

Report from Jiný Pohled's research on Slovak immigrants with a Minority Background in CZ

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Summary

A significant amount of quantitative research has largely demonstrated that LGBTQ+ immigrants and refugees experience high rates of minority stress. To buffer the stress and discomfort's negative effects on their health, they use various coping mechanisms and strategies. Nevertheless, there is still not enough qualitative and mixed-method research on how LGBTQ+ immigrants subjectively experience their psychic states and minority stress. In this analysis, we intend to explore the subjective experiences of well-being and minority stress through in-depth interviews with 10 Slovak LGBTQ+ individuals living in Czech Republic, plus a focus group of 6 Slovak LGBTQ+ individuals. Narratives, comments and team work were analyzed through the deductive thematic analysis, via MaxQDA software.

The main aims of the research were: 1) To explore the current situation of Slovak queer immigrants, their well-being, needs and challenges, 2) To find out what they would like to have as a content in our future workshops, 3) To write guidelines (about what could be improved) for clinicians, Czech institutions, and NGOs.

Procedures

SAMPLE

Our sample included 16 LGBTQ+ persons from Slovakia living in CZ (10 were interviewed, 6 in a focus group) **As for gender identity:**

- 7 of them self-identified as women,
- 5 self-identified as men,
- 1 self-identified as transgender femme
- 3 self-identified as non-binary

- 1 self-identified as gender-queer.
- Their age ranged between 20 to 40 years in the interviews, and between 20 and 30 in the focus group. They were all from Slovakia. All of them were able to speak Czech. We tried to find individuals who were on the whole range of the LGBTQ+ spectrum, to evade the dichotomy, i.e. that one needs to have either a homosexual or heterosexual orientation, or be of either masculine or feminine gender identity.

As for their sexual orientation identity:

Focus group participants:

- 3 of them self-identified as bisexual
- 1 self-identified as asexual
- 2 self-identified as lesbian

Interviewed participants:

- 2 as bisexual
- 3 as lesbian women
- 1 as heterosexual
- 1 as omnisexual
- 3 as gay men

Participants were **recruited** through the involvement of personal contacts of the authors of the current work, who are well known within the local LGBTQ+ community for their experience in the advocacy for LGBTQ+ rights, organization of festivals, debates and music production. Thus, through a snowball sampling procedure, potential participants were sent a presentation letter of the study, in which objectives and methods were described in detail. In the letter, inclusion criteria to take part in the focus group were also reported, which

included their immigrant status (that they came from Slovakia), and their sexual orientation (that they were on the LGBTQ+ spectrum).

We also recruited our respondents via various LGBTQ+ organizations, online LGBT+ apps and groups, our academic and work contacts, posters at universities, and emails to individuals who manage facebook and instagram groups for immigrants.

Focus group

Our semi-structured focus group lasted two hours. It took place in April 2024 in Brno, Czech Republic. It was conducted by the first author of the current work (Blanka Maderová), and Ludmila Luptaková (who is an expert in social work). It was audio-recorded with the informed consent of participants. It was transcribed and translated into English. The focus group was organized in such a way so that all participants had the opportunity to express their thoughts. As we were interested in exploring the questions of LGBT+ identity, discrimination, integration and coping mechanisms – focus group was an important complement to the individual interviews. Contrary to in-depth interviews, focus groups specifically provide insights about both psychological and social processes that occur in specific cultural groups, shedding light on their social realities (Hughes and DuMont (2002).

Our research questions were:

- How do Slovak LGBTQ+ immigrants experience their mental states and overall well-being in the Czech Republic?
- How did they integrate their LGBTQ+ identity?
- What are the challenges and specific needs of this group?

The Czech context has not been highly supportive of transgender and gender-queer identities, the statistics have shown that 55 percent of LGBT+ individuals experienced harrassment in the last 5 years, 9 percent of LGBT+ individuals suffered threats of violence, and 5 percent experienced physical violence (Being LGBT+ report, ag. Median, 2019). However, most of the cases are not reported. And transgender and gender-queer people suffer usually the most

cases of discrimination and/or violence, compare to the other identities on this spectrum. Only 13 percent of the most horrifying cases of physical violence was reported (according to the report on LGBT+ in 2019).

Czech law (as of May 2024) no. 89/2012 Sb., regarding marriage and registered partnership has changed. A new institution called “partnership” as approved at the end of April 2024. It is analogous to a marriage between a man and a woman when it comes to its rules and regulations. The only difference is that same-sex couples cannot adopt a child from an orphanage or children’s home together as a couple, and the name (instead of “manželství”). The new amendment (243) will come into effect on January 1st, 2025.

Also, in May 2024 the law (§ 29 par. 1, first sentence of the Civil Code and also § 21 par. 1, first sentence of the law about specific health services was canceled by the Constitutional Court.

Trans people will be able to have their re-assigned sex written in their ID and other documents without the requirement of change of sexual organs or sterilization.

Analysis of data

Our data were analyzed through a deductive thematic analysis. We looked at identifiable themes and patterns of behavior. According to Braun and Clarke (2006), the analysis of the focus group transcripts consisted of five main stages, each of them performed by two independent raters (the two authors of this work) to guarantee validity.

In the first stage, an initial detailed reading of the materials served to familiarize with data. In this stage, researchers took notes about their initial thoughts and highlighted concepts or phrases considered as significant or interesting on the basis of minority stress theory. In the second stage, the transcript was re-read so that it was possible to generate codes, that serve to identify a feature of the data, in MaxQDA software. In the third stage, the codes were turned into potential themes. Several codes were combined to create a larger theme (for example, family rejection). In the fourth stage, themes were evaluated on the basis of their internal homogeneity (to see if the data make sense in the way they were grouped) and external heterogeneity (to see that there are clear differences across the individual themes). In the last stage, themes were clustered into categories to which a name was attributed.

Results

The analysis generated four main categories:

- 1) **hiding of identity**
- 2) **family rejection**
- 3) **negative effects of discrimination and fear on health**
- 4) **integration of LGBT+ sexual orientation identity and the positive influence of LGBTQ+ communities.**

Results offer a “plunge” into the intricacies and interconnections of psychic states in LGBTQ+ immigrants, as well as the impact of stress on (mental) health and adaptive strategies to face stigma and negative self-image. The above-mentioned factors were related to the levels of stress and the success of the coping strategies.

1) Hiding of Sexual Orientation Identity

This theme was associated with the second one (i.e., “family rejection”). In asking about the effects of stressors on identity and well-being, most participants answered that the **stigma** that was projected on them **by their families** was one of the biggest stressors, even in their current life, having to “**adjust**” **their identity** when they go visit family in Slovakia. There are **different means through which family stigma can be manifested** - physical, verbal and sexual assault, or less overt means, such as **lack of emotional support** (Factor and Rothblum, 2007; Grossman and D’Augelli, 2006). The last one was most frequently present in our participants’ situation. stigmatization in the family also often led to the **concealment of sexual orientation** and it influenced how they experienced their body, how they trusted their partners, etc.

Participant 2 (Non-binary) said: “I feel like a **super spy with two identities**. I live my life here, and they get a highly censored version in Slovakia.”

Participant 1 (M) said: As I am bisexual, so my mom often says, please, son, pay attention to the girls. **Be normal, son, girls!** You can choose. So when there

is this **invisibility** (and I wear more macho clothes, remove nail polish, hide rainbow signs, etc.), she's completely calm. And I won't lie, sometimes I'm just pissed off.

Alyssa said: It was very childish. And it was like **you were hiding it from everyone, from your parents, you were lying where you were going**, and it was very secretive.

2. Family rejection

Participants told **different stigmatizing episodes** (e.g., discrimination at the doctor's, verbal slurs or physical abuse, etc.), that were experienced in diverse contexts (e.g., family, healthcare systems, school, etc.). What they emphasized the most was **family**.

Alyssa explained it: When I did the coming out, **the fact that they did not accept me was difficult**. I was overwhelmed with negative emotions. I would say it was a **mental torture**. If they could, they would throw me into a camp where they would convert me back into a heterosexual. So, there were various verbal exchanges..... I took it from a depersonal point of view, But after about three months, it really exhausted me. Physically, emotionally, mentally, on every level. At the same time, it started to be difficult for some time with work, with school, ... I started to **feel depressed**.

This statement sheds light on the exhaustion from constant rejection, and the shame that a parent may feel if a son or a daughter does not match the (traditionalist) societal expectations regarding femininity and masculinity, and identity in general.

Sana mentioned one of the main challenges of moving to CZ was that she had to leave her family:

Well, the challenge was to get used to the fact that I'm not with my family anymore. But I remember that I was thinking that I will either live my life freely here (in CZ) and they will be away from me, or I will choose to live with them, but I will have to **limit myself for a long time**.

Dany said: "I had a transphobic and **homophobic uncle**, but it was just verbal, just hurtful."

Mira shared their experience with family rejection and violence:

“There was **violence**, yes. But somehow because of the queerness. My father was very violent, definitely. Maybe he had some idea before, too, that I was queer, I don't know.” Mira’s **brothers used verbal and physical violence as well.**

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To access the whole report from our research within the project “Well-being of Immigrants with a Minority Background,” financed by EEA/Norway grants, please write to jinyphled.praha@gmail.com.