

Demographic characteristics, torture experiences, and posttraumatic stress disorder symptoms among asylum seekers and refugees persecuted for same-sex behaviors

RUNNING HEAD: PTSD AND MIGRANTS PERSECUTED FOR SAME-SEX BEHAVIOR

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Abstract

Increasingly, lesbian, gay, and bisexual (LGB) individuals are fleeing the 67 countries that criminalize consensual same-sex intimate relationships, seeking asylum in countries such as the United States. Minority stress theory posits that compared with non-LGB refugees and asylum seekers (RAS), LGB RAS are likely to face persecution, rejection, and discrimination and have a higher risk of experiencing posttraumatic stress disorder (PTSD) symptoms. This study assessed differences in sociodemographic characteristics, persecution experiences, and mental health outcomes among 959 RAS persecuted for same-sex behavior (pLGB RAS) who presented for care and social services at the Boston Center for Refugee Health and Human Rights. Data were derived from intake interviews with RAS clients that elicited torture experiences and assessed PTSD symptoms using the Short Screening Scale for PTSD. Over 11% of the total sample were pLGB RAS. Compared with non-pLGB RAS, pLGB RAS reported higher PTSD symptom levels, $\beta = .08, p = .031$; more difficulty loving others, $d = 0.13, p < .001$; and feeling more isolated, $d = 0.10, p = .005$. pLGB RAS reported more persecution, $d = 0.31, p = .002$; physical assaults, $d = 0.22, p = .029$; and psychological assaults, $d = 0.20, p = .047$; and were more likely to be asylum seekers, $d = 0.11, p = .001$, and have experienced persecution in Uganda, $d = 0.39, p < .001$, and other countries that criminalize same-sex acts, $d = 0.26, p < .001$. More research is needed to understand clinical outcomes and implications of treatment for this population.

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1 **Demographic characteristics, torture experiences, and posttraumatic stress disorder**
2 **symptoms among asylum seekers and refugees persecuted for same-sex behaviors**

3 Globally, 67 countries criminalize consensual same-sex intimate relationships
4 (International Lesbian, Gay, Bisexual, Trans, and Intersex Association [ILGA], 2020). In these
5 countries, individuals who engage in or support others who engage in same-sex relations can
6 face discrimination, torture, life imprisonment, and death (Human Rights Watch, 2019). As a
7 result, increasing numbers of individuals have fled their home countries because of the risk of
8 persecution due to their sexual orientation (Humanity in Action, 2015). Although many refugees
9 and asylum seekers (RAS) seek safety in neighboring countries (United Nations High
10 Commissioner for Refugees [UNHCR], 2021a), sexual minority individuals often choose to
11 migrate to high-income countries, such as the United States, due to the belief that their lives will
12 be improved, in part, because some U.S. laws protect the rights of lesbian, gay, bisexual, and
13 transgender (LGBT) individuals (Lewis, 2014; White et al., 2019). In the United States, to claim
14 asylum based on experiences related to sexual orientation, individuals must establish a well-
15 founded fear of persecution in their home country based on threats to their life or freedom (e.g.,
16 physical or sexual violence, patterns of harassment and discrimination) due to their sexual
17 orientation (Shaw et al., 2021). Although the United States does not publish the reasons asylum
18 has been granted, it has been estimated that 3.7%–10.0% of RAS entering the country identify as
19 LGBT (U.S. Department of Health and Human Services, 2012). These numbers appear to be
20 increasing, with 11,400 individuals seeking asylum between 2007 and 2017 (Shaw et al., 2021)
21 due to anti-LGBT persecution, 5,418 of whom sought asylum in 2016 alone (Mossad & Baugh,
22 2015). It is likely that these are underestimates, as many RAS who come from countries with

1 high rates of torture related to sexual orientation may be hesitant to disclose their sexual minority
2 orientation (Fox et al., 2020).

3 Torture is defined as a series of events applied over time, in a deliberate manner, to
4 achieve a specific psychological result (UNHCR, 2021b) and is among the most traumatic
5 experiences RAS face (Willard et al., 2014). Disproportionate exposure to traumatic events, such
6 as persecution and torture, among RAS translates to increased rates of posttraumatic stress
7 disorder (PTSD) symptoms in this population (Fazel et al., 2005). The lifetime prevalence of
8 PTSD in the United States is estimated to be 6.9% (Koenen et al., 2017), whereas up to 88.3% of
9 adult RAS sample populations have been reported to screen positive for PTSD (Abu Suhaiban et
10 al., 2019). However, within RAS populations, PTSD prevalence rates vary greatly (Abu
11 Suhaiban et al., 2019); for example, asylum seekers have been shown to be more vulnerable to
12 developing PTSD than refugees (Toar et al., 2009). Unlike refugees, who have been granted
13 legal status to remain in their country of asylum, asylum seekers are individuals whose claims
14 regarding the need to seek refuge from persecution have not yet been evaluated (UNHCR, 2013).
15 Asylum seekers often face additional stressors during the migration process, such as difficulties
16 obtaining refugee status, long-term separation from close others, and unsafe living conditions in
17 refugee camps (Ryan et al., 2008).

18 Exposure to acute stressors before, during, and following migration, such as persecution
19 based on sexual orientation, may place LGBT RAS at higher risk for mental health concerns,
20 including PTSD, than non-LGBT RAS (Alessi & Kahn, 2017; Alessi et al., 2016; Alessi &
21 Martin, 2017; Kahn et al., 2018). Indeed, a 2016 retrospective study of a treatment-seeking
22 sample of self-identified LGB RAS found that 84% of all RAS were survivors of torture, and
23 98% of LGB RAS experienced persecution due to their LGB identity (Piwowarczyk et al., 2017).

1 Compared to sexual majority RAS, sexual minority RAS have been found to be more likely to
2 experience childhood trauma; verbal, emotional, physical, and sexual abuse; assault;
3 discrimination; harassment; wrongful imprisonment; and corrective rape from others in their
4 country of origin (Alessi et al., 2017; Kahn et al., 2017; Shidlo & Ahola, 2013). Differences
5 between torture types are not usually specified in torture survivor samples (Punamäki et al.,
6 2010); however, Hopkinson and colleagues (2017) found that RAS persecuted for LGB identity
7 were more likely to experience sexual assault than RAS persecuted for other reasons.

8 Minority stress theory (MST; Brooks, 1981; Meyer, 2003) has been used to explain the
9 differences in levels of mental health distress between sexual majority and sexual minority RAS
10 who live in homophobic social conditions (Alessi & Martin, 2017; Alessi & Kahn, 2017).

11 Broadly, minority stress is the accrual of distal and proximal stressors over the lifespan of
12 minorities, such as individuals in the sexual minority, that may eventually overwhelm coping
13 resources and compromise an individual's mental health (Lick et al., 2013). Therefore,
14 experiencing minority stressors increases the risk of the development and maintenance of PTSD
15 for sexual minority individuals compared to their sexual majority counterparts (Roberts et al.,
16 2010).

17 Although the body of research identifying mental health concerns for LGB RAS and
18 RAS persecuted for same-sex behavior (i.e., sexual or romantic desires or acts between
19 individuals of the same sex) is limited, recent research from qualitative studies and chart reviews
20 has identified high rates of PTSD symptoms among RAS who self-identify as LGB
21 (Piwowarczyk et al., 2017). In addition, one study compared PTSD symptoms between RAS
22 who were persecuted for LGB identity and 35 matched cases persecuted for reasons other than
23 LGB identity and found no differences in PTSD symptoms (Hopkinson et al., 2017). The present

1 study expands on these findings by using a large sample (N = 959) to test whether differences
2 exist between the number of PTSD symptoms and torture experiences reported by RAS
3 persecuted for engaging in LGB behavior (pLGB RAS) compared to non-pLGB RAS. Data were
4 derived from a sample of help-seeking individuals presenting to an RAS specialty clinic. In line
5 with previous literature, we hypothesized that compared to non-pLGB RAS, pLGB RAS would
6 be more likely to come from countries that criminalize same-sex acts. Further, we hypothesized
7 that pLGB RAS would report both increased sexual persecution and more PTSD symptoms than
8 non-pLGB RAS.

9 **Method**

10 **Participants and procedure**

11 The Boston Center for Refugee Health and Human Rights (BCRHHR) is a specialty adult
12 clinic in Boston, Massachusetts (USA), that provides comprehensive health care for RAS and
13 their families (BCRHHR, 2022). The data were derived from the standard intake interview,
14 which was administered by clinicians to every new client who presented for care between
15 January 2013 and March 2019. At the time of the study, to receive services at BCRHHR clients
16 must have experienced torture that led them to seek asylum. The BCRHHR defines torture based
17 on the 18 U.S.C. §§ 2340–2340A, which states that torture is conduct “specifically intended to
18 inflict severe physical or mental pain or suffering.” Intake questions included a prompt to elicit a
19 brief narrative description of the client’s persecution history to determine service eligibility. All
20 clients who provided narrative data on their primary persecution history were included in this
21 study. Intake questions also included quantitative sociodemographic information and self-
22 reported PTSD symptoms. The study was approved by the Institutional Review Boards (IRBs) of

1 Boston University School of Medicine (H-37909) and the University of California, Los Angeles
2 (19-002221).

3 **Measures**

4 *Demographic characteristics*

5 Clients self-reported their age, gender, family history of persecution, and immigration
6 status during the intake appointment.

7 *PTSD symptoms*

8 Clients were administered the Short Screening Scale for PTSD (Breslau, Peterson, et al.,
9 1999) and asked to respond based on the persecution experiences identified for their asylum
10 claim. The Short Screening Scale for PTSD is an efficient screening scale that identifies probable
11 PTSD but is not intended to be used as a diagnostic tool (Breslau, Chilcoat, et al., 1999). The
12 Short Screening Scale for PTSD has been validated in highly traumatized populations (Kimerling
13 et al., 2006) and has been found to reduce the burden on respondents (Breslau, Chilcoat, et al.,
14 1999). The Screener consists of seven “yes” or “no” questions (e.g., “After this experience were
15 you having more trouble than usual falling asleep or staying asleep?”) based on symptom criteria
16 outlined in the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders
17 (fourth ed.; DSM-IV; American Psychiatric Association [APA], 1994). A total, continuous score
18 was created from the (range: 0–7), with higher scores indicating higher levels of PTSD symptom
19 severity. A probable PTSD diagnosis was defined using a cutoff score of 4 or higher (Breslau,
20 Peterson, et al., 1999). In the present sample, internal reliability was acceptable, Cronbach’s $\alpha =$
21 .67, and was found to be above the 10% classification error cutoff of .65 using McDonald’s
22 omega, $\omega = 0.67$, which may provide a better reliability estimate than Cronbach’s alpha (Hayes
23 & Coutts, 2020).

1 *Coding of narrative statements*

2 Short narrative statements were elicited through the prompt, “Can you tell me what
3 happened?” in direct relation to the persecution experience or experiences that led the client to
4 seek asylum. Clinicians summarized the client statements in short narrative reports of
5 approximately 2–5 sentences each. The first and second authors and three U.S. undergraduate
6 research assistants coded the written narrative reports using the content analysis method
7 (Neuendorf, 2002). Coders were trained by the first and second authors on a set of rules for
8 coding the narratives. To determine interrater agreement, all raters coded the first 100 narratives.
9 Cohen’s kappa was computed for each coder pair and averaged to provide a single index of
10 interrater agreement (Light, 1971). Interrater reliability was high, $k = .87$, and, once established,
11 the remaining narratives were randomly assigned to one of the research assistant coders and
12 coded individually.

13 *Persecution based on LGB or same-sex behaviors*

14 Participants were not explicitly asked about their sexual orientation during the intake
15 interview. However, in the narrative interviews, clients reported their persecution experiences,
16 including persecution for same-sex behaviors, as they pertained to asylum claims. Persecution
17 based on same-sex behaviors was defined as the presence of any client-reported information in
18 response to the narrative prompt regarding a history of persecution suggesting that the client may
19 have a sexual minority orientation (i.e., explicitly endorsing LGB sexual orientation or reporting
20 romantic or sexual desires or acts towards individuals of the same sex; Cochat Costa Rodrigues
21 et al., 2017). Clients were coded as pLGB if they reported persecution due to same-sex behaviors
22 and did not subsequently deny sexual minority orientation. Results were coded to denote either
23 the presence (pLGB) or absence (non-pLGB) of persecution for same-sex behaviors (0 = non-

1 pLGB client, 1 = pLGB client). Previous studies have also identified persecution due to sexual
2 minority identity from narrative intake statements (Hopkinson et al., 2017).

3 *Types of persecution*

4 Themes of persecution were defined based on the 18 U.S.C. §§ 2340–2340A definition of
5 torture (UNHCR, 2021b) and were categorized as persecution due to same-sex behaviors (i.e.,
6 pLGB) or persecution due to gender, race, ethnicity, political affiliation, religious affiliation, or
7 being the friend or family to an individual who advocates for the aforementioned areas (i.e., non-
8 pLGB). Persecution was further classified into three types: physical assault (i.e., physical
9 beating, stabbing, being forced into postures, dental violence, burning/branding, being
10 bound/restrained), sexual assault (i.e., rape, molestation, sodomy), and psychological assault
11 (i.e., threats on one’s life, being forced to witness the torture of others, kidnapping).

12 Data were analyzed per incident (i.e., one time point where one or more torture events
13 may have occurred). Therefore, a report of one incident was coded as 0 if no persecution was
14 reported and 1 if persecution was reported (e.g., a client who reported one incidence of rape, two
15 incidences of physical beatings, and no incidences of psychological assault would receive scores
16 of 1 for sexual assault, 2 for physical assault, and 0 for psychological assault).

17 *Country of persecution*

18 During intake, clients self-reported the country where their experiences of persecution
19 took place. Based on the list of the 67 countries that criminalized same-sex acts at the time the
20 interviews were conducted (ILGA, 2020), countries were separated into three categories,
21 characterized as (a) countries that do not criminalize same-sex acts; (b) countries that criminalize
22 same-sex acts, except Uganda; and (c) Uganda, a country that criminalizes same-sex acts.

1 Uganda was included as its own category because more than 50% of BCRHHR clients came
2 from Uganda.

3 **Data analysis**

4 All data analyses were conducted in SPSS Statistics (Version 27.0). Descriptive data on
5 demographic characteristics, persecution, and mental health outcomes were analyzed for all
6 clients. From the list of prespecified variables, no variables were missing more than 15% of the
7 original data; thus, all variables were included in the analyses (Enders, 2003). Independent chi-
8 square analyses and t tests were used to determine significant differences in demographic
9 characteristics, persecution experiences, and PTSD symptoms between pLGB RAS and non-
10 pLGB RAS. Multiple regression was used to assess whether there were differences in the
11 number of PTSD symptoms reported by pLGB RAS compared to non-pLGB RAS after
12 controlling for covariates. Covariates included country of persecution, immigration status (e.g.,
13 asylum seekers, asylees, refugees, green card holders, undocumented individuals, student visa
14 holders, tourist visa holders, U.S. citizens), gender, age, and total number of traumatic events.

15 **Results**

16 Between January 2013 and March 2019, 1,126 clients completed intake assessments at
17 BCRHHR. However, 166 clients did not provide narrative data on their persecution experiences.
18 Therefore, only the 959 clients with a recorded persecution history were included in the present
19 study. Of these individuals, 11.1% ($n = 107$) reported that they had been persecuted due to same-
20 sex behaviors (i.e., pLGB); among these narratives, 100 were explicit about pLGB, with one
21 narrative stating:

22 Her family is reported by [the] client to have beaten her, tied her to a pole
23 in the house, hit her with wires, and hired people (men) from the

1 community to rape her to teach her that being attracted to men is the only
2 right way and that being gay is evil.

3 The other seven narratives tangentially identified pLGB (e.g., “Detained for 16–7 days—
4 LGBTQ—[in] 2017...beaten, kept in dark room”) and were also coded as pLGB.

5 Of the total sample of 959 clients, 48.4% were male, and the mean client age was 36.01
6 years ($SD = 10.7$, range: 17–82 years). At intake, most clients reported being an asylum seeker
7 (75.2%), with other immigration statuses (e.g., asylees, refugees, green card holders,
8 undocumented individuals, student visa holders, tourist visa holders, U.S. citizens) representing
9 the remainder of the sample (the complete demographic data for the sample can be found in
10 Table 1). Clients categorized as pLGB were younger ($M_{age} = 31.08$ years, $SD = 7.01$) than non-
11 pLGB clients ($M_{age} = 36.63$, $SD = 10.92$), $t(945) = 5.10$, $p < .001$, and differed significantly in
12 their immigration status, $\chi^2(1, N = 959) = 11.82$, $p = .008$, such that pLGB clients were
13 significantly more likely to be asylum seekers, $\chi^2(1, N = 959) = 11.56$, $p = .001$. No significant
14 differences between pLGB and non-pLGB clients were found for gender.

15 **Country of persecution differences between pLGB and non-pLGB RAS**

16 Of the reported countries of persecution, 58.1% of the total sample reported being
17 persecuted in Uganda, 20.8% in other countries that criminalize same-sex acts, and 21.1% in
18 countries that do not criminalize same-sex acts. Most pLGB clients were persecuted in Uganda
19 (85.0%) and were more likely than non-pLGB RAS to report that they had been persecuted in
20 Uganda, $\chi^2(1, N = 557) = 35.97$, $p < .001$. Non-pLGB RAS were more likely to report persecution
21 that occurred in countries other than Uganda that also criminalize same-sex acts, $\chi^2(1, N = 199) =$
22 16.80 , $p < .001$, and countries that did not criminalize same-sex acts, $\chi^2(1, N = 203) = 10.09$, $p =$
23 $.001$.

1 **Persecution differences between pLGB and non-pLGB RAS**

2 Clients categorized as pLGB reported experiencing a higher total number of unique
3 persecution experiences ($M = 2.51$, $SD = 1.27$), $t(956) = -3.07$, $p = .002$; more physical assaults,
4 $t(956) = 2.18$, $p = .029$; and more psychological assaults, $t(956) = 2.00$, $p = .047$, than non-pLGB
5 clients. Non-pLGB clients were more likely to report that their family experienced torture
6 (58.9%), $\chi^2(1, N = 959) = 35.98$, $p < .001$ (see Table 1).

7 **PTSD score differences between pLGB and non-pLGB RAS**

8 The average Short Screening Scale for PTSD score at intake was 4.50 ($SD = 1.81$, range:
9 0–7) for the total sample, and 68.1% of the total sample met the criteria for probable PTSD (i.e.,
10 score of 4 or higher). Average Short Screening Scale for PTSD scores were significantly
11 different between pLGB ($M = 4.95$, $SD = 1.63$) and non-pLGB clients ($M = 4.44$, $SD = 1.88$),
12 with pLGB clients reporting more PTSD symptoms, $t(875) = 2.66$, $p = .008$. In addition, the
13 prevalence of clients who met the cutoff score for probable PTSD was higher (78.5%) for pLGB
14 clients compared with non-pLGB clients (64.7%), $\chi^2(1, N = 875) = 11.82$, $p = .008$ (see Table 1).
15 After controlling for covariates, the results of multiple regression analysis indicated that pLGB
16 status predicted more PTSD symptoms, $\beta = .08$, $SD = 0.20$, $p = .031$ (see Table 2). An item-level
17 post hoc analysis of the Short Screening Scale for PTSD indicated that pLGB clients differed
18 from non-pLGB clients on two items such that pLGB clients were more likely to endorse the
19 item, “Did you begin to feel more isolated or distant from other people?” than non-pLGB
20 clients (62.6% vs. 47.8%), $\chi^2(1, N = 850) = 7.92$, $p = .005$, as well as the item, “Did you find it
21 hard to have love or affection for other people?” (45.7% vs. 26.8%), $\chi^2(1, N = 853) = 14.80$, $p <$
22 $.001$ (see Table 1). A post hoc analysis indicated that although most pLGB clients reported
23 experiencing persecution in Uganda, there were no significant differences in PTSD symptoms

1 between pLGB RAS who reported experiencing persecution in Uganda compared to those who
2 reported experiencing persecution in another country that criminalizes same-sex acts, $t(94) =$
3 $0.35, p = .730$, or in a country that does not criminalize same-sex acts, $t(96) = 0.34, p = .738$.

4 **Discussion**

5 Over 175,000,000 sexual-minority individuals worldwide are estimated to live in
6 countries that criminalize same-sex acts, and their numbers are on the rise (Humanity in Action,
7 2015). Many sexual minority individuals seek asylum in countries that offer protection (Alessi &
8 Kahn, 2017; Kahn et al., 2017). However, determining the number of individuals seeking asylum
9 due to pLGB is incredibly difficult due to lack of available data and, perhaps, reticence on the
10 part of LGB RAS to self-identify out of fear of retraumatization, persecution, and an often–life-
11 long repression of their sexuality (Fox et al., 2020). In the present study, we found that 11.1% of
12 care-seeking RAS were persecuted for same-sex behavior, which is higher than the 3.7%–10.0%
13 of LGB RAS estimated by the United States Department of Health and Human Services (2012).
14 Due in part to identification difficulties in this group, little is known about the differences and
15 needs of pLGB RAS.

16 In line with our hypotheses, pLGB RAS were more likely than non-pLGB RAS to report
17 persecution in a country that criminalizes same-sex acts compared with countries that do not
18 criminalize same-sex acts. Contrary to our hypothesis, compared to non-pLGB RAS, pLGB
19 clients reported more physical and psychological assaults but not sexual assaults. More research
20 is warranted to identify why rates of physical and psychological assault were increased for pLGB
21 in this sample. Aligned with our hypotheses as well as with prior research, despite the high rates
22 of persecution and PTSD symptoms for the entire sample, pLGB RAS reported more persecution
23 and PTSD symptoms compared to non–pLGB RAS. To better understand the disparity in PTSD

1 symptoms, item-level post hoc analyses of Short Screening Scale for PTSD scores were run. The
2 results indicated that pLGB clients found it harder to have love or affection for others and felt
3 more isolated or distant from others. Indeed, isolation stress, or the feeling of loneliness, is
4 considered one of the four core RAS stressors, in part due to a loss of home and ties to family
5 and community (Messih, 2016; Segal & Mayadas, 2005). However, for LGB RAS, minority
6 stressors may further increase social isolation in both their country of origin, in which they often
7 must conceal their identity to survive (Pachankis, 2007), and their country of asylum, where they
8 may face cultural and linguistic barriers that prevent them from forming close relationships
9 within the LGB community (Alessi & Kahn, 2017; Fox et al., 2020; Kahn et al., 2018). Studies
10 have also shown that although an assumption exists that LGB RAS will be able to live more
11 freely postmigration (Carillo & Fontdevila, 2014), many LGB RAS continue to endure stressors
12 (i.e., abuse, discrimination) that exacerbate minority stress processes and increase mental health
13 concerns (Alessi & Kahn, 2017; Alessi et al., 2018). Mental health concerns themselves have
14 been found to prevent sexual minority RAS from forming close relationship networks (Fox et al.,
15 2020), which may also partly explain the reported difficulty with loving others and reported
16 isolation. When seeking help, often only the LGB asylum seeker's lawyer and therapist are made
17 aware of their client's sexual orientation (Piwowarczyk et al., 2017), and, therefore, there may be
18 less opportunity for social support for sexual minorities. Overall, these findings suggest, that akin
19 to RAS who identify as LGB, RAS who are persecuted for same-sex behaviors may be
20 experiencing elevated PTSD symptoms due, in part, to the effects of minority stress.

21 The results of this study must be interpreted in the context of its limitations. The primary
22 limitation was that clients were not explicitly asked about their sexual orientation at intake, and,
23 therefore, study data on persecution for same-sex behavior was coded from self-reported answers

1 to an open-ended prompt about torture history for an asylum claim. This may have led to
2 underreporting the actual number of RAS who identify as a sexual minority in the total sample,
3 as some clients in the non-pLGB group may privately identify as LGB but were either not
4 persecuted for same-sex behaviors or chose not to disclose sexual minority orientation.
5 Unidentified sexual minority clients would also likely experience minority stressors regardless of
6 whether they were persecuted for same-sex behaviors. Further, some individuals who participate
7 in same-sex behaviors often identify as LGB; however, there may be individuals who may not.

8 A second limitation is that this study used a sample of individuals who were seeking
9 clinical services, which may not be as generalizable to a community sample. However, the
10 present sample likely mirrors the types of individuals seen by medical and mental health
11 professionals and may provide relevant insight for clinicians who address the needs of this
12 population. Differences may also exist between the clients who were willing and able to report
13 on their persecution experiences and those who were not able to report and, therefore, were not
14 captured in the data. However, self-disclosure of persecution history may also be necessary to
15 receive mental health and medical services to address an individual's trauma history. Therefore,
16 this sample may be somewhat representative of the broader treatment-seeking RAS population.

17 Another limitation is that PTSD symptoms were assessed in relation to the client's
18 persecution experiences for which they were seeking asylum, which may not represent their most
19 traumatic lifetime event. However, most participants described experiences that meet the
20 definition of torture. Torture is considered one of the most traumatic experiences for RAS, the
21 effects of which are often exacerbated by migration (Willard et al., 2014); thus, it is likely that
22 for many, if not most, RAS in the present sample, the persecution experience reported was their
23 most traumatic event.

1 Another limitation was that the Short Screening Scale for PTSD assessed PTSD using
2 DSM-IV (APA, 1994) rather than DSM-5 (APA, 2013) criteria. The Short Screening Scale for
3 PTSD was used in this study because it was the preferred assessment at the BCRHHR. However,
4 analysis using the DSM-IV criteria for PTSD has been found to successfully approximate PTSD
5 diagnoses using the DSM-5 criteria (Rosellini et al., 2015). Further, the Short Screening Scale
6 for PTSD was designed to assess PTSD symptoms, not provide a diagnosis of PTSD or explicitly
7 assess minority stress. Future studies should assess PTSD and minority stress in pLGB RAS
8 using more comprehensive assessments and diagnostic tools.

9 The reliability of the Short Screening Scale for PTSD was not as high as expected, and
10 item-level analysis has not been validated in similar populations. This suggests research on the
11 validity of this measure to assess PTSD symptoms of RAS populations is needed. Importantly,
12 PTSD diagnoses are dependent on Western conceptualizations of trauma exposure, which may
13 not capture the experiences of LGBT RAS (Burstow, 2003). LGBT RAS often must hide their
14 sexual identity to survive and negotiate multiple intersecting and marginalized identities, which
15 makes traditional, Western diagnostic categorization challenging (Reading & Rubin, 2017). A
16 more fine-grained understanding of the experiences and PTSD symptoms of RAS persecuted for
17 same-sex behaviors will be an important area for future research.

18 Finally, most of the sample (i.e., both pLGB and non-pLGB) came from Uganda, which
19 may limit generalizability. The high number of Ugandans in the sample may be because the
20 BCRHHR is in Massachusetts, a coastal, eastern U.S. state that hosts 16.6% of all Ugandan
21 immigrants (N = 5,200), the highest percentage of Ugandan immigrants in the United States
22 (Migration Policy Institute, 2021), and the BCRHHR is well known in the local Ugandan
23 community.

1 The identified differences between pLGB and non-pLGB RAS in this study may have
2 implications for treatment. pLGB was associated with more PTSD symptoms, and pLGB RAS
3 reported more isolation and more difficulty loving others. Future researchers might aim to better
4 understand the relationship dynamics and social support of RAS persecuted for same-sex
5 behaviors and how they relate to isolation and difficulty loving others. In addition, future
6 research should continue to address how to best engage RAS persecuted for same-sex behaviors
7 in treatment, particularly for PTSD, in a way that does not bring additional harm to the
8 individual. Group therapy models, such as Dialectic Behavioral Therapy, have been suggested
9 for RAS persecuted for same-sex behaviors to heal their relationship with themselves, others,
10 and their community (Hopkinson et al., 2017). Although group therapy is a suggested treatment
11 option for RAS, divulging same-sex behaviors in a community setting may be concerning and
12 potentially harmful (Reading & Rubin, 2011). For example, RAS-developed informal support
13 systems (i.e., connections made in faith communities and diaspora communities) have been
14 identified as a primary source of support in this population (Donnelly et al., 2011); however,
15 RAS persecuted for same-sex behaviors may feel continued isolation and fear in these settings,
16 where disclosure of engaging in same-sex behaviors could threaten their safety.

17 A group therapy option that considers the disclosure concerns, complex trauma exposure,
18 identity-related stressors, and acculturation differences may be the most effective treatment for
19 this population. The present findings support the conclusions drawn by Reading and Rubin
20 (2011) to provide a multifaceted approach to treating RAS by preparing clients for trauma
21 disclosure, mitigating retraumatization risk, and addressing identity and cultural challenges in
22 psychotherapy, all while providing social support. Future research may wish to expand upon
23 these findings by comparing differences in treatment for pLGB and non-pLGB RAS from the

- 1 perspective of the clinician, which may shed additional light on the treatment needs of RAS
- 2 seeking treatment after persecution due to same-sex behaviors.

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TABLE 1
Demographic characteristics of the study sample

Variable	Total (<i>n</i> = 959)		pLGB (<i>n</i> = 107)		Non-pLGB (<i>n</i> = 852)		Comparison Statistical test	Effect size	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%		<i>d</i>	95% CI
Probable PTSD Criteria Met	635	68.1	84	78.5	551	64.7	$\chi^2(1, 875) = 11.82^{**}$	0.22	[0.10, 0.35]
Brief PTSD Screener item endorsement									
Item 1 (avoidance)	543	56.6	68	63.5	475	55.8	$\chi^2(1, 859) = 0.89$	0.06	[-0.06, 0.18]
Item 2 (anhedonia)	489	51	57	53.2	432	50.1	$\chi^2(1, 852) = 0.03$	0.02	[-0.12, 0.14]
Item 3 (isolation)	474	49.4	67	62.6	407	47.8	$\chi^2(1, 850) = 7.92^{**}$	0.10	[0.03, 0.16]
Item 4 (hard to love others)	277	28.8	49	45.7	228	26.8	$\chi^2(1, 853) = 14.80^{***}$	0.13	[-0.02, 0.22]
Item 5 (no future planning)	261	27.2	37	34.5	224	26.3	$\chi^2(1, 850) = 2.14$	0.08	[0.06, 0.19]
Item 6 (sleep concerns)	579	60.4	72	67.3	507	59.5	$\chi^2(1, 852) = 0.96$	0.06	[-0.06, 0.18]
Item 7 (hypervigilance)	472	49.2	60	56.1	412	48.4	$\chi^2(1, 853) = 0.86$	0.06	[-0.06, 0.18]
Family history of torture ^a							$\chi^2(1, 959) = 35.98^{***}$	0.19	[0.13, 0.25]
Yes	534	55.6	32	29.9	502	58.9	$\chi^2(1, 534) = 34.81^{***}$	0.19	[0.13, 0.25]

No	365	38.1	68	63.5	297	34.8	$\chi^2(1, 365) = 31.36^{***}$	0.18	[0.12, 0.24]
Unknown	60	6.3	6	5.6	54	6.3	$\chi^2(1, 60) = 0.09$	0.02	[-0.10, 0.14]
Sex ^a							$\chi^2(1, 957) = 0.40$	0.03	[-0.07, 0.15]
Male	464	48.4	50	46.7	414	48.7			
Female	493	51.6	56	52.3	437	51.3			
Country of persecution							$\chi^2(1, 959) = 36.34^{***}$	0.40	[0.26, 0.54]
Uganda ^d	557	58.1	91	85	465	54.5	$\chi^2(1, 557) = 35.97^{***}$	0.39	[0.26, 0.52]
Countries other than Uganda that criminalize same-sex acts	199	20.8	6	5.6	193	22.7	$\chi^2(1, 199) = 16.80^{***}$	0.26	[0.14, 0.39]
Countries that do not criminalize same-sex acts	203	21.1	10	9.3	194	22.8	$\chi^2(1, 203) = 10.09^{**}$	0.20	[1.04, 0.35]
Immigration status							$\chi^2(1, 959) = 11.82^{**}$	0.11	[0.05, 0.18]
Asylum seeker	724	75.5	95	89	629	73.8	$\chi^2(1, 724) = 11.56^{**}$	0.11	[0.05, 0.17]
Asylee	74	7.7	5	4.7	69	8.1	$\chi^2(1, 74) = 1.69$	0.08	[-0.04, 0.20]
Legal resident/green card	40	4.2	2	1.9	38	4.5	$\chi^2(1, 40) = 1.69$	0.08	[-0.04, 0.20]
Other	121	17.2	5	4.7	116	13.6	$\chi^2(1, 121) = 6.76^{**}$	0.08	[0.02, 0.15]
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	Statistical test	<i>d</i>	95% CI
Age ^b	36.01	10.7	31.08	7.01	36.63	10.92	$t(945) = 5.10^{***}$	0.53	[0.32, 0.73]
Total Brief PTSD Screener score ^c	4.50	1.81	4.95	1.63	4.44	1.88	$t(875) = 2.66^*$	0.28	[0.07, 0.48]

Persecution history									
Sexual assaults	0.37	0.65	0.45	0.65	0.36	0.65	$t(276) = 1.29$	0.13	[-0.07, 0.33]
Physical assaults	1.61	1.24	1.86	1.22	1.58	1.24	$t(804) = 2.18^*$	0.22	[0.02, 0.43]
Psychological assaults	1.05	0.93	1.22	1.01	1.04	0.91	$t(669) = 2.00^*$	0.20	[0.00, 0.41]
Total number of unique persecutions	2.17	1.23	2.51	1.27	2.13	1.22	$t(957) = 3.07^{**}$	0.31	[0.11, 0.51]

Note. All “other” categories signify the total number of clients in each individual category was less than 4%. LGB = lesbian, gay, and bisexual; pLGB = persecuted for LGB behavior; PTSD = posttraumatic stress disorder.

^a $n = 957$. ^b $n = 947$. ^c $n = 877$. ^dUganda is a country that criminalizes same-sex acts.

TABLE 2

Multiple linear regression analysis predicting posttraumatic stress disorder symptoms

Effect	β	<i>SE</i>	<i>p</i>
Sex	-.13***	.13	<.001
Age at intake	-.10**	0.01	.004
pLGB	.08*	0.20	.031
Total number of persecutions	.04	0.05	.220
Immigration status: asylum seeker	-.03	0.16	.419
Country: Uganda	-.08	0.17	.063
Country: LGB behavior criminalized ^a	-.10*	0.20	.025

Note. LGB = lesbian, gay, or bisexual; pLGB = persecuted for LGB behaviors.

^aCountries that do not criminalize same-sex acts were included in the model; however, were excluded in the results as they did not add to the results.