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Exploring the mental health and acculturation needs of sexual and/or gender minority forced migrants

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Exploring the mental health and acculturation needs of sexual and/or gender minority forced migrants

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Abstract

The mental health and acculturation needs of sexual and/or gender minority (SGM) forced migrants has been little explored in the scientific literature. SGM individuals often face extreme hostility, including familial rejection, societal discrimination, and threats of violence and death, leading to international displacement. Those who arrive in the UK are confronted with an asylum process that requires them to prove their sexuality which can re-traumatize and worsen existing mental health issues above that of their non-SGM peers.

Data was collected through semi-structured interviews with 13 SGM-forced migrants who arrived in the UK within a 5-year period. The study focused on identifying the mental health and acculturation needs whilst considering pre- and post-migratory factors. Using Constructivist Grounded theory (CGT) the data was analysed to uncover recurring themes and develop a framework that reflects the complexities of their journeys and life after migration.

The findings reveal the profound psychological toll of the asylum process which must be faced whilst attempting to overcome previous traumatic experiences. The requirement to prove one's sexuality was particularly distressing, forcing participants to relive trauma and heightening their anxiety and fear of deportation. Rejection by the UK Home Office compounded feelings of dehumanization and isolation which reflected pre-migratory experiences of institutionalised discrimination. Despite the physical safety of relocation, participants continued to struggle with psychological scars and a sense of social dislocation. Building resilience and identity (re)construction emerged as crucial components for better mental health outcomes and were linked to supportive environments and strategies that promoted emotional healing. Isolation and loneliness were shown to hinder acculturation creating a sense of ambivalence that impeded the ability to trust and engage in a new environment.

The research highlights the need for a compassionate asylum process that acknowledges the unique challenges of SGM-forced migrants and advocates for policy changes to enhance and address the well-being of this vulnerable population.

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Acknowledgements

Introduction

Among the 120 million of people forcibly displaced (European Civil Protection and Humanitarian Aid Operations, 2024) due to human rights violations, tyranny and conflict (Naidoo et al., 2018) are those who flee due to persecution of their sexual and/or gender identity (Alessi et al., 2021). Currently, 70 countries continue to criminalise same-sex relationships, of which 11 enforce or allow the death penalty as a form of punishment (Stonewall, 2022). Sexual orientation and/or gender identity contributes to a risk of persecution and solid grounds to claim refugee status through 'membership to a particular group' (World Health Organisation, 2021) supported by the Geneva Convention (UNHCR, 1951) and EU Directive (2011). However, despite the number of claims being considered 'significantly high', preliminary statistics from the Home Office UK (2021a) only consider lesbian, gay and bisexual identities, suggesting trans individuals in the UK face ongoing threat to their human rights. Advice from the UK Equalities and Human Right Commission could see the legal recognition of trans individuals reduced and unable to receive the protection which they are entitled to under the Equality Act (UNHCR, 2023). This suggests that the current needs of sexual and/or gender minority (SGM) forced migrants are not being adequately assessed or considered (Kahn & Alessi, 2018) which consequently places them as a 'minority within a minority' (Levy, 2005).

Forced migration can result in a high burden of mental health disorders (Hou et al, 2020) compounded through a lack of understanding from the general population (Meyer, 2003; Sloan & Shipherd, 2019). SGM-forced migrants may face secondary victimisation in their host country due to a lack of preparedness from institutional organisations and daily discrimination as they struggle to acculturate to new surroundings (Craig et al., 2020). Marginalisation and exclusion from essential services (e.g. education and health care) can occur through SGM status alone (UNICEF 2014) and when combined with a 'refugee' label (see e.g. Bansak et al., 2018;

White et al., 2019; AbuJarour et al., 2019) individuals classified as a 'double minority' are severely disadvantaged when attempting to acculturate in a new society (Estrada et al., 2021).

Prior criminalisation and social denigration of SGM identity (Cheney et al., 2017) might contribute to a difficulty in expressing true identity in new surroundings (Craig et al., 2020), which must be navigated alongside securing basic needs such as housing, employment, food, and lawyers (Bogaers, 2018; Chávez, 2011). Similarly, cultural differences regarding SGM identity can prove problematic when attempting to assimilate to Western LGBTQIA+ categorisations (Cisneros, 2018). This can prevent individuals from seeking help from supporting organisations and negatively impact social integration with host LGBTQIA+ communities (Gowin et al., 2017). In parallel with the social challenges, violence against SGM individuals is seen to exceed other forms of hate crime with perpetrators including families, communities, religious leaders, and other state actors (Fisher, 2019). SGM-forced migrants report cases of psychological torture, physical abuse, blackmail, shunning, corrective rape, and forced participation in conversion therapy (Shidlo & Ahola, 2013), alongside "threat of execution and honour killings" (Khan et al., 2017). Persecution against SGM individuals can be viewed within 'honour-based abuse' whereby transgressing the heteronormative ideals and strict gender stereotypes is seen to bring shame upon the family. In countries with strong patriarchal traditions and male privilege (Steinke, 2013) persecution is 'justified' as SGM identity contravenes the basic rules of living (Alessi et al., 2016) and rejects the fulfilment of societal norms (Alessi et al., 2018). Post-migration, SGM-forced migrants might be at continued risk of honour-based abuse from their diaspora community and reluctant to report crimes due to negative views and ongoing experiences with local police support (Khan et al., 2017).

Therefore, in considering the psychological effect of ongoing persecution, migratory status, and social impact, research aims were established to examine the mental health and acculturation processes of those who identify as SGM-forced migrants and moved to the UK

within the last 5 years. The research uses Constructivist Grounded Theory (CGT) which is deemed suitable for gaining deeper insight through participant narratives in constructing an explanatory theory exploring psychological processes (Berger & Luckmann, 1991; Charmaz, 2014). CGT honours the promotion of social justice (Charmaz, 2020) and can illuminate the interplay of diverse concepts which might otherwise be overlooked (Patel et al., 2018).

REFLEXIVE STATEMENT

My interest in forced migration started from an early age when refugees from the Bosnian war were placed in hotel accommodation within my hometown. Bosnian refugees who were housed in the UK after the Balkan wars were reported to have suffered worse trauma than those who stayed due to a lack of supportive networks and a sense of alienation and rejection (Bowcott, 2002). This was seen to link with concept of 'Not in my backyard' (NIMBY) which always struck me as incredibly unfair when inflicted on those who might have risked their life and left everything behind to find a safe haven. 'Not in my backyard' refers to people and communities who might support an issue like refugee settlement but oppose it within their own environment (Clayton et al., 2022). This notion of partial acceptance echoes my own trajectory regarding my sexuality, in which I was accepted, so long as I was not visible or 'outwardly' gay, especially when visiting my hometown. I do not compare my experiences to those who flee tyranny in their home countries, but it prompted a fascination into the notion of dispossession, both from the literal sense but also the more conceptual meaning of a loss of belonging. This eventually led to an interest in the intersectionality of forced migrancy with an SGM identity and the processes individuals experience throughout the migration process.

As this is a topic I feel very passionately about, it was important to remain reflective and actively examine my thought processes throughout the research (Horsburgh, 2003). As such, I investigated suggested guidelines (Langdridge, 2007) to ensure that I could maintain objectivity which would support the aims of my investigation. This included the importance of

balancing empathy with the subject area but avoiding the trap of pathologizing suffering or underestimating the resilience of the forced migrant population (Patel et al., 2018). As a trainee CoP, I understand that pathologizing individuals can have a disempowering effect (Daniel, 2019) and would counter my intentions which were to empower the SGM-forced migrant population and 'give a voice' through the best way in which I feel I can (Larkin et al., 2006). This led me to consider the notion of Communication Rights, which is the right of all people to express themselves individually (Calabrese, 2017), and that all voices should be taken into account (Díez Bosch et al., 2019). For these reasons, I felt it was important to align myself with qualitative data which would allow a study that focused on the lived experience and supports the notion that the refugee population is not a homogenous group.

Through engaging in a qualitative process that also brings awareness to my own beliefs (Berger, 2015), I feel I can bring a level of consciousness to the subjective account of the participants' stories and use my stance as a researcher to view these as 'phenomena' (Smith et al., 2009) allowing me to remain curious as to what the data holds, rather than making assumptions from my own anecdotal knowledge (LeVasseur, 2003). This has been important to keep in mind particularly as I am approaching the research from a CoP perspective. As an applied psychological field (Jones Nielsen & Nicholas, 2016), CoP can utilise the 'scientist-as-practitioner' standpoint (Blair, 2010; Joseph, 2017) to combine humanistic philosophy with relational ontology (Strawbridge, 2016) and intersubjective practice (Du Plock, 2017). I believe this allows my research to uncover undiscussed phenomena and act as a means to inform psychological practice and how therapists work with the SGM-forced migrant population.

Literature review

The ideal approach in conducting a Constructivist Grounded Theory (CGT) study is to delay the literature review until the emergent theory is close to completion (Giles et al., 2013). This approach helps to minimise researcher bias, ensuring the emergent theory is grounded in the data rather than influenced by preconceived ideas (Charmaz, 2014). However, due to the practical necessity of justifying the study and obtaining ethical approval, an early literature review is often required (Glaser, 1998; Charmaz; 2014). Additionally, as part of the PsychD programme, students are required to conduct a systematic literature review as part of an assessment to justify their research proposal. Consequently, a systematic literature review was conducted during the first year to identify gaps in the existing research and to justify the study's aims and objectives.

The initial literature view was conducted as a systematic search in January 2022, using the following databases: worldcat.org, science direct, Taylor and Francis journals, Directory of Open Access Journals, Wiley Online Library, PsycARTICLES, PsychInfo, Web of Science, alongside a grey literature search in the UN library, EBSO, and Journal of refugee studies. The Preferred Reporting Items for Systematic Reviews (PRISMA) Guidelines (Moher et al., 2009) were followed throughout. However, this systematic review was not registered prior to conducting the review.

After an initial literature search, the title and abstract were screened, and relevant studies were assessed for eligibility. Inclusion exclusion criteria were formulated according to the SPIDER tool (sample, phenomenon of interest, study design, evaluation and research type) to ensure breadth of research (see Appendix L), but also ensuring each study related to the question at hand (Cooke et al., 2012; Methley et al., 2014).

Each eligible study was reviewed for data pertaining to experiences of the migratory experience including the pre-migration stage. Data from forced migrants at different lengths of

stay in host countries was considered beneficial as it can indicate long-term assimilation challenges in addition to shorter-term needs. Similarly, the life span of forced migrants, including childhood and adolescence also contributes to the mental health of the adult individual. Given the paucity of research in this particular field, it was decided to expand the inclusion criteria to studies where the participants were 16 years of age rather than 18 years. This allowed for a study which considered the long-term effects of forced migrants who were abused in childhood (Alessi et al., 2016) and added a more comprehensive view of the early effects of SGM identity and the impact adult mental health.

The selection process is demonstrated in the PRISMA flow diagram (see Appendix L). Overall, 95 records were retrieved across the databases, of which 36 duplicates were removed. Remaining studies were compared against the inclusion/exclusion criteria and the remaining 59 were reviewed in detail. After a full review an additional 35 studies were excluded. Therefore, the systematic review in January 2022 considered 6 studies. An overview of the six studies including participant information demographics etc. is provided (Appendix L).

The initial literature review utilised Thematic Synthesis (Thomas & Harden, 2008) to analyse the findings, which follows three stages: coding the text 'line-by-line', developing a series of 'descriptive themes', and finally generating 'analytical themes'. The analytical themes represent a stage of interpretation whereby the researcher can go beyond the initial study to create new constructs and explanations through the inclusion of multiple studies.

Following data analysis, the literature was reviewed again to ensure that the findings were grounded in the data and aligned with the inductive nature of qualitative research (Charmaz, 2014). Therefore, this review was updated after data analysis took place to incorporate relative literature according to the findings.

The findings are organised by topics affecting mental health and acculturation. The identified themes represent recurring and significant factors that distinguish the SGM-forced

migrant experience from their non-SGM peers to focus on the phenomena under investigation (Zimmerman et al., 2011). The order of the themes does not imply a chronological sequence to reflect the non-linear nature of the migration process (Alessi et al., 2018), and negative mental health outcomes cannot be attributed to single factors or events (Carroll et al., 2020).

Reflexive memo:

As CGT is rooted in an inductive and exploratory approach, I felt a tension between the need to conduct an early literature review and how it might affect the authenticity of conducting my study. CGT actively encourages the researched to engage with the data with an open mind to allow concepts to arise and earn their way into the theory (Charmaz, 2014) which can be difficult if the researched has been exposed to established theories and findings. Fpr example, pre-existing frameworks could bias the formulation of interview questions, which could prompt participants to lines of enquiry that aligned with prior studies rather than their own unique narratives. Furthermore, established findings could influence the coding process, whereby codes are generated to confirm existing knowledge rather than novel phenomena.

This was mitigated to some extent by the length of time between the literature review and the interviews. The literature review was conducted at the end of year 2, with the interviews themselves occurring several months later. After I wrote the initial literature review, I did not revisit it until after I had completed the results section of the study. At which point, it was adapted to fit the findings from my study. Moreover, the literature review is presented as a contextual backdrop rather than a prescriptive framework. Initially, I had considered Meyer's (2003) theory of minority stress as a tool to analyse the literature review findings. However, this was purposefully disbanded as it would have given an overarching lens which would have impacted on the ability to remain open minded.

Moreover, I reframed the concept of my existing knowledge as 'sensitising concepts'

(Charmaz, 2003) rather than definitive frameworks (Blumer, 1986). Sensitising concepts offer a flexible guide that suggest possible line of enquiry without predetermining outcomes. Furthermore, through prioritising flexibility in both data collection and analysis, I was able to adhere to the iterative process of CGT to follow codes that appeared in the data collection rather than basing it on the existing literature review. This was aided by the reflexive memos that I kept throughout the process.

Theme 1: Lack of institutional support

Research suggests that official institutions and their staff might act unlawfully towards SGM-forced migrants despite international treaties established to protect vulnerable groups (e.g. Alessi et al., 2018; Rosati et al., 2021; Minero et al., 2021). These institutions are prevalent both pre- and post-migration, and discrimination is conducted through either personnel or punitive legislation that ignores the varying needs of those they should protect.

Staff and Employers

Staff and employers were identified as stressors across the entire migratory journey. During the asylum process, Alessi et al. (2018) reported that biased translators provided false testimonies including mistranslation to falsely portray an individual as a terrorist affiliated with ISIS. This was linked to feelings of helplessness which impeded institutional trust and caused detrimental effects when claiming asylum. Fractures in trust were also associated with difficulty when building new relationships, particularly in a therapeutic relationship (Duden & Martins-Borges, 2021) which might negatively affect the many SGM-forced migrants who present with symptoms of PTSD (Alessi et al., 2018).

Throughout the migration journey, custom officials were reported to verbally abuse and enforce humiliating extra measures (e.g. strip searches) on SGM individuals above that of their non-SGM peers (Alessi et al., 2018; Rosati et al., 2021). Despite the legal requirement to

provide hormone medication, Minero (2021) found that 57% of participants were denied medication from Immigration and Customs Enforcement which was associated with increased feelings of internalised transphobia and hopelessness. A trans individual reported being searched and ridiculed, alongside having her body exposed to other members of staff by the European immigration team (Alessi et al., 2018). As such, individuals often need to conceal their identity which can increase a sense of internalised shame leading to identity distress (Breakwell & Jaspal, 2021; Greene & Britton, 2012). The notion of 'passing' also emerged from the literature (Alessi et al, 2018) where trans females who pass as cisgender females might be afforded a degree of safety from discrimination and appeared as a coping strategy against anticipated fear.

Detention experience

The facilities in detention centres were seen to be inappropriate and unfit for the safety of SGM-forced migrants and linked to distress, suicidal ideation (Minero et al., 2021) and hopelessness (Alessi et al., 2018). Trans refugees are seldomly placed in accommodations matching their gender identity (Minero et al, 2021), and recommendations for mandatory gender-neutral toilets (Rumbach & Knight, 2014) are rarely implemented. Similarly, U.S. Customs and Borders Protection officers were reported to ignore protocols and subject trans individuals to abusive and dehumanising treatment associated with torture practices contributing to symptoms of PTSD (Minero et al., 2020). In detention, solitary confinement was used as punishment and/or protection against other detainees which led to "uncontrollable crying". One participant was raped whilst in male accommodation (Minero et al., 2021) and Alessi et al. (2018) report that two gay males were attacked by co-ethnic refugees and forced to live in separate accommodations, leading to increased levels of depression and PTSD through the separation from loved ones (Liddell et al., 2022).

It can be suggested that the cultural beliefs of institutional staff prevent the possibility of receiving safe accommodation. Trans participants might be prevented from being housed in

female camps owing to a cultural belief that trans identity is a conscious choice, and the individual is responsible for their lack of protection (Minero et al., 2021). This creates a feeling of being unsafe and increases self-stigmatisation through a continued punishment for expressing true self-identity. Therefore, the conditions of detention and the effects on mental health are significant, particularly as SGM-forced migrants have a longer-than-average stay in detention (Minero et al., 2021). Trans refugees were held on average for 99 days, as opposed to 44 days for non-SGM refugees (Gruberg, 2018) and the experience was such that 17% of participants wanted to self-deport as they found the suffering to be worse than pre-migratory persecution (Minero et al., 2021).

School

School teachers are expected to protect, maintain a sense of fairness, and spread a culture of tolerance, particularly in areas of conflict (Akkad & Henderson, 2021; UNESCO, 2017). However, negative experiences in schools were linked to fear and anxiety alongside perpetuating internalised stigma. Alessi et al. (2016) reported that a lack of protection at school left individuals feeling though they had no one to turn to, creating intense feelings of despair. Teachers were seen to be discriminatory and physically abusive, providing scarce protection from the abuse SGM individuals received from their peers (Alessi et al., 2016). SGM identity was reported to be met with punishment, such as hard labour, being caned, or publicly humiliated leading to feeling "broken inside. Golembe et al. (2021) found that post-migration, difficulty in accessing education caused individuals to feel that their situation had worsened, which impeded a sense of hope and belonging (Rizkalla et al., 2020).

Medical Services

Medical services were seen to affect the mental health of SGM-forced migrants both positively and negatively. Trans refugees in Italy reported the benefits of access to hormone medication and advice after arrival (Rosati et al., 2021). Here, recognition and support provided an affirming effect on self-identity. Prior to migration, discrimination from medical services

could prevent individuals from accessing healthcare which impeded the ability to live as their felt identity. Nevertheless, in Germany, intersecting issues such as language barriers and discrimination resulted in doctors refusing treatment if the individual could not speak the host country's language (Golembe et al., 2021). The resultant stress prevented individuals from accessing further medical support (Mulé, 2021) which was attributed to depression and hopelessness alongside a dissatisfaction between expectation and reality.

Theme 2: Involvement with LGBTQIA+ communities

Interactions with host LGBTQIA+ communities were seen to have negative effects attributed to the discrimination of intersecting identities, such as low economic status and 'refugee' labels (Rosati et al., 2021). Mulé (2021) suggested this can cause isolation beyond that experienced through the rejection from co-ethnic communities. However, Minero (2021) found that connecting with other SGM individuals provided a protective factor allowing individuals to quantify their experiences with a degree of positivity. Trans individuals described the detention period as "the worst experience of my life", but through friendships could look back at this time positively in comparison to their life pre-migration.

The ability to share and receive information regarding hormone medication (Rosati et al., 2021) and the asylum process (Minero et al., 2021) throughout SGM communities was seen to provide a sense of belongingness and closeness. However, shared information regarding SGM violence was seen to perpetuate fear, deterring individuals from fleeing, which led to a sense of entrapment (Alessi et al., 2018). Pre-migration, membership to LGBTQIA+ organisations provided support but increased the risk of danger and persecution. Alessi et al. (2018) reported that SGM-forced migrants might have mixed feelings about associating themselves with host LGBTQIA+ organisations through anticipated danger leading to feelings of isolation, and hinder the ability to trust and form new relationships (Charlier et al., 2018). Nevertheless, proximity to LGBTQIA+ communities' post-migration was shown as crucial to

some, and those hosted far from major cities or LGBTQIA+ communities felt isolated and reported suicidal ideation (Alessi et al., 2018).

Theme 3: Asylum process

The asylum process was shown to be arduous and insensitive (Dustin & Ferreira, 2021; Golembe et al., 2021). SGM individuals often conceal their sexuality as a matter of life and death, yet must prove their SGM status when seeking asylum (Alessi et al., 2018). Asylum interviews might represent instances where individuals were persecuted by local committees and can be considered a violation of human dignity (Dawson & Gerber, 2017). Expressing SGM identity can contradict learned survival strategies and require the newcomer to position themselves in Western conceptualisations of gender and/or sexuality which may not seem relevant (Mulé, 2021). The asylum process often juxtaposes what was considered too intimate or taboo to mention and causes dissonance with existing shame and fear associated with SGM identity (Alessi et al., 2018). Moreover, the 'coming out' narrative of Western culture, might not be reflected in SGM-forced migrants who report guilt, and feelings of intense shame and embarrassment (Mulé, 2021).

Alongside the psychological impact of asylum, the financial implications can also prevent an individual from meeting their basic needs (Minero et al., 2021). The lack of explicit help can be so stressful, individuals may avoid accessing support and services (Mulé, 2021). Individuals reported financial desperation and a need to steal and/or engage in sex work leading to a perilous situation that could result in deportation (Minero et al., 2021). Furthermore, support often subsides before basic needs are met (Mulé, 2021) which is linked to powerlessness and the inability to control one's own circumstances (Rotter, 1966). The dissonance between reality vs expectations can lead to a sense there is no place on earth an SGM-forced migrant can truly feel free from persecution (Alessi et al., 2018). As such, arrival in a host country can feel like starting at zero, or worse (Alessi et al., 2018), and a shift in socio-economic status can negatively impact mental health. In high-cost cities, participants reported

an inability to be happy and healthy within their restricted budget (Mulé, 2021), and a lack of access to crucial administrative tasks (e.g. specialist lawyers) contributed to a sense of bewilderment and desolation (Alessi et al., 2018). On the other hand, the asylum process can be an affirming period (Golembe et al., 2021). Arrival in a more tolerant country can allow individuals to accept and be proud of their SGM identity. Participants who were able to embrace their SGM identity were able to rebuild trust with the outside world.

Theme 4: Religion

Religion emerged as a theme representing discrimination, justification of persecution and a conduit to healing an 'un-holy' persuasion (Alessi et al., 2016; Alessi et al., 2018). Or, as Rosati et al. (2021) found, could serve as a protective factor, helping to build coping strategies, shape self-perception and mitigate feelings of isolation through group membership (Banulescu-Bogdan, 2020).

Participants from African and Caribbean backgrounds described the hostile social environments and how clergymen blamed the 'poverty-stricken' state of the country on the 'homosexual living next door' which increased feelings of marginalization and blame. However, despite this hostility, some participants felt the church was the only place to turn. This resulted in interventions where pastors would attempt to rid individuals of their SGM identity through practises such as exorcism, believing them to be possessed by a demon (Alessi et al., 2016). Some participants in Alessi et al.'s study (2016) internalised the guilt of transgressing cultural norms and came to believe they were in fact 'demonically possessed'.

Theme 5: Discrimination in the host country after migration

Physical violence and psychological abuse were reported from a young age (Alessi et al., 2018), leading to a sense of ostracization and alienation from family and co-ethnic communities. The rejection from family rather than militias and community members was attributed to pain and psychological distress (Alessi et al., 2018) resulting in long-term effects of 'rejection expectation' (Golembe et al., 2021).

Family

Rejection from family members was seen to contribute to a sense of loss and despair (Alessi et al., 2018). SGM-forced migrants who stayed with family members post-migration reported being thrown out once their sexual identity was discovered. This led to homelessness (Mulé, 2021) and the sense of having nowhere to turn (Alessi et al., 2018). However, for some, family members supported their escape (Alessi et al., 2018). In this instance, leaving a loving and supportive family behind, and often without the possibility to return home (UNHCR, 2020) was seen to maintain mental distress and impede acculturation (Borho et al., 2020).

SGM individuals were inflicted with severe physical punishment often starting in childhood, where transgressing gender norms was seen as a form of disobedience (Alessi et al., 2018). Gender non-conformance could be met with forced medicalisation to 'feminise the body' (Rosati et al., 2021) with abuse occurring in public places, which increased the sense of humiliation and detachment from the parents. This corresponds to research where negative mental health correlates to low levels of parental connectedness in LGBT youth (Alessi et al., 2018), resulting in feelings of impaired self-adequacy and emotional instability across the lifespan of some individuals (Rohner & Britner, 2002).

Co-ethnic community

Post-migration negative mental health effects can be contributed to by members of the co-ethnic community (Alessi et al., 2018). Mulé (2021) reported a continued need for identity concealment when housed in refugee youth shelters. This intensified mental health problems as the freedom envisaged (crucial for making the arduous journey) was not matched by the reality of life post-migration.

During the migration journey, the sense of life and death by travelling in small boats created a sense of parity between SGM and non-SGM-forced migrants providing courage through a shared goal (Alessi et al., 2018). However, outside this situation, the migration trail is fraught with potential violence and victimisation, and accounts of rape from gender non-

conforming participants and gay males led to feelings of despair and suicidal ideation (Alessi et al., 2018).

Discrimination in the host country after migration

The effects of discrimination in host countries were seen to trigger previous traumatic memories (Mulé, 2021), and Golembe et al. (2021) found that daily discrimination in Germany was worse than in the country of origin. As such, SGM-forced migrants might feel the need to conceal their identity despite the freedom a Western country can offer. Minero et al. (2021) reported that two trans individuals were targeted due to their trans identity and falsely accused of selling sex and stealing. In the same study, other participants were wrongfully accused of prostitution by ICE officials whilst celebrating a birthday party. Although Rosati et al. (2021) report that some trans participants do resort to sex work and stealing, discrimination is demonstrated by a cultural belief that trans refugees are a homogenous group, rather than being assessed as an individual.

Theme 6: Identity

The internal processes of SGM identity which can be deeply influenced by marginalisation (Yarwood et al., 2022) suggest how discrimination can lead to internalised homo-trans-phobia. Transgressing sexual norms is seen as a violation of law and culture, however, the extent to which this affects the person can be highly individual, often governed by self-perception and how an individual makes sense of their unique situation (Hofmann, 2012).

Internalised homo-trans-phobia is linked to shame (Allen & Oleson, 1999) which can impede the ability to attain a mature sense of self. Lewis (1987) suggests that an unsupportive child-parent relationship resulting in an insecure attachment style can lead to high levels of shame (Wells & Hansen, 2003). Given the findings reporting rejection for SGM identity, it appears that SGM-forced migrants might arrive with a less integrated sense of identity development (Mohr & Fassinger, 2003) than their non-SGM peers. This can impact the ability

to forge intimate adult relationships (Erikson, 1993) and prevents SGM-forced migrants from accessing the buffering effects that a relationship can provide in terms of support against shame and anxiety (Attia et al., 2023). Individuals may cut themselves off emotionally to prevent the re-experiencing of the abandonment suffered in childhood. The arrival in a host country itself can represent the loss of certain aspects of an individual's identity. Eisenbruch (1991) notes that secondary losses through cultural uprooting can deprive an individual of meaningful social structures and cultural values and traditions. This can be described as cultural bereavement (ibid) which can lead to feelings of anger, ambivalence and depression.

Theme 7: Resilience

The importance of resilience was highlighted by Alessi et al. (2016) in contributing to SGM-forced migrant settlement. It can be understood as the ability to adapt and recover from traumatic and adverse experiences (Meyer, 2015). Resilience can also be conceptualised as post-traumatic growth (Attia et al., 2023) where personal strength, relationships, new possibilities, appreciation of life, and spiritual growth are critical components in overcoming past trauma (Calhoun & Tedeschi, 2014). Therefore, building resilience can reflect the ability in developing a relatively healthy and stable degree of psychological functioning despite exposure to threatening or adverse circumstances (Russo et al., 2012). Identity disclosure was seen to increase resilience in LGBTQIA+ populations (Cox et al., 2010) when supported by the LGBTQIA+ community, contributing to individual and collectivist (sense of belongingness) growth. However, given the continued need to conceal identity post-migration (see e.g. Alessi et al., 2018; Mulé, 2021; Minero et al., 2021) a conflict often occurred between the potential liberation of SGM openness and the difficulty in overcoming internalised homo-trans-phobia and learned survival strategies (e.g. identity concealment). Therefore, Attia et al. (2023) reported that social support might be the most critical factor in building resilience and self-acceptance.

Discussion

The reviewed studies suggest that SGM-forced migrants experience additional stressors than their non-SGM peers, which is already considered a global concern (Fazilat, 2021). The themes highlight mediating factors impacting the mental health of SGM-forced migrants throughout the entire migration journey and beyond (Velez & Moradi, 2016).

Institutions such as detention centres can exert power and oppression rooted in xenophobia and racism (Alessi et al., 2016; Minero et al., 2021) which might affect some of the 60,000 forced migrants detained in the UK over the last three years (Home Office, 2021). In addition to the stressors of migration and acculturation, SGM-forced migrants face increased pressure and are often left without the support of families, community or international legislation designed to protect basic human rights (Minero at al., 2021).

The fundamental needs of forced migrants are often not met, which can cause SGM-forced migrants to engage in sex work or stealing to fulfil their basic needs (Minero, 2021). Not only does this contribute to negative mental health through a lack of agency (Lucas et al., 2020) but also creates dissonance between the expectation and reality of migration. This also highlights the difficulty in tackling pre-existing mental health issues when basic needs are not being met (Maslow, 1943; Kafritsa et al., 2020) or having the necessary space to begin self-actualisation (Heylighen, 1992).

Involvement with institutions and organisations throughout the migration process can impede the ability to trust, leading to negative secondary effects when claiming asylum. Through prior criminalisation and discrimination of aspects of a person's identity (e.g. homosexuality) from organisations designed to protect refugees, SGM-forced migrants face a bewildering position of not knowing who they can trust, and what or who might bring harm (Alessi & Kahn, 2017b). This can negatively affect the ability to recount and 'prove' SGM status in asylum interviews, critical in remaining in a country that might allow a safe way of

living. The process of claiming asylum might closely mirror similar situations where SGM-forced migrants have been convicted of crimes, and recalling traumatic memories could contribute to symptoms of PTSD (Abbas et al., 2021). The impact of PTSD on memory recall (Pitts et al., 2022) might contribute to the fact that almost half of asylum claims based on SGM identity fail (Home Office, 2021b).

The literature highlights the medical needs of trans individuals who are considered the most marginalised of the SGM community (Cheney et al., 2017). Denied access to medicine (which contributes to being able to live as their felt identity) can cause intense feelings of powerlessness and injustice (Rosati et al., 2021). Binary concepts of gender place trans individuals in danger of violence and sexual abuse from both the co-ethnic community and staff in places such as detention centres. Moreover, whilst health services might be easier to access in a host society, the effects of daily discrimination leaves individuals questioning whether the migratory journey was worthwhile (Golembe et al., 2021). Furthermore, gender identity has cultural connotations for cis-gender-homosexual males who might be expected to behave in a certain manner to fulfil societal expectations (Moon, 2018). When this is not met, they are open to violence and persecution, which can increase feelings of internalised stigma (Alessi, 2018). Mental health alone can be considered a stigmatised label, and SGM-forced migrants might wish to avoid accessing mental health services for fear of further stigmatisation (Mulé, 2021) with their other minority identifiers (Sadika et al., 2020; West et al., 2021).

Religion can both contribute to mental health through discrimination, but also act as a mediator whereby religion adds meaning and strength is gained from an accepting community (Rosati et al., 2021). This was seen in some aspects of engagement with host LGBTQIA+ communities where essential information was passed through SGM networks (Minero et al., 2021). However, both religion and LGBTQIA+ communities can negatively affect mental health through rejection and identity confusion as the individual struggles to locate themselves in new cultural expectations of sexuality and might feel the need to act in a specific way to 'fit

in' (Berg & Millbank, 2009). The Western classification of sexuality can appear irrelevant and confusing which might lead to a sense of not belonging (Minero, 2021). Similarly, Ghabrial (2017) suggests that persons of colour face higher levels of discrimination within the LGBTQIA+ community, which points towards the intersecting dynamics of experiencing discrimination from groups they might initially turn to.

Yarwood et al. (2022) recommend the need for sensitive and appropriate care, particularly when considering PTSD. PTSD can result in flashbacks of past trauma and isolating behaviours which might prevent engagement with the host society (Alessi et al., 2018). However, research also suggest the importance to avoid pathologizing SGM-forced migrants or applying Western labels indiscriminately, as these labels may not be universally applicable or inclusive (Gilmoor et al., 2019; Mulé, 2021). Pathologizing can lead to stigmatization, especially when SGM identities are viewed as outside the norm (Mulé, 2021). The review found that practitioners should consider a critical psychology approach that affirms SGM identities as healthy and normative to help address inherent homonormative biases and reduce self-stigmatization (Bidell, 2016; Victor & Nel, 2016; Mulé, 2021).

Rationale for the study

The literature review highlights the substantial mental health stressors faced by SGM-forced migrants across all aspects of their life, and how host environments can add additional stressors to an already overwhelming experience. SGM-forced migrants face powerlessness before and after the migration journey. The powerlessness to express themselves in a way that matches their identity might provide the catalyst for seeking refuge in another country. However, the inability to rely on institutional support often leaves individuals with a sense of hopelessness and helplessness (Alessi et al., 2016). Factors such as unsupportive social environments in school settings (Hatzenbuehler, 2011) can often lead SGM youths to have suicidal ideations and a constant fear of abuse (Alessi et al., 2016) which pervades throughout life. Negative engagement with organisations post-migration can retraumatize individuals

resulting in compounding stress that negatively affects the ability to succeed in the claims process and interviews (Mulé, 2021) which might also prevent health seeking behaviour (Rhodes et al., 2020).

From a practise perspective, this review brings attention to the complex nature of the mental health needs which might impede building trust that has been broken or violated from various actors, and critically impacts the asylum process. However, the trauma experienced by SGM-forced migrants and subsequent survival is a symbol of courage and resilience (Craig et al., 2020), which stresses the importance of avoiding pathologization (Patel et al., 2018).

Therefore, the following study considers both personal and societal barriers towards effective acculturation, inclusive of issues pertaining to cultural background, traumatic experiences and discrimination/persecution across all aspects of the pre and post migratory experience.

Relevance to Counselling Psychology

The British Psychological Society (2019) stresses the importance for applied psychologists to be aware and respectful of gender diversity, promote equality, and the need for inclusive practice whilst considering the cultural implications when working with forced migrants (Gruner et al., 2020). However, without specific training, it is considered that the existing literature regarding both forced migrants and SGM populations is insufficient for working with both intersecting identities (Alessi & Kahn, 2017). Moreover, counsellors working with forced migrant populations are considered to be at risk from experiencing vicarious trauma and burnout when practicing without relevant training (Roberts et al., 2021). In 2015, the BACP (Jackson, 2015) suggested that the mental health setup in the UK was not equipped for working with forced migrants, and a systematic review (Pollard & Howard, 2021) suggests this is still the case through a lack of evidence-based research, inequalities in accessing primary care and lack of specific training. This might prevent practitioners from working with SGM-forced migrant populations as the potentiality for negative wellbeing and lack of specific

training could prove too daunting despite the affirming self-growth that might be gained (Roberts et al., 2021). Therefore, as the strategic plan in the Division of Counselling Psychology includes "promoting the well-being of our diverse society" (BPS, 2021c), there is a need for further research which can be applied in practice to ensure counselling psychologists are working both ethically and competently (HCPC, 2021) to promote the needs of those who are often overlooked.

Investigating the subjective understanding of the mental health and acculturation needs of SGM-forced migrants therefore appears crucial for contemporary research in psychology particularly given the lack of existing literature in this field (Kahn & Alessi, 2018). The research aims were purposefully designed to be exploratory and open-ended with the intention of building a foundational theory that can apply specifically to this demographic. The research questions are:

RQ1 How SGM individuals who arrived in a 5-year period in the UK talk about processing their experience of acculturation?

RQ2 What role does mental health have in an individual's experience of this process (RQ1)?

Methodology

The research paradigm

When considering a research paradigm, it is important to reflect on the ontological and epistemological perspectives, inclusive of the aims of the researcher and whether a CoP practitioner identity may affect this. I have not sought to bracket myself solely as a researcher when considering my research aims, and fully embrace the difficulty of combining my CoP and researcher identity (Healy, 2017). My investigation and methodological choices have been highly influenced by West's (2013) article on qualitative research in counselling psychology. West (ibid) challenges the researcher to consider their intent when choosing a research topic and proposes maintaining a reflexive stance from the outset. This is considered crucial for acknowledging one's biases and serves as a cornerstone of the counselling psychology philosophy (Strawbridge & Woolfe, 2003; Van Scoyoc, 2010). As such, I have placed my own reflexive insights in boxes throughout, which not only separates my reflections from the participants' narratives, but also enhances transparency. This method supports a rigorous and honest qualitative inquiry (Olmos-Vega et al., 2023).

Approaches such as discourse analysis were deemed unsuitable due to the potential for participants using a second language in the interviews (Fairlamb, 2021). Since acculturation is largely formed in the social arena, CGT is suggested to be more appropriate than thematic analysis or interpretative phenomenological analysis (IPA), as it acknowledges that truth and meaning are formed in conjunction with the realities of one's own world (Levers, 2013). Additionally, CGT employs an iterative process to guide data collection and forms a theoretical framework allowing greater flexibility when considering novel subject areas, and thus reflects the aims of the study. Conversely, IPA focuses primarily on the 'sense making' of participants (Eatough & Smith, 2006) with a theoretical framework selected preceding data collection. CGT is based on theoretical sampling to obtain data from a diverse sample of participants (Butler et al., 2018), whereas IPA is predominantly focused on homogenous sampling. For this study,

using the broad category of 'SGM' accommodates the diversity of a population that may identify as a sexual and/or gender minority rather than rigidly fitting within one category of the LGBTQIA+ acronym (Mulé, 2021). Finally, the collaborative nature between researcher and participant in CGT allows for meaning to be co-constructed, which explicates researcher/participant power imbalances (Mills et al., 2006) and ensures participant meaning is conveyed. This study acknowledges that being heard is vital for participation in society and human dignity (Leurs, 2017) and attempts to counteract the often-negative portrayal of forced migration (Schemer & Meltzer, 2020; Wright et al., 2020) predominantly through the media (Díez Bosch et al., 2019).

Key concepts of CGT

CGT relies on a relativist ontology and a subjectivist epistemology (Levers, 2013) where "truth or meaning come into existence in and out of our engagement with the realities in our world" (Crotty, 1998. p.8) and might be unique to everyone. Realities exist in the form of multiple mental constructions, dependent on the form and content of the persons who hold them (Guba, 1990). Charmaz's (2003) reformation of Glaser and Strauss's (1967) Grounded Theory allows "multiple social realities" (p. 250) to be created mutually by the viewed and viewer to understand subjective meaning. As such, data and analysis are co-created by researcher and participant, viewing reality as multiple, processed and constructed. This supports the notion that anything is possible and through interaction between subject and object "everything exists relatively" (Rassokha, 2022). Through self-identity, it is possible to differentiate various entities by the relation between ourselves and others (Hales, 1997), where the principle "to communicate means to exist" connects the subject to another 'relatively' (Rassokha, 2022). The epistemology of Charmaz's (2003) approach to Grounded Theory acknowledges the researcher's role in relation to the participant, emphasising the importance of reflexivity whilst theory is being developed (Ralph et al., 2015). Adopting a methodology rooted in researcher reflexivity can prevent pre-existing ideas, underpinning a

key philosophical standpoint of counselling psychology (BPS, 2018; Health & Care Professions Council, 2021).

A key epistemological feature of CGT is symbolic interactionism and pragmatism. Symbolic interaction is described as the study of human life and human conduct (Blumer,1986), aligning with Mead's (2013) idea that the "human biological organism possesses a mind and a self" (Herman-Kinney & Verschaeve, 2003, p.214). The interaction between self, action and interaction (Chamberlain-Salaun et al., 2013) allows CGT to consider how humans act towards things through "the meanings that things have for them" (Blumer, 1986, p.2). On the other hand, pragmatism considers the process whereby humans create an objective and meaningful reality (Shalin, 1991) evolving from a rationalistic philosophy to establish "the process of knowing…inside the process of conduct" (Mead, 2013, pp.351-352). Therefore, CGT focuses on how language and symbols shape meaning and actions (Bryant & Charmaz, 2007). The outcome of the data represents one version of the truth within the subjective stance, inferring that knowledge is not value-free but filtered "through the lenses of language, gender, social class, race and ethnicity" (Denzin & Lincoln, 2008, p.21).

Rationale for Constructivist Grounded Theory

A core skill for therapists is an awareness of their own ontological and epistemological stance (Willig, 2019). Thus, exploring my basic assumptions and 'what is means to be human' (ibid) was crucial in choosing CGT. I believe in an individual's subjective experience (Jones Nielsen & Nicholas, 2016; Rafalin, 2010) and wanted to continue this in my research. Using CGT has allowed me to honour this through flexible interviews that follow the phenomena and not a pre-determined set of questions. Moreover, the inductive nature of analysis allowed greater flexibility than methods such as IPA (Brunero et al., 2015).

CGT is positioned between realism and post-modernism, where social realities co-exist and are constantly negotiated and co-constructed (Bryant & Charmaz, 2007). This allows the

researchers' values and beliefs to be made explicit within the overall suggestions of tentative conclusions constructed purposefully from the data. The term 'constructed' acknowledges that theory does not magically appear and challenges Strauss's earlier approach. In CGT, coding remains flexible throughout the analytical process for the researcher to have an 'imaginative engagement with the data' (Charmaz, 2006, p. 168).

Focusing on constructivism brings to light the construction of social reality in a given context (place or time), by one or more individuals (through interaction) and under diverse and transforming conditions such as situations, understandings, values, goals, and cultural practices (Crotty, 1998). Crotty (ibid) suggested that "all knowledge and meaningful reality is contingent upon human practices being constructed in and out of the interaction between human beings and their world and is developed and transmitted within an essentially social context" (p. 42). Therefore, constructivism in CGT has a subjectivist perspective through the fusion of the inquirer and inquired, creating a single entity. Findings in CGT are a creation of the process of interaction between the two (Creswell, 2007) and individual constructions are elicited and refined hermeneutically, then compared to generate a small number of constructions that correlate across the findings.

Reflexivity in CGT

Charmaz (2006) highlights the importance of reflexivity in CGT research. Theories are coloured by the researcher's belief systems, identity, and values. Reflexivity enables the researcher to understand what they bring to the research, facilitating awareness of how this might affect the theory construction and assisting in remaining open to what already exists in the researcher's mind (Gentles et al., 2014). Maintaining a reflexive stance allows concepts to "earn their way into the data" (Glaser, 1978, p.4). Constructed grounded theories should retain the voice of the participants' narratives and address researcher/participant power imbalances (Redman-MacLaren & Mills, 2015). This ensures CGT provides an interpretative understanding of participants' processes rather than a predictive theory (Gardner et al., 2012).

Reflexive memo

From a personal perspective, I do not believe there is a truth waiting to be discovered in the data. I feel that everyone has a version of the truth that is unique to them and governs the way they think and act. Through exploring and communicating our own truths, we can relate to others around us by understanding how their experiences correlate and differ from our own. This is one of the fundamental reasons I felt that a qualitative approach was necessary. Although, using a quantitative approach might have given access to more participants, I was concerned that it could suggest a hegemonic approach to the research by establishing a hypothesis beforehand, that would not leave space for the nuance and individuality of the participants' experiences. As such, I attempted, and believe I achieved, a theory that has been co-constructed with the participants, and representative of a collaborative understanding.

CGT aligns with my ambition for practice in working relationally, particularly in the sense of giving voice to diverse populations and aiding the understanding of their unique perspectives. Furthermore, where CGT considers the fundamental question of "what it means to be human" (Willig, 2019), I reflected on the importance to consider this throughout the research for myself. As such, I considered my own experiences of being human, and how different my experiences as a gay, white, British male are from the participants themselves. Therefore, I considered myself an outsider when interviewing SGM-forced migrants. And although this can be advantageous in providing objectivity (Ganga & Scott, 2006), it can also be preventative when building trust and rapport as my identity alone might represent entities that might be threatening or challenging to those wishing to take part for reasons that were explored during the literature review.

Finally, CGT is one of the best methodologies in aligning with the philosophical underpinnings of CoP. The humanistic stance of CoP prizes the account of the individual/client/participants, feels closely aligned with CGT methodology that actively

supports the existence of multiple realties. Moreover, the focus on how individuals construct meaning in their relation to others appeared to bring out the impact of how trust that had been broken in a pre-migratory setting was so hard to build post-migration when considering the impact of learned behaviour and survival strategies developed in childhood. This again links to CoP where childhood experiences are considered fundamental to varying forms of adult behaviour.

Participants

Recruitment strategy

Participant recruitment was conducted through several channels. The main source of participants came through a London based LGBT+ refugee charity called 'Say It Loud' with approximately 600 UK members. I was invited to join their private Facebook page and attend social meetups to recruit participants. Additionally, I reached out to several charities, including Stonewall, GALOP, LGBT Unity Glasgow, and the Council of Ex-Muslims of Great Britain. I also advertised in various refugee/forced migrant and LGBTQIA+ groups on Facebook and on my personal Instagram page, using a poster and flyer (see Appendix F&H). With the exception of one North London charity, all other charities either failed to respond or declined to assist.

All participants who expressed interest in the study were recruited through either Say It Loud or from advertisements placed in Facebook groups. Individuals that expressed an interest in participating were invited to an initial interview (= 20 min) where the aims of the study were explained (further to the participant information sheet), the right to withdraw was reiterated, and the suitability of the participant was assessed (see inclusion/exclusion criteria). This upheld the importance of voluntary participation and allowed an opportunity to ensure that informed consent was gained (BPS, 2021).

Participants were offered a £20 Amazon gift voucher as compensation and was mentioned on the Participant Consent form (Appendix A) and Participant Information form (Appendix C). This is a nominal amount to acknowledge time spent and would not be seen to govern decision making in terms of engaging with the study (Largent et al., 2022). Payments below £50 are seen as appropriate (HM Revenues and Customs) to cover any inconvenience for participation.

Those who were eligible and happy to continue were asked to attend a 60-90 minute interview either online or in person and were informed that regular breaks would be offered. Participants were offered the option to partake in interviews in person or via Teams, which is seen as a safe environment to collect sensitive data (Royal College of Psychiatrists, 2016). Participants considered unsuitable were sent a list of supporting charities that could offer any assistance if needed.

Inclusion/exclusion criteria

Inclusion/exclusion criteria were established to seek a broad cross-section of participants and adhere to ethical protocols. Due to the political debate surrounding the terms of migration (see e.g. Adan et al., 2018; Crawley & Skleparis, 2018; Hathaway, 2007), this study used Bloch's (2002) conception of forced migration. This constructs an inclusive identifier of the lived experience to include any individual who identified as being forcibly displaced from their country of origin.

The term sexual and/or gender minority (SGM) is used as an inclusive identifier for individuals that include but are not limited to gay, lesbian, bisexual, asexual, transgender, Two-Spirit, queer and/or intersex. These individuals might also "encompass those who do not self-identify with one of these terms but whose sexual orientation, gender identity or expression, or reproductive development is characterized by non-binary constructs of sexual orientation, gender, and/or sex." (National Institute of Health, 2023). This avoids using 'LGBTQIA+'

classifications which those originating from outside Western cultures might not identify with (Mulé, 2021; Cisneros, 2018).

To explore acculturation effectively, it was considered advantageous to interview individuals who were within an acculturative period rather than those who were already fully acculturated or in a stage of marginalisation. Miller et al., (2009) identify this as a maximum of 4-5 years, after which acculturation either plateaus or shifts towards marginalisation (Berry, 1980).

As such, the following criteria was established for participant recruitment:

- Participants must be over 18 years old and living in the UK for less than 5 years.

- Participants with severe mental health issues (SMI) whose ability to engage in functional and occupational activities is impaired (Public Health England, 2018) and might be retraumatised or made more vulnerable through participating in the study were excluded. This was screened for prior to the interviews where participants were asked if they have been diagnosed with an SMI, and mentioned in all participant facing materials.

- Participants must identify as a sexual and/or gender minority (National Institute of Health, 2023).

- Participants needed to express themselves in English without the use of a translator. This was ascertained in the pre-screening interview. The researcher gauged whether the participant fully understood the terms of the study and could engage with the questions in a level of English that would be suitable for a semi-structured interview.

- Only participants who met the inclusion criteria were invited to take part in the study.

Ethical considerations

Prior to data collection the project was approved under the procedures of the University of Roehampton's Research Integrity and Ethics Committee (Ref: PSYC 23/459). Ethical

considerations were paramount to ensure that participants were not subjected to undue distress, particularly given the mental health burdens reported in this population (Hou et al., 2020). Protocols such as 'BPS Guidelines for working with refugees and asylum seekers in the UK' (Patel et al., 2018) and the BPS Code of Ethics and Conduct (BPS, 2021b) were followed at all stages of the process.

As such, some of the key ethical principles included:

Do No Harm: Maintaining the best interest of the participants by ensuring their well-being throughout the study.

Rights-Based Approach: Avoiding the exploitation of vulnerable persons through a non-discriminatory approach, inclusive of cultural and gender appropriateness.

Autonomy and Privacy: Respecting the autonomy and privacy of individuals, ensuring informed consent and confidentiality.

Scientific Integrity and Social Responsibility: Upholding ethical research practices to minimize potential risks to participants and highlight the importance of ethical responsibility.

In maintaining these ethical guidelines, it was hoped that potential risk was minimised and acknowledged the importance of locating the responsibility of ethical research with the researcher (BPS, 2021a). This study involved the discussion of sensitive topics and participants (either involved or expressed interest) were signposted towards organisations that can help should they feel distressed. A debriefing form was given to all participants and a debriefing interview was conducted with those who took part in the full interview. Participants were offered the option to withdraw the from the study up until the point that the writing up stage commences.

Participants were asked for demographic data but were offered the opportunity to keep this information confidential to ensure they did not feel vulnerable by it being in the public

domain (Surmiak, 2018). However, all participants were happy for the details to be published which contributes to the richness of the data (Cooper et al., 2021). Finally, participants were offered to choose a pseudonym (Allen & Wiles, 2016) which allowed the researcher to move away from a paternalistic stance and avoided cultural appropriation.

Written materials

The following comprises the list of written materials that were used for the study:

- Participant information sheet: outlined the purpose of the study, details of participant involvement, confidentiality.

- Demographic questionnaire: age, sexual and/or gender identity, time in the UK, country of origin, ethnicity, religion, and location in the UK. The rationale for collecting demographic information was to add richness to the findings[1].

- Consent form: confirmed that participants' understanding and agreement to participate, inclusive of the option to withdraw from the study. This supports the principle of 'do no harm' (BPS, 2017).

- Debrief form: provided contact information of the university and researcher in case of further questions, alongside a list of charities and organisations offering assistance should the participant feel distressed.

The participants

In total, 22 individuals were asked to attend the initial interview. Four participants did not meet the inclusion criteria (two did not appear to have suitable English, and two had been resident in the UK for longer than 5 years). Of the 18 eligible participants, 13 participated in

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[1] For example, research suggests the trans experience is different to that of a cisgender-homosexual male (Rosati et al., 2021), and country of origin might play a role in the experience of the physical journey before arriving in the UK. Moreover, acculturation can be impeded when individuals are hosted in areas of high unemployment (Vallejo-Martín et al., 2020) or outside of urban areas (Alessi et al., 2018).

the full interview and 5 declined to take part in the full interview. All interviews took place over Teams.

The demographic information of the 13 participants is illustrated in the table below (Table 1). Each value represents the verbatim answer to the demographic question.

Table 1. Demographic information of participants

Pseudonym	Age	Gender	Sexuality	Ethnicity	Country of Origin	Location in UK	Years in UK
Clinton	25	Male	Gay	Black Caribbean	Canada	Liverpool	3
Jay	26	Male	Gay	Black	South Africa	Manchester	3
Eric	24	Trans masc	Gay	Mixed Asian	China	London	4
Sherry	23	Female	Lesbian	Black African	Nigeria	Leeds	3
Maren	21	Female	Lesbian	Black	Ghana	Leicester	2
JT	23	Trans man	Bi-sexual	Black	Ghana	London	3
Mira	25	Trans	Queer	Black Caribbean	Nigeria	Cardiff	2
Olive	22	Female	Lesbian	Black immigrant	Uganda	London	4

JP	25	Trans	Bi-sexual	Nigerian	Nigeria	London	2
Adam	28	Male	Gay	East African	Ethiopia	Portsmouth	3
Tanya	26	Female	Lesbian	African	Zimbabwe	Leicester	5
Pheonix	37	Female	Lesbian	African	Nigeria	London	2
Jason	30	Male	Gay	Black African	Botswana	London	5

Data collection

Interviews

Data was collected using semi-structured interviews, allowing flexibility to adapt to pertinent areas of inquiry (Charmaz, 2014). Initial questions evolved to reflect emerging themes from the early interviews. The interview schedule was designed to be non-leading and reflective, encouraging participants to speak freely, with question prompts to elicit further explanation when necessary.

Reflexive memo:

During the initial interviews, I started to realise that whilst the data I was able to obtain was rich in content, when I asked participants about their experiences of mental health there appeared to be a slight disconnect. This made me reflect on the research by Patel et al (2018) who consider that mental health is not a universally understood concept. The meaning of 'mental health' is shaped by social and cultural contexts and for non-Western groups might be associated with stigmatisation. Additionally, those arriving from collectivist cultures may perceive mental health in relational terms that focuses on family, community harmony (Rosati et al., 2021) or spiritual well-being, rather than an individual psychological

state (Cheney et al., 2017). Therefore, in following the iterative nature of CGT (Charmaz, 2014), I adapted questions surrounding mental health to focus more on feelings and how participants overcame challenges. Questions such as "how did that make you feel?", "how do you cope with challenges?", and "what do you do to feel happier?" allowed participants to describe their experience in ways that appeared more natural and authentic, which also led to fuller and richer responses.

Since the interview questions might have involved recalling distressing memories, potentially inferring 'intrusive psychological procedures' (University of Roehampton's Research Integrity and Ethics Committee), participants were reminded at the start of each interview about the nature of the questions, the voluntary nature of participation, and their right to take breaks or withdraw entirely.

Following Robson's (2011) advice, each interview began with an initial 'warm-up' question and concluded with a less emotionally demanding question. Given that forced migrants must 'tell their stories' during the asylum process (Morrice, 2011), the questions avoided leading language, and responses were listened to openly. This approach adhered to the protocols of 'respectful inquiry' (Van Quaquebeke & Felps, 2018) to avoid replicating the distressing nature of asylum interviews (Minero et al., 2021).

Recording and transcribing

The length of the interviews ranged between 50-85 minutes with an average of 70 minutes. Interviews were recorded on Microsoft Teams (version 24193.1805.3040.8975), which provided a basic transcript of the interviews. The interviews were listened to, and a precise transcript was completed. The researcher acknowledges that the transcription process is subjective (Bailey, 2008) and inserting punctuation and pauses were aimed to clarify the data and adhere to the meaning of the participants' responses.

Data storage

All data gathered from the interviews were stored confidentially on OneDrive folders using the participants' pseudonym, thus fulfilling University of Roehampton and Data Protection Act 1998 measures for data security. All audio files were deleted once the transcript had been completed.

Data analysis

Initial coding

Coding is considered a 'pivotal link between collecting data and developing an emergent theory (Sbaraini et al., 2011) to reflect the process where people make sense of their experiences and how they act on them. During the initial coding the researcher generated as many ideas as possible. Charmaz (2006) recommends coding quickly and remaining as close to the data as possible. Codes in this instance are active, short, specific and spontaneous. During this stage, codes often used the participant's own words to ensure they were rooted in the lived realities of the participants (Charmaz, 2014). This phase was iterative and dynamic, allowing the research to remain open to new directions and insights (an example of the coding process is included in Appendix J).

Line-by-line coding

This stage of the analysis involved a more granular approach to ensure nuances and fine details were captured. Each line of the transcript was coded using gerunds (Charmaz, 2014) and analysed more closely than during initial coding. The rationale for using gerunds is their relation to actions and processes. The codes were generated through the researcher asking themselves what the data is suggesting and how do these relate to the research questions. Charmaz (2014) suggests that line-by-line coding helps the researcher remain grounded in the data which promotes a deeper understanding of the context and meaning of the participant's' accounts. For example, when analysing a statement such as "when I think of home, I feel a mix of sadness and relief", it was coded as "emotional ambivalence" and "conflicted feelings about

home". Corbin and Strauss (2015) emphasise that this level of detailed coding is paramount for uncovering underlying patters and themes that might not be immediately apparent.

Focused coding

The focused coding stage is more conceptual than initial-coding, and synthesizes and conceptualises the initial-codes that appear most significant and recurring (Scevoli, 2020). The intention of this stage is to narrow down the data to salient categories that represent the core themes. This allows the possibility to build more abstract and theoretical constructs (Charmaz, 2006). Codes such as "being less than human" and "speaking the unspeakable" were grouped under a broader category of "the burden of 'difference'" which allowed for a category to be formed to synthesise larger segments of data and provided a provisional explanation of the experiences of the participants (Charmaz, 2014). This category was then changed again to "forced identity concealment" to reflect the participants' process regarding the effect of "difference" and how they managed this prior to migration.

Memo-writing

Memo-writing serves diverse purposes and consisted of noting initial thoughts on the presented data and developing an understanding of the main concepts described by the participants (Charmaz, 2014). Memo-writing was used throughout the process to identify contrasts and/or patterns and assist in developing an understanding of what has been presented in relation to the research questions. Early memos were conducted using 'free writing' (Charmaz, 2014) and were exploratory and tentative to include questions and hypotheses which could be explored as the data process continued. Memos varied in length and detail, and captured 'in-the-moment' discoveries' (Willig, 2013). These were returned to and built upon to elaborate the exploration of the categories. Reflexive memos are included throughout and highlight the spontaneous and unedited thought processes that occurred throughout the creation of this thesis (Charmaz, 2014).

Theoretical sampling

Theoretical sampling is the final stage in the analytic process to construct more abstract concepts that represent a group of focused codes. This is a pivotal strategy in CGT (Charmaz, 2014) and guided the data collection to reflect emerging theoretical constructs. This allowed me to follow leads in the data, and when gaps were identified, strategically seek additional information to develop and refine the theoretical categories (Charmaz, 2014). This technique varies from traditional sampling techniques where pre-determined criteria is adhered to throughout the process. As such, it enhances the richness of the grounded theory (Corbin & Strauss, 2015; Glaser & Strauss, 1967) and further substantiates the usefulness of CGT for examining relatively under-researched phenomena. The study used a constant comparative method (Charmaz, 2006) where incidents in the data were identified and coded and then compared to other codes. These codes were then compared to incidents across the various codes and compared again whenever new data was obtained. This process involved both inductive and deductive reasoning allowing for more abstract concepts and theories to emerge.[2]

Theoretical saturation

While saturation is considered the 'goal' of Grounded Theory (Glaser & Strauss, 2017), Willig (2013) notes that it is an 'ideal' and may not be entirely achievable. Therefore, as suggested by Henwood and Pidgeon (as cited in Breakwell et al., 2020), the following theory represents a compromise between the ideal and the available resources. Nonetheless, the presented categories are well-developed and representative across participants, ensuring they are robust and comprehensive enough to capture the complexity of the studied phenomena. The theory reflects Dey's (1999, p. 47) concept of theoretical 'sufficiency,' where the data is rich enough to provide legitimate and credible theoretical claims.

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[2] As an example, the first interview (Clinton) revealed a code regarding sexuality becoming known through a betrayal. This was a significant life event and led to Clinton's decision to move to the UK. As such, subsequent participants were asked how their sexuality became known allowing this code to be explored and deepened to provide a salient theme pertinent across most participants.

Trustworthiness and credibility

Several steps were taken to ensure trustworthiness and credibility. The interview schedule was revised throughout the data collection process and the emerging theory was continually adjusted based on participant data (Chiovitti & Piran, 2003). Contact with supervisors was maintained throughout who assisted in understanding the complexities of the data and providing feedback in the development of themes. Using participants' words and phrasing through verbatim quotes ensured credibility of the presented data (Strauss & Corbin, 1998). Furthermore, Morrow's (2005) suggestions for trustworthiness and credibility in counselling psychology allowed me to implement an 'authenticity criteria' (see e.g. Guba & Lincoln, 1989; Shenton, 2004) to consider fairness, ontological authenticity, educative authenticity, catalytic authenticity and tactical authenticity:

Fairness: considering all participants' perspectives and providing a respectful space for comfortable participation. Acknowledgement of the potential power dynamic between researcher and participant.

Ontological Authenticity: Assisted participants in expanding their narratives for deeper self-understanding through reflective questioning. This allowed the research process to be enlightening and potentially transformative. This will be continued by sharing the results of the study with participants to provide a broader understanding of social patterns and dynamics within their demographic which could inform their coping strategies and integration.

Educative Authenticity: The study will enhance the appreciation of others by interviewing a diverse range of SGM-forced migrants. The results will be shared across various stakeholders and mental health professionals to highlight the specific needs of SGM-forced migrants fostering greater understanding and empathy.

Catalytic Authenticity: This study aims to stimulate action and critical reflection through empowering participants and informing mental health training. This has been achieved by

giving participants a voice and allowing them to express their experiences where they feel heard and valued to promote confidence and agency. Furthermore, the theory that has been produced is designed to enhance training for mental health professionals and contribute to positive social change.

Tactical Authenticity: The active involvement of SGM-forced migrants in the research process, ensures findings are relevant and actionable.

Presenting the results

Direct quotations have been used throughout the analysis, with larger quotes separated from the body of the text, and smaller supporting quotes sitting within the text in accordance with APA 7 guidelines (American Psychological Association, 2019)[3]. Bracketed numbers are used to link the quote to the section of the interview from which it was sourced.

The quotes have been organised throughout the results to bring light to the content of the participants' experiences (White et al., 2014). Creswell (2015) notes that there are three types of quotations: discrete, embedded, and longer quotations. These seek to demonstrate different perspectives, prepare the reader for a shift in emphasis, and exemplify more complex understandings. Therefore, to signify the richness of the data (Yin, 2015) the presentation of the results uses a combination of quote styles to add credibility and trustworthiness (Eldh et al., 2020).

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[3] Some quotes have been truncated using … to increase understanding and omit repeated words. In each of these instances, the essence and meaning of the quote has not been changed. Some in-text quotes have square brackets added to assist in making the quote grammatically correct. For example: when Clinton turned 18yrs he had *"different thoughts towards my [his] sexual life"*.

Findings

The Constructivist Grounded Theory Model

In this CGT study, the analysis of the data led to the emergence of six core categories and twenty subcategories to elucidate the experiences of SGM-forced migrants in the UK. The model developed from these findings illustrates the interweaving effects of factors pre- and post-migration that significantly influence acculturation processes and mental health outcomes.

Table 2. Core categories and subcategories

Core category	Subcategory
Divergence from expectations	Forced identity concealment
	Cultural and religious condemnation
Shunning and rejection	Family
	Religion
	Community
	Institutions
Needing to leave, the start of the journey	Accumulative stressors
	Betrayal: a hidden identity that becomes known
	Fleeing
Seeking support	Pre-migration
	Post-migration
Starting a new life	Visible communities
	Practical considerations
	Living in a new culture
Emotional healing/issues	Assimilating feelings and looking to the future
	Coping strategies
	Ambivalence and internal conflicts
	Trust
	New experiences of loneliness
	The protection of a small life

The results suggest that the mental health and acculturation needs of SGM-forced migrants are highly influenced by the ability to (re)construct identity and build resilience. This is impacted through visible participation in communities as their authentic selves, inclusive of SGM representation and appropriate support. The process of emotionally healing from the past involves an active process of developing or maintaining coping strategies, influenced by practical considerations often outside an individual's control (e.g. housing, budget). These components have double-headed arrows to show the influence each factor has on another.

The model also demonstrates how post-migratory factors can prevent mental health and acculturation dependent on individual differences and circumstances. For example, when an individual uses isolation as a coping strategy, this can prevent the ability to seek visible communities and can exacerbate loneliness and isolation, moving away from acculturation and positive mental health effects. Moreover, identity struggles were seen to prevent overcoming mental health burdens and acculturation, and the degree to which an individual can accept their identity influences their ability to seek support.

Figure 1. Constructivist Grounded Theory Model
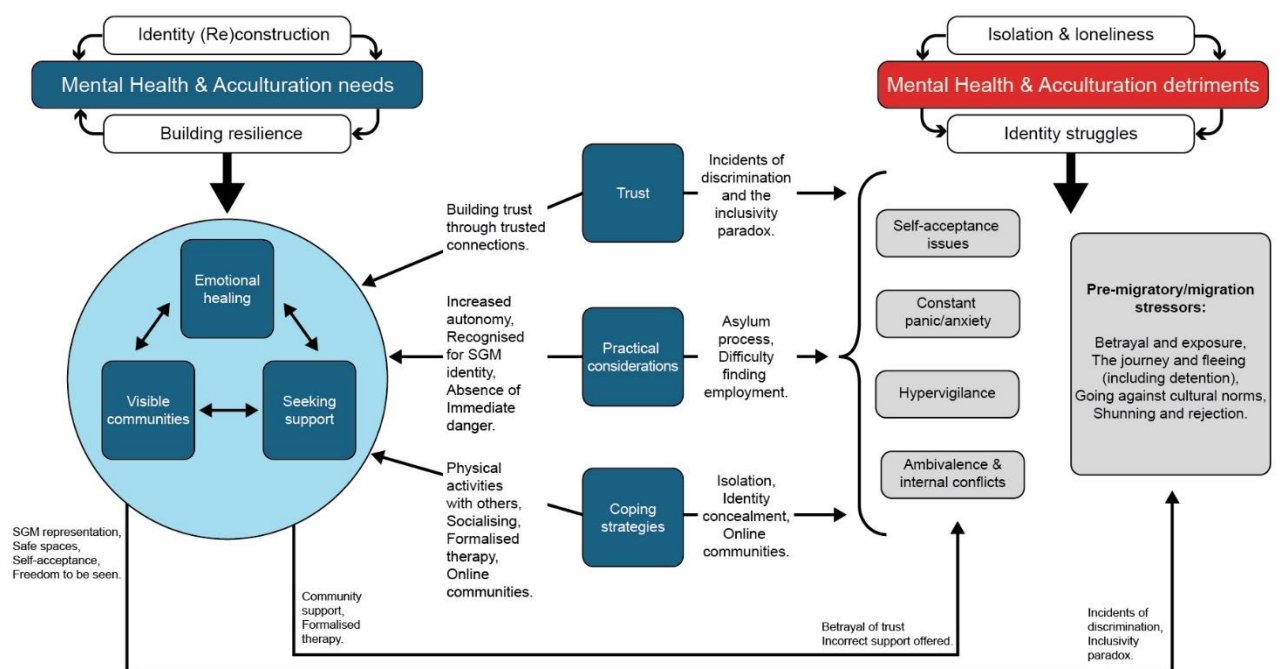
Core category: Divergence from expectations

The first category constructed from the analysis examines participants' early experiences and realisation of diverging from heteronormative expectations. This caused confusion, fear, which was processed as internalised stigma and a need to conceal identity. From childhood to adolescence, the individuals' experiences highlight societal condemnation and cultural rules.

Forced identity concealment

As participants started to notice their 'difference' from the world around them, they simultaneously understood that their difference was wrong, and dangerous to their safety. As a result of intense and pervasive challenges, concealing key aspects of one's identity emerged as an attempt to remain safe or avoid persecution but also created an emotional and psychological weight. Identifying as someone or some- 'thing' that goes against pre-determined expectations in rigid and punitive communities caused fear and confusion.

Confusion was first felt in early years to adolescence through the difference in not seeing one's own feelings or identity markers represented in others:

> *"Well, we were just having a normal life. But since you start to realise that you were different from others…you start to feel something new, that your friends are not feeling. That's when it starts, you know. "Who am I?" I mean, am I like them? Am I different? Am, am I going to live the same life as them. Like a normal life for a, a teenager would be like to fall in love with a different gender, and then you just go from there…but I didn't see that one. So that's when you know my head starts spinning. (Adam, 28)*

Adam started to question himself as he recognised an inability to adhere to cultural and societal expectations leading to feelings of anxiety and identity crisis. Through self-describing as an "alien" (Adam, 33) difference was internalised as something that does not belong in the world

he lived. The use of 'alien' also conjures a symbolic element of fear, where he as the other might be feared by those around him.

Participants learned from an early age that being 'different' was seen as illegal and evil which attributed negative feelings towards their identity and something that needed to be overcome. They attempted to follow a life that was considered respectable and seemingly moral: "I started forcing myself into relationships to wash out the evil…but… it was just not working" (Pheonix, 49). Pheonix's coping mechanism of forcing herself into heterosexual relationships by using "hard substances" (Phoenix, 49) reflects the harsh measures taken to suppress true identity and attempt to conform to the world around them. Using hard substances represents a form of self-destruction to avoid being destroyed by an oppressive environment, alongside an attempt to nullify or eradicate feelings that are juxtaposed from the cultural rules of their environment. There is a sense that a valid relationship can only exist heteronormatively, and adhering to that might mitigate the moral deviance participants felt through expressing feelings towards the same sex.

The process of understanding difference signified a lack of choice to live authentically in which adhering to cultural norms was interpreted as the only way to live safely. Therefore, participants concealed their identity by means of coping/surviving often leading to withdrawing from social interactions, "at times, I hardly step out, I just have to stay behind closed doors" (Clinton, 17). Not only did this create feelings of isolation and loneliness, but participants appeared to shrink their personalities into something small to avoid being seen or noticed. Mira (77) recalled that she had to "hide" her trans identity which involved "trying not to be yourself" just as an attempt to fit in with those around her.

Growing up at odds with one's surroundings and subsequent identity concealment led to identity confusion which took a toll on mental health. Olive (18) explained that "just coming to terms with yourself was really hard" suggesting the difficulty participants experienced when

conceptualising their sexuality and or/gender. This was compounded by a lack of information regarding what homosexuality means. Pheonix (6) reported "I've lived that confusion all my life" suggesting her sense of self is somehow fragmented or confused which continued post-migration. Therefore, the interpretation of the outside world led to a fear for safety and participants were denied the ability to live authentically. Remaining in the home country appeared to present only one option, conform to the rules or face life without a viable or safe future. This prompted a critical need to find safer and more accepting environments.

Reflexive memo

I was particularly moved by the extremes that Pheonix went to, who took drugs to try and sleep with men. Later in the interview when she described the lengths that her and her partner went to, to be able to live together without causing suspicion, I realised just how pervasive having a 'difference' was on all aspects of the participants' lives. This also made me reflect on the differences between men and women. Pheonix described that she could live as a 'spinster' which would mean that she could avoid some of the scrutiny of being married. However, even this form of hiding would have involved going against cultural norms, as she was also expected by her parents to have children. As a man this made me question the innate privilege I might have through the inability to carry children. Before starting the doctorate I read a book by Jacquleine Wilson called "Mothers: an essay on love and cruelty" which reports the societal pressure for women to have children. I reflected that these pressures are not necessarily escaped by lesbian women, which perhaps causes greater conflict with sexuality. Moreover, when Pheonix and Adam reported police brutality I again realised the privileges afforded to me by growing up in a Western environment. Although police failings are reported in the media, I do have a sense that they serve as protection against wrongdoings that I might face, and upkeep human rights which creates a sense of anchoring and trust that potential injustice is not necessarily something that would need to

be fought alone. This contrasts so deeply with the participants' experiences, that it sometimes felt overwhelming to consider how to portray this in a way that the reader can understand.

Cultural and religious condemnation

The analysis isolated the processes through which cultural and religious norms influenced participants' experiences. Analysis of the participants' discourse highlighted the nature in which an SGM identity contravenes cultural and religious norms affecting both the sense of self and causing severe judgement and persecution:

> *"it's generally like you have a disease which are contaminating the society…You're the problem of society. You, you you're going against norms. You're, you're going against the house. You're going against tradition" (Olive, 14)*

Olive illustrates the deep psychological impact of cultural and religious condemnation leading her feeling like "the lowest of the low". The binary rigidity of participants' home countries, means the only option is to conform, and difference is perceived as a direct attack on the governing society's moral values. Olive's use of the word 'house' also implies a belongingness to an internalised set of family norms which she has deviated from.

Religion emerged as the primary driver of cultural norms, with participants such as Tanya (37) describing the active discrimination of SGM identities by church leaders. Using the bible as means of justification, homosexuality was described as a "sin" creating internal conflicts as participants struggled to reconcile with their faith. Pheonix (6) considered herself "evil" demonstrating that cultural and religious perceptions can be introjected and culminate in internalised stigma, which led to suicidal ideation (Pheonix, 6). Diverging from religious expectations reinforced marginalisation and was accompanied by feelings of low self-worth through feeling something that was seemingly abhorrent and ungodly.

Cultural norms were upheld and communicated through "gossip" (Jay, 108). Olive recalled hearing about an SGM individual being murdered and the subsequent reaction from her community:

"they deserve that or we should drag out every person who is, like, openly out…we should start stoning them…so that they can stop with that behaviour, like" (Olive, 45).

Olive's statement describes the extent to which the discourse from the outside world so starkly opposed her sexual identity. This prevented participants from finding any solace or believing that their human right to justice would be supported. Consequently, all participants used self-isolation as a coping strategy to avoid potential threat. The deep-rooted impact of cultural norms on safety and identity concealment led participants to struggle when discussing their sexuality post-migration, which impeded acculturation through an inability to connect with others and complicated the asylum process.

Participants reported the importance of family reputation often demonstrated through an ability to follow cultural and religious guidelines. SGM identities were seen to negatively affect family reputation and caused "emotional damage" (Jay, 27). Clinton believed his father's role as a 'business leader' was a factor in not accepting his homosexuality, and his identity was detrimental to people wanting to work with his father. Therefore, participants grew to understand that social standing was more important than supporting a family member with an SGM identity and the inherent nature of their identity could bring harm to their family. This fostered an environment where the participants felt unloved effecting self-worth through the devaluation of their struggle in the eyes of loved ones.

The negative influence of cultural and religious norms extends beyond psychological impact to physical danger. The pervasive fear of violence highlights the rigid societal frameworks and the danger to safety when deviating from these. Participants (e.g. JP, 12; Clinton, 8) described the violent reactions towards homosexuality in Nigeria where gay

individuals are "despised" and face physical threats. This contributed to internal conflicts where participants did not feel fundamentally bad but were surrounded by laws and culture that said otherwise. The intertwining of culture and law seemingly justifies SGM discrimination which appeared to prevent participants from contextualising their feelings of confusion, even to the extent that Clinton (8) was refused the renewal of his driving license because a worker heard a rumour that he was gay: "the issuer deprived me of my rights…he said that word has actually been coming out on the streets that I'm actually gay".

Guilt was also associated with going against cultural norms. Eric expressed conflicted feelings for transitioning to a male identity and avoiding the fight for women's rights due to the culture of the "sexism" (Eric, 243) in China. This highlights the sense of otherness where trans participants might not feel a sense of belongingness to either of the prescribed gender binaries and was maintained through medical and administrative services where participants could only report their gender as male or female: "before you finish the genital part, you wouldn't change your ID card or passport, it wouldn't change your gender even if you had the diagnosis" (Eric, 89). The interweaving of cultural and systemic barriers prevents authentic living which placed trans participants as both cultural and biological outlaws.

Post-migration the power of cultural norms continued, and some participants continued to prioritise cultural expectations above aspects of their SGM identity. Sherry (91-93) wished to spread awareness regarding SGM issues post-migration but didn't "want to go against my [her] community guidelines back at home". This suggests internalised stigma where despite wanting to spread awareness, there is a degree of shame and fear in contravening the rules of her home country.

Overall, 'Divergence from expectations' demonstrates the process in which deviation from heteronormative expectations led to confusion, fear and internalised stigma. Forced identity concealment was frequently used as a coping mechanism, driven by the need for safety

and avoidance of persecution which resulted in emotional and psychological distress. Through a fear of violence, participants would often force themselves to conform to rigid norms creating stigma that was difficult to overcome post-migration. Cultural and religious norms further amplified participants' struggles, reinforcing marginalisation and internal conflict, often combining to form a low self-worth.

Core category: Shunning and rejection

As a result of diverging from expectations, participants reported shunning and rejection from their family, religion, community, and institutions. Through being shunned, participants were forced into isolation either to protect personal safety or through having no one who would accept them for their SGM identity. Rejection often occurred abruptly once an SGM identity had been confirmed and was experienced by all participants:

> *"You know, at some point when they start to notice things…. you would be unwelcome to your own family. They will just cut you off…You know, my mother's love is a strongest one, but still there will be a pressure from the society that she grow up [grew up in]. She will have friends, families that will not accept me even if she wants to accept me deep down…I don't blame her. You know it's just, the way she, our culture, the way our society thinks" (Adam 55-61).*

Contravening cultural laws ultimately led to rejection, leaving participants isolated and without support as they battled to understand their identity. Adam's rejection shattered his belief in unconditional maternal love. Societal pressure overpowered his mother's ability to support him, severely impacting his self-worth equating SGM identity with being unlovable.

In some cases, rejection was anticipated, and participants isolated themselves to avoid discrimination and persecution. However, this coping strategy resulted in feeling "useless" (Mira, 143) as they were unable to exist within their community or contribute to society. Post-

migration some participants felt "stuck" (Eric, 22) and too fearful to engage in community activities given their past experiences, which is essential for mental health.

Reflexive memo
The dynamism between the forms of rejection seemed overwhelming for participants, and it seemed that in their home countries they literally had no options to be fully included in any space. The interconnecting role of each of the categories seemed to mean that even if a parent was accepting, either their religious beliefs would prevent them from fully accepting their child, or their concern for their own safety would prevent them from being able to support their child in being open and free. This is why I chose to start the theme with a quote from Adam which shows both the rejection from his family, but how this was seen to be an enforced rejection through the overarching need to upkeep societal and cultural norms.

Family

Rejection by family created a sense of loss, forced concealment (see Core Category: Divergence from expectations), abandonment, and threat to safety through homelessness and violence from family members. Participants like Adam, Jason, Tanya, and Phoenix experienced abrupt exclusion, with Adam stating, "from that day, I didn't go home… they just cut me off" (Adam, 63). This severing prevented participants from using isolation as a survival strategy, leaving them without a safe haven, and at the mercy of the world they had tried to hide from.

After arrival in the UK, some participants continued to experience the effects of rejection expressing a wish to reconnect with their family. There was a sense that gaining success in the UK might lead to family acceptance by outweighing the deficit of an SGM identity through increased social standing. Sherry (138-139) felt empowered through earning money providing a leverage to feel more included and valued once she could send money home. This suggests that cultural norms continue to operate in an individual's mindset post-migration,

alongside an understanding that the only way to re-enter the family is through the rules of the society which are seen to be constant and unchanging.

When family members assisted participants to migrate (Sherry, JT and Mira), it was unclear whether this was support or rejection through creating physical distance. Parents would actively encourage their children to seek a new life in an often-unknown country. This reduced potential family-wide shunning, yet seemingly placed their children in new dangers. Although participants expressed gratitude, there was a sense of denial about the actions of their parents. Those helped by families experienced a greater sense of loss from due to separation and constant reinforcement that they should not return or visit as expressed by JT (48) "Just I need them. That's just what is difficult now is just the emotional part".

Pheonix anticipated the probable rejection she would experience when arrested:

> *"when we were arrested…I, obviously knew that they would have heard something was wrong…What I did was to avoid contact with them. I knew, they were going to get in trouble in church" (Pheonix, 31).*

The certainty of being rejected for an SGM identity meant that once it was discovered there could only be one possible outcome. This highlights the sense of being trapped and the deep sense of shame that SGM identities bring on the family and individual.

Religion

Religion, initially perceived as a potential source of acceptance, exemplified rejection. Participants such as JT (16) experienced public humiliation in church, with religious leaders reinforcing societal prejudices. Homosexuality was labelled as "the evils that the white men brought to Africa, and anybody that practises it should be condemned out of the society" (Pheonix, 6).

Religious leaders were seen to hold a standing in the community and influenced the actions of those around them. Through spreading misinformation and excluding SGM

individuals, participants had difficulty in knowing who and what to trust. This led to internalising messages from religious leaders believing themselves to be evil and wrong. Consequently, participants felt unable to engage in religious practices post-migration, which increased loneliness and presented difficulties in using faith as a coping strategy.

Religion can be used to justify discrimination or interpreted in ways to form a more inclusive environment that could reject such persecution. This dual potential highlights how religious doctrines can be used selectively to support existing biases. This study found that religion was used to reinforce and perpetuate cultural intolerance to SGM identity, contrary to promoting acceptance which had been participants' childhood expectations of religious engagement.

Community

The broader community including educational settings, and local environments played a significant role in rejection and shunning. Participants frequently faced bullying in school and received no support from teachers. Olive witnessed a child being bullied because others suspected he was gay:

> *"they gathered in a group and they were like they were showing him like porn videos and being "Oh, so that's you? That's you? That, that's what you want like?" (Olive, 45).*

Bullying and public humiliation led participants to understand the need to be as 'unseen' as possible, resulting in hypervigilance. isolation from their peers and the need to mimic stereotypical gender roles. This burden impaired the ability to focus on schoolwork and a dread of interacting with their peers, increasing a sense of marginalisation and worthlessness.

Participants were rejected by their community through a 'fear of association'. Being shunned in this sense contributed to the pervasive sense of fear and powerlessness, and the notion that the 'community' was an impenetrable "mob" with the power to kill (Olive, 44-46).

Participants felt unable to influence others' opinions and risked extreme hostility if their identity became known.

Rejection and shunning transcended physical spaces to virtual spaces via social media, showing the prevalence of digital spaces. JP received online harassment for her trans identity, such as "You are dirt" (JT, 76). Therefore, even seemingly safe places such as trans specific groups could become dangerous and damaging environments, leaving participants with no escape from constant discrimination. This points towards the dual implications of spaces of free speech, where even though participants felt liberated to express their true selves, they were also subject to opinions of others that might have damaging effects.

During migration, rejection and shunning continued. Adam (85) was beaten and left for dead by his diaspora community. Facing the same threats he experienced at home, Adam had feelings of despair experience through traumatic flashbacks akin to PTSD. This experience intensified his notion of having no one to turn to, believing his life was meaningless and no one caring if he lived or died. Experiencing low self-worth to this extent was problematic in making connections post-migration through fearing the consequences of someone getting to know you.

Institutions

Participants grew up believing that institutions offered protection through adherence to law and human rights. However, several participants were denied public services (Clinton 8 & 17) and faced abuse during detention. Jason faced prejudice from police officers after being arrested for homosexuality "they're treating me like, I'm nothing you know…there was no form of protection from them" (Jason, 15). As a result, participants were vulnerable to "violence" and "sexual abuse" (Olive, 14) which caused traumatising effects, and relational difficulties post-migration.

Pheonix experienced brutality after she was arrested, highlighting the harrowing effects of SGM identity alongside the institutional failure to protect vulnerable persons. Despite hoping that law enforcement would protect her, Pheonix and her partner were brutally raped and dehumanised:

> *"they were intentionally raping us and sometimes they would tell us "What you say, you like women. How can you, a whore, a girl like you say you like women. We will show you what you are missing out. They will rape you. Sometimes, four men will rape, take turns to rape. At night they will use, sometimes it will be…I became like an object. An object! They will use the police baton on me and say, "In case the dicks you are you are experiencing is not good enough" (Pheonix, 4).*

The powerlessness and horror Phoenix and her partner faced left her with no support, and having her reputation damaged by detention was an outcast from everyone she knew.

After arrival in the UK, rejection from the Home Office left some participants wanting to "commit suicide" (Tanya, 79). The requirement to prove SGM status as part of the asylum process caused extreme anxiety forcing participants to talk openly about the very issue that caused such dire consequences pre-migration. The fear of not being granted asylum and potentially being deported back to danger garnered intense fear. This pre-existing fear of institutions complicated the asylum process as the guardedness that kept participants safe in their home countries had to be immediately relinquished.

The rejection from institutions seemingly adds to the notion that having an SGM identity makes you less human. Participants demonstrate that an institution can rob you of your humanity through severe physical objectification, and strict legislative protocols can negate the human experience and trauma of the SGM-forced migrant experience.

Therefore, participants faced systemic shunning and rejection across multiple social spheres illustrating the deeply ingrained cultural norms that contribute to prejudice against

SGM identities. The abruptness and intensity of rejection forced participants into isolation, reinforcing internalised stigma and decimating self-worth. Cultural beliefs that the protection religion and institutions should offer were shattered, and religious leaders and institutions were prominent actors of discrimination and prejudice. The pervasive sense of rejection denied participants basic human rights and later impeded their ability to integrate and find safety, highlighting the nature of intersectional challenges.

Reflexive memo

When hearing of Pheonix's experience during detention, I felt a great sense of guilt. Hearing her story as she recalled it through tears made me question whether the impact of this research could ever match up to the trauma that had been experienced by her and the other participants. Nevertheless, through training and particularly therapeutic work in the NHS and sexual health charities has made me aware of the empowerment that occurs through providing a safe space to express one's story without judgement. Part of trauma resolution involves giving power to speech, and I purposefully framed the interviews to fit in with the notion of "what happened to you" rather than "what is wrong with you" to honour frameworks such as the Power Threat Meaning Framework (Johnstone et al., 2016).

I had to wrestle with understanding how her account fitted in with the other participants and in what way her mental health processes were similar or divergent from the rest of the responses to consider what theory might emerge from the overall dataset, rather than just considering her story on account of it being perhaps the most traumatic of the cases. Three other participants had experienced brutality from police officers, however, I felt it was important to include quite a lengthy quote from Pheonix as she seemed to capture the powerlessness that was shown in other participants despite them not necessarily recounting it with the same level of trauma.

Core category: Needing to leave, the start of the journey

Critical factors pre-migration compelled participants to flee, encompassing accumulative stressors, acute betrayals, and harrowing experiences of escape. The decision to leave one's home country was monumental and often traumatic, driven by the hope of finding safety and acceptance.

Accumulative stressors

The unrelenting rejection by family, society and cultural norms created a hostile environment that left participants with no choice but to flee:

"…then you tell them you're transgender or something, they tend to look down on you, say things bad about you and see you as a nobody. Yeah, and my family was that way. And the combination was kind of too much and I couldn't cope…so I had to come over." (Mira, 4)

Mira's experience encapsulates the cumulative effects of familial and social disdain, creating an unbearable environment. Rejection from primary support systems caused emotional pain and forced participants to seek new and unknown environments. The fear of physical harm intensified the need to leave, and Olive's (45) account of a lesbian being "found dead" and "defiled" underscores the life-threatening danger. Fear was compounded by a lack of trust, as "most of the perpetrators are people who know you" (Olive,45) creating a need for hypervigilance and constantly assessing potential threats from familiar people, which exacerbated isolation and inability to trust.

Participants who left through legal routes still faced significant psychological challenges. Clinton described his need to leave as "heavy", indicating the profound emotional burden of his sexual identity: "wherever I go, it goes with me" (Clinton, 6). There is a sense that Clinton's sexuality is not fully integrated into his core identity, wishing somehow that he could escape his sexual identity and leave it in another place. Whilst geographical changes

might offer physical safety, the psychological scars remain and the hope for a better life meant participants were willing to relocate having never previously visited the UK. This suggests the necessity of idealised hope in providing strength to endure the stress of displacement alongside leaving familiar surroundings for an uncertain future.

Betrayal: a hidden identity that becomes known

Through betrayal, participants experienced a moment (often sudden and abrupt) where hidden identities were exposed by trusted individuals, leading to arrest and persecution. Pheonix (53) was betrayed after a friend saw intimate photos of her and her girlfriend and sent them to the police. This severe betrayal led to immediate persecution and accusations of "distributing evil and initiating young girls in the society". Public exposure led to humiliation as "people were already in the, in the party, already booing" showing the penetrating effect of betrayal on another's future. Public exposure experienced by Jason and Adam resulted in shame and social alienation in addition to the emotional hurt of being betrayed. The betrayal of an SGM identity highlights the vulnerability of being 'outed', including legal and social repercussions. Participants faced group reinforcement that their SGM identity was 'wrong' and felt they had no choice but to flee.

Fleeing

For participants who were arrested (Pheonix, Jason, Adam) the urgency to flee became paramount. Participants' psychological focus shifted to survival which led to a heightened state of alertness and constant fear. Isolation and loneliness increased during this period as participants learned they had no one to rely on for support. The norms of participant's home culture were inverted through being persecuted or not receiving protection from actors they had previously trusted "sometimes even the police officers, they will not look at you" (Olive, 14). This loss of trust continued post-migration where no one or nothing could easily be trusted impacting social interaction and ability to testify during the asylum process. The 'outing' of SGM identity caused immediate ostracization or regard for their lives: "If I was dead, no one

really cares… And that really hurts" (Adam, 85). Adam's reflection highlights the overwhelming sense of abandonment and isolation, and earth-shattering loneliness of not being cared for. Life-threatening dangers continued throughout migration when travelling in small boats "One little needle and life will stop" (Adam, 24), and Pheonix's (3) need to disguise herself when escaping led to "always panicking, if I [she] hear[s] footsteps, car sounds, anything". The perilous nature of the journey demonstrates the severity of trauma participants carry with them as they arrive in the UK and seek safety and recognition.

Those who fled felt a need to change fundamental aspects of themselves to adapt to their circumstances. Adam (18) explained how he had to become a "tough" person just to "make it through" demonstrating psychological adaptation and development of new coping strategies. Developing resilience allowed participants to endure extreme hardship, but post-migration led to difficulty in acculturating due to continued anxiety and fear of anticipated danger. This illustrates the long-term psychological impact of fleeing and the complex process of adapting to new environments whilst dealing with past traumas (see Core category: Emotional issues).

Participants were driven to flee through the urgency of escaping life-threatening situations. Repeated rejection and danger left them no choice but to seek refuge where they hoped to find peace and protection. Betrayal by trusted individuals had severe social and legal consequences, intensifying their need to escape and survive. The loss of trust, deepened by systemic failures, compounded the urgency to leave. Their perilous journeys required ongoing psychological adaptation, leading to identity confusion and lasting trauma that complicated their efforts to find safety upon arrival in the UK.

Core category: Seeking support

Seeking support pre- and post-migration was a complex process shaped by the understanding of previous experiences and the influence of new environments. Seeking support

is multifaceted in nature interconnecting with findings across the data. For example, betrayal (see Core category: Betrayal) prevented participants from seeking social support, and discrimination from institutions (see Subcategory: Institutions) impeded the ability to access relevant assistance and information (see Subcategory: Practical Considerations).

Pre-migration

Participants who were able to seek help pre-migration could mitigate some of the negative mental health effects of SGM identity. Through finding a trusted person, a buffer was created between them and the cruelty of the outside world. However, support did not necessarily align with participants' needs, reflecting the complex interplay of psychological processes and social dynamics. Mira (14) experienced a duality in her support systems; despite feeling loved, her parents' attempt to control her identity led to internal conflict. This suggests a psychological struggle between feeling simultaneously supported, yet restricted, and contributed to internalised shame and identity confusion.

Support during early life varied, and participants who received support but were later betrayed were severely impacted in their ability to trust post-migration. Seeking support was heavily influenced by the danger of cultural norms and pre-existing familial attitudes, making it precarious and requiring great consideration. There appeared to be a deep-seated desperation for acceptance and understanding coupled with the overwhelming psychological burden of conceptualising one's SGM identity. The danger associated with expressing SGM identity created a significant conflict and uncertainty about potential repercussions, causing participants to seek support only when experiencing extreme psychological distress.

A lack of support often prevented legal migration as the entrenched beliefs of the older generation trapped participants like Olive (42) from attaining financial support. Denial of familial support was seen to cause a barrier when seeking other forms of assistance post-migration. Past betrayals from family and friends led to a fear of further exposure, creating a

barrier to seeking mental health support "I thought about that, but I was just scared of sharing my personal life to another person" (Clinton, 60).

Participants expressed a conflict between needing to confide and the guilt of burdening those they confided in (JT, 34). This guilt complicated the willingness to share experiences forcing them to carry the weight of both their own confusion and the upset it might bring to others. Moreover, the survival strategy of identity concealment prevented seeking support from other SGM individuals. Although arrival in the UK presented the first opportunity for a visible community, participants felt unprepared for engagement in a novel and daunting arena and were laboured with fears built in hostile environments.

When support was successful, participants felt a sense of protection and normalcy. Sherry (29) felt that discussing her sexuality with a friend normalised her feelings, and Mira (32) found an ally at school, creating an environment that helped navigate her identity. Through finding a confidant, participants were able to accept their identity more easily receiving verification that corroborated their feelings which counteracted some of the negative messages from the wider community. However, the loss of this support after migration exacerbated difficulties in settling into new environments as the overwhelming process of finding new support in an unknown environment began.

Post-migration – (seeking support with a new sense of freedom)

Participants experiences of seeking support post-migration varied. Some found liberation in no longer being persecuted for their identity allowing them to "open up" (Jason, 121) which then facilitated living an open life. However, others were hindered by past rejections and betrayals and relied on pre-existing strategies of isolation and identity concealment.

Community support was shown to provide strength and resilience which enabled Tanya (97) to "stay strong" and "lift your [her] head". This support was essential in reconfiguring

identity post-migration particularly through seeing other SGM individuals modelling a behaviour that was deemed as proud and free. Benefitting from the camaraderie of other SGM-forced migrants also provided a sense of "family" (Adam, 143). This belongingness increased resilience during the asylum process and facilitated a reparative process of learning that SGM identity was not 'wrong' and could be accepted. On the other hand, financial constraints and practical limitations prevented some from seeking support. Sherry (123) explained "I didn't have any friends, I didn't have money to just explore options". A lack of financial freedom maintained pre-migratory isolation and reduced autonomy, which caused frustration that support could exist, yet still be inaccessible.

Formalised support, such as therapy appeared beneficial for assimilating and articulating past experiences. Whilst some participants reported the benefits of therapy, the success seemed to depend on the therapist's cultural understanding. Eric (212-217) described the difference between seeing a "white middle-class British" therapist who did not understand his culture against the benefits of a "second generation Hong Kong immigrant" who did. The effectiveness of formalised therapy was also influenced by an appreciation of the varying forms of intersectionality experienced by SGM-forced migrants, and when this was not duly considered, participants felt overwhelmed. This led to termination and prevented future consideration of therapy as a support mechanism. Similarly, pre-existing cultural beliefs acted as a barrier in seeking formal support. This suggests that cultural perceptions of Westernised therapy are considered pointless to some individuals from non-Western communities and might point towards the unsuitability of therapy currently on offer.

Therefore, seeking and benefitting from support was heavily influenced by trust, cultural dynamics and financial constraints. Successful support was tailored to the individuals' needs by people often with lived experienced and included guidance and information giving. Pre-migratory support was experienced as a mix of protection and control causing vigilance

and scepticism post-migration. Betrayals of trust at an individual and organisational were significant barriers to seeking support particularly when accessing support services.

Core category: Starting a new life

Starting a new life in the UK represented an opportunity to (re)discover and embrace SGM identity, moving from a concealed to visible state. Through migrating, Adam (51) regained a "lightness from before" which he had not experienced since childhood. This suggests that the sense of freedom visibility offers can foster self-acceptance. Nevertheless, the complex interplay between navigating emotions and overcoming cultural and administrative hurdles prompted triggering memories of pre-migratory trauma.

Visible communities

Visible and supportive communities inclusive of being around "lot of gay people" (Jason, 78-81) had transformative effects. Representation facilitated inclusion and the possibility to explore sexuality without life-threatening danger. Representation included practical assistance from LGBTQIA+ members during administrative tasks and demonstrated that SGM individuals could be safely interwoven into the culture of the UK. This stark contrast to pre-migratory experiences allowed participants to feel a sense of freedom which increased self-acceptance and hope of what their future life might look like.

The freedom of being visible also describes being 'visibly invisible' and blending into society without fear of persecution, or incriminating others. JT (125-126) explained her trans identity was something that people "don't care" about. This allowed more spontaneous and relaxed social interactions, promoting a sense of belongingness. The contrast between isolation and freedom helped reduce internal conflicts and move from a state of concealment to openness. Moreover, social integration was highlighted by four participants who are members of a charity organisation in London supporting SGM-forced migrants:

"it's just happiness there. You walk into the meeting, and everyone is laughing and smiling. And you know that nobody is judging you. Nobody's looking at you one way or the other… you feel like, "Oh, I'm here with my kind of people or people who understand me", and even if I don't talk to anybody, just being there is like they, they take me from the world and put me in a very quiet, cosy place. It's like a cosy place for me" (Pheonix, 17)

Interacting with like-minded individuals created an alleviating experience, allowing the possibility to experience life in ways not previously possible contributing to a repaired sense of self. However, some challenges remained. Eric (129-131) felt objectified by the curiosity of others, likening his experiences of being trans to "a monkey in a zoo" highlighting the ongoing issues of othering despite improved safety. Thus, participants had to navigate the balance between visibility and potential social stigma, which created a sense of lost hope through the discrepancy between expectations and reality.

Practical considerations

Relocation provided practical benefits that enhanced participants' sense of freedom and autonomy. Adam's (49) experience of being granted asylum illustrates that official recognition from the Home Office can lead to a sense of stability. The opportunity to finally belong somewhere without being considered illegal or wrong encouraged him to integrate to his new surroundings. This highlights the continued impact of societal structure on self-acceptance. The endorsement from an institution appeared to give Adam permission to be himself, contrasting pre-migration experiences where a lack of endorsement forced him to act differently and conceal his true self.

Economic opportunities offered hope and the ability to support family members back home (Jay, Sherry), which led to a sense of autonomy and increased engagement with family members in their country of origin. It appeared that sending money home gave participants a new sense of power within the family dynamics, which had otherwise been denied (see

subcategory Family). Moreover, Eric (265-266) found a more balanced work-life structure contrasted with the high stress and suicide rates in China, providing hope for a better future. However, challenges in gaining employment resulted in frustration and impacted self-esteem. Repeated job rejections led to feelings of inadequacy and might suggest institutionalised discrimination against the validity of overseas qualifications. The cost of living contributed to feelings of low self-esteem and a sense of limbo. When Mira (38) was not able to afford simple things, she was prevented from enjoying her new life, suggesting the interplay between financial resources and well-being. Similarly, participants who found employment often experienced isolation from working so much they were unable to spend time with friends impeding the ability to "settle" (Jason, 36-37).

The asylum process itself posed significant challenges and was described as unfair and stressful. The necessity of proving a previously concealed identity and going against deep-rooted survival mechanisms caused distress and panic. The process was reported to negate the "personal journey" (Tanya, 67) creating a sense of limbo where participants struggled to engage in a new life for fear that it might be fleeting. Furthermore, unstable accommodation exacerbated past traumas and heightened panic through not having a space that felt safe or belonging to the participant "my life is just, just scattered" (Pheonix, 21). There is a sense that until asylum is granted the participants were still very much living the journey of migration. Without the safety of being able to remain it appeared difficult to build the basic foundations for living which would then facilitate identity exploration. The limbo of waiting for asylum presented a new form of rejection evoking the fear and dread of past experiences (see core category: Shunning and Rejection) where avoiding the emotional ties of acculturation resulted in a form of rejection anticipation.

Living in a new culture
Adjusting to the UK's cultural landscape was a complex process requiring participants to reconcile pre-migratory cultural constructs with new societal norms; sometimes leading to

cultural dissonance. Tanya's described pre-migratory life "like living in a bubble" (Tanya, 53) highlighting the overwhelming nature of cultural adjustment. Participants experienced high levels of stress through feeling unprepared for their new environment which was associated with using previous coping mechanisms (e.g. isolation) to avoid new stresses. Eric found that British culture was not accepting and "British history always puts itself on top" (Eric, 99) making him feel lower in status through being Chinese. Furthermore, despite experiencing UK "queer culture" as "a lot more progressive", Eric feared engagement through pre-migratory beliefs that queer culture is fragile and permeated with "mental illness". Fearing the fragility of the queer population and identifying as "shit at social rules" (Eric, 165) presented an instance where participants might want to engage but are prevented from doing so. When self-concepts based on cultural beliefs prevent interaction, participants remain as outsiders and thus isolated.

On the other hand, participants felt tentative for their safety due to "hype" (Sherry, 49) that was spread in their home countries. This prevented individuals from feeling safe when exploring their local areas and were compounded by actual cases of racial discrimination. Olive, and Ziana received racial discrimination and JP (101) reported discrimination pertaining to her trans identity by a Nigerian woman in a supermarket. When co-ethnic discrimination mirrored experiences from countries of origin, participants were triggered and invoked past coping strategies causing isolation.

Cultural differences also allowed for the possibility for new perspectives that challenged previous beliefs. Clinton was surprised to find more acceptance and support from "white folks" (79). Nonetheless, culture in the UK did not appear universal, and Ziana (33-39) found that "white people are more difficult" to make friends with. This highlights the level of unpredictability when acclimatising to an environment that has varying cultures and diversity. Experience of culture in participants' home countries tended to be mono-cultural, generating social anxiety as the diversity of the UK appeared precarious and hard to judge, making it difficult to navigate intersectional identities.

New social dynamics introduced additional challenges for participants as they began to explore their sexuality. For example, Jason (94-101) struggled with new dating norms and being blocked on apps, which pressured him to explore sexual intimacy at a pace he wasn't comfortable with. This eroded his ability to trust and resulted in a new form of marginalization, as his goals differed from those of other gay men. In this case, the freedom of visibility became a catalyst for feeling excluded, highlighting the rigidity of cultural and subcultural norms that can alienate those who must either adapt or face marginalization.

Therefore, starting a new life allowed some participants the possibility to openly embrace their identities, fostering self-acceptance and freedom. Visible communities provided a sense of belonging and support, although cultural and administrative challenges often triggered past traumas. Adjusting to the UK's cultural landscape was complex and new opportunities for integration were tempered by experiences of discrimination and marginalisation. Practical considerations of job rejections, high cost of living and an uncertain asylum process caused frustration and anxiety, and for some created a sense of limbo which prevented feeling settled or truly welcome.

Reflexive memo

Prior to conducting the research, I had expected participants to recall greater levels of discrimination post migration. Some of the research I had read pointed towards queer spaces in the UK being specifically designed for white middle class gay men, and I thought my participants would reflect this in their interviews. I do not discredit the research that I had read before and believe that it must be apparent to some queer people of colour, however, I made sure to set this assumption aside as it was not a feature of the interviews I conducted. Nevertheless, when Jason mentioned his experiences of gay dating apps, I recognised that the more someone can acculturate, the greater the potential is to receive new rejection or discrimination. Adam had not yet sought to date men in the UK which was protecting him

from the experiences that Jason was having through being further along his journey of self-acceptance.

Core category: Emotional healing/issues

Speech content from participants highlighted the burden of traumatic experiences and the psychological processes that move towards or away from better mental health and acculturation. Adam vividly captures the struggle where physical scars serve as daily reminders of his emotional pain, triggering flashbacks akin to symptoms of PTSD:

> *"I have scars that I got on the journey. Every morning that I wake up, I'll see them. And, I remember all the scars pain every morning and that hurts like every day. Just if I sit for more than 5 minutes and not thinking anything. I'm just seeing those things and it just rewinds back then, you know, the pains, yeah. And it's just really hard, you know. I don't know. It's just, sometimes, you know, it'll be more than I can take. That's passed now, but still it's, you know, I'm still living it" (Adam, 69).*

The sense of being stuck in a traumatic loop underscores a state of hypervigilance and existential disorientation where past traumas overshadow present realities, leading to a state of non-existence. Pheonix's (6) "constant panic" underscores the impact of unhappiness in preventing the ability to embrace newfound freedom. When participants struggled to accept their identity, it appeared to inhibit confiding in others which illustrates the psychological toll of overcoming identity concealment post-migration. This suggests an ongoing battle with shame and self-acceptance through the internalisation that SGM identity is wrong and/or unacceptable: "I wouldn't even say to myself or looking in the mirror and say I'm gay" (Jason, 61). Lacking self-acceptance appeared to drain emotional resources and hindered the necessary strength to integrate and find new social connections.

Despite emotional struggles, participants demonstrated perseverance in striving to engage in activities that could bring positive benefits, despite their current feelings (Clinton, 19). This suggests that resilience plays a critical role in acculturation alongside an inherent sense of the actualising tendency towards positive growth. However, legacy fears of persecution sometimes overshadowed these efforts, particularly during incidents of persecution in new surroundings (JP, 72) which points towards emotional fragility and the importance of safe spaces.

Participants often experienced feelings of numbness and desensitisation. Eric's (47) reflection on his emotional state highlights this: "I kind of feel numb…I've been through so many other extreme experiences". Furthermore, Pheonix's (6) sense of being trapped in a vacuum illustrates profound disorientation and isolation and links with Adam's experiences of symptoms associated with PTSD:

> "I'm like in a, in a vacuum somewhere. I'm not here, I'm not there. I can't move forward, I can't move backward. I can't, I can't do anything, and I feel lost. I feel helpless, tired, confused, angry, alone. I feel so alone. So alone, because I really, I hardly I am able to talk to people"

Participants' continued anxiety regarding socialisation and triggering experiences kept some trapped in a pattern resembling life in their home country which prevented enjoying the benefits of migration. The loss of loved ones including the unknown fate of Pheonix's partner after being re-arrested (3) hindered engagement in a new life. This emotional tug of war between past and present signifies the psychological conflict of being physically in the UK, but emotionally in their home country where trauma can act as a continuous baseline that participants must constantly try and shift to find peace and happiness.

Assimilating feelings and looking to the future

Participants reflected on their current situation and future possibilities, suggesting an ability to reassess their future in the absence of immediate threat harbouring a new sense of hope. Olive's advice to her younger self encapsulates this optimism:

"Hang in there, it gets much better…you're OK". There's nothing wrong with you…you're going to thrive. You're going to be OK and you're doing amazing right now…there's nothing wrong with it. There's nothing to fix" (Olive, 102)

Hope seemed to derive from a realisation that life could be led authentically, and the outside world would no longer be in opposition, allowing a sense of freedom without the need to constantly battle. Within this sentiment, the UK appeared representative of finding similar people and an environment that could provide positive mirrors to SGM identity. Olive's use of the word "thrive" also denotes the hope of success and new opportunities that were not previously available.

The process of reflection appeared to aid the assimilation and coming to terms with identity, marking a shift toward self-acceptance, resilience and hope. Pheonix's pseudonym represents resilience whereby she is "rising from the ashes" (Pheonix, 70) alongside a sense of relinquishing the imposed judgement experienced prior to migration, which again facilitates self-acceptance. However, the ability to reflect also brought to light a sense of anger and internal conflict. Whilst some described a sense of achievement in overcoming adversity, others felt angered by losing and needing to reconfigure certain aspects of themselves and having to reconfigure themselves. A lack of fairness created disparity with those around them and caused some resentment. This could indicate new forms of isolation and marginalisation through a form of self-othering.

Coping strategies

Various coping strategies were employed to manage emotional distress, and some found physical exercise provided a distraction from troubling thoughts (Clinton, Jay, Mira, Olive).

Engagement in physical exercises alone suggests that some were only able to distract themselves rather than begin to assimilate their issues. On the other hand, Tanya highlighted the therapeutic value of sharing experiences with friends over that of formal therapy:

> *"sharing an experience with someone, and kind of more so in a way than formalised therapy. It seems that kind of, I don't know, a sense of community or belongingness really helps… it makes a big difference, 'cause it's 'cause…sometimes you just want somebody to speak to…'Cause sometimes when you just let something out to your friends or like your community, you feel a bit better…you just feel like that's a belonging…it's really helpful" (Tanya, 86-87)*

Tanya's sense of belongingness supports the importance of creating value through relationships. It appears that valuing the support of her friends resulted in finding value in herself, demonstrating the positive consequential effects of socialising as a coping strategy. For those uncomfortable with in-person interactions, social media and online SGM groups provided crucial support. These were seen as safe spaces to enjoy socialising without the triggering effects of leaving the house. JT (140-149) mentioned that even watching videos on TikTok provided the opportunity to laugh, highlighting the value of virtual connectivity which partly removes the anxiety of engaging with others directly.

Ambivalence and internal conflicts

Despite the value of coping strategies, some participants experienced conflicting emotions leading to ambivalence which reflects the complexity of social experiences. Eric's narrative reveals a detachment from life and a tendency towards impulsive and risky behaviour:

> *"I don't take life as serious as I think anybody could be dead anytime…it makes me more impulsive, decisions in terms of like putting myself in danger. Because I don't care about being dead that much….If someone attacked me, like I wouldn't run away. I would*

just like try to fight back and I don't really care about if I if I will be dead" (Eric, 53-57)

Past trauma caused ambivalence regarding self-preservation and revenge against potential conflicts. This ambivalence extends to social avoidance, where Sherry (199) was reluctant to engage in SGM activities: "they do not have a community for straight people". This suggests that Sherry might be minimising the need for a specific SGM communities despite her background and is conflicted about the belongingness she feels towards her own SGM identity. Sherry (95) mentioned that she "hadn't breached any part of my [her] culture apart from being gay" indicating the potential struggle in reconciling cultural values with sexual orientation.

Downward social mobility through a forced migrant identity also led to conflicts between past achievements and present instability. Pheonix (23) experienced a starkly different economic situation which created a feeling of: "I have nothing. I can't even do anything". The impact of economic and social standing appeared to overshadow the benefits of physical safety. This internal struggle is exacerbated by wanting to move forward but mourning elements of a previous life which seemed to cause stagnation and a sense of bitterness.

Trust

Trust emerged as a significant issue, with participants building boundaries and only gradually revealing information about themselves:

"I still like find it hard to, to even just, how do they put it…to trust people and to just confide in people. Like, I find that subconsciously I draw lines" (Olive, 20).

Cautiousness by means of self-protection was considered by Adam (43) who fought between a desire to 'open up' to friends versus his instincts to guard secrets "deep down it's like the safest way is to keep secret". In some cases, this led to perceptions of being distant and "cold" (Olive, 27-43) which hindered the development of genuine connections.

Participants' relationship with trust was linked to introversion (Tanya, 101) and needing to be alone. New scenarios were approached with caution through a fear of being judged and concern that confidentiality breaches might represent life threatening consequences of the past. However, some participants began to overcome trust issues through therapy and supportive relationships. Therapy allowed Jason (115) to "not bottle things up" and in disclosing personal details to his therapist gave him the confidence to tell other people that he was gay.

The beneficial role of therapy in building trust emphasised the need and benefits of agency and autonomy where participants could control what they shared without obligation or coercion. These supportive environments became a safe space to gradually build trust and resilience in disclosing personal information, which could be used in the wider world when the individual felt ready. This led to participants feeling resilient against the possible uncertainties of their new environment.

New experiences of loneliness

Upon arrival in the UK, participants experienced new forms of loneliness, exacerbated by cultural and social dislocation. Eric's experience of an inclusivity paradox within the queer community highlights the difficulty of multiple marginalised intersecting identities:

> *"the amount of people that I can make friends with is limited and at the same time it's a very sensitive group. Yeah, it's…in some ways queer society is less inclusive, in terms of, it has to be so inclusive. That it kind of made people less space to make mistakes. Because, like you get cancelled already, if you say very rough things" (Eric, 171).*

Cultural dislocation appeared to alienate individuals from bonding with communities that share similar interests. Eric also mentioned the negative effect of loneliness pointing toward a difficult cycle of not wanting to be alone, but not feeling equipped to create new relationships.

The protection of a small life

To safeguard emotional and psychological well-being, participants often opted for smaller social circles or online interactions. This provided a sense of control over social

engagement and helped avoid the anxiety of potential stress and overwhelm of in-person engagement: "Maintaining a small social life would help me have a better sense of control over what I let in and out of my life" (Sherry, 111). Moreover, online communities allowed participants to connect with other shared minority identities, offering support that was less accessible in smaller towns.

Keeping a small social circle represented a level of protection and prevented the possibility of making a social faux pas which could lead to exclusion. The level of comfort offered by small gatherings was acknowledged by Jay (78) and Olive (81) who found that they did not have a lot of friends, but the circle was "tight" (Olive, 81). This again links to trust, where participants felt it crucial to surround themselves with those they felt safe with, suggesting an upkeep of previous coping strategies. However, limited circles appeared to prevent full exposure to broader cultural norms, which in turn prevented engagement with other diverse groups that could influence and benefit cultural adaptation and the (re)discovery of identity.

The participants' discourse in this category shows the process of battling traumatic memories and psychological challenges whilst attempting to carve a new way of living. Whilst some, like Adam felt trapped by constant reminders of the past, Olive showed resilience and hope for a more authentic and hopeful future. Coping strategies varied from social connectivity and therapy, to embracing smaller social circles to garner a sense of safety and control. However, the struggle to trust and ongoing ambivalence perpetuated isolation and the ability to heal from the past in a new and unknown environment.

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Reflexive memo

The process of creating the results section was extremely overwhelming. When I first sat down with my initial coding, it seemed that the interrelatedness which sat at the heart of the plight of SGM-forced migrants would make it impossible to divide into coherent

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categories. Whilst I felt this truly reflects the complexity of human emotions and the difficulties of relocating to a new country with such traumatic backgrounds, I struggled to consider how I could do justice to the rich data that I had been so lucky to collect.

I went through several iterations of the categories, and just when I thought I had created something that seemed logical and respected the integrity of the participants accounts, I would have a crisis of confidence and redo them.

After a while, I also had to consider whether writing up the results represented something in my own journey that I was trying to avoid. I think a level of procrastination happened as I feared committing 'pen to paper' and what finishing my thesis would entail. I realised that once I overcome the hurdle of finishing my writing, I would be attempting to enter the workforce, and by somehow working on my analysis but not finishing it, kept me in a limbo of doing my thesis, but not doing it.

I reflect on my predicament, and how privileged it was in comparison to those who I had interviewed. I also noted that the basis of the research was to give a voice to those who are underrepresented, and the current political climate means this research feels more important than ever. This provided the impetus needed to start writing with the latest version of categories that I had. Once, I had written a significant amount of the analysis, I then reorganised them, as the process of writing itself brought about a greater amount of clarity.

Furthermore, the process of writing up the analysis made me realise that I had become so immersed in the initial coding, that I had almost lost touch with the content of the interviews and the verbatim quotes that I had felt so moving when I first read through the interviews. Therefore, through writing the analysis I was able to triangulate the initial coding with the quotes to ensure that the theory I was developing reflected the data from the interviews, rather than preconceptions of my own.

Discussion

Brief overview of the main findings

The study reveals that SGM-forced migrants in the UK grapple with significant emotional challenges, including the burden of traumatic experiences, persistent feelings of loneliness, and difficulties establishing trust. Despite these challenges, many exhibit remarkable resilience, engaging in various coping strategies to manage their distress. The psychological processes identified include the role of intrusive memories, hypervigilance, emotional desensitization, and the struggle for self-acceptance. The findings suggest that mental health and acculturation appear to rely largely on the ability to build resilience post-migration and either construct identity or re-construct aspects that were hidden pre-migration.

There are numerous factors that contribute to these processes. Pre-migratory influences of rejection and shunning contribute to ongoing fear and internalised stigma. Additionally, the lack and precarious nature of support in participants' home countries caused psychological effects that prevented seeking support post-migration. Engagement with communities and other SGM groups upon arrival appeared to have positive effects in assisting participants to (re)construct their identity. However, pervasive issues of trust oftentimes made this process difficult.

Various coping strategies were employed by participants to fortify their mental health. Coping strategies that involved 'opening up' and social engagement were seen to facilitate acculturation. However, coping strategies that maintained pre-existing feelings of isolation led to a sense of ambivalence and maintained isolation and loneliness. Finally, practical issues upon arrival, such as the ability to secure housing, employment and asylum affected the ability to settle and begin to enjoy their UK lives.

In-depth analysis of the key findings

The exploration of the data highlights the importance of identity construction and building resilience in overcoming trauma and abuse (Alessi, 2016) from cultures that rigidly and vehemently oppose SGM-identity. When this is not obtainable, SGM-forced migrants might experience identity struggles alongside loneliness and isolation which acts as a barrier to acculturation and overcoming mental health burdens.

As identity is multidimensional, there is a process of incorporating internal and external characteristics which interplay through group membership and roles developed through engagement and exploration with the outside world (Talapatra & Snider, 2023). This is almost impossible for SGM-forced migrants who grow up in environments where they are forced to follow strict cultural norms (Alessi et al., 2016). Our findings suggest that being the target of heterosexist harassment in home countries creates a sense of 'difference' resulting in identity concealment leading to traumatic stress (Estrada et al., 2021), inclusive of high vulnerability to depression and suicidality (Alessi at al., 2016). Furthermore, synergistic experiences of racial and sexualised discrimination (Ghabrial, 2017) can lead to further psychological health disparities which this study has linked to isolation and loneliness.

Identity (re)construction

Identity is primarily formed during adolescence and provides a stable sense of one's values, beliefs, and life roles (Erikson, 1959). This study highlights the dynamic process of identity (re)construction occurring beyond adolescence and post-migration suggesting that identity is simultaneously stable and malleable (Kaplan & Garner, 2017). Identity includes the expression of gender, sexuality, race, social class and ethnicity (Dillon et al., 2011), which had radical changes throughout the migratory journey. New surroundings affected the expression of these factors and were shown as fundamental elements of the self. These caused internal conflicts when integrating into the participant's self-concept through previous traumatic experiences and the impact of identity concealment. For example, sexuality comprises of the

meaning attached to sexual identity and behaviour (Moagi et al., 2021). However, this cannot be fully explored until an individual finds cultural safety and depends on their state of psychological readiness. Consequently, the (re)construction of identity involves reconciling old and new experiences to reach internal equilibrium (Kim, 2012), cognisant that new self-concepts might lead to internal conflicts which question the meaningfulness of past, present and future (Barnett, 2013).

Building identity involves a stage of psychosocial moratorium. Erikson (1968) described this as the transitional period of identity exploration that should be conducted in a stable and supportive environment, and without the need to make crucial decisions. This appeared absent in the lives of the participants, suggesting a need to overcome previous identity crises and confusion (Erikson, 1968). This is particularly challenging as SGM-forced migrants face unique stigma and marginalization in addition to their migratory status. The label of 'refugee' itself can be viewed suspiciously in new communities (Rowe & O'Brien, 2014) alongside representing a shift in social status within society (Ertorer, 2014). This stigmatization can exacerbate feelings of alienation and hinder the acculturation process, as individuals must navigate not only their SGM-identity but also the negative perceptions associated with being a refugee. This dual stigma is seen to exacerbate feelings of isolation and alienation (Alessi et al., 2016) preventing the benefits of social support which may help overcome these issues (Sadika et al., 2020).

Identity can also be linked to the physical self, shown through Adam's account where the scars on his body serve as daily reminders of his emotional pain. This created a pervasive feeling of being stuck which correlates to the prevalence of PTSD (+complex) in SGM-forced migrant populations (Lawley, 2021; Murray & Ehlers, 2021). Intrusive memory patterns hinder psychological healing by continuously reopening emotional wounds, preventing individuals from moving past their traumatic experiences.

Shunning and rejection

Prior experiences of shunning and rejection impacted the lives and identities of participants significantly after migration. Originating in childhood, rejection from family led to feelings of inherent wrongness and the hopelessness of having nowhere to turn (Alessi et al., 2016; Rosati et al., 2021). Rejection was reported throughout school-life where discriminatory contact with teachers and/or peers (Kosciw et al., 2020) intensified the struggles at home. This suggests the absence of stable and secure caregivers, which can impact future relational patterns and emotional well-being, characterised by anxiety and fear that can persist throughout life (see e.g. Bowlby, 1988; Ainsworth & Bowlby, 1991; Rosenthal et al., 1981). Family rejection can be harder to accept than outside persecution (Alessi et al., 2018) as demonstrated by Adam and Pheonix's drive to reconcile with their parents despite their brutal rejection.

Religious rejection also impacted individuals' self-perception and capacity to engage with religious communities after migration. For non-SGM-forced migrants, religious communities can provide a vital form of support (Banulescu-Bogdan, 2020). For many, religious beliefs were intertwined with their sense of self and community. When faced with religious rejection, they experienced a crisis of faith and identity, struggling to reconcile spirituality with their SGM-identity. In some cases, participants completely disengaged from religious practices, driven by a fear of reliving traumatic experiences associated with attempts to be 'cured'. Our findings indicate that religion and community are closely linked, especially when maintaining cultural rules. Participants who faced rejection at a group level developed deep-seated mistrust in others (Herek, 2009), impeding their ability to engage in group social settings.

In conjunction with rejection, participants experienced betrayal at both an individual and group level. This further enhanced a sense of mistrust which hindered the ability to form supportive networks post-migration (Duden & Martins-Borges, 2021). Past betrayal made it

difficult to believe in the genuineness of new relationships and opportunities (Prilleltensky & Gonick, 1996), which also severely impacted the willingness to seek support (Nickerson et al., 2019). This is particularly problematic for SGM-forced migrants, who already face significant barriers to accessing mental health and social services due to stigma and discrimination (Alessi et al., 2016).

Fear and hypervigilance

The need for hypervigilance before migration was only partly relieved by geographical change suggesting the ongoing effects of past trauma (Alessi et al., 2018). A heightened state of alertness and sensitivity to the outside environment provided triggering traumatic reminders and prevented some from accepting their new surroundings as a place of safety. Hypervigilance is a common response to trauma among forced migrant populations (Bloemen et al., 2006), characterized by a constant sense of threat and need to be on guard (Mulé, 2021). The debilitating fear of persecution exacerbates anxiety and prevents full engagement with new opportunities. Living under such fear is immense, and continually triggers a need for constant alertness which can result in needing to remain isolated to avoid potential threats. Moreover, the unpredictability of forced migration can create a dependency on fear (Erikson, 1994). This prevents engagement in activities that could build competence in new surroundings, leading to feelings of inadequacy (Erikson, 1997). Individuals like Phoenix, who fled arrest and detention, grapple with "constant panic" and pervasive unhappiness, where an inability to explore newfound freedom led to a disconcerting sense of non-existence and hopelessness. This sense of limbo can prevent individuals from anchoring to parts of themselves that might create some psychological stability causing a sense of fragmentation. Here, the effect of trauma can disrupt an individual's sense of identity and continuity, making it difficult to integrate various aspects of the self and continued identity concealment (Herman, 2015; Van der Kolk, 2014).

The practicalities of forced migration contributed to a pervasive sense of isolation and loneliness. This was more prevalent when migrating through illegal channels where fewer resources led to a more challenging resettlement process. Moreover, the psychological burden appeared to be greater through experiencing life-threatening events inclusive of rape, physical abuse and precarious journeys (Alessi et al., 2018).

Past engagements with oppressive institutions were mirrored in the asylum process, evoking traumatic memories and further complicating the navigation of bureaucratic systems pointing toward secondary victimisation (Rosati et al., 2021). The powerlessness experienced pre-migration often carries over to create a sense of stagnation and helplessness that contributes to pre-existing feelings of powerlessness (Golembe et al., 2021). This mirroring of past traumas contributed to a sense of othered-ness which isolated participants from the world around them thus maintaining their outsider position. This reflects findings by Alessi et al. (2016) where the inability to rely on authority figures can lead to hopelessness and helplessness.

The difficulty of claiming asylum perpetuated feelings of instability and fear. Our findings support international research regarding the difficulty of claiming asylum when 'proving' SGM-identity (see e.g. Mulé, 2021; Rosati et al., 2021; Alessi et al., 2016). When sexuality has previously been considered a cultural taboo, discussing it can cause intense feelings of shame and embarrassment (Reading & Rubin, 2011). Mulé (2020) argued the almost impossibility of proving sexual orientation, which is intensified by previous coping strategies of identity concealment. This also links to cultural differences where Western narratives of 'coming out' might not reflect the intentions of SGM-forced migrants (Mulé, 2021). Moreover, prior experiences of rape and torture, were threatening reminders of what could happen if asylum was not granted causing life-threatening fear (Alessi et al., 2018). Carrying traumatic histories whilst being forced to relive past traumas can negatively affect memory recall and

feeling disbelieved can lead to a sense of disempowerment and helplessness (see e.g. Berg & Millbank, 2009; Envisioning Global LGBT Human Rights, 2015; Mulé, 2021).

For participants who successfully claimed asylum, the shift from 'refugee' to citizen created a sense of belongingness and validation, crucial for identity (re)construction (Park, 2020). The 'refugee' label can be something newcomers might want to quickly shed through its devaluing associations (Stewart, 2021) to a dehumanised out-group (Baker & Irwin, 2021). This desire can affect engagement with specific forced migrant support structures as their personal identity with the 'refugee' label may influence a willingness to access such resources (Bergquist et al., 2019).

Participants who reported a lack of financial autonomy demonstrated higher levels of loneliness and isolation which is linked to traumatic stress (Alessi et al., 2018). With a limited budget, participants found they could not afford to engage in social activities or needed to work so many hours they had no time left for social integration. This added to a sense their situation had worsened (Golembe et al., 2021). Employment is seen to facilitate the ability to express identity (Rafferty et al., 2019) whereas a loss of employment can be the most traumatic and inhibitory aspects of resettlement (Colic-Peisker & Walker, 2003). Participants reported institutional discrimination through constant employment rejection causing distress as they attempted to assimilate values and expectations into new cultural settings (Hetrick et al., 2021). When Pheonix could not find employment despite her solid work history, this prevented upward social mobility (Lumley-Sapanski, 2019) and prevented the human need of self-verification (Swann, 1997). This can inhibit the ability to (re)construct identity and reach a stage of psychological coherence (Thatcher & Zhu, 2006).

For those able to gain employment and send money home, a sense of autonomy was discovered alongside hope for social redemption. Gaining employment can be seen as a shortcut to expressing identity (Colic-Peisker & Walker, 2003) and earning money allowed

Mira to change her identity to that of family provider (Rafferty et al., 2019), providing the possibility to readdress feelings of worthlessness. Socioeconomic status is seen to be as important to identity as sexual and/or gender orientation through cultural beliefs (Rosati et al., 2021) where the stark differences between rich and poor provides the power to express identity freely.

Identity struggles

The struggle to accept and express SGM identity recurred throughout the findings and hindered identity (re)construction, supporting existing SGM-forced migrant research (see e.g. Dhoest, 2019; Shaw & Verghese, 2022; Spijkerboer, 2011). Ongoing battles with internalized homo-trans-phobia created a complex dynamic between acceptance and denial, impacting social interactions, and the ability to have an open identity. The psychological toll of identity concealment when coupled with internalized stigma (Meyer, 2003; Herek, 2009) can maintain the belief that behaving authentically might lead to abuse, and concealment is the only way to safely fit in (Alessi et al., 2016). Jason's initial reluctance to acknowledge his identity, even to himself, underscores the impact of internal conflict. However, when attempting to overcome this, new discrepancies between his identity and the collective expectations of the UK gay community appeared (Bergquist et al., 2019; McDonald et al., 2018). Therefore, adjusting to new societal norms can cause vulnerability to further identity gaps (Jung & Hecht., 2008; Ryan et al., 2008), which might thwart further regenerative attempts.

Internalised homo-trans-phobia was also associated with societal rejection and negative messages from childhood (Alessi et al., 2016). The necessity to hide one's true self pre-migration fostered emotional numbing and isolation post-migration. This resulted in desensitization as a coping mechanism to manage the constant fear of rejection and persecution. Research by Pachankis (2007) supports this, indicating that concealment of one's SGM-identity can lead to chronic psychological stress and emotional disconnection. Disconnection from one's emotions and a diminished capacity to form meaningful relationships have been

documented as a significant mental health concern (Rosenkrantz et al., 2016). Additionally, internal conflict can cause a fractured self-concept and persistent feelings of shame and self-loathing (Meyer, 2003; Pachankis, 2007) making it difficult for individuals to fully accept and embrace their identities. This can be exacerbated by the additional stressors faced by SGM-individuals due to marginalized status (Meyer, 2003) and linked to higher levels of psychological distress and lower self-esteem among SGM populations in general (Herek et al., 2009). Therefore, while identity concealment was primarily practiced as a survival strategy, the legacy effects point toward a manifestation of internalized shame, which is difficult to overcome post-migration. Living in constant fear of discovery and rejection can lead to long-term psychological issues, including anxiety, depression, and difficulties in establishing intimate relationships (Frost & Meyer, 2009).

Acculturation

An essential aspect of identity is the possibility to acculturate effectively to new surroundings and culture (Fuks et al., 2018). Previously, acculturation has been seen as a bicultural process of adapting to one dominant culture whilst maintaining some aspects of home culture (Berry, 1997). This study suggests that SGM-forced migrants might benefit from a globalised view of acculturation allowing the integration of multiple cultural influences simultaneously. Fleeing unbearable living environments (Alessi et al., 2018) involves the interplay of diverse intersecting cultural streams which is further complicated by internal conflicts pre- and post-migration (Mulé, 2021). Therefore, adopting a globalised form of acculturation could promote identity (re)construction for those who represent a minority within a minority (Levy, 2005), and may choose to fully disconnect from co-ethnic groups and culture to seek openness in their sexuality and/or gender across a wider set of cultural streams (Fuks et al., 2018).

Participants who were caught between expressing sexuality and/or gender freely whilst upholding a firm connection to home country cultures (e.g. Mira) appeared to have higher

levels of internalised homophobia, suggesting SGM-forced migrants might be "living in several worlds at once" (Bouden, 2009; p.148). The oscillation between opposing worlds can represent a psychological tug-of-war between wanting to remain in the UK but longing for acceptance in their country of origin. Moreover, SGM-forced migrants might consider migration to be both a 'discovery' of SGM-identity and a detachment from home culture (Kunstman, 2003). Therefore, unlike Berry's (1997) theory of acculturation, the potential aim for SGM-forced migrants might be to detach from the injurious elements of home culture and escape heterosexism alongside the pervasive sense of being 'wrong' or in contest with those around them. Nevertheless, our findings suggest that certain aspects of home culture did provide coping strategies and stabilised identity when building resilience. A sense of strength was derived from identifying with specific cultural beliefs, which served as a source of resilience. In this sense, adhering to a stable cultural framework could function as a governing protocol (Lumley & McArthur, 2016), providing continuity and structure within an otherwise fluid and transitory identity landscape.

Similar to findings by Ozer and Schwartz (2016), participants demonstrated aspects of remote acculturation before migration. Through social media (e.g. TikTok and Facebook) indirect contact between geographically separate cultures allowed individuals to orient themselves into Western culture prior to migration. This study found it was beneficial in providing hope for a better life, and research suggests (AbuJarour et al, 2019; Martzoukou & Burnett, 2018) this also facilitates language learning which positively impacts integration. However, whilst remote acculturation can be crucial, it also raised fear regarding the potentiality of discrimination (Alessi et al., 2018). This led to negative preconceptions causing wariness and rejection-anticipation, increasing social isolation.

Post-migration, socialising played a crucial role in social connectivity and finding support, especially in smaller towns and cities. Online communities provided the possibility to engage with large(r) groups of SGM-individuals (particularly in the trans community), often

not possible to achieve in person (Alessi et al., 2018). Although online platforms can offer a sense of belonging and validation (Alencar, 2018; Craig et al., 2020) they can lead to social isolation and prevent acculturation if they replace in-person interactions entirely (Bessière et al., 2008). Social media can decelerate integration (Komito, 2011) through segregation with the wider in-person community and the forming of "infinite intersections of community identities" (Hecht, 2014, p.183). This can complicate an individual's self-concept (Bergquist et al., 2019) and the assimilation of multiple identities might impact well-being dependent on the strength of existing self-concepts and self-esteem (Rahim et al., 2021).

Furthermore, social media can be a vehicle of continued persecution and increase vulnerability to homo-trans-phobia. The anonymity of the internet can encourage harassment and discrimination, emboldening individuals to express prejudiced views they might not share in person (Brown, 2018). Nevertheless, the protection from in-person harm can serve as a practice ground for developing open expression that might seem too daunting in face-to-face settings. This is demonstrated by Eric's engagement with the trans online community, which helped him build the confidence and resilience needed to express his identities openly (DeHaan et al., 2013), which he initially struggled to achieve in-person.

Visible communities/'visible invisibility'
Configuring identity outside of Western concepts can be crucial when seeking the safety and freedom to explore gender affirmation (Rosati, 2021). Participants in this study did not feel an immediate connection with the Western categorisations of LGBTQIA+ identities (Mulé, 2021), but were able to express and explore identity through what this study refers to as 'visible invisibility'. Visible invisibility describes the expression of identity through choice of behaviour in the outside world without feeling noticed or receiving discrimination. Through being seen but not seen, participants could exist without the fear experienced in their country of origin. Finding freedom in areas such as clothing choice allows individuals to outwardly display their identity (Miller, 2013), building self-esteem through remaining true to the

authentic self (Joyner Armstrong et al., 2018). This allowed participants to build a sense of agency and freedom in identity creation (Boomsma, 2020), and the absence of interpersonal discrimination reduces the likelihood of new and further psychological and emotional distress (see e.g. Alessi et al., 2016; Alessi & Kahn, 2017; Herek, 2009). However, trans individuals might experience higher levels of vulnerability to public discrimination dependent on their perceived gender, pointing towards the notion of 'passing'. When trans-females are assumed as cis-gender females, they are afforded an extra level of safety both pre- and post-migration (Alessi et al., 2018). Therefore, consideration needs to be given to the psychological vulnerabilities of exploring identity (Yip, 2018), particularly when the environment might lack self-verifying feedback (Hoplock et al., 2019; Swann et al., 2004); with microaggressions having the same effect as overt discrimination (Mekawi et al., 2021).

Experiencing the freedom of expression among other SGM individuals in the UK, provided a vital sense of representation, fostering hope and inspiration. This contrasted with countries like Germany (Golembe et al., 2021) where SGM identity was often concealed, particularly from co-workers. Visibility and representation in the UK enabled participants to feel they belonged within the community, enhancing their autonomy and allowing them to live one identity (Alessi et al., 2018). Moreover, participants who actively engaged with other SGM-forced migrants found peer networks invaluable for practical advice, emotional support and building a sense of community. These networks created a space to share experiences, helping participants navigate their new lives and overcome emotional challenges. This highlights the importance of having one's story heard (Akthar & Lowell, 2019; O'Neill et al., 2019) and emphasises the role of supportive communities in developing well-being and resilience (Nelson & Prilleltensky, 2005). Without these spaces, participants like Eric reported continued anxiety and fear, creating a loop where life in the UK feels disappointingly like pre-migratory experiences, causing isolation and loneliness which affect mental health and ability to acculturate (Eres et al., 2021).

Building resilience

Despite numerous challenges, participants exhibited remarkable resilience. Through building resilience, participants could navigate the complexities and uncertainties of their new lives with a sense of belongingness and purpose to bolster against the possibility that aspects of their lives might be worse than pre-migratory experiences (Golembe et al., 2021).

Building resilience was seen as intrinsic to identity (re)construction, providing the strength to engage in social activities which created a forum for free expression. Through attending therapy, Jason was able to accept his homosexuality and express his identity in a protected environment that enabled him to tell others thus contributing to identity acceptance (Golembe et al., 2021). The perseverance of this act is also crucial as ongoing mental health issues (e.g. depression, hopelessness, anxiety) are seen to be fatiguing (Alessi et al., 2016) which can prevent individuals from feeling they have enough energy to engage in activities that might help overcome their issues (Golembe et al., 2021).

Coping strategies

Essential to building resilience were the coping strategies employed by participants. Physical exercise was frequently mentioned, and socialising played a critical role in offering emotional support and a sense of community. These activities helped participants divert attention from their problems, providing moments of normalcy and relief. On the other hand, substance use was reported as a coping strategy when forced into heterosexual relationships. Drug use has been documented as prevalent for SGM-forced migrants (Gowin et al., 2017; Golembe, 2021) as a means of forgetting or masking pain. This points towards the inaccessibility of more viable options both pre- and post-migration through a lack of resources. Similarly, though past experiences of rejection and betrayal, rejection-anticipation was also considered a coping strategy. Participants would isolate themselves to avoid the potential harm of being rejected. Whilst this functioned as a coping strategy in environments that were

discriminating and persecutory (Pachankis et al., 2017), it acted as a barrier to integration post-migration (Golembe et al., 2021).

Hope

The emergence of hope is directly linked to resilience (Alessi et al., 2018) and appeared crucial in the healing process enabling participants to recover more effectively from adversity (Masten, 2001). Hope provided a motivational force that encouraged participants to pursue goals and meaningfully engage in their environment to combat isolation and loneliness (Snyder, 2002). When participants felt hopeful, they could reflect on present circumstances and future possibilities, allowing the envisionment of a life without immediate danger and freedom to explore their identities. This reflection often focused on the internal acceptance/realisation that an SGM-identity is neither 'wrong' or needs to be fixed, suggesting a degree of healing from cumulative trauma (Alessi et al., 2016), and an embracement of their true selves (Lopez et al., 2018). This transition appeared to contribute to overall mental health and well-being, with positive self-concept being linked to lower levels of depression and anxiety (Frost & Meyer, 2009). In positive psychology theories, hope can act as a buffer against stress and promote well-being, facilitating a healthier adjustment to new environments (Seligman, 2011). This underscores the importance of supportive environments and therapeutic interventions that foster hope and help SGM-forced migrants envision a positive future (Meyer, 2015).

Ambivalence

Despite some participants feeling hopeful for the future, some had reached a stage of ambivalence whereby they had resigned themselves to a negative situation and had ceased to fight for a better outcome. This could be viewed as 'stagnation' (Slater, 2003) where previous generative attempts have not reduced social suffering (de Medeiros et al., 2015) and life can be seen as meaningless (de Medeiros, 2009). This was sometimes expressed through a contrast between an idealised sense of hope and the lived reality of life in the UK.

An instance which appears novel to this study is the notion of an inclusivity paradox. While the UK is perceived as inclusive, some participants felt excluded due to preconceived notions about specific groups or the reality of cultural differences. This inclusivity paradox highlights the complexity of navigating new cultural landscapes. Participants like Eric believed the fragility of the trans community prevented him from engaging with them through fear that his lack of cultural awareness might bring harm to a marginalised minority. Whilst ostracization from host LGBTQIA+ communities have been explored through language barriers (Mulé, 2021; Park, 2020), this study highlights the potential disparities between minority groups through minority fatigue. Trans individuals are seen to be more prone to mental health disorders than cisgender homosexuals during their entire lifespan (Rosati et al., 2021), and emotional and psychological exhaustion can result in being less open to accepting new people into their community (Dustin & Ferreira, 2021; Golembe et al., 2021). On the other hand, minority fatigue could be considered regarding participants who reported keeping small social circles post-migration. To cope with new challenges, some participants chose the protection of a "small life", limiting social interactions to maintain stability and avoid further distress. However, when support circles are limited to a few individuals, intense feelings of despair can occur when these are compromised (Alessi et al., 2016). The effect of minority identities could be seen as a bilateral exacerbation of loneliness and isolation where each group protects themselves from threat by isolation. In turn, this prevents the potential inclusion of others with similar interests. This can create a loop where despite individuals being motivated to achieve quality social connections (Smart Richman & Leary, 2009) to promote well-being (Bower et al., 2018), they might actively avoid situations where they face potential rejection (Watson & Nesdale, 2012).

This insight calls for a re-evaluation of community support models to ensure they are genuinely inclusive (Lee & Brotman, 2011), specifically as the World Health Organization (2022) includes contributing to community as an essential aspect of wellbeing in their definition of mental health. The meaning of community alone might cause difficulty as many

non-Western cultures consider community to encompass the entire society, which blurs the boundaries between individual groups to a more collectivist structure (Spring et al., 2019). In contrast, the UK tends to have more distinct groups shaped by individualist boundaries that present specific social barriers which pose difficulties to navigate and are often less permeable (Markus & Kitayama, 2014).

Help-seeking post migration

Help-seeking post-migration involved engaging with supportive communities that provided emotional sustenance and reduced feelings of isolation. Participants discovered that community involvement and/or having someone to talk to was often more beneficial than formalized therapy. Through interaction with other SGM-forced migrants, participants could contextualize their experiences providing validation and bonding through shared histories.

On the other hand, the effectiveness of formalised therapy varied with cultural competence reported as a crucial factor. Whilst therapy facilitated the process of 'opening up' and accepting SGM identity, some experienced a sense of isolation when relevant support was not obtained. A lack of cultural understanding in therapy can hinder effectiveness (Kirmayer et al., 2011; Nerses et al., 2015) through misunderstandings about the centrality of the individual, which can lead to identity distress (Kira et al., 2017). Additionally, negative preconceptions influenced by cultural perceptions acted as a barrier to seeking help as some were sceptical about the potential benefits. Declining mental health services has been linked to internal guilt and cultural beliefs (Mulé, 2020), where mental illness itself is stigmatised, and individuals might avoid help to escape a stigmatised label (see e.g. Berg & Millbank, 2009; Envisioning Global LGBT Human Rights, 2015; Reading & Rubin, 2011). Moreover, whilst culturally competent therapists were sought by participants in this study, others might purposefully avoid therapists from their own diaspora community through a fear of being 'outed' to fellow citizens (Nematy et al., 2023).

Practical implications

Implications for Counselling Psychology (CoP)

An overarching implication for CoP is the necessity to adopt practices that facilitate an affirmative stance regarding sexuality and/or gender, cognisant of the pre- and post-migratory factors that impede help-seeking behaviour. This can avoid projecting heteronormative behaviours (Carrotte et al., 2016; Rosati et al., 2021) and improve inclusivity to promote practice that is tailored to the individual and their unique needs. Through harnessing a greater awareness of the effects of intersectionality, practitioners can also avoid inadvertently equating the notion of 'coming out' as the primary goal to identity (re)construction (Murray, 2014). This implies a Western hegemony over racialised cultures where SGM-forced migrants originate from (Luibhéid, 2008) and prevents true inclusivity of individual needs.

For professionals working with this demographic, it is important to consider that the central concepts to Western mental health discourse might differ to that of those from non-Western cultures. Depression, anxiety, or PTSD might not have direct equivalents in clients' native languages (Alessi et al., 2018). Practitioners should consider a more inclusive and participatory approach to language and concepts used to avoid imposing concepts developed in high income countries which might undermine access to a clients pre-existing practices to well-being (Tribe, 2007). Without which, individuals might continue to experience similar levels of stigmatisation experienced prior to migration (Rosati et al., 2021), thus preventing the opportunity to acculturate in new surroundings. Through using trauma informed practices that changes the narrative from "what is wrong with you?" to "what happened to you?" (Johnstone et al., 2016), practitioners can reduce the risk of pathologising clients which can evoke mistrust and represent the traumatising aspects of pre and post migration experiences (Minero et al., 2021).

This study also suggests that acculturation should not be simply on the onus of the newcomer. When Western-models of mental health are not culturally suitable, it can have a

discriminatory and stigmatising effects to those engaging with health services (Calia & Rodriguez, 2024). This can impact on help seeking behaviour and is also something an individual from outside will be hard placed to change. When minority groups perceive treatment as unfair of rejecting from a dominant group there can be a tendency to disengage (Phinney et al., 2006) which can negative impact self-esteem and wellbeing, all of which are essential to acculturation (Şafak, 2021). Therefore, as psychologists are encouraged to promote "the well-being of our diverse society" (BPS, 2021c) this should encompass individuals who might seek or need help, and requires an active positioning in the services that are offered. Moving away from diagnostic screening tools to determine the type of treatment and individual can receive would to some extent this, or at the least consider the essentiality of using culturally adapted tools when screening new patients (Koo & Nyunt, 2020). As such, those working in mental health services can address some of the power imbalances through trauma informed practices to prevent the maintenance of dominant group prejudices which prevent acculturation through ongoing exclusionary practices (Branscombe et al., 1999).

Furthermore, trust issues might present when working with SGM-forced migrants and act as a barrier to building a therapeutic alliance. Building an awareness of these issues will allow practitioners to differentiate themselves from actors that may have behaved in a persecutory manner (e.g. asylum officials, medical workers) to foster a safe environment.

Participants who did engage with therapy presented at different stages of readiness. Therefore, CoPs should respect the autonomy of SGM-forced migrants to ensure they are meeting and supporting their needs accordingly (Krebs et al., 2018), which can enhance motivation and increase the likelihood of positive outcomes (Pachankis, 2007). This can allow the consideration of 'psychological stages of change' (Krebs et al., 2018) to acknowledge that behavioural change unfolds over time and might be non-linear. Similarly, therapeutic goals should be discussed and not assumed. SGM-forced migrants might be navigating both identity (re)construction and trauma recovery (Alessi 2018) which could affect the function of ongoing

identity concealment. Whilst identity concealment can increase anxiety and distress (Alessi, 2016; Giwa & Chaze, 2018), it can also serve to maintain assistance from co-ethnic communities immediately after migration (Brondolo et al., 2009; Giwa et al., 2021) despite the benefits that an LGBTQIA+ friendly society might offer.

Crucially, this study supports the findings by Alessi et al. (2018) who report the importance of working from a trauma-informed perspective for this demographic. Trauma has a psychological and social impact (Pachankis, 2020), and understanding this is paramount to building safety and trust. SGM-forced migrants may have deep-rooted feelings of mistrust formed as survival mechanisms (Alessi 2016; Logie et al., 2016), and developing a cultural understanding allows CoPs to validate SGM-forced migrants' experiences with sensitivity and without judgment (Alessi & Kahn, 2017). This includes an understanding of the interplay between cultural norms and values with SGM-identities (Logie et al., 2015). A trauma-informed approach can counteract stigma and discrimination by incorporating advocacy, education and signposting to supportive networks that challenge harmful stereotypes (Logie et al., 2016). CoPs can assist SGM-forced migrants in finding community resources that are inclusive and affirmative in providing a sense of belongingness and practical support when navigating a new environment. Advocacy in this sense could also be through the promotion of access to healthcare and legal provisions (UNHCR, 2011), which acknowledges the difficulty in addressing certain issues in therapy whilst basic needs have not yet been met.

Implications for practice, policy and real-world applications

The findings underscore the necessity for targeted mental health services that cater specifically to the needs of SGM-forced migrants, acknowledging the compounding effects of trauma and identity-related stressors (Hynie, 2018). This extends to better asylum processes that encompasses fairer practice to avoid potential re-traumatisation. Improving basic provisions during the asylum process such as safe housing and adequate budget could prevent the experience of 'limbo' expressed by participants, and mitigate the sense of transience which

led to symptoms of PTSD. Moreover, providing links and creating community groups could assist in tackling the initial isolation and loneliness which was seen as an overarching preventative to both mental health and acculturation.

This study recommends that during the inevitable 'proving' of SGM-identity, interviewers are aware of the triggering nature of their questions and prioritise human dignity. Training in the effects of PTSD on memory recall is paramount, alongside the desire individuals might have to distance themselves from emotionally traumatic incidents (Jordan, 2009). Access to mental health provisions should be made simple and available to all SGM-forced migrants regardless of residency status (Ooms et al., 2019). As such, policymakers must ensure that support services are inclusive and sensitive to the unique challenges of this group (Bhugra & Becker, 2005), inclusive of trauma informed practices (Alessi et al., 2016) and practice that avoids hetero/cis-normative assumptions. Mental health providers should demonstrate affirmative SGM practice through inclusive facilities, staff training, de-gendering bathrooms and inclusive posters/materials in their waiting areas (Namer & Razum, 2018). This inclusivity should extend to addressing the intersectionality within the SGM community, as previous research indicates that LGBTQIA+ mental health spaces often lack an understanding of intersectionality, which can create barriers to accessing these services (Khan, 2018; Sadika et al., 2020).

Furthermore, services should be attuned to the psychological processes of proximal minority stressors (Meyer, 2003), including identity concealment and rejection anticipation, which significantly impact mental health (Lehavot & Simoni, 2011). Local authorities and service providers must recognize the positive impact of social support in buffering against the effects of minority stress. This study found that individuals who were able to connect meaningfully with other SGM-forced migrants benefitted psychologically and practically, fostering a sense of belonging and hope for a better future.

Providing specific spaces where SGM-forced migrants can share their experiences without fear of judgement is crucial. Charities such as London based 'Say It Loud!' (www.sayitloudclub.org) champions openness and safety with a focus on social integration to combat feelings of isolation and anxiety. Through workshops in advocacy and peer-mentoring they offer essential representation that helps reduce internalized homo-trans-phobia (Pachankis et al., 2020). The creation of a sense of community provided by such charities, aligns with findings by Alessi (2018) highlighting the transformative benefits of an accepting and celebratory community. Therefore, peer support spaces are particularly beneficial, offering role models who have navigated similar journeys (Kahn et al., 2018). These spaces help address the challenge of accessing information upon arrival in a new country, providing a crucial network of support (Reading & Rubin, 2011). This network can empower individuals to seek out additional resources (DeBord et al., 2017), fostering a growing sense of agency and purpose (Nelson & Prilleltensky, 2005).

Limitations and areas for future research

Limitations

This constructivist grounded theory study provides in-depth insights into the experiences of SGM-forced migrants in the UK. However, various limitations must be acknowledged. Firstly, this study represents the current situation in the UK and has temporal limitations in its generalisability. Changes in immigration policies alongside societal attitudes could affect the experiences of SGM-forced migrants.

Whilst the sample size was adequate for a CGT study, participants were mainly drawn from urban areas and might not reflect the experiences of those in rural or less populated areas. Golembe (2021) reported that SGM-forced migrants housed in areas far from LGBTQIA+ communities might experience higher levels of isolation. Similarly, in areas of high unemployment forced migrants may receive higher levels of discrimination through being seen as a threat to resources (Vallejo-Martín et al., 2020). Furthermore, all participants

in the study were people of colour (POC) which could limit the findings regarding discrimination and prior cultural experiences. SGM-POC-forced migrants are subjected to higher levels of ethnic-based stereotypes (see e.g. Lee, 2009; Patel, 2019; Tan et al., 2019) which can affect their ability to acculturate with host LGBTQIA+ communities above that of their non-POC peers.

An ethical requirement for participation was a high level of spoken English. This could be considered as a limitation as those who have fluency in English might have experienced greater ease in acculturating to the UK or may have already been able to access post-migration resources (Martzoukou & Burnett, 2018).

Whilst every effort was made to publicise participation in study as widely as possible, many of the charities contacted to help advertise were either non-respondent or refused help. Recruitment was achieved mainly through adverts in Facebook groups, and a London based charity. As such, SGM-forced migrants who might be isolated to the extent that they are not using social media or connected with support groups may have been overlooked. This could lead to an overrepresentation of individuals who have already started to build resilience and social networks, rather than those who remain more isolated. Similarly, given the impact of mistrust stemming from past trauma, those willing to participate might represent a group that has higher levels of trust, thus excluding those who remain fearful and distrustful.

Areas for future research

Given the limitations identified, areas for future research are suggested:

Conducting a study to examine the different experiences between POC and non-POC SGM-forced migrants could shed further light. The physical appearance of POC individuals alone can signify minority status (Landor & McNeil Smith, 2019), whereas non-POC SGM-forced migrants might be able to conceal aspects of their identity to find greater acceptance in host LGBTQIA+ communities (Manstead, 2018).

Conducting further research that includes comparisons between urban and rural settings could illuminate differences in cultural and social contexts. This could consider the effect of areas in the UK that are considered to have high levels of unemployment as this can affect the welcome forced migrants might receive (Vallejo-Martín et al., 2020).

This study highlighted the importance of social networks and cultural awareness from institutions and those working with SGM-forced migrants therapeutically. A further study could longitudinally investigate specific therapeutic interventions alongside the impact of peer support groups. This includes the evaluation of culturally competent therapy models, peer support groups, and community-based programmes designed to aid SGM-forced migrants.

Finally, given the reported use of digital spaces in providing support and community, research should investigate the effectiveness and potential risks associated with online networks and potential ways in which these can be harnessed to increase mental health and well-being alongside community inclusion.

Conclusion

In exploring the experiences of SGM-forced migrants, it becomes evident that their journey is fraught with profound challenges rooted in societal rejection, internalized stigma, and trauma. Research consistently shows that the struggle to reconcile one's SGM-identity with societal norms, compounded by childhood messages and ongoing persecution, leads to internal conflicts and a fractured sense of self (see e.g. Alessi et al., 2016; Meyer, 2003; Pachankis, 2007). This internal turmoil often perpetuates feelings of shame and self-loathing, hindering the acceptance and integration of their identities. Familial rejection and betrayal by broader community groups exacerbate these challenges, impacting trust and hindering the formation of supportive networks (Alessi et al., 2018; Nash et al., 2015). The absence of secure attachment

figures and the stigma associated with 'refugee' status further complicates identity (re)construction and mental health outcomes (Erikson, 1968; Ertorer, 2014).

However, amidst these adversities, there is resilience and hope. The importance of safe spaces, peer support networks, and culturally competent therapy emerges as crucial factors in fostering self-acceptance and emotional healing (Meyer, 2002; Herek et al., 2009). These supportive environments provide avenues for overcoming internalized stigma and navigating the complexities of identity (re)construction post-migration. Addressing these challenges requires a multifaceted approach that integrates cultural competence into mental health services, promotes inclusive community practices, and acknowledges the intersectional identities of SGM-forced migrants. By amplifying voices, fostering understanding, and advocating for policies that protect and empower, we can strive towards creating more equitable and supportive environments for all individuals, regardless of their sexual orientation, gender identity, or migration status.

This study aligns with previous research on the mental health challenges faced by forced migrants, such as the prevalence of PTSD and depression (Alessi et al., 2016; Hopkinson et al., 2017). However, it uniquely emphasizes the specific experiences of SGM individuals, highlighting the additional layer of identity-related trauma and the complexities of integrating into both mainstream and queer communities in the UK (Dustin & Held, 2018). The findings reflect the current situation for SGM-forced migrants in the UK, underscoring the compounded mental health burdens and internalized stigma these individuals face. The dynamic political and social climate can further exacerbate these challenges, potentially leading to higher mental health burdens, and deeper internalized stigma if the situation for both refugees and LGBTQIA+ individuals deteriorate.

The barriers to accessing safe spaces, social support, and professional services that promote mental health and wellness are evidently significant (see e.g. Envisioning, 2015;

Reading & Rubin, 2011; Mulé, 2021). Migration is a non-sequential process with multiple stages, and this study illustrates how these stages intersect with the journey of identity acceptance, acculturation, and the confidence needed to engage with other groups (Alessi et al., 2018). Seeking refuge or asylum should be considered an act of resilience in and of itself (Hutchinson & Dorsett, 2012). Participants in this study demonstrated immense bravery by leaving their countries of origin despite feeling battered, defeated, and rejected. The findings underscore the importance of targeted mental health services and inclusive support systems for SGM-forced migrants, contributing to better mental health outcomes and smoother social integration.

Finally, this study makes a valuable contribution to the literature by addressing the unique experiences of SGM-forced migrants in the UK, providing insights that can inform theoretical understanding and practical interventions. By highlighting the intersectionality of trauma and identity, it offers a comprehensive perspective that can guide future research and policy development.

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