that MPSG refugee groups are at a significantly higher risk of having negative resolutions to adversity due to prolonged exposure to oppression and discrimination, which heightens the impact of traumatic events. It is because of the previously mentioned reasons that De Haene et al. (2007) argue for a conceptual framework that recognises a cycle of disruptions (or traumatic experiences) as opposed to the chronological models based on pre-migration, migration and re-settlement already discussed. Fazel et al. (2002) argue that the 'refugee experience' has to be considered as a non-linear, interacting process that explicitly acknowledges the dynamics situated in the social and cultural context. Berry (1987), Brough et al. (2003) and Ellis et al. (2010) found that MPSG refugees often experienced higher numbers of adverse events diminishing their ability to recover and damages their psychosocial wellbeing (Farewell, 2004; Franz, 2003).

## 2.2 Queer Theory and Psychosocial Theory

**'Males do not represent two discrete populations, heterosexual and homosexual. The world is not to be divided into sheep and goats. Not all things are black nor all things white. It is a fundamental of taxonomy that nature rarely deals with discrete categories. Only the human mind invents categories and tries to force facts into separated pigeon-holes. The living world is a continuum in each and every one of its aspects. The sooner we learn this concerning human sexual behaviour, the sooner we shall reach a sound understanding of the realities of sex.'**

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<sup>9</sup> A push factor is a reason or reasons that cause an individual to flee from their home.



Queer theory's and theorists' main aim is to move away from the heterosexual–homosexual dichotomy when researching sexual minorities, as it is necessary to transcend the heteronormative and progress into a more fluid (not fixed) way of thinking about gender. It is only then that research could fully incorporate sexual minorities. Kinsey et al. (1948) challenge the need for categorisation of human sexuality, forcing a binary—generally polar opposites—of sexuality.

‘Queer’ then democrats not a positively, but a positionality vis-à-vis the normative” (Halperin, 1997:62). Queer is by definition whatever is at odds with the ‘norms’ of society and the prevailing legitimised and dominant discourse. Worthington (2011) argues that the first debates around homosexuality and psychosocial theory took place between WWI and WWII, at a time when homosexuality and homosexuals were increasingly visible in Europe—indicating a growth of a culture, identity and queer space. Consequently, there was an increasing interest in the topic from the medical and social fields—psychosocial theory. This literary boom—including research—brought many journalist, psychologists and anthropologists to know ‘homosexual spaces’, recording dress codes, body language, language, lifestyles and even hair styles of the LGBT communities (Worthington, 2011; Erna, 2008; Garber, 1992). Worthington (2011), who researched the wellbeing of female homosexuals, notes that growth of the interest in homosexuality, both private and public spheres lead to non-heteronormative groups presented in research outside of medical pathologies, more specifically, development of the study into the wellbeing of sexual minority groups.

Salih (2009:9) argues that queer theory is a discourse that is not concerned with definitions or fixed terminology, but of transitive and anti-assimilationist discourse. It is a theory that is conceptually slippery and fluid (Turner 2000:3; Sullivan, 2003:v). Its lack of definition is a founding principle: ‘part of queer theory’s semantic clout, part of its political efficacy, depends on its resistance to definitions’ (Jagose 1966:1). It was during these social movements that the liberalisation of social norms and movements for homosexual equality emerged and the construction of homosexual identity began. It is an ensemble of a continuously evolving body of knowledge, mainly contesting knowledge (Hennessy 2000:53).

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<sup>10</sup> Kinsey, A., W. Pomeroy and C. Martin. (1948). *Sexual behavior in the Human Male*. Philadelphia. W.B. Saunders.

This research is based on the premise that homosexuality and/or non-heteronormative sexual identities in any form are ‘a normal variation in human sexuality and not psychopathological’ (Nel, 2009:38).<sup>11</sup> Sexuality is theorised as an intrinsic gender difference. Sexuality and desire are presented as a natural expression of a given gender defined by heteronormativity (Klein, 1946:75, 1945). Foucault (1971) referred to this shift—studying sexual ‘deviants’ in a psychosocial manner rather than purely biological—as reverse discourse (Eeva-Jallas, 2002). Halperin (1995:112-114) suggests that queer politics has failed to pay heed to Foucauldian thought that refuses to signify practices of resistance—activism—crucial to the queer movement. Dean and Lane (2001), Eeva-Jalas (2002) and Layton (2004) all have pushed towards the merge of queer theory and psychosocial support.

Worthington (2011) noted that visibility and inclusion had a polar effect on the LGBT community, meaning that LGBT individuals were either i) discrete, which had an effect on historical sources, queer personal testimonies, journalistic coverage and medical accounts, which limits their visibility or accessibility or ii) out, which allowed LGBT communities to emerge in which they developed a culture and society separate from the heteronormative society, which limits the groups accessibility (e.g. the over researched gay-white-middle to high income-men).<sup>12</sup>

Merck (2005:187) notes that queer theory has continuous paradigms being added to it, queer theory is still producing significant and dynamic literature. Judith Butler, who set the intellectual agenda and conceptual groundwork for queer theory in the 1990s, promoted the lesbian experience against heteronormative ‘women’ gender roles (also see Tygat, 2000). Butler (1990:145) argues that the development of queer theory is contingent on the understanding of how sexual identity is shaped by the political economy and cultural context (ibid:181).

The dominant academic discourse generally exclude the complexities of lived experience of sexual minorities (Marchand and Parpart, 1995) and this, as presented in this section, is a key component in understanding the psychosocial wellbeing of MSPG. Therefore, queer theory is used as an umbrella term for both cultural and sexual identification and other times as a model for more traditional LGBT or non-gender conforming studies. Despite the push to ‘queer’ discourse, the theory’s goal is to disentangle identity from categories that place individuals within a restrictive

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<sup>11</sup> ‘In some quarters and in some enunciations, no doubt, queer [LGBT] does little more than function as shorthand for the unwieldy lesbian and gay, or offer itself as a new solidification of identity by knitting out more fashionably an otherwise unreconstructed sexual essentialism’ (Warner, 1996:3).

<sup>12</sup> Faderman and Erikson (1980) studied many homosexual groups, most significantly the London lesbian communities.

binary of sexual orientation and identity Watson (2009:114). Queer theory allows for the examination of significant and sensitive issues such as the loss of life—particularly the loss of homosexual men—from a virus that posed significantly less risk to heterosexual, homosexual and transgender women. Such insights are invaluable for providing public information, designing sexual education classes and strategies around LGBT health issues. Hennessy (2000) critiqued that queer theory can identify with two conceptual avenues: i) as a social movement (culture development, health and medical advances) and ii) psychological processes (identity, representation and experience) and its significant (Edelman and Fuss, 1994).

This is the root of queer theory, which challenges the validity of heteronormative discourses and is focused not only on gays and lesbians, but on all non-heteronormative sexualities and practices. Queer theory is built on a social constructs foundation, which identifies the way in which identity categories emerge from discourse that challenge established hierarchies of power (Rollins and Hirsch, 2003). Queer theory is a field of post-structuralist<sup>13</sup> theory (Sinfield 2005:ix) that emerged in the early 1990s, stemming from gay and lesbian studies and feminism or women's studies, as it is also known. One of the most challenging forces driving the discourse on sexuality away from the dominant one is the long-standing conceptualisation that sexual subjectivity lays within the constitutive force of discourse. This means that dominant discourse manifests certain ways of perceiving the world and certain acceptable ways of 'being' in the world (Davies, 1997). And when abiding to these ways of perceiving and being, the implications affect subjectivity and experience of the world (Willig, 2001:107).

Social theory has pushed the development of psychosocial theory because it has incorporated multiple societies, cultures and ethnicities, much like sociology (Craib, 1997 and 1989), in its theory and does not follow a precise binary (Fernando, 2005; Ingleby and Watters, 2005). Although it is important to view an individual as only one member of a dynamic social system, it is equally important to remember that each individual is as important as their interactions with their social circle (clan, community, ethnic group, gender and society). Some of the factors incorporated in this holistic perspective are culture, religion, family (traditional and non-traditional family structures) and environmental changes (Wessells and Monteiro, 2004; Stubbs, 2005; Bala, 2005; Seidman, 1998; Warner, 1993).

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<sup>13</sup> Post-Structism is a label formulated by American academia to denote the heterogenous works of a series of mid-20-century French and continental philosophers and critical theorists who came to international prominence in the 1960s and 70s. A major theme of post-structuralism is instability in the human sciences due to the complexity of humans and the impossibility of fully escaping structures in order to study them.

In order to empower LGBT refugees the stigmatisation of the LGBT label needs to be removed, not only to the refugee who was persecuted but the host country as well. Markowitz (2003) states that LGBT individuals who participate in collective actions such as protests and strikes experience an improvement in their wellbeing, which helps them overcome unique factor noticeable in LGBT refugees: stress, anxiety, depression and pain (both psychological and physical) from previous negative experiences. Advocates focus on the strengths of human beings because these empower people with regard to their creativity (amongst other strengths) that improves their psychosocial wellbeing.

Refugees and asylum seekers are a diverse group, with one thing in common: they are subject to forced migration, due to persecution in their countries of origin. They have a range of intersectional identities. As a consequence, how individuals perceive and respond to 'refugees' is generally dictated by social construction (Woodcock, 2000). As a consequence, the responses to reality and adversity change according to their position as an 'other' to the host culture, age, or gender (Woodcock, 2000), the discourse holds two main polarities: self and the external world (Lops, 2001:4; Herdt, 1996:380-382; Butler, 1994:148 and Chodorow, 2005:1109). Queer theory is concerned with desire, repression, subjectivity, identity, sexuality and sexual practices that are shared with psychosocial theory.

Stack (1999:87) notes that these implications brought by queer theory would bring new possibilities to support systems that would navigate past compulsory heterosexuality. In terms of psychosocial support Ellis et al. (2010) reported that the psychosocial support systems in the UK had failed to respond to LGBT enquiries. This led her to conclude that homophobia and bias against the LGBT community were not conveyed publicly, but were evident in the practice of support. Positive role models, a support community and family are generally absent in a LGBT refugees 'home' community. In the LGBT community coping mechanisms—that may include denial of their sexual orientation or gender identity, self-hatred or hatred of others who are able to be 'out'—are all impacts negative imagery. Sexual minorities are particularly affected but discrimination as they are not born into a community. Meyer (2003) says that compared to heterosexuals, LGBT adults have higher incidences of anxiety, depression and substance abuse and as noted earlier refugees have a higher likelihood to suffer from depression and in rare cases other severe mental illnesses, therefore, by extension LGBT refugees face many tensions between their protection factors, increasing their chances of suffering from depression and or needing psychosocial support.

As Alexander in Eng (2011:199) states, although humans cross borders to have sexual freedom, they carry grief, trauma and pain along too. This outright defiance of heteronormative cultural gender norms, signifies an empowerment of the LGBT community (Layton, 2004:138). Early queer migration theory sought to make gender, gender identity and sexual orientation visible within a discipline that was dominated by heteronormative discourse (Richter et al., 2010). This discourse is particularly important as it indicates how LGBT individuals navigate their identities in different spaces and do so by evaluating the security risks, or as de Certeau (1984:36 in Secor 1994:353) states queer migrants make ‘an effort to find [their] place in a world bewitched by the invisible persons of the Other’. This is significant for this research as refugee studies has always been grounded within a heterogeneous and heteronormative context, meaning social groups and the question(s) surrounding equality and justice for minority groups generally fall outside the scope of migration studies.

### 2.2.1 Queer Migration

Queer migration has consistently explored how overlapping themes—i.e. regimes of power and knowledge—generate and transform identity. Queer migration has challenged the historical notions of identity; hence scholars have been forced to rethink the relationship between gender, identity and space (Nancel, 2001). Queer forced migration addresses how sexuality constitutes a ‘dense transfer point for relations of power’ (Luibheid, 2008:169). Kihato (2010a) challenges the academic discourse on identity and representation—representation of ‘self’—by critically analysing ways in which specific gender related issues cause migration. Kihato (2010a) criticises the discourse that confines identity to a specific space or place (Vearey and Nunez, 2011). It is because of these arguments that Malkki (1992) engages in discourse that is centered on identity and how it is related to the space that refugees occupy.

This means that queer migration is significant to this research because it understands sexuality and identity are constructed within multiple, intersecting relations of power including: race, ethnicity, gender, class and geopolitical location. Further queer migrants do not ‘map neatly across time and space, and become transformed through circulation within specific, unequally situated local, regional, national, and transnational circuits’ adaptation within the gay culture preventing in a particular space within a particular group (Luibheid, 2008). Thus, Manalansan (2006) argues that queer migrants frequently challenge the dominant, ethnocentric model that views queer migration

as a movement from ‘repression’ to ‘liberation’, as migrants experience ‘restructured’ inequalities and opportunities through their migration (Benedicto, 2008).

### **3. Methodology and Data Collection**

In the previous chapter provided an overview of the literature, outlining the context and rationale for this piece of research is presented. This describes the specific approach to data collection and analysis used and its relation to the research aims and objectives. Details of the sample and the methods used to collect and analyse data is also given. In this study, a mixed methods research approach is applied.

In order to determine the most appropriate research methodology to adopt for this research the principal paradigms in research and the epistemological assumptions underpinning them were considered.<sup>14</sup> Cohen et al. (2007), Baum et al. (2006), Creswell (2003) and Fellenor (2009) suggest that there are several principal paradigms that inform the nature of the human inquiry and research. First, there is the (Gernalisation) paradigm; this paradigm posits that human behaviour and the social sciences, can be understood by the laws of natural science. The researcher is an observer of the social realities and facts that surround them. These researchers’ approaches stress the importance of using methodologies that have clear rules and procedures to identify empirical (ir)regularities and causal relationships between two or more things (Robson, 2002). In this research the relationship is that between psychosocial support systems and the psychosocial wellbeing of LGBT refugees.

In contrast, the relativist and interpretative paradigms consider reality as represented by the interpretation of the researcher and participants. Using different approaches to research is merely a different way of viewing the world (Robson, 2002). The world is interpreted through constructs developed by theories, concepts or society. The meaning of experience and behaviour are used to interpret and attempt to understand the complexity of human responses (Creswell and Clark, 2007; Brough et al., 2003; Babbie, 2011). This research is set in the interpretivist research paradigm, which is used to address questions about how and why something happened or is happening and about what is likely to happen in the future.

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<sup>14</sup> Hodge, D (2005). Epistemological Frameworks, Homosexuality, and Religion: How People of Faith Understand the Intersection between Homosexuality and Religion. *National Association of Social Workers* 50:3:207-218

As the individuals at the centre of this research are minority refugee groups, namely LGBT refugees; an intersectional approach is also employed as this approach provides for the ability to address complex questions and analyse multi-faceted issues without fractionising them. As this research focuses on the 'lived' experience of LGBTQ+ refugees, which in itself is a diverse group, but the diversity is often absent in research. In general literature on the LGBTQ+ population carries with it an assumption that the group is white, middle-class and able-bodied (Butler et al., 2010), thus foregoing an analysis of the complexities of issues experienced by individuals within the group (Davies, 2008).

A third paradigm, realism, is adopted in this research because it gives the researcher the advantage of integrating both subjectivity and objectivity (Babbie, 2011a). The realist view is that there are 'no facts that are beyond dispute' (Robson, 2002:32). With a realist approach, the researcher essentially asks, 'What works best, for whom, and under what circumstances?' (Robson, 2002:39). The researcher accepts that in this case different psychosocial strengths trigger different outcomes depending on the individual.

In keeping with the outlined philosophy, a mixed methods approach was considered to be the most appropriate in order to address the research questions (Martin, 1996; Tashakorri and Creswell, 2007). Mixed methods approach to research differs from 'traditional' research methods in order to look at complex social problems that have become more prevalent in recent years. Creswell (2003, 2007) amongst other researchers highlight that mixed methodologies are much more than simply combining qualitative and quantitative methods: rather, it is a 'third option', which creates a new paradigm to go alongside the positivism and interpretivism paradigms. This according to Tashakorri and Creswell (2007:4) is a 'deliberately inclusive' definition of mixed methods as 'research in which the investigator collects and analyses data, integrates the findings, and draws inferences using both qualitative and quantitative approaches or methods in a single study or programme of inquiry'. Young and Barrett (2001) suggest a mixed method approach employing a relaxed, social fun atmosphere that allows participants to use oral, written and visual activities.

Schwartz (1985) highlights that although quantitative data can be used as a powerful lobbying and advocacy tool, qualitative data incorporates the nuances that quantitative data overlooks. Therefore a qualitative research study was chosen in order to uncover psychosocial variables that may not be captured by quantitative data (Reddy et al., 2009). For example, an answer to a semi-

structured question about discrimination, may reveal that there is a percentage of discrimination, but it cannot reveal the reasons and reasoning behind this perception.

Reddy et al. (2009) support epistemological research as it promotes the access the ‘hard-to-reach’ (also referred to as ‘invisible’, ‘marginalised’ or ‘minority’ groups in this research) groups offering new and viable data. Using South Africa an example in research on minority individuals, for example in the study of LGBT individuals the most visible group is the gay white-employed males; however, this must be rectified, as the majority of the LGBT population in South Africa is gay black-unemployed males (Nel and Judge, 2008), which skews research findings and quality research outputs. Although this previous example is said to highlight the equality and silencing of LGBT individuals in society as a whole; Reddy et al. (2009) voice that ‘silence’ and ‘invisibility’, tokens of diminution, have been the characteristic obstacles in the path of lesbian and gay struggles worldwide’.

Participatory Action Research (PAR) is an epistemological research framework used in social sciences. PAR provides the participants freedom of expression (through art, writing, visual means, etc.) ultimately gives the researcher leeway to expand to further on sensitive issues pertaining to the research (Andrews, M et al., 2004). In this research, each participant was given an analogue camera to capture significant ‘things’ in their life that they believed contributed to their wellbeing and survival in their host country. Based on creative and critical engagement with the participants, the researcher is able to observe and adjust the experimental design or questions to better understand the participants’ experiences and needs. Such methods have been particularly successful with ‘hard-to-reach’ groups because while they are minimally intrusive for the participant, as the participants choose what is ‘captured’, without the researcher directly asking intrusive questions. But the information captured, enables the researcher to infer and elicit invaluable data about the participants’ personal experiences and feelings—which would have not been accessed in the course of a question–answer interview (Nel and Judge, 2008; Vearey and Nunez, 2011).

A hands-on approach that gives the participants voice is adopted because through the literature it is shown that the most effective way to make programmes or in this case psychosocial support systems for specific hard-to-reach groups. In summary, this method examines the relationships among the participants’ psychosocial wellbeing; the use and development of psychosocial strengths and the psychosocial support systems; this is primarily done using [lomo]graphy (a type



of photography), ‘photovoice’ or ‘photo-elicitation’ as it is also known and semi-structured interviews.

Because this research targets ‘hard-to-reach’ groups—in society and existing research—namely LGBT refugees, allowing them to give ‘voice’ to this research is crucial for this research. Much of the existing literature relies heavily on obtaining the views of refugees or sexual minorities, while this serves a valuable purpose; it tends to lack the participation of LGBT refugees in the research process (Maegusuku-Hewett, Dunkerley, Scourfield, and Smalley, 2007). Studying any ‘hard-to-reach’ group poses many challenges to the researcher. Mainly this is due to the fact that the researcher needs to consider social variables, when entering into the community. For example, if a researcher had to conduct interviews with a chaperone or senior member of the community. Or, as in the case for this research, potentially exposing a ‘vulnerable’ group to the wider public. Parker (2004) argues in favour of innovative research methods in social research such as visual and/or art-based methodologies to gather information from ‘invisible’ groups (Vearey and Nunez, 2011; Schwartz, 1985; Raagin, 1994; Arafat, 2003). These methods fair better in ultimately providing useful interventions and assistance especially to ‘hard-to-reach’ groups because they offer a better understanding of the individual’s specific psychosocial needs within their social context (Young and Barrett, 2001).

### **3.1 Ethical Considerations**

For this research ethical clearance was granted by the University of Essex Ethics Committee (see APPENDIX A). Points included in the application were ensuring that participants had been provided enough information to give informed consent, that the researcher was trained and had significant experience working with LGBT refugees<sup>15</sup> and that they would be fully debriefed as to how the information would be used. Throughout this research ethical standards set out by the guidelines of the University of Essex were maintained.

It is widely acknowledged that LGBT refugees are a double vulnerable group and extra care is needed to protect their rights and to ensure that they freely enter into participating to the research. In this research, the researcher followed best practice guidelines for gaining informed consent.

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<sup>15</sup> For a number of years I work directly with LGBT refugee through Refugee Aid Organisation (RAO), the Organisation for Refuge, Asylum and Migration (ORAM) and the United Nations High Commissioner for Refugees (UNHCR). These organisations provide financial assistance, food vouchers, clothes, and other forms of psychosocial support to refugees. In order to avoid a conflict of interest I did not interview any refugees that I worked with directly.

This involved making sure all participants were fully informed of the scope, purpose and benefits of the research as well as the procedures to be followed and their right to withdraw from the research at any time. They are not forced to answer questions that they are uncomfortable with and have the ability to terminate their involvement at any point of the research (Figlio, 2000). Given the nature of the participants' experiences and backgrounds, the researcher was careful to select questions that would not invoke anxiety or distress.

The participants are paramount to this research, and without their contributions the research would hold no merit. Therefore, the reasons for using organisations that had preexisting relationships with LGBT refugees was to ensure that if the researcher came across a participant in particularly difficult circumstances, the organisation could then provide immediate support. As the literature presented suggests LGBT refugees are viewed as a double vulnerable group (Winter, 2000), thus, ethical considerations are cast to protect the participants and ensure that they are not subject to distress (Huffer, 2001). The British Psychological Society (2006) and Huffer (2001) point out that it is crucial to have mechanisms available to the participants even after the research is completed.

Working with a vulnerable group grants access to a host of personal information. Consequently, caution needs to be applied to ensure that private or sensitive information is only entered into the research when it is directly related to addressing the research questions. This is to protect the participants and prevent any harmful situations or negative consequences to their participants. In this research identifiable information about the individuals was not disclosed to any person. The participants chose the name they wished to be known by in the research, or they also had the option to be called Participant X. They were also given the option to fill in the individual information form. Confidentiality is not entirely possible because of the data collection method used specifically where the participants [lomo]graphed themselves. However, in the research report the participants' documentation status, HIV/AIDS status and or any incriminating information that is given are not disclosed in an identifiable manner, as each participant chose a pseudo-name to represent themselves in order to protect their identity.

In other words, combining information that stems from the Lomography, followed by and semi-structured interviews and finally gives solid data pertaining to the research question(s).

### **3.2 Reflexivity and Role of the Researcher**

In qualitative research there is an assumption that each researcher brings a unique perspective to the study. As indicated in this chapter, researchers should be aware of themselves and how they influence the research outcomes. It is important to recognise the researchers' impact on the research so that the data can be properly analysed.

The researcher's values and ideas have an impact on the process of obtaining and making sense of data. Interpretation, by the researcher, of the meanings attributed to events is a feature of qualitative research. The aim is to develop a true understanding of the area under investigation, focusing on the information from the participants and their interaction with the researcher (Hayes, 2000). Purposive sampling involves developing a framework that might influence the participants' contributions and is based on the practical knowledge of the research area and the available literature (Marshall 1996). Reflexivity is the contribution or impact of the researcher on the research (Ellis and Bochner, 2001; Steier, 1991). In other words, the theory of reflexivity claims that the researcher cannot remain 'outside' of the research (ibid).

As the researcher is a member of the LGBTQ+ community and works closely with LGBTQ+ refugees, it felt as though the participants were more comfortable and inclined to talk about sensitive and intimate issues. The participants displayed this frequently when they assumed that the researcher knew what they meant when they spoke about discrimination issues or used queer terminology. However, their assumptions also made the participants short on elaborating on what they were saying, forcing the researcher to ask follow-up questions. Further, as at the time the researcher was working for UNHCR and determining cases for escalation, some participants were excluded as they were 'clients' of the researcher.

### **3.3 Data Collection and Analysis**

Taking [lomo]graphs made it easy for the participants to feel comfortable with 'talking' about themselves as well as the other LGBT refugees. 'Lomography' is the same photography, but uses non-digital 'Lomography' cameras. The Lomography Embassy in Johannesburg and Cape Town assisted with this research by donating film, cameras and by teaching the participants to use the equipment. In total, 15 cameras and 5 rolls of film per participant were donated for this research. The [lomo]graphs taken prompt the group or individual semi-structured interviews highlighting

reoccurring themes, unveiling the psychosocial wellbeing of LGBT refugees. This process is known as photo-elicitation.

Individual semi-structured interviews are more time consuming are the most appropriate for this research and formed the main basis of data collection. Semi-structured interviews permit the exploration of particular areas of research, based on previous research, but allows some flexibility in doing so.

The present research employed semi-structured interviews as it allows the participants to talk freely and openly and afforded the opportunity to clarify information and ask follow-up questions on reoccurring themes. The intention is to juxtapose the participants' personal stories and images to their current environment. These compiled together create a look into the everyday lives of LGBT refugees in the UK and South Africa allowing to isolate specific psychosocial needs that contribute significantly to their overall wellbeing. A semi-structured interview allows the participant to bring forth relevant information or new questions that can be discussed and answered.

For the purposes of this research it was necessary to find a balance between ensuring that information obtained is relevant to the research question(s), whilst also allowing space for the participant to describe what is relevant to them. It also allows for new insight to be generated and identified. The semi-structured interviews highlight the intention behind each [lomo]graph, which inevitably reveals key themes in this research. Themes that are in the narrative were taken from the images selected by the participants, thereby, allowing the individual intersections of identity, space and 'self'. The semi-structured interview is a discussion introduced by the [lomo]graphs, but expanded on by the participants. In this research [lomo]graphs taken by the participants, then developed and given a narrative as to why the image is significant. From the participants interview, keys themes are uncovered. This is significant because it allows the participant to add information that was not addressed on or could not be represented in the [lomo]graph. The content of the discussion that surfaced, shed light on emerging themes that are stemmed from the [lomo]graph.

The questions asked in the semi-structured interview were asked in a conversational manner, aimed at promoting a two-way dialogue and empowering the participant. In addition, concrete non-intrusive questions, about matters such as past and present experiences and future prospects by the refugee participants, were used at the outset before moving on to more personal matters when the interviewee appeared more comfortable. As they talked, questions were asked to encourage

elaboration where events or experiences were not fully described. Participants were not asked about personal events if it was felt that this could potentially cause distress, questions were also kept short and neutral and were not leading in any way. As ‘resilience’ and ‘coping’ and ‘psychosocial wellbeing’ are complex concepts, alternative appropriate language was used. Asking questions in English meant that the language used needed to be simple and easy to understand as the participants varied in their ability to speak English, and more so because these concepts are based on ‘western-based’ thought and would probably be unknown to the participants. Questions were worded in simple straight forward language and consisted of no more than one part.

Approaching this study from a interdisciplinary perspective offers greater insight and understanding to the specific areas of individual experience and sheds light on the research question(s). A didactic process between content and context reveals the complexities of what is being represented as well as what is not being represented in that particular [lomo]graph. The data collected for this research is compiled via [lomo]graphs and semi-structured interviews. The semi-structured interviews were dictated by the [lomo]graphs taken by the participants and the themes are derived from the semi-structured interviews. These themes mark significant psychosocial needs that contribute to the participants’ overall wellbeing. One of the approaches used in this research for data analysis is thematic analysis. Information given by the interview is taken ‘at face value’ and themes are then drawn directly from what is said. The themes are then organised to show patterns in the semantic content and are then interpreted. Analysis at the latent level involves interpretation before developing the themes, going beyond what has directly been said and considers underlying assumptions that might have influenced the semantic content. It is for these reasons that a thematic approach is used in this research.

There were six phases of my thematic analysis that I adapted from Braun and Clarke (2006:87):

**Phase 1: Familiarisation with the interviews.** This phase involves repeatedly reading the transcripts, and searching for meaning and patterns. The review of the data was theoretically based as presented in Chapter 5.

**Phase 2: Generating codes from the interviews.** This phase requires systematic coding throughout the entire interview (Coffey and Atkinson, 1996).

**Phase 3: Searching for themes.** Codes are sorted into possible themes and then given relationships to other codes, narrowing down the themes.

**Phase 4: Reviewing themes.** This phase involves linking codes to the entire data set. The checking is part of a thematic map, or network, which is produced at the end of this phase.

**Phase 5: Defining themes.** In this phase themes are further defined.

**Phase 6: Producing the report.** This is the final phase that involves selecting examples to show the themes within the interviews and lastly by carrying out a final analysis of the examples referring back to the theories guiding this research.

Themes introduced in the semi-structured interviews were taken from the images selected by the participants, thereby, allowing the individual intersections of identity, space and 'self'. With each theme identified, each transcript was examined for the existence of data belonging to that theme. Each interview was transcribed and then read and reread, with key and reoccurring words and themes being noted each time. An analysis of each transcript was undertaken. Each transcript was coded and tagged according to a concept or ideas and the codes belonging to the same category were grouped together. These groups became themes. The information from the interviews was coded and highlighted the use of the theme and how many participants cited each theme. Using the number of participants as a system to rank the importance of each theme. Several codes were put aside if it was felt that they were not significant enough. Certain codes were only present in one or two data sources, meaning that only one or two participants mentioned them. When the codes could not be merged with the existing themes they were retained, as it was felt that they could reflect unique information that related to that particular participant. These odd codes also gave insight into the diverse experiences and perspectives of the participants. Lastly, coding and creating themes allowed for the data to be 'generalisable' to a certain extent. Generalisability or 'transferability' refers to the degree that the results of the research can be applicable to other contexts or settings.

The next phase in generating themes involved organising the themes and condensing them into few theme groups. This required focussing the analysis on how different codes fit together under an overarching theme. Mind maps were used in order to think about the relationships between codes, themes and overarching themes and subsequent sub-themes. Themes were further defined, refined and discarded accordingly throughout the data analysis process. Once the themes were acknowledged as 'capturing' the coded data, the transcripts were, again, analysed, ensuring that the decided themes worked across all of the participants' interviews. Any additional data that came to light was incorporated at this point. Once the thematic analysis represented 'good themes and codes', the next step of the analysis begun.

The commonly observed themes gathered from the participants were highlighted and then relationships between these various themes and the participants' current environment were identified. With these conceptual themes, questions were asked in the semi-structured interviews to isolate reoccurring themes.

The last phase involved defining, refining and naming the themes. Themes were generally broad and were comprised of a number of smaller sub-themes. The themes are presented in the order chosen by the researcher and not on priority, frequency or importance.

### 3.3.1 Qualitative Data Collection

Qualitative research is an investigative process in which the researcher makes sense of a social phenomenon by comparing, categorising, classifying and replicating the object of research (Creswell, 2003). Following research conducted by Baum et al. (2006), Fellenor (2009) and Vearey and Nunez (2010) amongst others, this research is based on a qualitative approach because it was found that it is the most effective method to research marginalised refugees and psychosocial wellbeing (Marshall, 1996; Felsman et al., 1990; Young and Barrett, 2001). The most compelling argument to conduct qualitative research when access marginalised and 'invisible' groups is that qualitative data encompasses an individual's perceptions and thoughts that are not normally present in quantitative data (Chatty et al., 2005; Bhana, 1999; Blaikie, 2010; DeKoning and Martin, 1996). Strauss and Corbin (1990) have also pointed out that qualitative research incorporates factors that are difficult to convey when dealing with quantitative methods, such as emotional distress or background.

The aim of qualitative research is to understand how individuals make sense of the world, and how they experience events (Willig, 2001). Researchers using qualitative methods have a duty to: "Make their epistemological position clear, conduct their research in a manner consistent with that position, and present their findings in a way that allows them to be evaluated properly" (Madill et al., 2000:17). The epistemological approach emphasizes the need to view events through the 'voice' or 'eyes' of the participants, so that the meaning of the event can be properly construed (Smith and Osborn, 2008; Jorgenson, 2006; Kraus, 2006; Banks, 2002; Kihato, 2010). Through queer theory this position arose when more 'traditional' approaches did not adequately address issues of social injustice or adequately represent marginalised—particularly LGBT individuals, ethnic

minorities and women. Also queer theory is concerned with conveying the voices and experiences of LGBT refugees without suppressing them socially, which is sometimes a concern when using more traditional means of inquiry. This directly relates to the special attention called for by queer theorist and in the LGBT rights and approaches. It is important to note that qualitative methods encompass a wide range of different epistemological techniques for collecting and analysing data (Willig, 2001; Olsen, 2004).

### 3.3.2 Participatory Action Research

The methodology is derived from the 'LGBT Affirmative' and 'Rights-Based' approaches, which lead to the decision to conduct Participatory Action Research (PAR). PAR gives 'voice' to invisible, vulnerable and underrepresented groups (Hall et al. 2001; Venables, 2010). Therefore, PAR is the most suitable method for collecting data. PAR is not solely the act of giving the participants a task to perform and analysing what information is given, but it is permitting and encouraging the participants to create their own methods to answer the research question(s). By using visual methods the participants are able to express themselves in their own way representing themselves within stories and [lomo]graphs taken by them (Ingleby, 2005; Young and Barrett, 2001; Kihato, 2010; Schwartz, 1985; Banks, 2002).

Ingleby (2005:25) poses that vulnerable groups need to directly participate in research in order for optimal data to be collected. He continues by arguing that: 'Most research studies, because of their methodology, give a very limited opportunity for [the participants] to describe their needs and problems in their own terms. This is because they make use of standardised questionnaires or diagnostic procedures, instead of methods, which have more the character of a dialogue and allow the person, interviewed to express themselves in their own way. Only fieldwork using qualitative methods is capable of bringing the users' own perspective into focus'. PAR is defined as 'motivation, discussion, decision-making, implementation, organise people to participate for certain common objectives and sharing the benefits' (Saha, 2010:2), which is needed in order for the research to hold any 'real' merit (discussed in Saha, 2010; Ingleby, 2005; Fellenor, 2009; Dekoning and Martin, 1996; Blaikie, 2010; Baum and Clark, 2006; Chatty et al., 2005; Collier and Malcom, 1986; Hockings, 1995).

As a participant gives information to a researcher in a manner that they find conducive, enhances the amount of information given. 'Participation is all about 'empowering' the people to play an



active role in the development process' (Saha, 2010:247). Although not a common form of data collection, visual methodologies are gaining momentum as appropriate research tools in social science research across multiple disciplines (Kihato, 2010, Hockings, 1995 and Venables, 2010). 'By giving voice, researchers often are able to show that groups that are considered deviant or different in some way do not deviate as much as most people think' (Raggin, 1994:44). The narratives and [lomo]graphs allow the participants to express their feelings and views in alternative ways, which inevitably lead to uncovering unknown facts, feelings and memories (Berman, 2008; Fellenor, 2009).

### 3.3.3 Visual Methodology

Young and Barrett (2001), Hall et al. (2011) promote visual methodologies as an important methods that highlights significant aspects of research and combined with thematic analysis provides substantial research designed to have the maximum impact for the researched group. Using a visual research methodology, which is Participant-centred and Participant-led gives 'the unique set of circumstances that impinge on the life of a [participant] living and surviving in the cityscape' (Young and Barrett, 2001:142).

Since the early 1980s, recognition of innovative new research methods, such as the use of photography—or [lomo]graphy in this research—as an appropriate data collection tool in academia (Kihato, 2010; Collier and Malcolm, 1986; Hockings, 1995; Schwartz, 1985). Banks (1995 and 2002) notes that visual research methods are an approach to objectively record visible 'givens' but that as representations they are subject to the influence of their social, cultural and historical contexts. 'Visual sociology proceeds methodologically by making visual representations (studying society by producing images), by examining pre-existing visual representations (studying images for information about society), and by collaborating with social actors in the production of visual representations' (Banks, 1995:2). Visual research is highly productive in documenting problematic areas within their own lives. Using this method empowers the participants through visual media. This means that by using visual methods a grander insight into the participants' response is offered. Visual representations reveal complexities of what is being photographed as well as information that is not directly represented in surveys or questionnaires (Young and Barrett, 2001: Hall et al., 2011). Although traditionally visual data (Dryer, 1993) was primarily used by anthropologist and sociologist there has been a huge shift in its use in academic disciplines such as such as forced migration (Vearey and Nunez, 2011; Brough et al., 2003), public health (Venables, 2010) gender

relations (Kihato, 2010), urban integration and psychosocial studies (Hall et al., 2011) of various groups in order to actively engage with marginalised groups.

Photos also allowed the participants to talk about what had happened to them without participating in the narratives (although more in-depth information was gathered when the participants were interviewed). As Young and Barrett (2001) also suggested, drawings, maps and other visual methods are useful in changing the nature of the research and minimising ‘outsider’ involvement. Since its creation, photography has been a resource to explore the lives of others and their environments. In research it has the potential to provide intimate details of social realities than speech alone (Hall et al., 2011; Banks, 1995 and 2002; Schwartz, 1985; Collier and Malcolm, 1986).

Using visual research methods allows for an in-depth understanding of the participants and their environment (this includes their psychosocial factors that contribute to their overall wellbeing). Vearey (2010:51) emphasises the importance of visual methodologies by stating, ‘the richness of such methods cannot be underestimated as these processes ensure that the voices of otherwise silent populations are heard, and that the ways in which residents represent their own spaces is understood’. This method is particularly useful in order for the participants to represent themselves and tell their stories even when they have a limited vocabulary (Young and Barrett, 2001). ‘Performative encounters as a process where research participants actively decide how they want to be represented and perceived in the world’ (Goldstein, 2002:486). However, as assessed by Vearey and Nunez (2011) it is important to be mindful that the photographs are central to both the researcher and participant since both have autonomous interests in the information being produced (Banks, 2005; Jorgenson, 2006; Kraus, 2006). In recent studies [lomo]graphy has been used as a part of PAR, in light of the easy use and rewarding amount of data from a single [lomo]graph. ‘Lomography is particularly appropriate as a means of photo-elicitation, as it encourages the photographer to be spontaneous and to capture pictures of objects, people and scenes – whatever attracts their attention’ (Hall et. al, 2011:227).

As this research is uncovering the ‘real-life’ of participants, it is essential to find a methodology that interacts with the participants’ perspectives. Each [lomo]graph is accompanied with a caption and narrative, that tells ‘the story; behind the image(s). However, it is the ‘grouping’ of selected photo groups by each participant that uncovers their ‘whole story’. Here is where the use of the [lomo]graphs can be the drives in exploring the psychosocial needs of LGBT refugees.

As prompted by earlier sections, specially about the consequences of particular focus on LGBT individuals: it is also important to recognise the negative aspects of using visual methodologies, that is exposing participants' 'hidden spaces', personal identity and their community can be risky as public information can lead to serious repercussions (Winter, 2000). Since no LGBT 'refugee experience' and perceptions on any given situation are the same, the use of visual methodologies provides a way of 'seeing' groups of people and places that are often hidden from the researcher. The photograph reveals aspects of the participants' environment and everyday life.

#### 3.3.4 Semi-structured Interviews

Interviews are a flexible and an adaptable way of finding things out such as how individuals have developed protective factors and resilience in order to cope when faced with adversity or traumatic events. Face-to-face interviews offer the possibility of modifying the line of enquiry, follow-up on interesting responses and investigating underlying motives in a way that self-administered questionnaires cannot (Robson 1993). Open-ended questions have the ability to evoke responses that are meaningful and culturally salient to the participant, unanticipated by the researcher and rich and explanatory in nature. Also, in contrast to structured interviews or questionnaires where questions are predetermined with fixed wording, semi-structured interviews permit richer data and allow for novel avenues to be explored (Smith and Osborn, 2008). Moe et al.'s (2007) study, for example, asked what it would mean to be resilient without using the word 'resilience' and instead used the word 'helped' or 'helpful'; this was used to inform interview questions prepared for the participants in this research (Fellenor, 2009). Interview agendas for semi-structured interviews can consist of a small number of open-ended questions. Researchers can also identify topic headings as a scaffold for additional questions without recourse to a pre-set established agenda.

As highlighted by Taylor and Ussher (2001:296) 'Open ended semi-structured format questions were used flexibly, being omitted, adapted or elaborated according to the demands of the individual context.' Semi-structured interviews are useful in order to collect systematic data linked to a range of issues as opposed to open-ended interviews, where participants are not probed for further information on critical aspects (Dockrell, 2004). Semi-structured interviews are widely used in flexible, qualitative designs and are particularly useful in research that focuses on the meanings

of experiences (Robson, 2002). Also interviews create the opportunity for the participants to add information they felt was pertinent to the research (Smith and Osborn, 2008).

### 3.4 Preparing for the Study

Representing a potentially challenging group of refugees to interview, this research has also highlighted the value in using a combination of tools and techniques in order to elicit the participants' views. For example, using photography to insight dialogue and conduct interviews as well as using semi-structured questions with the refugees. Furthermore, the quality of the information and knowledge gained from the research has been enriched by further quantitative data from other research which is closely affiliated with LGBT refugees. The researcher believes that having a third perspective to the research in this way, has added to the credibility and validity of the initial findings from the interviews as well as the overall research.

#### 3.4.1 Research Sites

In order to choose the research sites, the researcher sought two countries with comparable legal systems with high LGBT refugee populations that were accessible to the researcher. There were problems with locating statistics on exactly how many LGBT refugees there are, but there have been many high profile LGBT refugee cases, made public, particularly in South Africa<sup>16</sup>, as well as high number of refugees. Lacking statistics from the research sites, the researcher decided to select participants from the cities with the largest refugee populations (Johannesburg<sup>17</sup>, Durban<sup>18</sup>, Port Elizabeth, Cape Town, London, Manchester<sup>19</sup> and Glasgow<sup>20</sup>). It was further reasoned that among those cities, the ones that have a thriving LGBT community (i.e. Johannesburg, Cape Town,

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<sup>16</sup> For examples one of the participants was in the newspapers and the subject of several international organisations interventions. See: BBC News Africa. (2010). *Malawi gay couple get maximum sentence of 14 years*. <http://www.bbc.co.uk/news/10130240>, and Bearak, B. (2010). *Gay Couple in Malawi Get Maximum Sentence Years in Prison*. New York Times Africa. <http://www.nytimes.com/2010/05/21/world/africa/21malawi.html>

<sup>17</sup> Johannesburg has the highest number of asylum seekers/refugees, Cape Town the second and Durban has the third highest (Department of Home Affairs (DHA), 2011).

<sup>18</sup> Unfortunately, the interviews I had arranged in Durban, did not happen. The one remaining potential interviewee declined an interview, but indicated he was moving to Cape Town as the LGBT community was unaccepting of him in Durban as he was a refugee and the refugee community was unwilling to accept him because he is gay.

<sup>19</sup> I had a group of 41 participants in Manchester, but more than half withdrew because at the second stage of the interview (where they present their lomogrpahs) they insisted that I pay them in order to participate, as this is what 'others' (other researchers) have done.

<sup>20</sup> I had set-up interviews through a researcher at the University of Glasgow, but when I arrived I was told that the organisations and this researcher had decided not to ask their pools of LGBT refugees to participate, as they were preparing to start a similar study and did not want my research to cause 'research fatigue' on their refugees.

London, Glasgow and Manchester) would logically have the highest sampling pool of LGBT refugees, so it was decided to seek participants from those cities.

The goal was to find between 15 to 20 participants from each of six cities.

### 3.4.2 Contacting Organisations

Before starting the data collection research was conducted online to find organisations that provide psychosocial support to LGBT refugees. Over 50 organisations were contacted between six cities (London, Glasgow, Manchester, Johannesburg, Cape Town and Durban) via email with a letter of information and asked these organisations to enquire of the refugees if they were willing to participate. In the UK: two organisations responded to the email.<sup>21</sup> In South Africa: two organisation in Johannesburg, three organisations in Cape Town and one organisation in Durban gave consent to take part in the research. The organisations then supplied the researcher with lists of LGBT refugees who had expressed interest in participation.

### 3.4.3 Participants and Sampling



**Lomograph 1: Participants at the Scalabrini Centre, Cape Town**

Participant samples in this research included anyone who self-identifies as a lesbian, gay, bisexual and transgender refugees. The participants were selected, contacted and interviewed from January

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<sup>21</sup> Glasgow and Refugee Action

2013 to April 2013 in South Africa, May 2014 in London and Manchester and July 2014 to September 2014 in Manchester and Glasgow. One of the most common sampling strategies in qualitative research is purposive sampling. This is when participants are grouped according to preselected criteria relevant in order to address a particular research question. That is the participants were sampled according to the inclusion and exclusion i.e. self-identifying as (L)(G)(B) or (T).

To locate and contact participants, the 'snowballing' technique was used in this research. The sample size for this research is 67 participants; 32 from the UK and 35 from South Africa. Of the 32 participants from the UK; 12 are from Manchester and 15 from London and 5 from Glasgow. From South Africa; 14 participants are from Johannesburg, 20 from Cape Town and 1 is from Durban. The researcher sought to select names from the lists that would provide as diverse a group of participants as possible (i.e. diverse in terms of country of origin, refugee or asylum status, and LGBT category). This approach was taken as this research aims to produce generalisable information, meaning that the participant pool needed to be tailored to reflect the wider LGBT refugee community.

At the outset, the participants were again given the information sheet, which was previously presented to them by the organisation that they were associated with and a consent form (see APPENDIX B). The researcher 'hired out' (all spaces were given for free) venues in the centre of town so it was easily accessible by public transport or walking. This provided not only a central location that was accessible to all the participants, but also provided a security measure. All participants were asked if they had any questions that they wanted to ask the researcher before the research project commenced and if they were happy to proceed.

Before the interview the participants were asked to 'mind map' their migration experience. The interviews showed that the 'refugee experience' was used by both the researcher and participant as a timeline to mark their migration. It helped the participants remember details and events of their migration that would have otherwise been forgotten.

After the initial meeting, the participants took part in a [lomo]graphy workshop. The participants were asked to take [lomo]graphs of anything they felt was significant to their wellbeing. The visual methodology asks participants to contribute snapshots of their everyday lives and explains how each [lomo]graph is important to them. The objective is to i) tell the stories of LGBT refugees in

pictures and ii) uncover the psychosocial needs of LGBT refugees targeting their more personal and unrevealed thoughts, concerns or priorities. Each [lomo]graph tells a 'real-life' story about the participants' life. The [lomo]graph reveals aspects of the participants' environment and everyday life. The narrative highlights the intention behind each [lomo]graph, which inevitably reveals the participants' psychosocial needs affecting their overall wellbeing.

All interviews were recorded and lasted between 40 to 60 minutes. The interviews were transcribed, by the researcher, and checked for accuracy before being analysed. The last phased defined the data presented in the findings chapters (Chapter 4).

### **3.5 Pilot Study**

Tiejlingen and Hundley (2001:1), pose that an advantage of carrying out a pilot study is that 'it gives advance warning about where the main research project could fail, where research protocols may not be followed, or whether proposed methods or instruments are inappropriate or too complicated'.

The pilot was carried out with a gay refugee in London. He participated in a semi-structured interview, based on [lomo]graphs that he had taken himself. It became apparent during the interview that some questions needed to be adjusted and some omitted, as they appeared to be repetitive. Amendments were also made in the wording of the questions to be more straightforward. For example, instead of asking the participant to describe their environment, questions like, 'Imagine you hear that someone from your 'family' was coming to London, what things might you tell them about London and the community here?' These types of questions prompt the participants to give as much descriptive detail as possible in their response by referring to direct examples. After the pilot study was completed the questions were adjusted and the number of questions that were predetermined were limited.

### **3.6 Limitations**

There were a few limitations presented and considered in this research. Specific limitations such as security, gatekeeping by organisations and other academics and academic institutions, and sampling pool size were particularly challenging in this research.

### 3.6.1 Security Concerns

As a majority of the refugees interviewed were in either state organised accommodation (for example temporary housing given by the UK government, which includes flat shares or detention centres where the refugees are living with strangers) or in insecure housing arrangements (for example in South Africa there is no housing provided for refugees and therefore most go into townships and build a squat or rent a space in a township). Many of the participants were placed or only found accommodation within communities that are not accepting of LGBT persons and pose a threat to them.

In order to provide the participants with a safe space to interview as well as somewhere that they would not be 'outed' the research interviews and meetings were held in secure buildings that were not linked to LGBT specific organisations or spaces. Most of the time the interviews were conducted in office buildings with multiple businesses or organisations working in them. The only exception to this was in Manchester, one of the interview rooms was at the Gay and Lesbian Foundation.

### 3.6.2 Gatekeeping

In academic research gatekeeping refers broadly to the process of either controlling access to data or participants and/or information being released or disseminated.<sup>22</sup> Primarily it is focussed on 'power' and who/what holds that power.<sup>23</sup> Within the research process, gatekeeping can ensure researchers gain or deny access to potential participants and sites. For postgraduate researchers gatekeepers can be invaluable to the research process by facilitating the smooth running of research activities.<sup>24</sup> However, there is a growing body of research by postgraduates highlighting the problematic nature of gatekeeping in terms of access to participants and sites.<sup>25</sup> In this research, gatekeeping was an issue in Glasgow. In Glasgow, potential participants were made unavailable because there was an upcoming research project and the contact (the researcher from the University of Glasgow) wanted to use the pool for their research.

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<sup>22</sup> See Spacey, A., Harvey, O., and Casey, C. (2021). Postgraduate researchers' experiences of accessing participants via gatekeepers: 'wading through treacle!'. *Journal of Further and Higher Education*. 45(4), 433–450 and McFadyen, J., & Rankin, J. (2016). The Role of Gatekeepers in Research: Learning from Reflexivity and Reflection. *GSTF Journal of Nursing and Health Care*, 4(1), 82-88.

<sup>23</sup> Barzilai-Nahon, K. (2008). Gatekeeping: A Critical Review. ARIST- Annual Review of Information Science and Technology. February 2008.

<sup>24</sup> McFadyen and Rankin (2016).

<sup>25</sup> Spacey et al. (2021).



### 3.6.3 Sampling Pool Limitations

With [lomo]graphs and semi-structured interviews as the main tools for eliciting information and gathering data, sampling pools are chosen on densely populated areas in the UK and South Africa with the intent to represent the greatest possible number of LGBT refugees.

Although this sampling pool of participants is not representative of the entire LGBT refugee population, the researcher tried to represent each group equally. First, although the aim was to obtain a representative sample in terms of sexual orientation, gender identity, the lists of voluntary participants was limited. Second, refugees that received psychosocial support from organisation that I worked at, i.e. UNHCR, ORAM or RAO, were not contacted or selected as participants for ethical reasons, which cut out a significant portion of potential participants, specifically transgender participants.

### 3.6.4 Manchester Participants

The researcher had issues with the Manchester refugees. Although there were originally 26 participants who were volunteering to participate, numbers dwindled due to i) requests by some of the participants for payment to participate and ii) research fatigue. Research fatigue occurs when a participant or a particular group of participants are used too many times in different studies. Using the same participants and same data repeatedly (unless intentional, for example in a longitudinal study) creates research fatigue. It is for these reasons that there were only 12 participants in Manchester.

## **4. Analysis of the Data: Findings**

This chapter presents the findings from the qualitative data gathered from participants' interviews using thematic analysis and considers the findings in relation to the research questions and aims of this research. In particular, it examines the links between the themes presented. The researcher generated sub-themes from each of these main themes.

In each section, first a brief description of the theme is given, this is followed by [lomo]graphs that highlight the most common sub-themes (i.e. those of highest significance) and excerpts from the interview are presented.

One main finding and confirmation of the methodology specifically designed for this research is that a noticeable discrepancy between the topics discussed in the interview and the themes the participants chose to [lomo]graph. This was particularly noticeable because the participants mentioned xenophobia, crime, and missing family a lot, but surprisingly, their [lomo]graphs were arbitrarily chosen and did not coincide with their answers in the interview. Although they did not mind talking about sensitive issues, they did avoid capturing them on film, which suggests a reluctance in i) expressing their feelings and ii) disclosure of personal information in a more identifiable way (also seen in Kihato, 2010; Schwartz, 1985), in contradistinction to the semi-structured interview. Therefore, without the use of both visual methods and semi-structured interviews, the rigor and thorough responses to the research question(s) would not have been realised.

#### **4.1 Theme One: Belonging**

Theme One includes the codes that are specifically related to the aspects of belonging and acceptance and how these two factors impact the psychosocial wellbeing of the participants. As the participant pool was composed of a host of refugees from different countries, their migration stories and experiences vary. However, belonging was attributed with being the highest factor in what the participants deemed to be their wellbeing. Therefore, these sub-themes are further examined within this theme. In the coding of the transcripts, loss and separation, religion and faith and the change in support systems were highlighted as key aspects of the 'refugee experience' that directly impacted the participants' feeling of belonging. The selected [lomo]graphs presented here; **[Lomo]graph 2**, **[Lomo]graph 3**, **[Lomo]graph 4**, **[Lomo]graph 5**, **[Lomo]graph 6**, **[Lomo]graph 7**, **[Lomo]graph 8** and **[Lomo]graph 9** highlight the significance of belonging and juxtapose this theme with the sub-themes that the participants presented.

##### **4.1.1 Loss and Separation**

A significant number, all but two of the participants, highlighted how loss and separation impacted on their wellbeing and ability to cope. It was also evident that the timeframe or 'phase' of the

‘refugee experience’ that the loss happened in is irrelevant. The impact of loss is ‘carried with them’ throughout their ‘refugee experience’. Loss and separation are exemplified in **[Lomo]graph 1** taken by Albert, a self-identified gay man, who, in this [lomo]graph associates with his identity and ‘freedom’. When Albert was four, his parents divorced and his family on his father’s side wanted him. So, when they took him, he said ‘I lost my childhood [when] they took me, by force, into my dad’s family. As I grew I wanted to always be with my mum and this is something I will never get back: my childhood, time with my mother. Everything I loved was gone instantly’.



**[Lomograph 2] Loss, faith, identity, religion and security**

**-Albert-**

The paradoxical relationship between emotions of loss and hope are exemplified in **[lomo]graph 1** and **[lomo]graph 2** interviews: One participant (Nyasha) commented ‘There was only one choice for me, I had to flee, nothing could ever replace my family, but I knew that I could only be happy if I left’. Here emotions of loss and hope coexisted. Similarly, Albert found that ‘nothing can ever replace my mother, but as soon as I left Congo, I dreamt of building a new family and meeting new friends here. I can say that nothing can replace the loss of my mum, but also nothing can replace the joy of finding family and friends here.’ Loss and hope are often interlinked, both emotions contributing to the wellbeing while creating further adversity to overcome. For example, hope is the drive that makes them leave their family, but leaving their community and family means that they lose a part of their psychosocial support system, and support systems are positive contributors in overcoming adversity. Therefore, loss creates new adversity, but it also creates new opportunities. It was also apparent from the interviews that there seemed to be no difference in

the emotional stress brought on by rejection or separation from family, community or other support systems and the choice to leave these connections in their ‘refugee experience’.

Other participants highlighted that they wanted to find more like-minded LGBT refugees that were facing similar circumstances to form a social group or a ‘family’. For example, one participant stated, ‘there was a drive for me, a drive to go somewhere and belong to someone or something, like a community. I did not want to hide me, after they killed my boyfriend, I knew I had to leave, I do not belong there’ (ParticipantL5). This was usually attributed to not having like individuals to help them bypass gatekeepers, this consequently affects their happiness and, in turn, their wellbeing. The literature about LGBT refugees suggests that there are benefits to refugees maintaining links with their own communities in terms of maintaining a sense of identity, building self-esteem and confidence and combating feelings of isolation (Hek, 2005).

There seemed to be a consistent consensus that the participants felt that they needed to flee in order to belong. ‘I was told by my family, I need to leave, I do not belong here, I am not the same as them (Ahmed). However, there was also an interesting dynamic in joining new groups or communities, for example, one participant (Participant M5) said ‘after 25 years of living here, I realised I left Nigeria because I wanted to be me, but when I first arrived in Manchester, I was who the other gays thought I was.’ Here, it is shown that flight does not automatically grant ‘freedom’ or meet the expectations of the refugees, but it can also create similar obstacles of a different nature (i.e. playing a stereotypical role: ‘all gay can be found at a Kylie concert’<sup>26</sup>).

#### 4.1.2 Frequent Transition

A majority of the participants noted that frequent transfers had a negative impact on their wellbeing; however, they also recognised that their ability to migrate strengthened their success in finding communities or groups where they fit in and felt a sense of belonging.

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<sup>26</sup> This is an infamous line quoted from a well-known case of HJ (Iran) and HT (Cameroon) v. Secretary of State for the Home Department.



[Lomograph 3] Stability,  
migration, and searching

-Participant10-

Participants used a variety of terms synonymously: ‘belonging’, ‘fitting-in’ or ‘integrating’ – to highlight the importance of integration and the significance that belonging had for them. These LGBT refugees described the pull or push to flee one’s ‘home’ in order to find a place to belong and be accepted, and also to find like-minded individuals for support and to promote self-esteem and identity development. ‘If I never left, I never would know who I am. I found people like me, I was not alone and this made me stronger to fight.’ (Participant5). This suggests that there is a need to not only integrate with the local community but also make new connections within their community.

One participant notes that ‘at some point, when I first got to South Africa, I stayed with a guy I met online... this ended bad, he wasn't serious, he had boyfriends and did not want me. After this, I wanted to go home, but I had no money, so I stayed with friends and then found friends in Johannesburg. I moved every week sometimes every day. This was hard, I couldn't work or know what would happen next’ (Tino). However, later in the interview Tino reported that ‘in the end, it was good for me [to migrate often] I learned I could go anywhere and put my feet down’. Thus indicating that stability or lack thereof is both a negative aspect of the ‘refugees experience’ and a developed strength.

Frequent transfers effects the ability of LGBT refugees to adapt and develop, sustain and maintain their psychosocial strengths. Also because of their frequent transfers sustaining specific activities like work, is nearly impossible. Although there is a substantial amount of research highlighting the disparity in the work the refugee was doing before their flight and the one that they acquire after they settle in a host country, there has been further in-depth research shows that this disparity is heightened for LGBT persons. Frequent transfers, just adds to the disparity and ability of LGBT refugees to find work and financial support themselves. Stress and trauma are significant factors that can affect employment, learning and emotional problems, which were highlighted in the UK participants' interviews and absent in the South Africa participants' interviews (Murray and Viljoen, 2007). Streeck-Fischer and van der Kolk (2000) have pointed out how cumulative trauma results in a series of negative resolutions for the integration of refugees into host societies. Thus traumatic experiences seem to affect functions that are important for societal functioning (i.e. work capacity, contributions, human capital etc) (Dryegrov, 2004).

Another issue discussed under frequent transfers, was stable housing and its impact on housing. Most of the participants only stayed in a specific house or flat for one month. This, as seen in Crawley (2011), highlights why most refugees do not want to live in shelters or in council housing because they feel that they are more secure and protected in their chosen communities. Crawley (2011) supports giving the choice of where and who to live with to the refugees because, as suggested by Boyden (2003) and Duncan (2009), it builds resiliency and enhances their protection mechanisms (Apfel and Simon, 1996).

#### 4.1.3 Change in Support Systems

A key factor in the need to find belonging referred to by participants was the need for support and acceptance. For example, when using [Lomo]graph 3 to explain the significance of support, Grace, a self-identified lesbian refugee from Nigeria, boosts the connection between belonging, support and wellbeing; 'Look at his face, it says, look how far I've come. It is like us, look how far we have come...It [the statue] says you can go anywhere and achieve anything, with support'. Three other participants also described [lomo]graphs in which statues were presented in the same manner and they made the same association between the statuses and support and belonging.



**[Lomograph 4]: Support, Mental Health, Sexism**

**-Grace-**

‘The man in the centre is a forerunner, a trailblazer that is immortalised for his success...but there are always people who support those on top. Look at the rulers they have advisors, even in the village the chief has an advisor, everyone needs support’ (Chance).

Support systems are significant for two main reasons: First, as ParticipantG3 noted, ‘United we stand, divided we fall’. Ruth continues by acknowledging that ‘we all have ambitions, but without the support of people who believe in what you do or who are like you or have the drive as you, nothing will be done’. The participants suggested that they need support in order to survive (ParticipantD8). However, generally participants also acknowledged that they do not allow people into their life on an intimate level (e.g. boyfriends, close friends and family) because of the negative effects of losing said support.

‘This plant is happy, it has a good life, but think of who cares for it. It takes someone to water it, it needs sun and it needs someone to make sure that no one hurts it. That is a lot of care from [different] people.’ (Prince). Therefore, the support needed is modular in the sense that one organisation or group or individual cannot provide all the support needed for the participants to thrive, but they all have to act together. ParticipantM7, a self-identified lesbian took **[lomo]graph 4** to exemplify ‘a good life’ and how ‘support helps to fulfil our goals’.



**[Lomograph 5]: “Support, optimism/happiness, care”**

**-ParticipantM7-**

‘God put us all on this Earth, he made everything, so we have to support each other and help each other to be happy and safe’ (Angela). Although all the participants interviewed had made friends, built social groups and had some sort of psychosocial support system in place, the desire to be able to find and promote their own support systems was present. For example, Shane and May came to Cape Town with another friend (who is a gay man), and have established an Angola lesbian and gay group.

Amongst all the participants it was evident that there was a strong sense of belonging to their ethnic community and culture, but not as strong as their need to belong to the LGBT community. This was a prominent factor in the participants’ ability to manage change, adversity and needs successfully. The findings from all the participants, regardless of their sexual orientation or gender identity supported this sub-theme of support systems; however, other environmental factors and individualistic characteristics played a more significant role in promoting the psychosocial wellbeing of three of the participants, as they had felt that the LGBT community had betrayed them in the past. Interestingly, the participants identified relevant positive and negative factors impacting on their psychosocial wellbeing that are specific to their status as ‘LGBT’ refugees. The impact of the support system or change in prior support systems was one of the main negative outcomes for psychosocial wellbeing. As stated earlier it was evident that the participants were not protected from all negative experiences, but were able to outcome obstacles due to a number of factors, one of which is community support and a sense of belonging.

All of the participants identified support from ‘family’, friends and community organisations as essential in their integration as well as the implications of access to social support systems and how they impacted on their ability to cope or surpass adverse events. ORAM (2012), looked at the lives of LGBT asylum seekers in South Africa and Rosentheil (2012) examined the social lives of LGBT



refugees living in New York. They found that the LGBT refugees did not have as many friends or pursue as many leisure activities as non-refugee LGBT individuals. Both studies found that LGBT refugees had significantly more daily responsibilities to attend to in order to eat, sleep, get documented and produce some sort of income than LGBT non-refugees. This severely hindered their ability to make friends, build support systems and integrate into the host society. This research supports their findings. In relation to 'family' and friends, the participants spoke about friends and family members in the host country or afar, and some highlighted the significance of psychosocial support during pre-migration experiences. Both family and friends were seen as the most significant factors in the participants' psychosocial wellbeing during all stages of the 'refugee experience'. The psychosocial support from family and friends prevented the participants from feeling social isolation and loneliness, and gave them a sense of belonging especially in host countries. On the contrary, some participants mentioned that 'family' was reason for self-hatred, isolation and guilt.

According to Summerfield (2001 and 1999), refugees dealing with family separation and loss face more complex issues and have a harder time finding an adequate support system (ISCA, 1996). **[Lomo]graph 3** is an example of how institutions ignore the importance and significance of psychosocial support, especially in terms of refugees. It also shows that the participants understand the importance of support and acknowledge the power struggle between the government agencies and the refugee (Engebriksen, 2003). A sense of security is part of the psychosocial wellbeing of individuals (Maslow, 1943) as seen in research conducted by Vearey and Nunez (2011). Upon their arrival in the UK, participants reported having lost a large degree if not their entire social support network. Such circumstances made the participants rely on a broader range of psychosocial support. For example, LGBT Somali refugees that could no longer rely on family, friends or community support, had to branch out to specific support and friendship groups for LGBT Somalis. Schweitzer et al.'s (2006) noted in their research of Burmese refugees resettled in the United States (US) found that participants had formed friendships with other Burmese refugees to help them cope. These friendships were helpful in three ways: they provided i) informal support, which assisted with assimilation and the culture norms; ii) emotional support so that individuals could discuss their difficulties and how other migrants were able to settle into the host society; and iii), a source of distraction from on-going problems. Alvord and Grados (2005) noted that positive connections with social networks and good psychosocial support systems serve as protective factors. The participants in this research actively accessed both refugees and British individuals to adapt. They acknowledged friends, family and community members who helped

them with practical issues such as accessing benefits and teaching English as well as signposting LGBT groups.

A number of studies, mentioned in the literature, have revealed the importance of friends during the difficulties experienced by LGBT refugees (Zeenat, 2007). He found that many of the refugees, even if they were with their families, reported having enormous benefits from spending time with other refugees, 'family' and indicated the importance of informal friendships. Fazel et al.'s (2012) research of protective factors identified perceived family, friends and community support to be associated with improved psychological wellbeing.

Institutional psychosocial support, that is support from external agencies, also has a significant impact on their wellbeing, sometimes in a negative way. The participants recruited from refugee organisations discussed the amount of support they had received with domestic issues as well the places available for them to seek advice: a prime example of this is the Gay and Lesbian Association (GLA) in Manchester. McDonald and O'Hara (1998) promote the concept of psychosocial support in their model of mental health and suggest that social support can either promote or demote the wellbeing of an individual. Thus, making social support systems and networks one of the most vital aspects of psychosocial wellbeing. Some participants are involved in their communities through sports, recreation activities (choir, church etc.) and/or advocacy. This allows them to have a sense of purpose and belonging as well as support their passions and develops their ethnic and LGBT identity, when they meet other like-minded individuals or those individuals with similar backgrounds. The literature on LGBT refugees suggests that there are benefits in them maintaining links with their own communities in terms of identity, building self-esteem and combating feelings of isolation (Kidane, 2001; Richman 1998; Stanley 2001). As noted by Gonzales (2011) and Clacherty (2003 and 2006a) one sign of wellbeing is ambition and positive 'forward' thinking. Although a study conducted by Gonzales' (2011) notes that undocumented migrants face continuous problems and their transition from asylum seeker to refugee greatly improves their mental wellbeing.

Circumstances and situations concerning family and friends appear to affect how the participants feel and their ability to be happy and settled. Sometimes these complications manifest in their daily lives especially if they were young when they were separated from their families and were forced to take on more mature and protective roles. The interview analysis highlighted a range of stressors that the participants had endured such as depression due to post-migration stress and suicidal

behaviour from pre-migration experiences. The family can influence the wellbeing of the refugee, generally, in two ways: family members, can act as a 'protective shield' during adversity, as seen in Participant1's interview, noting that: 'my mother knew I could no longer live here, so she gave me all the money she had, told me she loved me and that God will protect me in South Africa'. The second way, is that family can complicate the situation, causing stress or be part of the persecuting body, as seen in Participant12's interview: 'My father gathered the village against me, I had nowhere else to go, my mother could no longer protect me, and it seemed as though God was forcing my brothers and sisters to punish me. There was nowhere I could go, nowhere, but [South Africa]'. The participants in this research experienced separation from their 'families' either during pre-migration, migration or post-migration stages. Walter and Bala (2004) have also included family separation in the process of uprooting as an additional source of disempowerment and stress.

#### 4.1.4 Spirituality and Faith

There were a large number of participants in South Africa that expressed commitment to their faith and directly linked the success or failure of their integration to their acceptance by their religious community. For example, Mama Africa is a self-identified transgender woman who highlights that although she has found a community that accepts her and promotes her wellbeing as a transgender woman, acceptance within her religious community is lacking. She explained she is attending a Christian church because the Muslim community did not accept her (or indeed her father as a member of that community: She stated 'Tho I like living here, it is not the same. Christians are nice people, but they are not my people. I am Muslim and to say I am going to now be a Christian is a lie.' This represents the search for acceptance within religious communities.



**[Lomograph 6]: Spirituality, Faith and Home**

**-Mama Africa-**

Everyone who mentioned their own religion highlighted that their own religious community created hardships in their lives for no reason other than their sexuality or gender identity. ‘Alhumdullilah [thank God], I survived and have what I need’ (Ismeil). Mama Africa also highlights that ‘My religion, well, the way my father sees my religion does not allow me to be a girl or gay... when I came to South Africa, my brothers did not accept me, but the Christians did, but Christianity to me, it does not seem real. I miss practicing my faith. I need it to survive.’ Another participant, Ruth said ‘The first organisation that helped me and people I met were from church, I am in the choir and I build my support system from this group.’ A majority of the participants argued that their wellbeing and support systems have a direct link to their faith groups, which are also useful for supporting their ambitions, for example, becoming a singer.



**[Lomograph 7]: Faith, Taboo  
and Belief**

**-Pukkie-**

Some of the participants said that they felt rejected by God and their faith community because they were committing the ‘ultimate’ sin. Pukkie argues that ‘we as gays know that we are doing something that will send us to hell. My mother is a pastor and she said that she should have gotten an abortion rather than have a gay son. Abortion is a sin against God too, but she said God would have forgiven her as it is better to have an abortion than an abomination’. Another participant ParticipantL12 continued to say that ‘I know they will never take me back and this really hurts because I will always feel as though a piece of me is gone.’

In the literature it was widely expressed and found that religion was commonly utilised as a psychosocial strength or coping strategy by refugees (Raghallaigh, and Gilligan, 2010) in order to deal with adversity and stressors. The participants used their religious convictions for guidance in handling their reactions as well as emotional support. However, for the participants in this research religion was also highlighted as a stressor. It is interesting to note religion was only presented as a stressor that both promoted and countered their wellbeing in South Africa, where the host community is generally more religious than in the UK (Ismeil, Pukkie and Albert). The actively religious participants highlighted that their beliefs provided them with a protective mechanism that allowed them to regain some control out of what they had lost during their ‘refugee experience’ (Ruth, Grace, ParticipantG1).

Religion was commonly utilised as a psychosocial strength or coping strategy in order to deal with adversity and stressors. The participants used their religious convictions for guidance in handling their reactions as well as emotional support. However, religion was also highlighted as a stressor

in some cases. As seen with Pukkie’s interview indicating that his conservative Christian family, who believed abortion to be a sin, was told by his mother that God would forgive her for aborting him, because being gay is ‘such an abomination’. This had a profound impact on his wellbeing and ability to find a critical part of his psychosocial strengths, that is his religious community and ‘feeling God with him’. The participants religious beliefs provided them with a protective mechanism that allowed them to regain some control from what they had lost during their ‘refugee experience’.

#### 4.1.5 Normalcy

The importance of normalcy, that is, the ability to live an everyday life, without being identified as the LGBT individual or refugee, was stressed in nearly every interview, and this is represented in **[Lomo]graph 8** and **[Lomo]graph 9**. ‘We are normal people. We have something special about us, but we do what everyone else does. We want a family, love, to party, and have friends’ (Talkmore). Beyonce added that ‘normal is relative, I am technically a man in a dress to most people, or at the shop I am a gay man who does hair well. When walking down the street, I just want to be normal.’ Some participants avoided the mainstream and only engaged with groups that were specific to their identity. They said that, although there was a gay community present, they wanted to try and fit in with the mainstream community there.



**[Lomograph 8]: Normalcy, Party, Friends**

**-Talkmore-**

All of the participants said that they tried to be ‘normal’ when entering mainstream communities by ‘[..I would] act straight and talk to people I did not know and who could not know me. I even laughed at some gay men that my friends made fun of. I just wanted to be seen as normal, but on the weekend or at night, I wasn't normal, I was them’ (Bonnie). Similarly, Ismeil added that ‘when I stopped trying to be straight, I learned from GLA that we are normal, just a different normal, I learned that there are many normals and I am one of them, I am queer and have my own community’. The word normal, as defined by the participants means: ‘blending in with the existing community’, ‘doing what the straight people do’ and ‘being the same as the mainstream’.

Another aspect of normalcy is ‘doing what I did back home’ (Henry), many of the participants found equivalent communities, practices or spaces that ‘made [them] feel normal’ in their host country. **[Lomo]graph 8** represents a water fixture in Cape Town that a number of the participants visit in order to ‘remember home’. Derik captured the sentiments of many of the participants when he spoke about his previous ‘home’: ‘We had two rivers and many waterfalls in my village. My grandmother and I would walk along the river, it is where I played with my friends and when I was in school, where I studied. I did so much by the water, and now I have that here’.



**[Lomograph 9]: Peace, Home and Life**

**-Blesston-**

Blesston, a self-identified gay man from Goma, who is a double refugee—he has more than one legitimate reason for asylum, took **[lomo]graph 9** because it reminded him of home and to look

forward: 'Life is hard here in South Africa. And sometimes I just need to think. So I always find water, sit down and think. This makes me put my life right and block out what is bad'.

The participants made an interesting connection to their identification as LGBT and non-LGBT perception of 'normal' LGBT life. 'It's like whenever straight people talk to me they think that I am a sex worker and have AIDS... Well when I came here [South Africa] I was not given an opportunity to work in a shop or have my own shop again. It is like they forced me into sex work, they made me a sex worker because that is who they thought we [Black LGBT persons] are (Participant 12). Many of the participants felt as though that once they were labeled as gay—encompasses all LGBT identities—their new 'normal' life—what they did, who they talked to, where they lived—was dictated by this label rather than by their skills, financial status, relationship status etc. The local community's perception of LGBT individuals had a serious impact on their ability to integrate and rebuild their lives.

There was also a notable difference between the UK and South Africa participants and their ability to integrate. Although the perceptions of the local community seemed to be relatively the same, the UK LGBT refugees highlighted that from their first or second day in the country they were put into contact with an LGBT organisation and it was that organisation that gave them information on non-discrimination laws, found them a community and social activities; such as churches/mosques/synagogues that accept and welcome LGBT persons. And even though asylum seekers cannot work in the UK, these organisations helped with skill-building and training to prepare them for once they received their refugee status. In contrast, the South Africa participants were given documentation and could work, but had to find organisations and communities by themselves. Most created their own groups and organisations. There are no national organisations. There are no national organisations like Stonewall that promote LGBT equality in the workplace. Therefore, the impact of having national compliance with non-discrimination laws compared to South Africa that has the bill of rights, but the non-discrimination laws seem to only be implemented differently. Regardless of the reasons all the participants acknowledged normalcy as a significant contributor to the wellbeing, but it is seemed that the UK participants were able to obtain their versions of normalcy within time.

This impacted the South Africa participants lives greatly as most participants felt as though they were forced into unsafe practices (i.e. sex work) and situations (i.e. homelessness), which



diminishes their ability to achieve normalcy and their aspirations that they would reach normalcy again.

#### 4.1.6 Language and Culture

Few participants reported difficulties in adapting to a new culture and if English was not their native language, learning and speaking English. The ones that did, were from cultures that were very different from both the UK and South Africa. This was usually coupled with the presence or lack of community support to help integrate. For example, Ismeil noted ‘...people only saw me as Somali. No one expected me to know English, or to be gay. Everyone thinks that my religion is mean and bad, and if I was not gay, then I would not fit in here, but I am gay, so they accept me now. Christians like gay people, they are nice to us.’ Ismeil had been a refugee in South Africa for eight years (as of 2012), for the first six years he was living with his cousins and in a Somali community. He was regularly beaten, tortured and was shot once by his cousins. In 2010 the Methodist church took him in and he is now being processed to be resettled to Canada.

Some participants were keen to maintain both their cultural and LGBT identity, but they did not feel as they are compromised necessarily. For example, Participant 8, a gay man from Northern Nigeria, asserted ‘where I lived we have Shia law, if you are gay you die, that is what my culture says to do, to me, so this has to go.’ Grace ‘the president says gays do not exist this means, I don't exist’. Several participants place importance on maintaining their home language and cultural values, but also felt strong about adopting the language and values of the host country and creating a balance between the two. There are many external psychosocial factors that influence individuals’ ability to cope in the face of adversity; in particular, having a sense of positive self-identity is regarded as crucial in the integration of forced migrants (Maegusuku-Hewett et al., 2007). In the case of refugees, identity is often ingrained into culture and cultural distinctions and it is a collective sense of identity that has been proven to support resilience in adverse events. Whilst most of the participants retain elements of their cultures, they also wanted to adapt to the host society. Through interaction with friends and professionals, the participants learn the culture of the host society. Participants demonstrated a need to maintain their individual cultural identity and placed importance on developing their sexual identity and becoming familiar with the LGBT culture in the host society. Some participants specifically referred to their religion when talking about culture and felt it was central to their identity (ParticipantL13, ParticipantL1, Nigels). Davidson et al. (2008); in their review of refugees’ wellbeing in Australia, found that those refugees who had

positive attitudes towards both their culture and Australian culture had the highest feeling of self-worth and social acceptance.

McBrien (2005) noted that many refugees deal with adversity when migrating to the host country and that learning a new culture and language further compounds their integration efforts. However, it is shown in Bronstein and Montgomery (2011) that there is a correlation between lower language levels and level of PTSD score, meaning the higher the PTSD score the less likely and less easily a refugee could learn another language or adjust to cultural differences. As seen in several of the participants' interviews: 'I felt sick at every interview, I thought then what is I say something wrong, what is they don't understand me. If they don't, I am dead' (ParticipantM2), regular interactions that refugees have, were filled with anxiety and fear. Pryor (2001) suggests different ways to address refugees' diverse psychosocial needs within the support systems, such as engaging with the refugees in environments that they are comfortable with and in languages that they are comfortable with. Mahati (2009) also noted that the degree of social interactions by migrants is directly correlated and heavily depends on their language abilities. This is mirrored by Bolloten et al. (2008) who that refugees are placed with and wish to be grouped with similar refugees and within these groups are further grouped by ability, experience, sexual orientation or gender identity.

## **4.2 Theme Two: Psychosocial Strengths**

The [Lomo]graphs presented **[Lomo]graph 10**, **[Lomo]graph 11**, **[Lomo]graph 12**, **[Lomo]graph 13**, **[Lomo]graph 14** and **[Lomo]graph 15** were used as key examples of psychosocial strengths presented by the participants. As presented there are several sub-themes that emerged in this section, these include: i) Optimism, ii) Reaction to Change, and iii) Relationships.

### **4.2.1 Psychosocial Strengths, Resilience and Coping Strategies**

#### **4.2.1.1 Optimism**

This sub-theme highlights the different ways participants overcame adversity using coping strategies, this highlights their existing psychosocial strengths and developed ones. Using behaviour—acting out or being aggressive—as a way of dealing with stressful circumstances was the most common reaction to adversity. However, positive behaviours were also acknowledged,

‘...being nice to people...That helps to overcome racism and xenophobia...you have to show them that you are not how or what they think you are...this is really hard though, to control yourself’ (Albert).

Many of the participants (both UK and South Africa) took pictures of light and dark as shown by **[lomo]graph 10** and contributed the same meaning to it: the hope and optimism that the participants held throughout their ‘refugee experience’. Optimism is part of the participants’ mindset—an engrained way of thinking—and was considered by the participants to be a natural form of resilience. ‘For me the dark is failure and the light is success... when someone says, “you did that wrong” I improve it. I don’t think I am a failure or I am not good enough or that I should not try again. No, I try again and the next time do it better’ (ParticipantM7).



**[Lomograph 10]: “Optimism, sadness, loneliness”**

**-Bonnie-**

All participants said that they try and will continue to try and to have hope despite the adversity that they faced: financial instability, awaiting refugee status and constant relocation, poor health or mental health issues and broken support systems. They expressed feeling of optimism when they spoke about what is/was most important for during difficult times. For example when Bonnie said ‘this **[the lomograph]** represents how life goes. There are lots of dark times and though my future is unsure, kinda... that is only half of the picture...that is the black... but the other part is light. The light shines over the black. This is my bright future. So, we know that there will be black in our lives, but there is also light, and we need to look and see the light.’

All participants depicted traits of resilience. ‘I think refugees are born with resilience, or it is the way that we were brought up. We face a lot of adversity, you know, social, economic and discrimination because we are gay...we have developed how to survive, this makes me sure I can survive whatever else comes my way’ (Albert). ‘I escape my troubles with music and friends, we overcome things together.... we support each other and that is how we survive, through the hope that the music inspires within me, within us’ (Angela).

‘I feel happy, I have overcome a lot, so I know that there is something inside me that wants me to live and continue on’ (ParticipantG2). ParticipantL9 also commented on ‘inner strengths’ that she cannot explain, but have pushed her through the asylum system in the UK, rejection from her family, a homophobic attack and poverty.



**[Lomograph 11]: “Internal strengths, confidence, identity”**

**-ParticipantM7-**

ParticipantG2, a self-identified transgender woman refugee from Jamaica, used her [lomo]graph to make the connection between her own ‘inner strengths’ and the positive resolutions in her life. ‘My soul is my driving force, it does not let me give up. When things are hard, I just have a thing inside me saying, no, don't give up, go. Go and do what you need to. And I do. I have always been like that. And because of this I know things will get better.’

One of the most evidenced and overwhelmingly utilised and seemingly simplistic psychosocial strength is optimism. The participants showed a range of different positive emotions such as; gratitude, hope, happiness and optimism. An aspect of psychosocial wellbeing in refugees that is often under-estimated and reported in research, in comparison to, for example, vulnerability, is

refugees' capacity to have positive resolutions to adversity. This research found and supports the view that is becoming increasingly held by academic researchers and practitioners, that is the 'refugee experience' has the capability to 'damage' the wellbeing of LGBT refugees, but it also promotes and avails the refugees' capabilities and strengths to overcome adversity. As evident from the data analysis, the participants; cope, thrive and flourish by focusing on the positive aspects of their situations or by keeping a positive outlook. Many of the participants referred to 'the darkness eventually becomes light' (Bonnie), 'things will get better, this is just my situation right now, but it will not be my situation forever. The dawn always brings in a new day' (Albert) optimism as a means for motivation to overcome adversity.

Khawaja et al. (2008) highlight two cognitive strategies: reframing—developing strengths and resources—and minimisation—normalising or minimising the severity of adversity. For example, one participant Participant1, in order to minimise the impact of transphobia and hardship of living in a township as a transwoman by buying drinks and items for local residents, or making statements like 'everyone has problems in townships...no one is safe in a township...I am used to people not liking me, it is just the way things are.. if I buy for them, I know that they will like me. They get to know me'. This is an example buffering technique, which is a form of minimisation of distress. Believing that 'this happens to everyone' or 'there is always that needs to be overcome' a coping strategy. Brooks (2005:300) considered optimism and minimisation are examples of using options or positive outlook as two coping strategies that are 'the characteristics of a resilient mindset'. Ayers et al. (1996) created a four-factor model of coping that involves positive and optimistic thinking in order to successfully overcome adversity.

The South Africa participants were generally more positive about their experiences living in the host country than the UK participants. This seemed to be because most of the UK participants had been detained or felt abused by the UKBA, this can be deduced as a fear of authority or the protecting body. If the participants are fearful of the 'protecting' authority then they cannot feel comfortable in their current surroundings. The South Africa participants were also less critical about the impact of their 'refugee experience', but this again seemed to be tied to the situations and circumstances that the UK participants had endured and what they thought that they would be receiving when seeking asylum in the UK. Another interesting point to raise is that the South Africa participants seemed to hold an optimistic outlook from the onset of their arrival into South Africa, but the UK participants' optimistic outlook only came after they received refugee status. This highlights two significant factors that directly impact the psychosocial wellbeing of LGBT

refugees: i) the positive impact of local integration (South Africa) rather than detention (UK) and ii) instant documentation (South Africa) rather than drawn out trials (UK) and iii) the right to work and study whilst waiting for RSD (South Africa) compared to the UK system, which makes asylum seekers rely on government benefits, which the participants find demining. In short, the South Africa participants seem to have a better psychosocial wellbeing than the UK participants due to their optimistic outlook on the host country: the South Africa participants thought South Africa was a new opportunity and a fresh start from the time when they entered into the country, but the UK participants' optimism came only after they received refugee status.

Three particularly protective traits demonstrated by the participants were optimism, ambition and self-efficacy, which supports the research findings of by Candapa (2000), Maegusuku-Hewett et al. (2007), Schweitzer et al. (2006), Zeenat (2007) and Betancourt (2011). Fredrickson (2001) proposed that in contrast to negative resolutions—that narrow individuals' thoughts and actions—positive resolutions such as; joy, contentment and interest, have build cognitive resources for the future.

To support the significance of this particular theme, UNICEF (2005) conducted a psychosocial workshop with UAMs in Malawi using the '**What I want to be when I grow-up**' activity to help develop psychosocial programmes that directly assist the needs of the refugee UAMs (ISCA, 1996). There is a proven link between optimism, ambition and goal setting to positive psychosocial wellbeing. This theme became unveiled when the participants were asked, 'who does what?', which is an adapted assessment tool<sup>27</sup> that shows and records events and practices that are essential to each of the participants. This method also evaluates the importance of the activities to each participant.

An example of a semi-structured interview that highlighted this particular theme is from Albert, when he described his childhood, migration and his experience with loss.

PI: You said that this is when loss started in your life, what do you mean by that?

Albert: From the time I was 4 I only lost people in my life. Starting with my parents' divorce. Then friends in school and then the police came to my home and I lost my boyfriend.

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<sup>27</sup> Participatory Assessment with Children in Dzaleka Refugee Camp in Malawi', 2005

#### 4.2.1.2 Relationships

This sub-theme was developed around the frequent nomination of relationships as being a significant positive or negative factor in the participants' wellbeing. It was an important sub-theme as it highlights the different type of relationships that the participants have with their family, newly formed 'family', partners, animals and community and how these networks are seen as protective factors and the absence of these creates risk factors. Chance, [lomo]graph 12, states 'In my village we have a very special connection with animals. We live off of them and they need us to protect them, feed them and care for them... When I came to South Africa, my job was to look after a horse. Everyone asks about him. From the time I met him he loved me, taking care of him also gives me job, so once again, he feeds me. These relationships are what matter.'



**[Lomograph 12]: Connection, Love and Normalcy**

**-Chance-**

In the parental relationship, mothers seem to play the most significant role in both the wellbeing of the participant and the 'unwellness' of the participants. For example, Pukkie associates his self-hatred with his relationship with his mother '...she told me that she should have had an abortion. She would have rather killed me than have a gay son. Because of her, I hated myself for a long time. It was only when I moved here that my friends told me I could be gay.' However, many of the participants had accepting parents, but mainly mothers. Participant12, Mama Africa and Albert, specifically highlighted that their mothers decided that they should flee because the

community was going to hurt them, or in the case of Ismeil, ‘my mother hugged me, gave me some money, said “go to Yemen, your father and brothers are going to kill you”, she sent me money and then found a way for me to go to South Africa. She misses me and I miss her. She saved my life, but now I feel a part of it [life] is missing without her.’

**[Lomo]graph 13** is representative of relationships and how most of the female participants perceived themselves.



**[Lomograph 13]: “Intimacy, strength, identity”**

Angela took this picture because it ‘reminds me of my girlfriend...a beautiful, strong, black African woman. We support each other. Together we are unstoppable, like superman or Superwomens.’ ‘We are strong black African women, we need to use this as our strength. We can fight anything with our strength’ (ParticipantsM2).

The ‘newly formed family’, partners and communities act in place of the vital role of the parents and nuclear family support. ‘My family is really close, they see one another everyday or call, where we live, it is just my family and our neighbours. When they told me that I could go or they kill me. I was left alone. It took me six years here [UK], but now, I have a new family. And we do what my blood family does.’ (ParticipantL8) Another example showing the significance of ‘family’ is evidenced by Grace ‘my girlfriend here, she helps me find places to go...my friends here and LISG write letters if we are jailed or need witness letters in court... they know the legal system and find the support we need.’

Key protective factors featuring within this theme linked to fostering relationships between the participants and their family, local community, LGBT community and partners or potential



partners. It is clear from the interviews that ‘partners’ and ‘family’ are highly valued and contributes profoundly towards the wellbeing LGBT refugees. Bronfenbrenner’s (1979) ecological model allows for a holistic view of relationships and their impact on wellbeing. For example, the microsystem encompasses the interactions between the participants and all aspects of their immediate environment, meaning that the most frequented settings such as the ‘home’ are where most relationships are established (Betancourt and Khan, 2008). None of the participants maintained relationships with individuals or groups that they had established on arrival to the host country. This signifies that participants tested different environments and settings to establish relationships that they desired to build and have.

Referring to the literature review, the most significant relationships for any individual are attachment relationships. Bowlby (1973) defined attachment relationships as enduring relationships, the most important of which is seen to be the primary caregiver relationship, or the mother to child relationship. In this relationship a child seeks proximity to the mother for comfort, and the loss or the threat of loss of this mother figure evokes intense distress (Freud, 1923). The relationship provides a secure base from which an infant can explore the world around them, and in this way, secure attachment relationships are seen as the critical foundation for building psychosocial strengths (protective factors) (Erikson, 1968); Geddes and Hanko, 2006). All the studies in the literature reviewed for this research mentioned this initial relationship with a mother or father figures as being vital to an individuals’ development and ability to outcome adversity. This theory of attachment is supported by the participants who made reference to ‘family’ members and partnerships as primary reasons for coping. Such relationships have also been shown to impact on how they see themselves and others, which affects their self-esteem and motivations as well as their aspirations for the future (Brock, 2002). Howe (2005) commented that attachment relationships are linked to the ability to express and regulate emotions, and this has an impact on wellbeing. The participants in this research highlighted the importance of relationships in their lives, and the ways in which they have had helped their wellbeing and ability to settle.

After an initial period of isolation, all of the participants in the research reported making friends easily. It appeared as if these friendships represented a constant thread in the otherwise disrupted narrative of the participants’ lives. As refugees settle into the host country, external support systems play an increasingly significant role and friendships are particularly important for individuals’ experiencing adverse situation. Reciprocal, relationships provide additional self-esteem and emotional support for refugees that have little to no established support. For example, (Bolger

and Patterson, 2003) suggest that a supportive relationship, even with only one other person, may act as a protective factor from the negative effects of both rejection and other adverse situations. In some cases, the participants reported using friendship respite from the difficulties in other areas of their lives. Research has shown a negative reaction to support in that, the refugees can become increasingly reliant or dependent on their friendships enabling them to utilise their internal protective factors (Furman and Buhrmester, 1992).

#### 4.2.1.3 Reaction to Change

Almost all of the participants had the same reaction to change when they arrived in their host countries: fear. Most expected to arrive with different conditions and many thought that the host country would be welcoming and warm. 'I was scared, I was told that everyone is free and had money in the UK. This was wrong and my first week in the UK I slept on the street. I had to beg for food. I did not know what was going on' (ParticipantM3).



**[Lomograph 14]: Facing my Fears, inner strength.**

**[Lomo]graph 14** is a reminder of the strengths that are gained throughout the 'refugee experience' and how strengths and resilience are built. Ruth, a self-identified lesbian asylum seeker from the DRC highlights 'fear, that is all I could think when I came here [UK]. I was taken when I was 14 and since then, I have travelled all over Africa and now, I am finally safe here. This ride **[lomograph 14]** was the only ride I have ever been on. It was in Cape Town. After that day, I could only think bad things when seeing it... When I arrived in Manchester, I knew I had to face my fear... And I did'.

Some participants found that they had left a comfortable living environment: minus the abuse they received because of their sexual orientation or gender identity, for poor living conditions. 'I had a shop and a plan for my future, my boyfriend's and mine's future, that was taken away. I now have to find a way to survive and have a future again. I dream to open up my shop again' (ParticipantL4).



**[Lomograph 15]: Business and Ambition**

**-Junior-**

The main focus of the participants when they arrived in the UK and South Africa was to restart their lives. The majority of the participants felt 'disappointed' 'deceived' 'lied to' 'tricked' into thinking that the freedoms granted by asylum, would make their lives easier. Ruth highlights the lack of support by social assistance in the UK: 'If they let me sing, I know I could do something with it. You know, I sing to heal myself, I sing to save myself. I have gotten better since I joined the choir, my therapist says that I need to take one day at a time. I am waiting for the day that I can sing, but until I can do this, I will continue with the therapy and medication they give me.' However, their reactions varied depending on the participants' 'refugee experience', but very few have felt satisfied with their transition. The participants that seemed to fair better in their reaction to change, were those who resided in a refugee camp before attempting to settle into the UK or South Africa. Through the interviews it became apparent that the participants' reaction to arrival

diminished or promoted their ability to adapt to their host country and their outlook on their integration and experience in their host country.

### 4.3 Theme Three: Security

The [lomo]graphs presented **[Lomo]graph 16**, **[Lomo]graph 17**, **[Lomo]graph 18**, **[Lomo]graph 19**, **[Lomo]graph 20** and **[Lomo]graph 21** were used to exemplify security as a factor presented by the participants. For those participants that had difficulty understanding what adversity meant, alternative wording was used, such as: ‘feeling safe’, ‘crime’ or ‘bad things’. As presented there are several sub-themes that emerged in this section, these include: i) Change in Circumstances, ii) Housing Issues, iii) Xenophobia, Homophobia and Racism, and iv) Advocacy.

#### 4.3.1 Changes in Circumstance

The biggest change in the participants’ lives that impacted on their wellbeing was the living environment. Most participants had no income or financial support to continue to live within areas and communities that they were accustomed to, this means that most of the participants in South Africa were living in poorer more dangerous areas. However, Talkmore states that ‘yes, times are hard and crime is all over, but we find ways. For me, for us, the sky is the limit. We are now free.



**[Lomograph 16]: Sky is the Limit, Ambition, Freedom**  
**-Participant 5-**

’**[Lomo]graph 16** represents the ambition felt by most of the participants and the ‘fresh start’ that they felt they had. ‘I see that I can have everything I want, but if you see the distance between us and the top of the buildings that is how far I have to go to get it’ (Jonso). ‘I left Malawi to have the life I needed. One for me, so I can be me. I now live off the welfare, I have lost my dignity, I had to go through a lot of danger, but I am finally me’ (Participant1). Identity and Freedom, seem

to be more significant to wellbeing than finance and living conditions, as indicated by Bonnie, ‘I knew I was coming here blind to what was here for me, but I knew I would find more people like me. I knew that my people would help me, but I also knew that some people would still hate me and maybe want to hurt me.. but not as many.’

When the participants were asked about their ideal profession or one that they wanted to pursue. ‘I would love to be a designer again. Right now I am helping make costumes for Carnivale, but I was born to do so much more. I am not complaining though, I at least get to do something that I have a passion for, other people have to beg for work (Albert).’ Albert continued to say ‘ideally, if I had my own house like I did in Congo, I could open up my own shop again. But here, it is not possible, I have no money to pay rent, so I cannot own a house, the business grants and permits are given to South Africans. If I had the support, I know I would succeed, it is a shame they do not help us do what we were born to do.’ It is clear that a majority of the refugees felt that once their circumstances changed, their lives would vastly improve, as returning to their former economic status would let them live in better neighbourhoods generally closer to the gas area or gay friendly areas.



**[Lomograph 16]: Identity, Self-Representation, Freedom**

**-Participant1-**

**[Lomo]graph 16** is an example of the costs of being who the participants wanted to be: ‘Look at me! I am living here in a shack, people drink too much, there is robbing and violence here, but look at me! I’ve waited 40 years for this. I am a woman here’ (Participant 1). ‘If I wanted to be miserable, I would have stayed in Zimbabwe, where I have a job. Here, I am poor, no job, but I am free’ (Participant4).

These factors can also lead to social exclusion, isolation and racism in host countries as well as exacerbating other adversity faced, including change in circumstances. Some participants felt socially excluded; they felt that they did not belong in their community groups because of their sexual identity or orientation nor local LGBT groups because of their refugee status or race.

Most of the literature exploring social exclusion (e.g. Hek, 2005), which is how the change in circumstances made people feel, suggests that the connection to the neighbourhood or place of stay was associated with depression and/or stress about living and socialising alongside people within their community. The participants identified several adverse aspects in their immediate environment that incite feelings of (un)wellness: discrimination (Theme Three); loss (of family and social support) (Theme One); normalcy (Theme Two); accommodation issues (Theme Three); and identity (Theme Four). Furthermore, engaging in leisure activities was found or mentioned in the interviews often, but not in the literature (e.g. Activism, church choir, sports etc).

Although there is a substantial amount of research highlighting the disparity in the work the refugee was doing before their flight and the one that they acquire after they settle in a host country, there has been further in-depth research that shows that this disparity is heightened in LGBT groups (World Monetary Fund, 2014). This findings is also supported by several participants, particularly the asylum seekers in the UK.

#### 4.3.2 Housing Issues

In the UK all of the participants mentioned issues around housing having a significant negative impact on their wellbeing. This is for a number of reasons; ‘we are marked and traded like cattle, we are just sent wherever they put us’ (Ruth); ‘I live with people who hate me, I am not safe in my own house’ (ParticipantL3). Asylum seekers in both the UK and South Africa are made to live in ‘poor areas’, that the participants felt furthers their vulnerability.

In the UK, the areas where the participants were housed were safer than what the South Africa participants had experienced, but they did not have a choice as to where they live, who they live with and type of accommodation they received. ‘...there was no-one around that I knew. So, the days seemed to be so long coz I was, for the first few weeks, or months, I was really alone. I was just sitting at home, tryna waste time, and be busy, but with no work, days are long and lonely’ (ParticipantM9).



**[Lomograph 18]: Home, Work, Play**

**-Participant 4-**

The chances for revictimisation are higher as the housing offered or accessible to asylum seekers is in ‘bad areas’ ‘poor areas’, with ‘high crime rates’ and no provisions to thrive. ‘Many times you are placed with people that are against you... I mean, I lived with many Nigerians, they hated me and I never wanted to go home. They knew about me. Just because we are all here for asylum does not mean we like each other... men used to stay in my house, even though it was against the rules, no one cares about our living situation. The social workers loose your number as soon as you are placed in housing’ (Ruth).

In this research, a majority of the participants said ‘I can’t stay here. This cannot be my new home.’ (Elizabeth) Or ‘I think its best I am resettled to America. I can’t live here.’ (Ismeil) Or ‘this place treat me as criminal, same as home how can they think me to live here, like this.’ (ParticipantL5). Those experts show the limbo and difficulty of finding a new ‘home’ for refugees.

### 4.3.3 Racism, Xenophobia and Homophobia

Most participants in South Africa stated that they did not expect nor did they experience racism before they moved to South Africa. Albert noted that ‘I didn't know I was black until I moved to South Africa, I didn't know acceptance until I moved to Cape town’. Although this participant spoke about how difficult being a black gay man is in South Africa, he noted that race only mattered in dating and when living in South Africa. About half of the participants identified as being victim to some sort of racism i.e. discrimination in employment, legislation, dating etc. Surprisingly, the UK participants did not mention race in any capacity.



**[Lomograph 19]: Diversity and xenophobia**

**-Jean Claude-**

Mark a self-identified gay man from Zimbabwe, took **[lomo]graph 20** to show diversity of the ‘western world’. ‘This guy is from Germany, when I asked for a picture with him, he said YES! A white South African would never say yes. This is how racist they are. I am a sexy black man, why would they not want to have a picture with me.’

Like racism, the South Africa participants highlighted xenophobia that was experienced when looking for work or finding partners, making it difficult for them to integrate, which directly impacted on their wellbeing. Participants M5, noted that ‘people here are nice and friendly, they do not care about my English, but the doctors and social workers, they say things that I cannot understand. It took them a year to tell me I have schizophrenia, but they told me first I had depression. We don't have these things in Nigeria, so how could I know I have it?’



Another example of how the participants expressed xenophobia, homophobia and racism was highlighted in Junior's interview: 'I needed a place to live and food, so they said are you LGBT refugee? I said, what is LGBT? They said gay refugee. I said yes and I got help. So when I first arrived I thought LGBT meant gay. Now I know that LGBT stands for different types of gay refugees.' None of the UK participants mentioned xenophobia or having difficulty integrating or settling into the host country.



**[Lomograph 20]: Security, Homophobia**

**-Mark-**

Mark highlights in [lomo]graph 19 that in order to protect himself he 'come[s] up with safety measures. I have friends in security that know me, some of them are gay too, so we protect each other.' Albert and Ismeil told similar stories: 'the police are good with us' if they [police] will not help, 'organisations will file complaints or go with you to the police station.' The acknowledgment of xenophobia, homophobia and racism is important, but it is equally as important to know how the participants overcome this type of adversity.



**[Lomograph 21]: Discrimination, xenophobia, hierocracy**

**-Tino-**

**[Lomo]graph 21** represents the ‘typical life in poor urban Johannesburg’. Tino, a self-identified Gay refugee from Zimbabwe, reflected on the [lomo]graph and determined that it represents ‘the way we poor black people live.. where sin and good live side-by-side’. Beyonce, in a near similar picture points out that ‘my family is religious, they think I am a pervert... sometimes I think to myself, is that really how they see me? As a dirty sex shop that only perverts encounter?’ They both felt that sexual perversion is portrayed by sex shops, which they feel represent them or how society sees them and church represents something good and the moral goal of society. Derrick notes that ‘although we are poor and put to the side, we must coexist, the rich need us. We provide a space for the rich people to come and be sexual perverts with us. In reality we are all the same.’

Two concerns highlighted, predominantly by the LGBT refugees in South Africa, are homophobia and racial harassment. The participants indicated racial abuse by South Africans regardless of the South Africans’ race; however, a common feature in both countries was abuse by White people. Manyena and Brady (2006), who studied factors affecting refugees’ adaptation into the UK, found racism and xenophobia to be the main issues affecting the performance of refugees in their daily lives (Bachmon and O’Malley, 1984). Victims of xenophobia and racism tend to have low self-concept and have a higher tendency to experience depression (Olweus 1993). This is exemplified in the interviews of several participants in the UK, particularly, Grace, Ruth and Angela. They also often experience a greater degree of fear, anxiety, shame and helplessness than those refugees who have not been subject to racism and xenophobia (Ma et al. 2001). The effects of discrimination, as discussed here, are magnified in terms of impact on wellbeing, in light of the already existing stressors.

Stanley (2001) found that around a third of her participants said they had experienced racism in some form or another when they arrived at the host country. Her study brought together the findings of a number of studies conducted in different parts of the UK. Candappa et al.’s (2000) research showed the context in which the discrimination occurred: for example, her participants talked of racism related to their visible ethnic and cultural differences. Similarly, Junior and other participants experienced homophobia because of their ‘gay look’ (ParticipantL10, Pookie, Chinadoll).

These types of discrimination were also linked to housing. In this research, nearly all of the South African participants, and in Manchester one in particular, Ruth, experienced discrimination in

housing. In South Africa, PASSOP (2012) infers that due to the financial constraints of the government's social services, housing is not provided for asylum seekers and refugees nor destitute nationals. Musa, Jean-Claude and Mama Africa continued by highlighting that discrimination and abuse by landlords and neighbours/flat-mates is expected and accepted in South Africa. The UK claims to provide housing for asylum seekers and refugees as well as destitute persons, regardless of sexual orientation or gender identity however, as experienced by many participants allocated housing put them in danger. As noted by Ruth 'We do not choose where we live, my neighbours are from my country, but they know I am a lesbian and they treat me the same as the people I ran from back home. We come to the UK and are put in the same situation that we fled from'. This topic is an area that warrants further research in order to provide a deeper understanding of how housing can cause social exclusion based on sexual orientation and gender identity.

#### 4.3.4 Advocacy

Many participants showed gratitude for being able to escape from their country of origin and make a life, even if they are full of problems, in the host country. This was especially true when participants reflected on the negative situations that are developing in their country of origin. Many of the participants referred to 'going back' into the community and helping new arrivals or other LGBT refugees who were less fortunate. **[Lomograph 22]** was taken by Junior, a self-identified gender non-conforming refugee from the DRC, to represent the importance of advocacy on wellbeing, as it gives him a 'sense of purpose'.



**[Lomograph 22]: Advocacy, homophobia, progression**

**-Junior-**

Another key theme that emerged in the interviews was a push to change the regimes in the participants' home country so that they could return. For example one participant from Zimbabwe noted that his country 'is still under Mugabe and although the country has been reported to be in a better political standing, the country's organisation is still not in a full functioning mode. I doubt I will see an improvement in my lifetime, I will be a British citizen by then anyway' (ParticipantL2) Junior shows that his activism 'helps to make the changes that we [LGBT refugees] need to be made... that is what I fight for.' This shows that the participants recognise that although they face adversity, others are worse off and this heightens desire to help 'people like [them]'. This banner hangs in the PASSOP office, and it is associated with the death of these dictators and a sign of a move towards '**the death of homophobia**'.

The participants referenced differences between the two cultures, they did not view the integration as a barrier and noted that it was manageable. It appeared that the participants viewed acculturation as a process (long or short), but one that they accepted and passed through. Stodolska and Livengood (2006) note that selective assimilation might occur when refugees accept some aspects of the host culture and reject others, for example religious practices such as; Muslim women choosing to wear traditional clothing, but still participating in western culture. Berry (1995) highlighted four strategies of acculturation—integration, assimilation, separation, and marginalisation—that are valuable in understanding the 'refugee experience' of the participants in this research.

The participants also suggested that if former they were to 'go back' to their country of origin then the community aid and assistance would be more effective, because LGBT refugees what it is like to be an LGBT asylum seeker and refugee and therefore, a bottom-top approach is a better way to make programmes that reflect the actual needs of LGBT refugees. This connection with other LGBT refugees is a support and protective mechanism for the survival and wellbeing of the LGBT refugees. It shows that refugees that choose their own associative groups live far better lives (happier) and develop better life skills such as decision-making. This type of 'togetherness' and support is highlighted as a psychosocial need. These like-minded and like-identified groups form bonds and advocate for both political and social reform.

Many of the participants spoke about certain activities that happened in support structures that made them feel welcomed to their new environment. Activities such as groups that are specifically focused on LGBT individuals, creative activities and sporting events were mentioned. For example

one LGBT refugee from Glasgow, said ‘I arrived and that same time.. there was a festival, and this group in town, they had a LGBT sporting group there. There were many beautiful gay men there. I felt at home and welcome.’ (ParticipantG4). At PASSOP the participants noted that advocacy ‘saved our lives’ and ‘taught me how to fight for my rights’ (Participant 2 and 7) and participants at GLA noted ‘advocacy was how we learned to fight for what we want and how to get it.’ (Angela, Ruth and Grace). One London based ParticipantL8 highlighted ‘I learned to help myself, but also my community, this is why advocacy is so important to me.’

#### **4.4 Theme Four: Identity**

The [lomo]graphs presented **[Lomo]graph 23**, **[Lomo]graph 24**, **[Lomo]graph 25**, **[Lomo]graph 26** and **[Lomo]graph 27** were used to show how identity plays a key role in the wellbeing of the participants. This theme presents data on the participants’ narratives of their environment and highlights how certain factors in the environment can affect their wellbeing. As presented there are several sub-themes that emerged in this section, these include: i) Identity, ii) Non-recognition of Identity, and iii) Socio-economic Standing.

##### **4.4.1 Identity**

Many participants alluded to the thinking that positive self-imagery was a characteristic that positively benefits their wellbeing and helped them to survive. ‘I think being confident makes the difference in how you react and see the situation. You know, if someone says, “you gonna to fail”, you feel bad, but you think positive and you overcome what that person said. Then they also see you differently, they say, “he really can do that” (ParticipantD8). Identity and representation are fundamental characteristics of an individual, however, it is underreported the important these two attributes have on the host population. This section looks at identity, mainstream—visible—LGBT persons and their coming out experience and lastly, how they represent themselves in society.



**[Lomograph 23]: “Freedom, Identity, Confidence”**

**-Albert-**

A significant portion of the participants had birds in their [lomo]graphs. The participants recognised and attributed positive characteristics to the birds; ‘They know their identity’ and ‘are strong and fearless’. Participant9 said that ‘they go places together, but once they are where they are going, they go alone. I like this independence.’ And Mike ‘would love to be as free and confident as a bird’ lastly, birds seem to signify a religious or spiritual significance Albert said during his interview of **[lomo]graph 1** that ‘the birds are like angels watching over me... They enjoy themselves and they are not scared to land anywhere’.

‘A person’s sexual orientation is a characteristic so fundamental to his identity that he should not be forced to renounce it’ (ECRE, 2013). Malkki (1992) acknowledges that identity is reflected in everyday language—the vernacular—that is used by both the receiving population and the gender nonconforming refugees themselves. Economic, political and religious ideologies in combination with ethnic identity are key aspects in explaining why there is an interest in forming and maintaining a collective identity (Hedetoft, 2002, Landau, 2006 and 2009). Gaillard (1984) highlights that the manner in which an individual presents themselves is an attempt for them to be understood by the society that they live in. This provides social norms and expectations that gender nonconforming people can navigate accordingly.

First, identity is logically rooted in the notion that each individual wants to belong to a particular place or group. The term ‘coming out’ is used to describe the process of an individual coming to

realise their sexuality and how they disseminate this information into the public space. Representation is connected to this because it is the 'self' presented which is defined by the struggles associated with coming out as not part of the heteronormative society (Fassinger, 1991; Fassinger and Miller, 1997).

Most participants aligned with being integrated into their host countries, i.e. they retained their previous identity—ethnic, cultural, religious, sexual and gender—while at the same time identifying with aspects of the host society, which created an integrated identity. Successful acculturation is generally defined in terms of psychosocial wellbeing: psychological wellbeing, high self-esteem and competent work performance (Leibkind, 2001). Social Identity Theory (SIT) (Tajfel and Turner, 1986) suggests that there is a substantial link between [social]group identification and self-identity. Plainly stated, human beings strive to create or maintain a social identity, which in turn boosts their self-esteem and feeling of belonging. This suggests that having a strong sense of social identity makes a positive contribution to an individuals' psychosocial wellbeing and the research presented also supports this perspective (Liebkind, 2001).

The ability to interact and belong to the local LGBT community was seen as extremely, if not the most, important factor impacting on psychosocial wellbeing of the participants. Many of the participants acknowledged that building a 'family' as the most important thing in their life as it gives them hope for the future and optimism that they will be able to achieve their ambitions (Hek, 2005). In order to be part of these new 'families', but first the participants must identify or self-label themselves in order to be a member or part of a new 'family'. Richman (1998) summarises the dichotomous stance that MPSG refugee groups face when trying to succeed in fulfilling their aspirations, and constantly having to be faced with adversity, even with the support of a new 'family'.

Bisexuals (B) are among the identities within queer theory that straddle both the heteronormative and queer worlds—in terms of the heteronormative and non-gender conforming binary. This factor is significant as it sheds light on a number of issues Bs face when seeking refugee status as their self-acknowledged identity is often disputed (Rehaag, 2009). For the purposes of this research the identity of Bs is important because they have access to more rights as they can fit into the heteronormative society, but on the other hand when seeking asylum Bs have the highest rate of refusal based on their gender minority claims (ibid). Bs are also seen as having a 'choice' in who

they have a relationship with and therefore, are generally disregarded as fitting into the categorisation/label of being a part of the LGT refugee group.

D'Augelli (2003) notes that transgender identity develops in a significantly different way from the LGB individuals. The six stages are: i) the process of 'exiting heterosexual identity' involves recognition that one is not heterosexual; ii) developing a personal LGBT identity status decoding where you fall in the spectrum; iii) developing a LGB social identity—a support network of people who know and accept them as LGB; iv) becoming a LGB offspring coming out to one's parents; v) developing a LGB intimacy status without positive roles models and therefore more complex than for heterosexuals individuals; and vi) entering a LGB community—involving various degrees of activism and commitment to social and political outing (Most LGB persons do not have to deal with this as LGB do not cross dress or present their sexuality).

#### 4.4.2 Non-recognition of Identity

Mental Illness and professional help was marked as highly significant by all of the UK participants. ParticipantM8, a self-identified lesbian from Uganda, highlights with **[lomo]graph 24** mental illness and non-recognition of her sexual orientation. 'I felt that they [DHA] were all laughing at me..I am a tall man and I have muscles, so they say, "you cannot be gay, you just want to stay"' (ParticipantL1). ParticipantL1 felt that because he did not 'look gay' he faced ridicule by both the DHA and the public. He noted that this had a significant impact on his wellbeing, mainly his mental health and 'body image'.

Two participants noted the impact of non-recognition of their identity and how it transcends into other aspects of their lives. 'I have a degree in design and was a well-known costume maker, Here, I can't find work, I love making clothes and costumes, No one here takes my degree or designs seriously, it is not a MAN's job' (Albert). Beyonce, who does not have a degree, but who did find a job, unlike most of the other participants, said 'I had no education and I dress like a woman, I am transgender, I am a woman in a man's body, I was forced to choose... I take job and don't dress like a woman or I do not eat. I had to trade who I was for my job. It's funny because I left Uganda so I could be who I really am, but even here I am not free to be me, so why did I leave? But I do have a job.'





**[Lomograph 24]: Identity  
and Mental Illness**

**-ManchesterM9-**

ManchesterM9 stated ‘he did not feel accepted by the people in his environment. He was judged for who he was. I felt the same, so I tried to kill myself too,’ Seven of the UK participants noted that they had suicidal thoughts and were diagnosed with depression. They contributed their depression to the non-recognition of their identity. ‘I know I am safe, but when you come here, they put you in groups with non-gay people. I came because I wanted to be free. I told my social worker I am gay. He says, ”these are the only support groups available”. I came to be free, free’ (ParticipantL10). These participants were unable to build support systems because their identity and wellbeing were ignored. They felt that the ‘support’ offered were ‘inadequate’ at best. Grace recalled ‘There was a time when I was locked-up...[because the UK government said I am not a lesbian]...and I started to hear voices... I knew the guards that they were trying to kill me, I saw my grandmother, but she is dead. I told the guards to take me to clinic. I was so scared. The doctor said I was faking my illness so I can get asylum... I was put in the quiet room [**solitary confinement**]. I could not talk to them so they threw me into the small room. It was dark and cold and I was all alone.’

#### 4.4.3 Socio-Economic Standing

All of the participants highlighted in one way or another that their socio-economic standing within the host ‘gay community’ was defined how they accessed goods and services, met friends and built new ‘families’, where they worked and who they dated. For example, Albert said ‘I never knew there was this kind of discrimination in South Africa until I arrived here. We see South Africa as a heaven, a place that we can free, but in reality if you do not live in Greenside there is homophobia and racism everywhere. I cannot afford to live in Greenside, so in the township it is very hard to

make friend and build a new community, to find work, and the gay parties, they are always in white areas. I am thankful that I am free to be me here, but it was not as easy of a transition as I'd hoped for.' There were mixed feelings about moving, most participants were happy to accept the change and embrace what it had to offer, however, this was coupled with resentment as their host country because they were forced to move and expected a better life that had not materialised. Participant4 'I met a girl at the beach, and we had a good chat, she then asked where I lived and worked. I knew then if I said [where she worked or lived] she would not speak to me anymore.'



**[Lomograph 25]: Medical Care, Homophobia and Health**

**-Trice-**

Within this sub-theme, poverty was highlighted in many of the [lomo]graphs taken. For example Trice, a self-identified Gay refugee from the DRC, took **[lomo]graph 25** to show a hospital that is located near his house, 'because I do not have money, my hospital is this one. They often run out of medication and cannot provide for the people who go there.' Another participant notes that 'hospitals are interesting because they are meant to be open to accept everyone and help them, even if these people are generally rejected by society or are poor' (Participant 1).

Pukkie, a self-identified Gay refugee from Zimbabwe, took **[lomo]graph 25** to show how poverty effects treatment and the education of the staff. 'The man here was beaten because he was stealing bread to eat. Even if you go to the hospital to take ARVs<sup>28</sup> they do not have food to give you. Food is a need because you cannot live without it, and you cannot take your ARVs without it.' Durban continues to say that 'hospitals are full of ignorance. The nurses are mean to you if you

<sup>28</sup> Anti-Retro Viral (ARV) medication given to increase the CD4 count of people living with HIV/AIDs.

are gay and want HIV medicine or get testing for HIV they have little to no education, I am not sure how they become nurses. Poverty keeps them from education and this hurts us.'



**[Lomograph 26]: Poverty,  
Crime and Medical Care**

**-Pukkie-**

'I took this [lomograph] because it reminded me when I had to go for hospital because a bunch of men beated me because I am gay. I live in Mbali [township] so I could not go to the police, so the hospital was the only place I could go.' Other participants highlighted that 'in poor areas the hospitals are the safest place and only place to go if you need help' (ParticipantM6).

It was interesting that in this sub-theme 'medical services and medication' as well as a comparison between hospitals located in affluent or non-affluent areas were used as a determinant of socio-economic standing in South Africa. For example, ParticipantD8 'I am HIV positive, I need my ARVs, but they always run out, the lines are long, I'd be dead if I waited for medication...I asked my white friend who lives in Greenside [affluent area] to say I lived with him. I now wait 15 minutes, and get to see a doctor. In the UK participants took pictures of hospitals, but not in relation to socio-economic standing, but a mean to receive needs—medication, social services, counselling etc.

Through the participants interviews it became clear that their socio-economic status impacts wellbeing because it effects the access to both social and medical services. This is particularly noticeable in the interviews with the South Africa participants, but it was also present in the UK interviews.

## 4.5 Psychosocial Needs

This section the most commonly coded words used to describe psychosocial needs are listed and ranked in descending order. This table is an adapted version from Tay et al. (2011) used in their research on psychosocial wellbeing.

**Table 1: Consolidation of Participants' Psychosocial Needs<sup>29</sup>**

Need	Being (qualities)	Having (things)	Doing (actions)	Interacting (settings)
<b>(1) Basic Needs</b>	Alive	Food, Shelter, and Clothes	Sleep and Rest	Social Settings
<b>(1) Family</b>	Identity Loved Supported	Security and Comfort, Language	Giving and Receiving Love and Affection	'Home'
<b>(2) Religious Community</b>	Supported Accepted	Community, Comfort and Faith	Praying	Church or at Religious Places
<b>(2) Identity</b>	Who They Are	A Self-Identity	Introducing One Self as Who We Self-Identity As	Identity Group
<b>(3) Activities</b>	Happiness and Joy	Skills (Teamwork), Friends	Sports, Hobbies, Games and Playing	Community Centres Outside
<b>(3) Fitting-In</b>	Accepted	Friends and Community	Playing and Having Friends	Peer Groups
<b>(4) Security</b>	A Refugee Status	Protection	Freedom from Deportation and War	Safe Environment
<b>(5) Work</b>	Worthy, Useful	Money, A Career, Responsibility and Colleagues	Fulfilling Goals and Achieve Ambitions	Colleague and Social Status
<b>(6) Ambition</b>	Driven Empowered	Goals and Happiness	Planning to Make Goals	Internal (Only)
<b>(6) Documentation</b>	'Legal'	Right to Stay Refugee Status Citizenship	Employability, Rights	Place of Residents

<sup>29</sup> Tay, Louis; Diener, Ed (2011). Needs and Subjective Well-Being Around the World. *Journal of Personality and Social Psychology* 101 (2): 354–365. Retrieved Sept. 20, 2011.

Table 1 highlights the psychosocial needs in order of significance in the UK and South Africa that affect the psychosocial wellbeing of LGBT refugees. In this table, LGBT refugees did not mention any ontological needs by name, which implies that 'basic' needs are being met.<sup>30</sup>

This table is significant as it indicates psychosocial needs that all participants mentioned. Therefore, it can be suggested and generalised that psychosocial programmes for LGBT refugee need to address these needs, as if these needs are met the most significant factors effective LGBT refugees' wellbeing will be met, increasing the possibility of self-actualisation.

The aim of the thematic analysis is to present findings from the data collection in a way that captures the participants 'voice' in the data. The themes and sub-themes previously presented illustrate rich and enlightening data regarding significant factors that contribute to the wellbeing of LGBT refugees. These themes and sub-themes are further explored and juxtapose to the existing literature.

The research questions that were addressed delineate to the psychosocial strengths present in LGBT refugees' lives. The answers to the research questions also highlight the potential danger of some psychosocial strengths. The psychosocial wellbeing of LGBT refugees was explored through potentially psychosocial strengths of refugees, either by building on a number of pre-existing within-self qualities, or fostering new ones. Relationships, cognitive strategies and the support the participants receive appear to be key in creating a safe base for them, where more than just basic needs are met (Maslow, 1954). This research has shown that the participants' resilience is most apparent through within factors (Condly, 2006) as well as 'family'; identity, optimism and security. Resilience, was shown to be neither innate nor definite: it is not always a characteristic that some individuals are born with or possess and others do not, but rather a developmental process. Psychological resilience entails psychological strain that is associated with negative experiences or traumatic events. The existing research demonstrated the role of resilience in overcoming adversity. However, as seen previously, resilience should not be considered as a single dichotomous variable, but as an end product of the buffering processes that allow the individual to deal with stressors and adversity effectively (Rutter, 1987).

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<sup>30</sup> This includes shelter. Although housing is an issue, in both the UK and South Africa, all participants noted that they did have a place to live.

A number of potential protective factors were identified through the interviews and discussions surrounding the [lomo]graphs taken by the participants. Protective factors featured in the areas concerning 'family', identity and individual characteristics. For the LGBT refugees who have integrated or adjusted despite having less than optimal conditions, the presence of psychosocial strengths (both internal and external) compensated for their losses and directly impacted their wellbeing. Psychosocial strengths are attributes or characteristics of: individuals; environments; situations; and events that are related to a positive integration experience under conditions of adversity (Gutman, 2010). Analysis of the interviews illustrated that the participants were most satisfied in four main domains: family, advocacy and livelihood. They also contributed negative resolutions and (un)wellbeing to five main domains: non-recognition of identity, xenophobia/homophobia, documentation status and expectations. Thus, highlighting the importance of these domains in the overall psychosocial wellbeing of LGBT refugees.

This chapter discussed the findings in relation to the research aims and objectives. The participants in this research have shown that their burdens became easier when there is consistent psychosocial support given from the time they left their country of origin. The participants experienced sound foundational support in the form of 'family' and friends and existing psychosocial strengths, and acknowledged that with the proper support, they were able to overcome the adversity faced throughout their 'refugee experience'. The participants could also clearly pin-point which psychosocial factors, in particular negative or lacking ones, that effect their ability to achieve overall wellbeing.

## **5. Conclusion**

Previously in Chapter 4, the main research findings in relation to the research question(s) and the existing literature was discussed and expanded upon. This chapter outlines the contributions of this research and is followed by the implications for future practice: recommendations for local agencies, governmental agencies and international organisations providing psychosocial support to LGBT refugees and asylum seekers. Lastly, suggestions for further research are introduced. This chapter concludes with final reflections, both in terms of its aims and the role of the researcher.

One of the broader aims of this research is to investigate the perceptions of LGBT refugees and their understanding of the factors and experiences that have contributed to their psychosocial wellbeing. The main aim of this research is to explore the psychosocial needs of LGBT refugees in both the UK and South Africa. This intension of this research is to contribute to the sparse

body of knowledge of LGBT refugees and investigate what psychosocial support systems work for this particular group, rather than viewing all refugees as a homogeneous and heteronormative group.

## **5.1 Revisiting the Research Questions**

- 5.1.1 Research Question (a) What are the specific psychosocial difficulties that are experienced by LGBT refugees and asylum seekers?

Although there were a number of specific difficulties faced by LGBT refugees, such as, identity; other MSPG refugees faced similar difficulties, as indicated by the literature presented. Two particular difficulties that are specific to LGBT refugees are: finding a ‘family’ and other nuclear support groups; and finding or returning to normalcy. Finding a ‘family and nuclear support seemed more challenging for LGBT refugees because of their sexual orientation or gender identity as they needed to test several groups and communities before finding a nuclear group that they connected to and felt that they belonged.

Normalcy was the second specific difficulty to LGBT refugees as the return to normalcy is harder and the difficulty is heightened because of discrimination that in most countries in the world do not protect against. However, even in countries like the UK, where Stonewall and intervention and protection scheme exists specifically for LGBT individuals the participants still reported abuses that hindered their ability to integrate and ‘restart’ their lives.

- 5.1.2 Research Question (b) What are the psychosocial strengths that LGBT refugees have developed and retained despite their exposure to adversity and what factors contribute in developing these?

LGBT refugees seemed to have retained all of their psychosocial strengths throughout their ‘refugee Experience’, with the exception of three UK based LGBT refugees (two had negative outcomes to adversity when held in detention) and one has been trafficked since she was 12-years-old and never had the opportunity to develop most of the psychosocial strengths that the others had developed.

In order to retain their strengths or rebuild their psychosocial strengths (the two participants who were detained) a strong nuclear group or ‘family’ need to be established. The return to normalcy

and the feeling of belonging seemed to reaffirm and/or promote the psychosocial strengths of the participants.

Adaptability, almost all participants noted that they felt that they developed was the ability to adapt to change and this was contributed to the frequent movement and migration during their ‘refugee experience’.

### 5.1.3 Research Question (d) What are the similarities and differences (in relation to the previous questions) between LGBT refugees and asylum seekers in the United Kingdom and South Africa?

In this section there is a distinction made between refugees and asylum seekers as the psychosocial factors that contribute to the wellbeing of the participants differ significantly. For example, there is a difference manifested in the timeframe of making goals, being optimistic and ambition between asylum seekers and refugees, whereas both LGBT asylum seekers and refugees were optimistic once entering into South Africa, positive outlooks were only seen in the UK refugees—those asylum seekers who had not had negative ‘asylum claim’ experiences. Asylum seekers in the UK did not have positive outlooks. They looked forward to being refugees, but would not plan beyond their next asylum interview. In the coding of the transcripts, optimism, gratitude, relationships, and psychosocial strengths and coping strategies were marked as significant aspects that impacted the participants’ psychosocial wellbeing.

The majority of the participants had a very clear sense of i) who they are—self-defined identities and self—ii) aspirations for the future and iii) friends and ‘family’. As well as having aspirations for the future—partnership, marriage, children, jobs etc.—the South Africa participants also believed that they would/could achieve their aspirations, however, they did not frame the achievement within a particular timeframe. It is interesting to note that although the South Africa participants faced more adversity and violent acts, their psychosocial wellbeing was positively impacted by their migration: whereas, the UK participants had negative resolutions to their migration experience causing their optimistic outlooks to be filled with anxiety. Thus the UK participants presented with depression, schizophrenia, anxiety disorders, which are all severe reactions to adversity (Participants: Grace, Ruth, Angela, ParticipantM5 etc). However, both group of participants acknowledged that they had survived and were more fortunate than most despite



their difficulties. This highlights their ability to recognise gratitude and its significance in their wellbeing.

## **5.2 Contributions of this Research**

As presented in this research the literature on refugees has reported a higher level of traumatic experiences in LGBT refugees than that found in this research. This indicates that either previous research is exaggerating the ‘refugee experience’ on LGBT refugees or that the negative factors or trauma experienced by LGBT refugees is not as significant as previous research has indicated. One of the important contributions of this research is that it extends on trauma research by focusing on specific positive psychosocial factors that enable LGBT refugees to integrate, adjust, and thrive in host societies. It also utilised an innovative qualitative methodology that, arguably, is more suited to gaining an understanding of the “refugee experience” and the role in the participants in overcoming adversity. This research highlighted some of the main issues, that is, issues that seem to have the greatest impact on the psychosocial wellbeing of LGBT refugees, that all support workers and psychosocial support systems need to consider when working with LGBT refugees. It was also argued that an eco-systemic approach provides the most appropriate framework for conceptualising the difficulties experienced by LGBT refugees and guiding appropriate psychosocial intervention.

This research also provides comparative empirical data collected on the everyday-lives of a sample of LGBT refugees in the UK and South Africa, which could inform other research on LGBT refugees’ integration or resettlement into host societies. Working in partnership with institutions that provide psychosocial support groups and mechanisms is pivotal, as it helps psychosocial support systems to be more inclusive and make a difference to the LGBT refugees. For example, collaboration through partnership can enhance communication between the refugee community, the LGBT community and the government agency. Furthermore, these relationships provide an opportunity for the refugees and the agencies to have a better understanding of what occurs across the ‘refugee experience’, and this in turn allows for an overall greater understanding of the LGBT refugees’ background and current levels of functioning. The analysis done for this research identified these partnerships as significant, in contrary to the literature presented in this research, this was not a factor identified by the participants when considering the improvements that needed to be made in the psychosocial support systems available to LGBT refugees.

The participants in the research benefitted greatly from the support provided by their local LGBT community, ‘family’, partnerships and religious community. Local LGBT agencies can provide more social support to this specific refugee social group that is related to their wellbeing, whilst refugee agencies play a substantial role in the documentation and legalisation of LGBT refugees, which is also a significant factor in the LGBT asylum seekers wellbeing. These services can be enhanced by, for example, provide interpreters or advice workers that can come into LGBT agencies and work with LGBT refugees there to help them with documentation and legal issues while they are surrounded by a solid support system. LGBT agencies can act as an effective medium for communication and integration between LGBT refugees and the local LGBT community and government agencies, which in turn can help increase the LGBT refugees’ understanding of the society, culture and laws as well as help develop skills to be active and contributing participates in these communities. As argued the best practice in applying a community psychology approach, that is to support a population (or in this case a particular social group) to improve their wellbeing, is to not only provide services that are lacking, but to challenge injustices and empower the refugees to fight for themselves. This approach also allows the refugee to draw on the existing psychosocial resources available within their communities, networks and themselves.

The debate continues concerning how best to respond to the psychosocial needs of LGBT refugees. This debate is constrained by the fact that the majority of the research on the psychosocial wellbeing of refugees is centred on mental health of war-affected, traumatised refugees who have subsequent psychopathologies. Far less, if any research has explored the factors associated with the resilience, protective factors and positive outcomes to adversity in refugees, let alone specific refugee social groups. As a result, there are significant gaps in both academia and practitioners’ knowledge about effective responses and appropriate psychosocial support needed by LGBT refugees. There is a pressing need to examine predictors of resilience in LGBT refugees across all layers of the social ecology—beyond protective factors operating at the visible level. In light of the high exposure to adversity that LGBT refugees face; there is a broad consensus that psychosocial support systems can play a key role in promoting the wellbeing of these refugees, however, there needs to be consistent and continuous reform to the system.

For those LGBT refugees who are suffering from severe negative reactions to adversity such as; PTSD and depression, there are various strategies used to support their recovery, however, the techniques used or support systems used vary from country to country and therefore are not

consistent. This can have a damaging effect if a refugee migrates from one country to the next. For example, if an asylum seeker obtains refugee status in South Africa, but is later resettled to the UK where their treatment for depression is varied from that of South Africa, this could potentially worsen the refugees' recovery time or mental illness. Similarly, Cognitive Behavioural Therapy (CBT) has shown to be effective in reducing anxiety and depression, but is not commonly used in South Africa, as it is not seen as effective in specific cultural contexts. Within the literature there is also evidence that counselling based interventions have been successful and evidence suggests that art therapy or non-traditional types of therapy (art-based. Culturally based etc..) tend to be accepted by more groups and are more effective in getting refugees to talk about their experiences. There is a strong case to be made for emotional and therapeutic types of psychosocial support systems because refugees are somewhat reticent about accessing mental health services in a clinical setting, the fear of social stigma or cultural perception is a major hindrance.

The literature presented offers a dynamic and comprehensive perspective to the refugee situation with a positive focus on good outcomes and possible interventions. This can be achieved in many support groups, and community environments by fostering the development of programmes or philosophies that promote the development of personal resources, such as self-esteem, internal locus of control, and good social skills, which in turn will promote, for example, the feeling of belonging, which was recorded as highly significant in an LGBT refugees wellbeing. Moreover, it will create a nurturing, accepting, and caring community characterised by diversity and acceptance. With respect to psychosocial support systems for LGBT refugees, it is asserted that glib assumptions should not be made in relation to the wellbeing or mental health status of refugees.

Programmes that cater for culturally diverse needs and encourage the appreciation of such cultural diversity, are particularly useful in the prevention of severe negative resolutions to adversity, thus preventing mental illness and behavioural and integration problems. Further interventions need to take into account of cultural factors as well as the refugee's current social and economic situations as they require support that is coordinated and sensitive to their needs. This would bring a unique skill-set to the role of support systems and workers when evaluating and understanding the needs of refugee 'social groups', for example they are able to offer therapeutic intervention such as CBT, or art therapy, advised and structured on data collected from specific groups, thus helping to meet the complex needs of LGBT refugees. Furthermore, they are able to help facilitate access to other forms of psychosocial interventions from other agencies.

Given the importance of belonging and identity for participants, evaluating how to support and facilitate the growth of these two factors is central to the development of appropriate psychosocial support systems for LGBT refugees. Research should also explore ways in which agencies could work more effectively together to support LGBT refugees.

A strengths-based perspective needs to be continuously utilised not only in practice but also in research. In applying this perspective into research serves to acknowledge the multiple capacities and resources of LGBT refugees. Support workers and other professionals can assist LGBT refugees by recognising and understanding the factors involved in psychosocial adjustment following the post-migration phase of the 'refugee experience' and providing comprehensive psychosocial support services that are culturally and linguistically appropriate (Allaton, 1998)

### **5.3 Implications for Further Research**

One of the strengths of using a qualitative methodology is its ability to capture diversity within a target group. The qualitative approach used in this research facilitated greater visibility of the psychosocial factors that are critical to the wellbeing of LGBT refugees. Specifically, the approach of the research was to rather than examine how a range of predetermined adverse factors impact on psychosocial wellbeing, allow LGBT refugees to identify specific negative factors that incurred throughout the 'refugee experience' and the psychosocial strengths used overcome them. This research was determined to shift the focus from biomedical support systems towards the more comprehensive psychosocial and ecological support systems where all the stressors presented by the participants were identified, as well as, the strategies they utilised to overcome the adversity and promote their wellbeing.

Implications for further research include research on: i) how resettlement would affect the psychosocial wellbeing of LGBT refugees and would it have the same impact on their psychosocial wellbeing as 'chosen' spaces of asylum; ii) the psychosocial wellbeing of LGBT refugees in camp settings; and iii) bisexual refugees and their wellbeing in host societies or when being resettled.

There is a need for longitudinal studies to be conducted that can explore LGBT refugees experiences and the experiences of those LGBT individuals with rejected asylum claims to provide an appraisal of adversity, and the extent to which specific sexual orientation and gender identity groups specific psychosocial strengths and social networks are important. It is critical that future

studies provide longitudinal data on the ways in which adversity and traumatic events within the “refugee experience” shape the trajectories of psychosocial support systems, and how these mechanisms reverberate across the social ecology of LGBT refugees wellbeing. The complexities and nuances of the lives of LGBT refugees need to be taken into consideration and attention needs to be paid to the difference between the individual groups within this social group.

Due to time constraints, this research was unable to make comparisons between the length of stay in the host country and the link to psychosocial wellbeing. This would be a very interesting approach to future LGBT refugee research. For example, what coping strategies are adopted by LGBT asylum seekers who have recently arrived in the host country compared to those have received refugee status or have been in the country for several years.

Research into sexual identities and the significance of this on the process of integration. Although this research highlighted the importance of drawing support from ‘family’, friends and community, this may be a representation of the LGBT refugee community as a whole, but that does not necessarily reflect the individual groups within the LGBT group. Research addressing the key psychosocial strength (concept) of ‘family’ in LGBT refugees is highly recommended. Such a focus would encompass the psychological, familial and cultural meanings of their psychosocial functioning and can offer significant insights into the conceptualisation of ‘family’ within the LGBT refugee community and its impact on their wellbeing. An important finding in this research was the role of family, which could include both blood relatives or ‘family’ made up of like persons, replacing absent family members. This ‘family’ was integral to the positive adjustment and wellbeing of LGBT refugees’ integration, therefore research into how LGBT refugees develop their ‘family’ would be invaluable.

Lastly, as this research did not distinguish between refugee and asylum seeker participants, an exploration of psychosocial strengths for comparison purposes between the two groups can also be invaluable for those working with this social group.

The ‘refugee experience’ is full of adversity and many refugees have difficulty navigating their migration experience. But it should be remembered that despite the adversities most show great resilience and positive resolutions developed through their adverse experiences. This research adopted a ‘what works’—or best practice—approach with the aim of increasing awareness of positive resolutions to adversity and gaps in psychosocial support systems that do not help the

refugee to develop their protective factors and utilising their valuable perspectives. Since most research has focused on psychopathology and the effects of trauma, a perspective offering the advantages of being using strengths-based approach is needed to uncover the factors that potentially contribute to the psychosocial strengths and vulnerabilities of LGBT refugees.

One of the positive things to come out of this research was the evidence of resilience amongst the participants that has perhaps been underrated in the past. Considering the difficulties that they had experienced, there was evidence of an inner strength to keep moving forward in the hope of better things to come. Ensuring positive outcomes for LGBT refugees requires support workers and practitioners within the clinical, research, education, and public policy sectors to be culturally competent and mindful of the various interacting factors that influence refugees' psychosocial wellbeing and its impact on their adjustment in settlement, integration or resettlement. The strong desire to construct positive and productive futures is the one we should be careful to harness not hinder. Concepts like 'resilience' and 'psychosocial wellbeing' are attractive and inviting for those working with LGBT refugees especially as it is a reminder to why many of us have embarked on the journey into the profession in the first place.

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## APPENDIX A: Ethics Clearance Certificate



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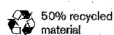
www.essex.ac.uk

17 April 2013

### TO WHOM IT MAY CONCERN

The application for ethical approval from Elizabeth Johnston who is undertaking a part-time PhD in Refugee Care at the University of Essex, has been approved by Professor Karl Figlio on behalf of the University's Ethics Committee.

Professor Karl Figlio  
Research Director



THE QUEEN'S  
ANNIVERSARY PRIZES  
FOR MERIT AND FUTURE EDUCATION  
2009

## APPENDIX B: Information Sheet and Consent Forms

<b>Title of Study:</b>	Exploring the Psychosocial Wellbeing of LGBT Refugees.
<b>Principal Investigator:</b>	Libby Johnston
<b>Phone Number:</b>	0820637303 or 07919681419 (UK)
<b>Email Address:</b>	libby.johnston15@gmail.com
<b>Purpose:</b>	Research study for PhD at the University of Essex

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Hello,

My name is Libby Johnston and I am conducting a research project that is exploring the psychosocial wellbeing of LGBT (Lesbian, Gay, Bisexual and Transgender) refugees by examining your journey, arrival, current situation and future prospects in ...

**I would like to invite you to take part in this research project** as it will help me to understand the experiences of LGBT refugees in ..., that is things that you think are important to have in your life that effect your overall wellbeing. A few examples are: access to communities, activities, cultural practices, health care, legal assistance etc.

### **What will this study entail?**

If you decide to participate in the research, then I will make an appointment to meet with you and explain the study and invite you to participate in collecting information about your experiences.

I will be traveling around the ... from ... running the data collection. The information that will be collected will contribute to my PhD research.

Your participation in this study will include the following:

- A week long workshop (including your shooting time) where you will learn photography techniques taught by Lomography staff.
- At the end of the workshop you will be asked to take pictures of your aspects of your life that you think are relevant to the project.

- 1-2 semi-structure interviews about the significance of each photo.

**Costs:** There are no costs associated with this research project. The camera and film are donated by Lomography. You will be expected to return the cameras at the end of the project.

**Payment:** You will be reimbursement for your travel to and from the workshop, you will not be compensated for first class tickets or private taxis.

The information you share with me may be written up in research reports. I will not use any of your personal details and it will not be possible to identify you personally in any of the research reports unless specifically requested by you. The data collected will be kept for six years.

## **PARTICIPATION**

Participation is completely voluntary; you are under no obligation to take part in the interview. You may withdraw from this research at any stage; this will not affect you in any way.

## **PARTICIPATION:**

- I agree to participate in the Lomography Refugee Project.
- I have read this consent form and the information it contains and had the opportunity to ask questions about them.
- I understand that my personal details will be used in aggregate from only, so that I will not be personally identifiable.
- I understand that I am under no obligation to take part in this research.
- I understand I have the right to withdraw from this project at any stage.

## **SIGNATURE:**

### **Participant:**

---

Printed Name	Signature/Mark
--------------	----------------

### **Researcher:**

---

Printed Name	Signature/Mark
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## APPENDIX C: Participants Demographics

### *Johannesburg Demographics*

Johannesburg LGBT Refugee Participant List												
Name	CoN	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11
Elizabeth	Uganda	39	L	x	R	Bots	3	P	O	Out	Y	N
Prince Jr	Zim	24	G	x	Passport	Zim	2	UKN	Y	Anova	N	x
Talkmore	Zim	26	G	x	Passport	Zim	x	N	Y	H4M	Y	N
Tino	Zim	28	G	x	Passport	Zim	1	N	Y	H4M & NH	Y	Y
Chinadoll	Zim	21	L	x	Undoc	Zim	3	N	N	x	N	x
Trice	Zim	23	L	x	Undoc	Zim	3	N	Y	Friend	Y	Y
Nyasha	Uganda	26	L	x	R	Zim	2	N	N	x	N	x
Jonso	Zim	26	L	x	Undoc	Zim	2	N	Y	GALA	N	x
Blesston	Zim	30	G	x	Undoc	Zim	3	P	Y	H4M	N	x
Pookie	Zim	26	G	x	Undoc	Zim	3	UKN	Y	H4M	Y	N
Mike	Cam	21	G	x	Passport	ORT Airport	2	N	N	x	N	x
Mai T	Zim	41	G	x	Passport	Zim	2	UKN	Y	H4M	N	x
Kluyvet	Zim	40	B	x	Passport	Zim	3	UKN	Y	H4M	N	x
Participant 8	Nigeria	35	G	x	Passport	ORT Airport	3	P	Y	H4M	N	x
Participant 9	x	32	B	x	A	x	3	N	N	x	N	x
Participant 10	SL	x	G	x	A	A	1	UKN	N	x	N	x
Participant 11	Nigeria	x	B	x	Passport	ORT Airport	2	P	Y	Anova	Y	Y and N
Participant 12	DRC	x	S	T	A	Zim	3	P	Y	H4M	Y	N

There are 18 participants listed here, but as there is a disproportionately high number of gay Zimbabwean men, only three of the seven participants were interviewed.

### *Cape Town Demographics*

Cape Town LGBT Refugee Participant List												
Name	CoN	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11
Henry	Uganda	29	L	x	A	Bot	1	N	Y	H4M	N	x
Derick	Zim	35	G	x	A	Zim	3	N	Y	H4M	Y	Y and N
Denzil	SA	29	G	x	x	x	3	UKN	Y	H4M & TPJ	Y	Y and N
Junior	DRC	25	G	O	A	CPT Airport	1	N	Y	H4M & DTF	Y	N
Pukkie	Zim	24	G	x	Passport	Zim	3	x	Y	Friend	N	x
Albert	DRC	35	G	x	A	Zim	3	UKN	Y	H4M	Y	N
Shane	Angola	28	L	x	A	Nam	1	N	N	x	N	x
May	Angola	27	L	x	A	Nam	1	N	N	x	N	x
Nigels	Zim	28	B	x	A (appeal)	Zim	1	N	Y	H4M	N	x
Jean-Claude	DRC	35	G	x	R	Zim	1	P	Y	H4M	Y	N
Chance	Burundi	30	G	x	A	Bot	1	N	Y	H4M	N	x
Mama Africa	Burundi	30	S	T	A	CPT Airport	1	P	Y	H4M	Y	Y
Bonnie	Kenya	30	G	x	A	ORT Airport	1	N	N	x	N	x
Ismeil	Somalia		G	x	R		1		Y	Inner Circle		
Beyonce	Uganda	40	G	T	A	Zim	1	UKN	Y	H4M	N	x
Participant 1	Malawi	x	S	T	R	CPT Airport	1	UKN	Y	GDX	Y	Y
Participant 2	Zim	x	L	x	A	Zim	x	x	x	x	x	x
Participant 3	DRC	32	G	x	R	Zim	x	x	x	x	x	x
Participant 4	Zim	x	L	x	A	Zim	x	x	x	x	x	x
Participant 5	Uganda	x	G	x	A	x	x	x	x	x	x	x
Participant 6	Zim	x	B	x	Passport	x	x	x	x	x	x	x
Participant 7	Somalia	UKN	G	T	R	CPT Airport	1	P	N	x	Y	N

Twenty-two LGBT refugees participated in the Cape Town data collection. As gay refugees were over-represented, again the numbers were reduced.

### *Durban Demographics*

Durban LGBT Refugee Participant List												
Name	CoN	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11
Participant 8	DRC	36	G	x	A (Appeal)	Moz	1	P	N	x	x	x

There was only 1 participant in Durban. Although Durban has the second highest number of refugees and LGBT persons in South Africa, LGBT refugees are few and far between. Refugee Social Services (RSS) assisted by locating LGBT refugees, however, most LGBT refugees had moved to Johannesburg and Cape Town as it was safer for them and better services were available. In fact, the only LGBT refugee participant in Durban, later relocated to Cape Town soon after the interview.

### *Manchester Demographics*

Manchester LGBT Refugee Participant List												
Name	CoN	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11
Angela	Uganda	36	L	x	R	LND@airport	1	N	Y	Hospital	N	x
Ruth	Unknown	26	L	x	Other	LND@airport	1	N	Y	Clinic	N	x
Grace	Nigeria	33	L	x	A (appeal)	LND@airport	1	N	Y	NHS	N	x
ParticipantM1	DRC	20	L	x	A	LND@airport	1	N	Y	NHS	Y	Y
ParticipantM2	Nigeria	24	L	x	A (appeal)	LND@airport	1	N	Y	NHS	N	x
ParticipantM3	Jamacia	22	L	x	R	LND@airport	1	N	Y	NHS	N	x
ParticipantM4	Nigeria	25	L	x	R	LND@airport	1	N	N	NHS	N	x
ParticipantM5	Nigeria	25	L	x	A	LND@airport	1	N	N	NHS	N	x
ParticipantM6	Zim	27	B	x	A (appeal)	LND@airport	1	Y	Y	NHS	N	x
ParticipantM7	DRC	30	L	x	Other	LND@airport	1	Y	Y	NHS	Y	N
ParticipantM8	Uganda	41	L	x	A	LND@airport	1	Y	Y	NHS	N	x
ParticipantM9	DRC	18	G	x	A	LND@airport	1	N	Y	Hospital	N	x
ParticipantM10	Participant@Withdrew@Consent											



Twelve LGBT refugees participated in the Manchester data collection. Originally there were several gay, lesbian and three transgendered persons willing to participate, however, during the interviews six participants demanded payment for participation and when refused payment, withdrew from the research. One participant withdrew from the project because he felt that it would hurt his appeal to the court if he provided the researcher with information.

### *London Demographics*

London LGBT Refugee Participant List												
Name	CoN	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11
Derrick	DRC	42	G	x	R	LND@airport	1	N	Y	NHS	Y	Y
JayJay	DRC	33	G	x	R	LND@airport	1	N	Y	NHS	N	x
ParticipantL1	Nigeria	41	G	x	A	LND@airport	1	N	Y	NHS	N	x
ParticipantL2	Nigeria	20	L	x	A	LND@airport	1	N	Y	NHS	N	x
ParticipantL3	Iran	24	L	x	Other	LND@airport	1	N	Y	NHS	N	x
ParticipantL4	Jamacia	28	G	x	A(appeal)	LND@airport	1	N	Y	NHS	N	x
ParticipantL5	Malawi	26	G	x	A	LND@airport	1	UKN	Y	NHS	N	x
ParticipantL6	Jamacia	55	S	T	Other	LND@airport	1	N	Y	NHS	N	x
ParticipantL7	Zimbabwe	27	G	x	A(appeal)	LND@airport	1	N	Y	NHS	N	x
ParticipantL8	Nigeria	30	S	T	A	LND@airport	1	N	Y	NHS	N	x
ParticipantL9	Uganda	30	L	x	R	LND@airport	1	N	Y	NHS	N	x
ParticipantL10	DRC	29	G	x	R	LND@airport	1	N	Y	NHSClinic	N	x
ParticipantL11	Cameroon	23	B	O	R	Dover	2	N	Y	NHSClinic	Y	Y
ParticipantL12	DRC	25	G	x	R	LND@airport	1	N	Y	NHS	Y	Y
ParticipantL13	Ghana	27	B	T	Other	LND@airport	1	N	Y	NHS	N	x

Fifteen LGBT refugees participated in the London data collection. There was a very nice mix of LGBT refugee in London and many organisations that have connections to the community.

### *Glasgow Demographics*

Glasgow LGBT Refugee Participant List												
Name	CoN	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11
ParticipantsG1	Nigeria	18	G	x	A	LND@airport	1	N	Y	NHS	N	x
ParticipantsG2	Nigeria	26	L	x	A	HTHR@airport	1	N	Y	NHS	N	x
ParticipantsG3	Nigeria	27	T	x	A	LND@airport	2	Y	Y	NHS	N	x
ParticipantsG4	Nigeria	34	T	x	A	LND@airport	1	N	Y	NHS	N	x
ParticipantsG5	Iran	38	G	x	Other	Gatwick	3	Y	Y	NHS	N	x

Five LGBT refugees participated in the Glasgow data collection. Many potential participants were being recruited for research conducted by the University of Glasgow, particularly GRAMnet.