

# **You Are not Alone! Experiences of LGBTQ+ Migrants in the UK during Covid-19 Lockdown. A Minority Stress Perspective**

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## **Abstract**

UK-based research has raised concerns about the impact of the COVID-19 pandemic on vulnerable individuals' psychological wellbeing. Further European studies showed that the lockdown has exacerbated the social isolation of migrants who force-migrate from their country of origin due to well-founded fear of persecution on the basis of their sexual orientation or gender identity. The post-migration issues of exclusion and isolation are not new to this population, resulting from the intersecting stigma associated with their non-conforming sexuality, racial and migration status. The present study used Meyer's minority stress model to explore how LGBTQ+ forced-migrants navigated the structural discrimination presented within the system during the COVID-19 pandemic. Furthermore, it explored how the Zoom online social support provided by Say It Loud Club, a UK-based LGBTQ+ organisation supporting sexual minority refugees and asylum seekers, helped to address the aforementioned intersecting stigmas, assessing the impact this had on their mental wellbeing. This qualitative study is community-based. Twenty-seven participants, using purposive sampling,

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took part in 4(x2) follow-up focus-groups to investigate the impacts of both COVID-19 and the organisation's social support. The analysis was developed using instrumental case study approach drawn on existing theory for an explanatory purpose. Findings revealed that, like other vulnerable populations in the UK, LGBTQ+ asylum seekers and refugees faced similar general stressors during lockdown (e.g., Isolation, financial constraints and mental health issues). As expected, participants' sexual minority identity led to additional stressors related to homophobia and the perception of the self as stigmatised and devalued minorities (e.g., double-marginalisation and discrimination from both their own diaspora communities and local government). Further empirical evidence shows that having social support tailored to their unique condition addressed social isolation, enhanced sense of belonging, acceptance and resilience, while providing skills and knowledge building in terms of sexuality and in accessing healthcare and local resources.

## **Introduction**

Current UK-based research has raised concerns about the impact of the COVID-19 pandemic on the population's psychological wellbeing, particularly in individuals presenting risk factors including lower socioeconomic status, diminished social support networks and pre-existing mental health conditions (Fancourt, Steptoe & Bu, 2020; Frank, Iob, Steptoe & Fancourt, 2020; Holmes et al., 2020). Feelings of loneliness have been also associated with further COVID-19 related stressors, which resulted from limited access to healthcare, impracticality of social distancing due to overcrowded households, misinformation in relation to the virus and limited employment

opportunities enforcing financial precarity (Bu, Steptoe & Fancourt, 2020a; Frank et al., 2020; Wright et al., 2020ab). These figures are particularly concerning for the rationale of the current study, especially when considering vulnerable groups such as asylum seekers and refugees. Global collaboration (Orcutt et al., 2020; WHO, 2020) for the inclusion of migrants in accessing healthcare in response to COVID-19 has identified additional deterrents to access care: language barriers in accessing information about COVID-19 and medical care, and inadequate support and food provision from local charities due to the lockdown's restrictive measures. Others (Kluge, Jakab, Bartovic, D'Anna & Severoni, 2020) have highlighted the deterioration of mental health in this population, which have also been victims of unfair discrimination and blame for spreading the disease.

### **LGBTQ+ Migrants' Isolation and COVID-19**

The above appears to be even more concerning when considering the unique situations faced by LGBTQ+ asylum seekers and refugees, who have been forced to migrate to the UK due to well-founded fears of persecution. Evidence from other European contexts shows that LGBTQ+ asylum seekers have been affected more negatively than other migrants by the COVID-19 pandemic. Prior to the lockdown, their only social connection and support were provided by local LGBTQ+ organisations. Unfortunately, since the COVID-19 restrictive measures, these organisations have not been able to operate effectively, thus exacerbating individuals' sense of loneliness. This situation has created fear, depression, extreme isolation and engagement with recurring traumatisation of past violence (Tschalaer & Held, 2020).

This is not surprising. In the case of LGBTQ+ asylum claimants, the issue of representing multiple minority identities (sexual, migration and racial) makes them susceptible to exclusion and isolation (Alessi, Kahn, Greenfield et al., 2018, Bachman, 2016; Lee, Hafford-Letchfield, Pullen Sansfaçon, Kamgain, & Gleeson, 2017). The issue of multi-marginalisation cannot be underestimated. LGBTQ+ asylum seekers are typically less likely to develop strong social connectivity than non-LGBTQ+ asylum seekers (Fox, Griffin, & Pachankis, 2020). Furthermore, they are susceptible to isolation within their diaspora communities as a result of homophobic and transphobic discrimination (Bachman, 2016; Cowen, Stella, Magahy, Strauss & Morton, 2011; Piwowarczyk, Fernandez & Sharma, 2016). Similarly, hostility from the host country's local LGBTQ+ communities due to their multiple racial, religious identities (Alessi, Kahn, Greenfield et al., 2018) and refugee status (O'Neill & Kia, 2012) have been perceived.

### **Sexual Minority Stress and Health**

Past research (Fox et al., 2020; Gowin, Taylor, Dunnington, Alshuwaiyer & Cheney, 2017; Piwowarczyk et al., 2016) showed that pre and post migration-related stressors combined with persistent sexual stigma and discrimination negatively impact on LGBTQ+ migrants' mental health (e.g., depression and anxiety symptomatology, Post Traumatic Stress Disorder (PTSD), suicidal tendencies and substance and alcohol abuse). According to Meyer's (2003) minority stress theory, holding minority-sexual identities can be related to poor health outcomes, especially when exposed to social situations that predispose the individuals to chronic stress resulting from stigma and prejudice. The concept behind Meyer's theory is grounded

on the premise that minority stress is both intrinsically and socially based. Here, the stress results from an apparent collusion of minority cultures with the dominant values of the heterosexist society. This incongruence, thus, sets the foundation for individual's perception of the self as devalued, stigmatised and marginalised minority. By proposing a distal-proximal continuum of minority-specific stressors, Meyer argues that the negative subjective internalisation of environmental harassment would most likely lead to extreme responses: stigma, stereotyping, prejudice, discrimination, expected rejection, internalised homophobia, extreme vigilance and self-devaluation. Accordingly, along with the common stressors experienced by the general population, individuals who identify with minority groups face additional prejudice-related stressors linked to the structural exclusion from resources, normally available to the general population. This would consequently generate a sense of mistrust and detachment towards the dominant culture, affecting therefore the minority-individuals' wellbeing (Meyer, 2003; Meyer & Frost, 2013). When transferring Meyer's idea onto the refugee scenario, the current study believes that in addition to the traumatic stress commonly experienced by the majority of migrants, LGBTQ+ asylum seekers are exposed to additional chronic environmental circumstances that stem from their stigmatised condition (e.g., identity-credibility issues, secure housing, lack of migrant-community support and isolation).

### **Meyer's Social Connectedness and COVID-19**

Minority stress theory also appreciates how social support and group-level coping moderate the impact of sexual-related minority stressors, while also promoting individuals' mental health. Having opportunities for affiliation

and interpersonal social support contribute to group solidarity, resilience and cohesiveness. These provide individuals with a reappraisal of their condition, ameliorate the stress impacts and increase self-esteem (Alessi, 2014; Chaudoir, Wang & Pachankis, 2017; Meyer, 2003), while having greater influence when delivered by other sexual minority members (Doty, Willoughby, Lindhal & Malik, 2010). Past empirical evidence has highlighted that social support mediates the impact of minority stress on mental health in lesbians, gays and bisexuals (Lehavot & Simoni, 2011; Verrelli, White, Harvey & Pulciani, 2019), as this contributes to positive identity formation, self-acceptance (Dietz & Dettlaff, 1997) and sexual orientation disclosure (Legate, Ryan & Rogge, 2017). Social support coping has been shown to moderate the repercussions of rejection sensitivity on mental health negativity in gay men (Sattler, Wagner & Christiansen, 2016). Moreover, it has been further associated with increased engagement in a health-promoting lifestyle (Flenar, Tucker & Williams, 2017). Reading and Rubin (2011) identify social support groups tailored to sexual minority migrants to be optimal in creating conditions for addressing the intersecting marginalities rooted in the individual's sexuality, migration and race status. Specifically, customised social support reduces isolation and reinforces the sense of belonging. Furthermore, it creates conditions for "transitional kinship proxies" (Khan, 2015, p.69) in situations of limited biological-family support and scarce host-country connectivity with both local LGBTQ+ and own diaspora communities. Finally, social group participation enhances networking, friendship building and provides individuals with safe space for knowledge sharing, which enables to converse about sensitive topics in relation to sexuality (Logie et al., 2016).

The benefits of social connectedness through the network's provision of psychological support buffering adversity in situations of loneliness has been prioritised in COVID-19 mental health research (Holmes et al., 2020). Bu and colleagues (2020ab) show that having a highly perceived social network is a protective agent against loneliness, and recommended that at-risk populations should be targeted in providing mental health support for adaptive coping strategies. Further findings have called for the development of online interventions to bridge social distance to support individuals in the management of anxiety and uncertainty (Wright et al., 2020c).

### **Current study**

The present study believes that the sense of isolation combined with the uncertainty and fear in response to the COVID-19 has put significant additional strain on the mental health of LGBTQ+ asylum seekers and refugees. The UK-government imposition of the lockdown, enforcing the UK population to isolate, has posed additional challenges to this at-risk group. This has exacerbated their sense of marginalisation while also compromising their basic health needs. With this in mind, the present study used Meyer's minority stress model to explore how sexual minority forced-migrants navigated the structural discrimination presented within the system during the COVID-19 pandemic. The study also aimed to explore how a UK-based organisation's online social support may have helped the participants to address intersecting stigma associated with their sexuality, race, and immigration status, and what impact this had on their mental health.

## **Methods**

### **Study Design and Sample**

This qualitative study is community-based, conducted in partnership with Say It Loud Club (SILC). SILC is a UK-based LGBTIQ+ community support group for newly arriving sexual and/or gender minority refugees and asylum seekers who have force-migrated from their countries due to discrimination, violence, persecution or fear of death. SILC provides peer support activities with its members through one-on-one mentoring, workshops, social events, and referral to partner organisations for legal, financial, health and housing support. As a result of the Covid-19 outbreak in the UK, all SILC's members were invited to sign up for weekly-based two-hour Zoom social group sessions. The groups ran throughout the period of lockdown and comprised of the following topics: Understanding Covid-19; understanding of LGBTIQ+ rights in the UK; history of LGBTIQ+ movements and what they mean to sexual minority refugees and asylum seekers; coping with mental illnesses during the asylum process; workshop on sexual health; understanding the links between asylum/refugee and homelessness. A total of 52 members took part. The discussions, participation and equal engagement during the informal Zoom sessions were facilitated by SILC's director.

In the follow-up qualitative study, participants were recruited using a non-probability purposive critical case sampling method (Cohen, Manion & Morrison, 2011). Participants were selected if they had attended at least two sessions of the online social groups, identified themselves as LGBTQ+, had been granted or were seeking asylum in the UK, were at least aged 18



and able to both communicate and understand English. Participants were recruited through emails sent by the researcher. Due to the sensitivity of the nature of the study (for some members disclosing their sexual identities to an outsider – the researcher – was unprecedented), having the support of the gatekeepers (SILC’s director and communications manager) during the recruitment and organisation phases was invaluable. Twenty-seven members agreed to participate in 4 (x2) focus groups. Sociodemographic data was also collected by distributing a Qualtrix-based survey link. Each focus group was taken via Zoom and lasted between 90 and 120 minutes. The researcher facilitated the conversations by ensuring homogeneous participation and representation of all the participants (Creswell, 2013). The study procedure was implemented in accordance with protocols approved by the European Union General Data Protection Regulation (European Parliament, 2016) and presented to SILC’s trustees and management for ethical scrutiny. An information letter explaining the research and its involvement was presented to all participants prior to requesting informed consent. Here, it was made clear that their participation was voluntary, with the option to withdraw at any time.

Permission to audio record the interviews for later transcription and analysis was granted, and the possibility for the research to be published in a journal was also disclosed. Interviewees’ anonymity was ensured by maintaining the responses as confidential. Semi-structured interviews with open-ended questions within the focus groups aimed at exploring the personal and social challenges experienced by the participants during COVID-19. Additionally, the impact of SILC online social support in addressing their mental health

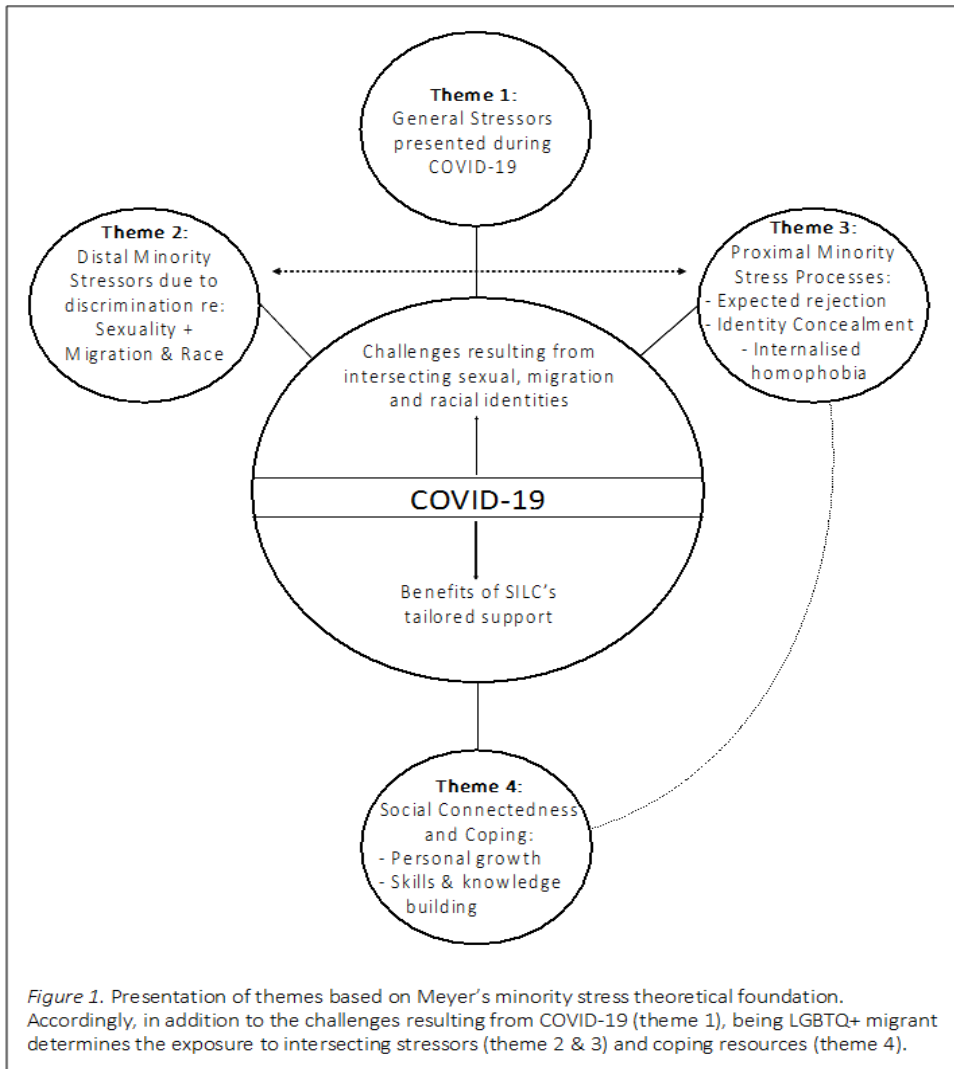
was explored. Exemplar open-ended questions of the 9-item semi-structured interviews include: “During the COVID-19 lockdown, have you ever felt discriminated or marginalised due to your sexual identity, race/ethnicity and migration status?”; “What challenges/barriers have you encountered during the COVID-19, and has the Online Social Group helped you in overcoming some of them?”.

### **Data Analysis**

The data was firstly transcribed using NVivo, and further re-engaged with manual tape-recording to make sure that the text reproduction was a true reflection of the audio content. Atlas.ti (Friese, 2019) facilitated the clustering of codes into categories and further development of themes. Data analysis followed instrumental case study approach’s protocols (Adu, 2019), drawn on existing theory for an explanatory purpose (Yin, 2014). This involved the systematic reading of the transcripts together with side annotations (memoing). Field notes taken during the focus groups were also incorporated in the analysis to facilitate the coding process. The codes were also developed with the research questions in mind. These stemmed from the combination of description-focused (first level In Vivo coding) and informed interpretation-focused coding for making meaning of explicit empirical indicators. Furthermore, the codes were organised into conceptual categories and deductively generated content themes and sub-themes. Trustworthiness of findings was enhanced through member checking (follow-up e-mails with the participants for clarifications). Furthermore, co-coding with staff members (blind to the purpose of the study) did not show contradictory patterns and presented high similarities. Having a conscious positioning was

helpful in considering the possible implication of the researcher's cultural background in reporting the findings. Particularly, being aware of the limiting imperialistic Western-specific categorisation of sexual identities that proposes a rigid homogenization of largely white construct of gender and sexual identities.

The analytic process drew on Meyer's minority stress model as theoretical lens (Figure 1). Meyer's framework recognises the negative impact on the individuals' psychological well-being of the combination of general stressors (e.g., lockdown due to Covid-19), perceived distal minority stress (e.g., discrimination due to the intersection of minority statuses such as being LGBTQ+ asylum seekers/refugees) and internalised proximal stress processes (e.g., participants' perception of self as a stigmatized minority) due to an unsupportive system. Moreover, the theory illustrates how social connectedness (e.g., SILC's online social groups) reduces the negative impact resulting from the above distressing experiences by creating a fundamental supportive resource essential for individual emotional functioning.



## Findings

Participants' age ranged between 20 and 59 years, with the majority orig-

inating from Africa (70%). Overall demographic information is shown in Table 1. Findings from the qualitative analysis revealed that similar to other vulnerable populations in the UK, LGBTQ+ migrants faced Covid-related challenges (Theme 1 – General stressors due to Covid-19). Furthermore, additional stressors were associated with the intersection of stigma across sexual, migrating and racial statuses (Theme 2 – Distal minority stressors due to discrimination), and the perception of the self as stigmatised and devalued minorities (Theme 3 – Proximal minority stress processes due to self-perception and appraisals). Further empirical analysis showed the positive aspects of having social support tailored to their unique condition (Theme 4 – Social connectedness and coping), both at intrapersonal (personal growth) and structural (skills and knowledge building) levels. The statements from respondents are reported with as little modification as possible by the author, in order to maintain their authenticity.

### **General Stressors due to Covid-19**

Participants described their lockdown experience to be problematic due to the lack of support and financial constraints: “We are not working and we have to stay at home but we haven’t got any kind of support [...] we have no source of income, yet we need to eat”. The state of uncertainty was exacerbated by the challenges presented in accessing health care, especially for those not fluent in English, as explained by a Ugandan gay participant:

“Sometimes it’s very difficult when you have an appointment of five minutes because English is not my first language. Before I manage to find the words five minutes are already gone, so there

is not much information I can get”.

Isolation was not uncommon amongst the participants. Some found that the lockdown worsened their particular situation. Prior COVID-19, their only source of socialisation was the face-to-face Friday meetings organised by SILC, having them experienced “isolation” and “rejection” from their own diaspora communities. This was remarked upon by a Cameroonian lesbian:

“I feel very isolated. I see the world is coming to end. Isolation impacts on our lives because we were meeting every Friday. When your SILC community is also broken down by the COVID-19, then all you experience is more isolation and loneliness, it impacts on our social life, our identity”.

Unsurprisingly, the sense of abandonment had also mental repercussions, which caused stress in more than one interviewee, e.g.:

“Because of the lockdown I’m staying home all the time and I feel I am more depressed, isolated and alone”;

“To me this is costing a lot of mental health stress because of my severe disease (diabetes and high blood pressure). I am worried that, if I have to go to hospital, I risk to catch the virus. I think every time of COVID-19 and it makes me go mental. I think that maybe tomorrow I won’t be alive. COVID-19 has caused a lot of mental stress to me”.

### **Distal Minority Stressors due to Discrimination**

The data presented within this theme provides insights on the interviewees' perceived distal stress specific to their conditions, which were experienced beyond the COVID-19 general stressors.

### ***Sexual and gender identity***

Multi-marginalisation resulting from both their sexual identity and migration status was perceived amongst the participants. For some of them, it seemed evident that they would expect rejection at any time: "It's like double negative, because number one you are refugee, number two is sexuality". The lockdown did not help to improve this situation, as some participants felt that being secluded at home deprived them of the only feasible support:

"Where I am coming from, I was not accepted because of my sexuality. Here, I haven't been accepted because where I am coming from. Things are tougher with the lockdown because I depend on friends (referring to SILC's Fridays meetings) in order to survive on day-to day base, when you are struggling to feed yourself, sort out your accommodation";

"For refugee like us (LGBTQ+), one side is the family, you won't get support from them, the other side is the Home Office, you won't get any support from them as well. So we don't know where to go".

However, this sense of marginalisation faced during the lockdown was not limited to the lack of logistic or structural support. Some participants felt they had no one to confide in within their diaspora community, because this

would involve them disclosing their motivation for claiming asylum. It also evident in a gay Muslim participant's representation of his reality how this would consequently have mental repercussions:

“You can't talk about this thing with Muslim people, because they are really strict about it. How would you explain it? They would not understand it. This makes me feel really bad and is really depressing. Basically, when you think of your own community, or that your whole family is not there for you, you don't get the support and you cannot share things with them. This is the hardest thing ever”.

Further evidence showed how isolation is associated with discriminatory connotations, especially when it is perceived to be the result of the stigma related to sexual orientation. A comment provided by one of the gay respondents could be regarded as an appropriate reflection of this:

“As LGBT, we don't have as much sense of community (referring to their own diaspora community) even before the lockdown. We were kind of isolated. During the lockdown this became an even bigger as everyone has disappeared (referring to Friday meetings). Therefore, because of our identity, it becomes very difficult to connect to new people because there is not acceptance. Yep, COVID-19 made it worse”.

### ***Migration Status***

Participants perceived the lack of migrant-specific official information to be



an issue and this was associated with the Home Office inability to cater for their specific needs:

“When you think of the demand of social distancing, for us it is very difficult especially when living in a shared accommodation. How can the government control infections when there are other people that are unable to isolate themselves?”.

The majority of respondents relied on social media and television news for updates, and when these were given out, some interviewees felt these were “lacking the existence of people who do not live the same as the British people”. Others perceived the lack of specific information as a sense of abandonment: “there is nothing about the immigrants, they are just left behind like if they’re nothing or they are not normal”; marginalisation: “during the lockdown so many people didn’t get help. They left refugees on their own, there were no discussions with regard to how they might be coping, there is no care”; and like if they were “not belonging”: “maybe we don’t receive any kind of information because they think we are from different nations and if we get Covid-19 we can always move away from this country”.

### ***Ethno-racial factor***

A quote directly from a lesbian interviewee from Africa showed how her experienced racist-related events contributed to additional challenges faced during the lockdown:

“I was coming out for shopping and a woman started shouting -

you know, I'm British I got a British passport -. I was like - oh that's fine, you got a British passport, that's fine, nobody is illegal, you don't have to be like racist -. She said - you fucking black African woman, I'm going to call the police -. I reported the incident to the officers (she lives in a community accommodation). They asked me to calm down as I was really upset”.

A gay black refugee highlighted the issue of whether the general information about COVID-19 was properly broadcast by the media to the general population. In particular, how their messages contributed to racial discrimination by accidentally picturing black people as COVID-19 carriers:

“When you look at the media, every time they say Black people are more likely to die of Coronavirus. So, when you are at the supermarket people distance from you because of your colour”.

### **Proximal minority stress processes due to self-perception and appraisals**

Further findings identify participants' subjective appraisals of additional proximal stress processes, which resulted from the internalisation of perceived negative societal attitudes.

#### ***Expectation of rejection***

The expectation of rejection due their sexual identity was not uncommon amongst the participants, as elucidated by a gay Muslim's personal narrative: “Where I am living, they are all Muslims. If they found out about my

sexuality, they will ask me to leave. No one will want to keep you inside the accommodation, they will ask you to find another place”. Others, like a South African non-binary, preferred to further isolate to avoid potential risks: “I end up spending most of the time on my own in the bedroom just to avoid unnecessary things that would affect me”.

Before the pandemic, when the participants had the opportunity to meet physically through SILC Fridays meetings, they developed a “sense of being part of something that would accept (them) for who they are”. However, due to the restrictive measures being in place during the lockdown, the interviewees were forced to limit their in-house social interaction with people with whom they did not feel safe to disclose their identity, exacerbating their feeling of isolation. For some, this sense of alienation was so extreme that it called into question their real validity of life choices:

“I don’t feel accepted where I am at. Mentally you start questioning about your life. Am I really in the right place? No friends, maybe online, but physically we are distant. So, COVID-19 has separated me from the world. This makes me think: would I ever have a happy life again? Like I used to? COVID-19 made me understand that I am irrelevant. You are not a person, you’re lost. I don’t have anything. During the lockdown everyone has family, they are in one place together. But you (she meant as LGBTIQ+ Asylum Seeker) are lonely. When you are inside the house you feel that something is missing, that you’re nothing. You as a person, you are irrelevant to this world”.

### ***Concealment of identity***

Living in overcrowded housing during the lockdown was not just a concern about the inability to follow social distancing as part of the COVID-19-related measures. It also impacted on the capacity for the participants to have sufficient privacy in order to freely participate in the conversations held within the SICL Zoom social groups. For some, concealing their sexuality was considered to be the most appropriate defence mechanism against any potential homophobic abuse, such as, hiding their identity for fear of harm:

“I share my house with others, and sometimes this is difficult because people can listen to what you talk about during the on-line discussions. You have to be very careful with that. It’s quite difficult sometimes. I always look at my door and wonder who’s coming by. Especially in our case, like gay people, they hate us”.

For others, camouflaging with their co-lodgers was an extreme attempt to ensure continued connection with their diaspora community, e.g.:

“We have to be careful because we haven’t granted asylum yet and we need a lot of help from other people. To get help from others, we have to follow their rules, say whatever they gonna say. We have to follow everything, otherwise they are not going to support us”.

### ***Internalised homophobia***

The combination of social isolation with the internalisation of negative so-

cietal attitudes acted as a powerful antecedent to negative mental health outcomes. This is the case of a gay Muslim participant, who force-migrated from his country of origin after being held in captivity in his own family's home for seven years after disclosing his sexual identity:

“The lockdown takes me back to my memories, about the time when I wasn't allowed to do anything for seven years, which effect my mental health a lot. Sometimes it makes me feel like I am alone again, without any kind of help, and it affects me all over again both physically and mentally: my mood, anxiety, I don't have appetite”.

### **Social Connectedness and Coping**

“Apart from the advice I have got from SILC, nobody has ever contacted me”.

Further empirical analysis showed the positive aspects of having tailored social support specific to the participants' needs. Specifically, SILC online initiative was considered to be the only reliable strategy capable of “understand [their] unique situation”, when compared with the impersonalised “one size fits all kind of information” provided by others. The trust placed upon the organisation resulted mainly from the feelings that other SILC members had “experience the same situation”, possessing similar intersecting LGBTIQ+ and migration conditions. “Feeling part of a family” was also a recurring sensation, and contributed to build a true sense of connectedness, togetherness and belonging: “During this COVID-19 I have learnt that I am not alone and that I am safe as I've got my family behind me”.

Further increased positive attitudes towards life and confidence were explicitly perceived through some participants' narratives: "I saw the confidence of the others in coming out, and their shared experiences gave me the confidence I needed"; "I felt totally safe to share my personal struggle, I have no fear anymore". Moreover, SILC online small groups made the members feel "closer" to each other, while identifying themselves as "brothers and sisters". Many reported how feeling connected to others contributed to their wellbeing. A lesbian refugee's quotation reflected this:

"The online social group has helped me to overcome my mental issues. Sometimes I am so depressed and stressed but then when I log into the socials I forget all my worries, the loss of work or being on my own".

### ***Personal growth***

"If we stop the social, we forget who we are".

SILC's online socials functioned as a bridge to help the participants to walk through a path of discovery, in which the acceptance of their sexual identity promoted personal growth contributing to positive mental health. The feeling of belonging to a particular social group was invaluable to some individuals' coming out processes and helped reducing internalised homophobia.

A bisexual Nigerian's statement inferred the above:

"I think differently about my sexual situation now. When I think of other members' situation it gives me confidence, and I don't think of it as an overwhelming depression anymore".

A comment provided by a lesbian asylum seeker originally from Sierra Leone was also believed to be an appropriate reflection of the above:

“These online socials guided me to accept myself for who I am. Attending the online group has inspired me to become who I am without having to have that fear”.

Furthermore, it appeared evident that this sense of connectedness contributed to increased sexual minority identity prominence amongst the respondents, e.g.: “when you come out yourself, you feel you’re belonging the community”; or “I’ve gained an understanding of my sexuality and I am not embarrassed of who I am, and I know who I am”.

Through the online socials, participants self-evaluated their status and felt more positive about their sexual identity. A gay participant described his experience as it follows:

“Since I joined the online social group, I feel more positive about being a gay man. I’m really open now about who I am. I am proud of myself. My confidence improved a lot in relation to my sexual identity. Before I was scared, now I feel happy about myself”.

The increased self-acceptance of own sexual identities shined through different narratives, confirming that the online social groups contributed to the overall participants’ formation of positive identity development:

“Meeting this group has improved a lot my sexual life, I am free”;

“Now I am a normal human being and I’m a part of this world. I’m not some kind of alien like I used to be, I become more positive about myself”.

Further findings showed that SILC online social groups contributed also to the blending of multiple identities previously in conflict with each other:

“I can now relate to who I am and not be ashamed of it anymore. I’ve become so confident and I’ve been able to come out as a gay Muslim man”;

“I now do think differently about myself because I have matured in terms of knowledge. I am now confident to establish a relationship. I am confident to know the type of person I can be sexually attracted to. Also, in terms of my race and ethnicity, I have learnt through the first sessions how to tackle the system because, you know, it is all about to prove ourselves all the time”.

### ***Skills and knowledge building***

“I feel that we are getting somewhere and that we are putting heads together to achieve something great in life. That makes me feel secure”.

According to the interviewees, the Zoom online groups also introduced the opportunity to brainstorm, share opportunities and information in order to re-gain ownership of their lives after facing the insecurity dictated by the uncertainty of the lockdown. For example, there were opportunities for clarification:



“We became aware of so many things as during the COVID-19 there were a lot of fake information about the refugees and asylum seekers on the risk to be deported”.

Moreover, there were constant updates on both COVID-19: “people say lot of things about COVID-19 and scares us. So, here we gain a lot to understand what precaution to take in order to stay safe”, and potential external support: “If it wasn’t for SILC, I wouldn’t have known about the shopping voucher to help me with food”. This was also evident in the narrative presented by a Ugandan transgender male:

“When you are struggling to feed yourself, sort out your accommodation, good think that we have a network such as SILC. In so many ways I didn’t quite understand what this COVID-19 was all about because I couldn’t get information from the Home Office. No one apart from SILC was able to provide me with some information. Therefore, I looked forward to the social meetings as they helped in so many way with my mental state”.

Finally, the Zoom sessions also aimed at enhancing creativity and voice expression through arts sessions, and helped participants to understand the labelling system surrounding the queer movement in the UK:

“I learned the different categories within this whole LGBT society. So now I know exactly who I am and I know which category I belong”.

Table 1

*Description of Sample Demographics (n = 27)\**

	Male		Female		Non-binary		Transgender	
							Male/female	
	n=12	44%	n=10	37%	n=2	7%	n=2	7%
<b>Country of Origin:</b>								
Bangladesh	4	15%	-	-	-	-	-	-
Cameroon	-	-	1	4%	-	-	-	-
Nigeria	2	7%	2	7%	-	-	-	-
Pakistan	2	7%	1	4%	-	-	-	-
Sierra Leone	-	-	1	4%	-	-	-	-
South Africa	-	-	-	-	2	7%	-	-
Uganda	4	15%	5	19%	-	-	2	7%
<b>Sexuality:</b>								
Gay	12	44%	-	-	-	-	-	-
Lesbian	-	-	8	30%	-	-	1	4%
Bisexual	-	-	2	7%	-	-	1	4%
Pansexual	-	-	-	-	2	7%	-	-
<b>Asylum Process:</b>								
Not applied yet	1	4%	1	4%	2	7%	-	-
Waiting for decision	8	30%	7	26%	-	-	2	7%
Re-appealing	2	7%	-	-	-	-	-	-
Asylum granted	1	4%	2	7%	-	-	-	-
<b>Dwelling condition:</b>								
Shared housing	4	15%	3	11%	2	7%	1	7%
Friends' lodging	4	15%	3	11%	-	-	1	7%

Private housing	4	15%	3	11%	-	-	-	-
Hostel	-	-	1	4%	-	-	-	-

\* All numbers refer to  $n = 26$  due to uncomplete data from one participant. However, all the % were calculated using the total  $n = 27$ .

## Discussion

The present study aimed at exploring the challenges sexual minority forced-migrants faced during the COVID-19 pandemic, and how a UK-based organisation’s online social support may have assisted them.

The findings yielded insightful information, revealing that like other at-risk populations in the UK (Frank et al., 2020; Wright et al., 2020b), LGBTQ+ asylum seekers and refugees experienced reduced social care, inability in adhering to social distancing advice due to chronic overcrowded accommodation, financial hardship and COVID-related misinformation. An overall lack of support and inability to access needed healthcare created a sense of uncertainty towards the unknown future. For some, the world was perceived to be coming to an end, as a matter of fact. The challenges in accessing both healthcare and COVID-19 information, especially those posed by language barriers and insufficient support from local charities as a result of the lockdown’s restrictive measures, were previously identified as concerning in how they seriously threaten migrants’ wellbeing (Lancet Migrant, 2020; WHO, 2020). Furthermore, their inability to stay in physical contact with other members of their club increased feelings of isolation, which appeared to have a negative impact on mental health. This corroborates previous research (Tschalaer & Held, 2020) showing that the lockdown exacerbated

the social isolation and reengagement of LGBTQ+ migrants' past traumas, resulting from their non-conforming sexual, racial and migration statuses (Alessi et al., 2018, Bachman, 2016; Lee et al., 2017).

The benefit of applying Meyer's (2003) minority stress theory in understanding both the challenges related to LGBTQ+ migrants and the importance of tailored social support interventions was evident from the findings. Accordingly, the data provided insights into the challenges experienced beyond the COVID-19 general stressors, included instances of multi-marginalisation and discrimination originating from their intersecting minority identities. This is not surprising. Previous research reveals that LGBTQ+ asylum seekers struggle to develop meaningful social networks (Fox et al., 2020), as they face homophobic discrimination within their own diaspora communities (Bachman, 2016; Cowen et al., 2011) and religious/refugee-based hostility from local queer communities (Alessi et al., 2018; O'Neill & Kia, 2012). Also, the persistence of these stressors plays a predicting role in the deterioration of migrants' health (Gowin et al., 2017; Piwowarczyk et al., 2016). The combination of the above empirical data seems to support Meyer's argument when stating that bearing sexual minority identities can be associated with negative mental health outcomes, especially with exposure to persistent chronic stress stemming from stigma and prejudice.

Overall, the study's narratives illustrate a clear pattern in relation to the intersectional forms of discrimination encountered by refugees/asylum seekers during the lockdown, measured in the form of personally experienced racist-related events. These findings reflect previous empirical data, stressing how migrants have been victims of discrimination and blamed

for spreading COVID-19 (Kluge et al., 2020). Moreover, it seemed that the structural barriers enhanced by the lack of more institutionalised support contributed to the process of othering those individuals who present minority status. Precisely, there was no information/assistance directed at their specific circumstances, thus compromising how they perceived and positioned themselves within their British contexts as alienated refugees. In particular, there was a strong sense that interviewees considered themselves to be “outsiders”, and thus, due to the uniqueness of their condition, implicitly not entitled to be properly supported. The above suggests a sense of mistrust and detachment towards the dominant culture resulting from the structural exclusion from critical resources. This was a key predictor also proposed by Meyer and Frost (2013).

Proximal stress processes stemmed from the interviewees’ perception of the self as members of a stigmatised and devalued minority. These came either in the form of expecting rejection due to their sexuality, hiding own identity for fear of harm, extreme vigilance and internalised homophobia. Similar to Meyer (2003), in this study it was evident that the combination of social isolation with the internalisation of negative societal attitudes negatively impacted on the psychological wellbeing of LGBTQ+ asylum seekers and refugees.

Further empirical analysis showed the benefits of SILC’s online tailored social support specific to participants’ needs. This finding echoes previous COVID-19 research on the importance of developing online reach-out interventions for psychological support and social networking in tackling social distance during the lockdown (Holmes et al., 2020; Bu et al., 2020a; Wright

et al., 2020c). The participants developed a strong sense of trust towards the SILC “family”, as the online groups were delivered by individuals with a corresponding intersection of identities. Analogous research (Doty et al., 2010) confirms the positive impact of LGB-based interventions when delivered by similar others, as these facilitate the conditions for “transitional kinship proxies” in LGBTQ+ migrants (Khan, 2015).

This aspect enhanced the participants’ sense of belonging. The positive feeling of being associated with SILC was invaluable in both increasing confidence in respect of the individuals’ coming out processes and reducing internalised homophobia. Particularly, SILC socials were central in establishing a sense of collective identity, contributed to increased sexual minority identity prominence and participants’ formation of positive identity development. All the above promoted positive mental health outcomes. These results mirror previous quantitative-based sexual minority stress research, where the moderating role of LGBT group-level support has been found to ameliorate mental health and health-promoting lifestyle (Lehavot & Simoni, 2011; Sattler et al., 2016; Verrelli et al., 2019), positive sexual identity reappraisal, disclosure, self-esteem (Alessi, 2014; Chaudoir et al., 2017; Legate et al., 2017) and acceptance (Dietz & Dettlaff, 2008). Finally, further results corroborated previous research (Reading and Rubin, 2011), when showing that the SILC online support, tailored to the unique conditions faced by the LGBTQ+ migrants, addressed all the intersecting marginalities. Additionally, SILC provided a safe space fundamental for conversing about sexuality and knowledge sharing. An important aspect previously highlighted in Logie and colleagues (2016).

## **Study limitation and implication for practice**

The outcome of this research should be evaluated in light of some limitations. This investigation is not representative of all LGBTQ+ migrants and cannot be generalisable. Vice versa, the aim was for readers to create a condition of ‘vicarious experience’ (Melrose, 2009), and transfer the findings to their contexts. Additionally, the focus group limited opportunities for each participant to share more in-depth insights, with some being potentially uncomfortable speaking in large groups. English was not interviewees’ native tongue and this could have compromised the reliability of qualitative data. Members checking through emailing the participants was relied upon to reduce the above weaknesses. To better explore LGBTQ+ migrants’ minority stress within the asylum-seeking experience, future research could use a mixed-methods approach, while adding cross-sectional surveys with longitudinal designs from the point of arrival in the UK.

Despite the above limitations, this study sheds light on the complexity of the intersectional forms of stigma experienced during the lockdown by this vulnerable group. Consequently, the current paper argues for the urgent need of culturally-tailored multifaceted strategies to promote health equity amongst sexual minority migrants. Additionally, it proposes recommendations, both at large-scale and local levels, for the need to expand the adoption of community-based collaboration. Therefore, intersectional interventions that reduce the marginalisation of LGBTQ+ migrants should operate across structural and community levels, advancing the necessary changes that address the socio-cultural contexts of social exclusion.

The study results highlighted the inability of the Home Office to provide appropriate support to those suffering double-marginalisation. This suggests that the mainstream one-size-fits-all provision of support is insufficient in addressing the specific needs implicit with LGBTQ+ asylum seekers and refugees. This should therefore be reconsidered. Further interventions from the government should pay greater attention to develop effective measures to include those belonging to the hard-to-reach groups. To begin with, internal antidiscriminatory training should be provided in order to reframe Western heteronormative structures, which inhibit the recognition of the complex and multiple identities each LGBTQ+ migrant might possess. This will help institutions serving sexually-nonconforming asylum seekers and refugees to better understand multiple intersecting issues impacting their health. For instance, supporting their privacy in the provision of a secure shelter away from homophobic contexts immediately upon their arrival would be a positive start. The establishment of processes that promote a supportive environment would provide opportunities to address various underlying inequalities faced by this vulnerable population group. Technical assistance designed to support multiculturalism should also be provided, and particular attention must be given to these non-English speaking subgroups, conscious of language limitations. For instance, in the case of extreme events such as COVID-19, critical information should be appropriately translated and effectively distributed. It is also important for institutional organisations to recognise the fundamental role of local organisations such as SILC, which functions as a bridge in providing support for sexually-based vulnerable migrants, who may be unable to access services. It is therefore important for the Home Office to build active cooperation through constructed dialogue.



A community-based interdisciplinary collaboration creates conditions for everyone (institutions, organisations and migrants) to play an active role, while reinforcing community empowerment. These interventions would be specifically targeted to inform and educate, providing LGBTQ+ asylum seekers and refugees with the relevant information tailored to meet their needs. This will also create opportunities for those directly involved to challenge and transform unhealthy practices and norms and reduce stigma via information sharing and mass media campaigns.

## **Conclusion**

This community-based study revealed that, like other vulnerable populations in the UK, LGBTQ+ asylum seekers and refugees faced similar challenges during lockdown in relation to isolation, financial constraints and mental health issues. Participants' sexual minority identity led to additional stressors related to homophobia and the perception of the self as stigmatised and devalued minorities, resulting from discrimination from both their own diaspora communities and local government. The study further showed that having social support tailored to their unique condition addressed social isolation, enhanced sense of belonging, acceptance and resilience, while providing skills and knowledge building in terms of sexuality and in accessing healthcare and local resources. The COVID-19 pandemic is not over. Challenges presented by ongoing lockdowns, restricted access to healthcare and limited social interaction might come to the fore again, contributing to exacerbate the unbearable situations already experienced by such vulnerable group. Community-based interdisciplinary collaboration in partnership with the Home Office tailored to the needs of LGBTQ+ migrants is recom-

mended.

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