



Negotiating Queer Identities following Forced Migration

Surviving Trauma:

Queer Lives in Iran and the Psychological Impact of Forced Migration

By Karolína Tajovská

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Introduction

Existing research consistently demonstrates significant disparities in mental health between queer and heterosexual youth, with queer individuals experiencing markedly higher rates of suicidality and depressive symptoms (Kabir & Brinsworth, 2021; Kelleher, 2009; Marshal et al., 2011; Pitoňák et al., 2024).¹ These disparities are often shaped by negative experiences, including discrimination, victimization, and societal exclusion. This blog post aims to analyse the specific traumatic factors faced by queer individuals in Iran, drawing on anonymous testimonies gathered through semi-structured interviews.²

A study by Kabir & Brinsworth (2021) highlights that gay men in Iran report significantly higher levels of mental health issues, including depression, anxiety, stress, and suicidality. Similarly, transgender individuals face profound psychological challenges, with their experiences often marked by tension in areas such as self-confidence, legal recognition, and social esteem (Mohammadi, 2018). These mental health struggles are deeply intertwined with Iran's societal and legal context, where, under Sharia law, same-sex relationships are forbidden and punishable (Najmabadi, 2008). However, gender dysphoria is perceived as a curable disorder, and religious rulings, including a Fatwa issued by Ayatollah Khomeini, support gender reassignment surgery (Bucar & Shirazi, 2012). This has led to a system where queer individuals, including homosexuals, are often pressured to undergo surgery in order to be deemed 'normal' and heterosexual in the eyes of both the medical establishment and society (6Rang, 2023; Najmabadi, 2008). The oppressive legal framework, reinforced by societal discrimination, frequently results in the rejection of queer individuals by their families, leading to profound isolation and distress.

¹ We understand the word 'queer' here as encompassing any non-heteronormative and non-cisgender person (and, more broadly, anyone challenging hetero- and cisnormative conventions and expectations).

² The interviews were carried out as part of the project 'Negotiating Queer Identities Following Forced Migration: A Comparative Study of Iranian Queer Refugees Living in Turkey, the UK and Canada' (NQIfFM), <https://iranqueerefugee.net/>. This project received ethical approval from the University of Sussex Social Sciences & Arts Research Ethics Committee, Reference No. ER/NF213/2.



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By examining these testimonies, this blog post outlines the recurring patterns of trauma experienced by queer individuals in Iran. The analysis identifies four key areas of trauma that highlight the depth of their struggles within this hostile environment: individual struggles with identity and dysphoria, familial rejection and hostility, state violence and healthcare misconduct, and public discrimination and societal pressure.

Individual Struggles with Identity and Dysphoria

One of the most profound sources of trauma for transgender people stems from the disconnection between their gender identity and their physical body. For some transgender individuals, the experience of body dysphoria is a constant source of distress. As the NQIfFM interviews revealed, this feeling can create an overwhelming sense of entrapment and isolation, enhanced during adolescence when the onset of puberty forces their bodies to develop in ways that contradict their gender identity. The physical changes brought on by puberty, such as the deepening of the voice, the growth of facial hair for trans women, or the development of breasts for trans men, can feel like a betrayal of their identity.

Minoo, N. and Arghavan, participants in the NQIfFM project, reported that going through puberty was their worst nightmare—a traumatic experience that intensifies feelings of alienation and self-hatred, further contributing to long-term psychological distress. Beyond physical challenges, trans people often face societal barriers to having their identities accepted. Claiming a gender identity requires navigating social norms and seeking validation to affirm its authenticity. Failure to present a coherent narrative can result in misrecognition, stigmatization, or exclusion (Garrison, 2018). While cisgender individuals are often viewed as the baseline of 'normal' gender expression, transgender and non-binary people must face systemic biases that frame their identities as atypical or abnormal (MacKinnon, 2018).

Familial Rejection and Hostility

Trauma can also arise from rejection and hostility from those closest to queer individuals: their families and friends. A lack of family support is a significant and painful factor for many queer people, who often face disbelief or dismissal of their experiences, particularly when dealing with complex issues such as being intersex or non-binary. Based on the interviews conducted, it is unfortunately not uncommon for Iranian families to turn their backs on their queer children after they come out. Instead of offering support, many parents and siblings ostracize their (previously) loved ones, treating them as outcasts and disappointments. This rejection often leads to forced marriages, a common practice where homosexual women, for instance, are coerced into marrying men they do not know or trust (Najmabadi, 2008). These women live in constant fear of being sexually violated, perpetuating a cycle of trauma and fear within their homes.



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The rejection and stigmatization queer individuals face is further compounded by the threats and abusive behaviours of their own families. As frequently mentioned in the NQIfFM interviews, families often blame their queer children for ‘ruining’ the family’s reputation and not conforming to heteronormative expectations. Some parents resort to violence, verbally and physically attacking their children in an attempt to force them to conform to societal norms. The sense of danger within one’s own home can become so unbearable that queer children are left with no choice but to flee. In Iran, this has resulted in many queer individuals becoming estranged from their families, living in constant fear of being stalked or harmed by their parents. For instance, Khalil shared in the interview that his father began stalking him and issuing death threats due to Khalil’s sexual orientation, forcing Khalil to leave Iran due to his father’s ongoing attempts to track down his new addresses. These instances of rejection and persecution not only rob queer individuals of the safety and security typically found in familial relationships but also leave them with deep psychological scars that often manifest as severe anxiety, depression, and suicidal ideation.

In some extreme cases, queer individuals are sent to medical institutions. For example, Artin, a queer individual, was sent to a psychiatric hospital by their family, who sought to ‘cure’ their children’s queerness through medical intervention. Families sometimes impose strict rules, forbidding their children from leaving the house or accessing the internet, stripping them of personal freedom and exacerbating their sense of isolation. These oppressive measures not only violate the basic human rights of queer individuals but also perpetuate a cycle of trauma, taking away their agency, deepening their psychological distress and leaving them feeling powerless and trapped in an environment that constantly invalidates their identity (Brandt et al., 2022; Van Der Kolk, 2015).

Institutional and State Violence

Queer individuals in Iran face constant threats from state institutions and policies that enforce rigid gender norms and harsh punishments for deviating from them. For many, obtaining a military exemption—one of the few ways to avoid conscription—comes at a heavy personal cost, often requiring them to disclose their sexual orientation or gender identity publicly. If they don’t receive a military exemption and are visibly queer, they can be subjected to inhumane treatment in the military, where they may face arrest and torture. Even outside military settings, the morality police and police raid homes, arresting individuals in an inhumane and degrading way, deepening the trauma already experienced by queer individuals.



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The Iranian legal system further perpetuates fear and violence. Harsh punishments, including flogging and even the death penalty, are sanctioned under law for same-sex relations (Human Rights Watch, 2010). In some cases, individuals have been killed due to their sexual orientation, such as Alireza Fazeli Monfared in 2021, whose death serves as a tragic reminder of the lethal consequences of being queer in Iran (Amnesty International, 2021). The Islamic Penal Code punishments vary depending on the seriousness of the activity that occurred. The punishment for sodomy (sexual intercourse between two men) varies based on factors such as coercion and the roles of the individuals involved, ranging from 100 lashes to the death penalty. Intercrural sex, defined as placing the male genital organ between the thighs or buttocks of another male, results in 100 lashes for both partners. Other same-sex sexual acts between men are punishable by thirty-one to seventy-four lashes. Women engaged in same-sex relations, such as tribadism (the act of a woman placing her genital organ on another woman's), are subjected to a punishment of 100 lashes (Islamic Penal Code, 2013).

Medical and Psychological Abuse

The Iranian medical and psychological systems also contribute significantly to the trauma experienced by queer individuals. Despite the international discrediting of conversion therapy (American Psychological Association, 2021), as Khalil, N. and Arghavan suggested in the interviews, many Iranian psychotherapists continue to employ harmful and outdated practices. Queer individuals, particularly gay men, are often subjected to therapies that degrade their sexual orientation and attempt to 'cure' them. Minoo and Arghavan both shared a story about being prescribed medication without adequate explanation, leading to adverse effects such as aggression, increased suicidality, and extreme sedation, causing them to be unable to function in their daily lives. These practices reflect the deep-rooted stereotypes that many medical professionals still hold, often causing more harm than healing (Farhadi Langroudi & Skinta, 2019).

In more extreme cases, queer individuals are forcibly admitted to psychiatric hospitals. For example, in the distressing account mentioned above, Artin was forcibly administered a sedative at home under the pretence of providing comfort, and then taken against their will to a psychiatric facility. Once inside, they were restrained and isolated in conditions that resembled a prison rather than a healthcare institution. The psychological damage from such experiences, where patients are stripped of their autonomy and dignity, can be profound and long-lasting.



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Surgical and Postsurgical Exploitation

Even when the state allows for gender affirmation surgery, the process is fraught with exploitation and neglect. Many queer individuals are pressured into undergoing surgery as part of conversion therapy, even when they are not transgender (Farhadi Langroudi & Skinta, 2019). Those who do choose or are forced to undergo surgery often find themselves treated as medical specimens. Both Minoo and Artin reported being subjected to non-consensual procedures, such as medical students entering private consultations with the doctors and operating rooms unannounced to observe or record surgeries, creating an atmosphere of extreme discomfort and humiliation. Such approach made them feel like lab rats, dehumanized by a system that prioritizes education over the well-being of the patients.

Experiences that can cause trauma do not end after surgery. Some transgender individuals face continued rejection from their families and society, leading to severe isolation and social exclusion (Javaheri, 2010; Mohammadi et al., 2023; Mohammadi, 2018). Arghavan shared that the post-surgery trans people with whom she had spoken were living in horrendous conditions, often without social or familial support and lacking financial stability. According to her testimony, many are forced into sex work simply to survive. This statement is supported by a systematic review reporting that sex work is often the most viable source of income for trans people (Hermaszewska et al., 2022). Furthermore, Arghavan was told by members of the trans community that drug abuse becomes a coping mechanism for many, as they struggle to navigate the harsh realities of post-surgical life in a society that still stigmatizes and marginalizes them. Moreover, non-binary and gay individuals who undergo surgery often do so under coercion, pressured to fit into binary gender norms that do not align with their true identities (Najmabadi, 2008). This leads to a life of continued discrimination and hardship, despite having undergone the very surgeries that were supposed to make them more 'acceptable' in society.

Public Discrimination and Societal Pressure

In Iranian society, rigid gender norms and deep-rooted taboos place immense pressure on queer individuals, particularly those who do not conform to the traditional behaviour of the sex they have been assigned at birth. As Arghavan explained in the interview, being perceived as feminine is regarded as one of the most severe insults a man can face, often leading to harsh social consequences. This cultural context fosters an environment where queer people are routinely subjected to physical, verbal, and even sexual abuse, driving them into social isolation (Mohammadi, 2018). Arghavan also added that for transgender individuals, being visibly trans can make daily life in Iran feel permanently unsafe, as they remain targets of societal hostility and are never fully accepted.



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This societal rejection extends far beyond interpersonal relationships, permeating various public institutions such as schools, universities, and workplaces. As Khalil, one of the interviewees, suggested, queer individuals are often targeted for bullying at a young age, with high school students subjected to taunts, harassment, and sexual threats during a time of significant physical and emotional development. At the university level in Iran, this mistreatment may continue, with professors and educators frequently dismissing queer identities and purposefully using incorrect pronouns, reinforcing the message that queer people are abnormal. One of the interviewees, N., described an experience of an educator confronting them, a trans person, in front of the entire class, intentionally choosing wrong pronouns and insisting that N. was suffering from a disorder, creating an extremely uncomfortable and distressing experience. This behaviour can further intensify the psychological burden on queer individuals, deepening their sense of isolation and emotional distress.

Many organizations often fail to provide a safe and inclusive environment for transgender individuals, who frequently encounter discrimination in the workplace (Azadi & Saeidzadeh, 2023). According to the interview with Artin, queer employees often face discrimination, ridicule, and hostile working environments where coworkers make derogatory comments about their identity. Intersex individuals, in particular, may be forced to perform tasks assigned to both men and women, a form of dehumanizing exploitation that further underscores society's rigid gender expectations.

The pervasive belief that queerness is unnatural or criminal adds to the psychological burden. NQIfFM participants were routinely told they are 'sick' or 'wrong,' with many internalizing these thoughts from a young age. The societal condemnation of queerness is so severe that speaking out or coming out often carries life-threatening risks. Many queer Iranians fear for their safety, knowing that being open about their gender identity and/or sexual orientation could lead to violence, expulsion from their communities, or even death. This level of societal oppression creates an environment of profound psychological distress, forcing many queer individuals into silence and self-denial in order to survive.

As Artin shared with us, 'These [punishments for being queer] were extremely scary for me. Nobody would accept you. Noone would say this is ok. Everyone, including your family, your friends, the government, would say this is a crime at the level of murder, maybe even worse.'



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From a young age, queer individuals in Iran often recognize their differences from heterosexual cisgender peers but lack access to information that could help them understand their experiences. This absence of resources leads to a deep sense of isolation and frustration, as they struggle to adapt to societal norms that seem incompatible with their own identities. The constant quest to fit in and conceal their true selves often fosters feelings of inadequacy and self-doubt. Many of the NQIfFM participants reported feeling as though they are the only ones facing these struggles, with some expressing a belief that they are suffering from a disorder or something inherently wrong with them. This lack of understanding and support intensify their sense of loneliness and can lead to severe psychological distress.

The mental strain of living without adequate information and support manifests in various ways, leading to extreme isolation and a profound sense of disconnection from others who might share similar struggles. Fear of judgement and persecution can drive queer individuals to self-imposed celibacy and suppression of their true feelings, particularly their sexual desires, which is for instance the case of Arghavan. This repression can spiral into severe negative emotions such as depression and anxiety, significantly impacting individuals' quality of life. The impact of societal rejection and the constant need to hide one's identity can be devastating, compelling many to live behind a façade to avoid further discrimination and violence. This pervasive sense of alienation and the burden of living inauthentically contribute to feelings of worthlessness and despair, sometimes leading to suicidal thoughts.

Minoo described the experience of being queer in the Middle East as follows: 'Everyone in the world uses a mask, but ... we use masks more and turn into professional actors to survive. I think this is part of life, at least for us LGBT people.'

Conclusion

The experience of queer individuals in Iran is marked by profound trauma and systemic abuse, spanning from personal interactions to state-sanctioned violence. The pervasive societal stigma, combined with harsh legal and institutional practices, creates an environment of relentless fear and isolation. From the familial rejection and abuse that force many to live in secrecy, to the state's brutal enforcement of gender norms and its medical system's exploitation, queer people face a constant onslaught of discrimination. In some cases, these factors can contribute to severe psychological distress, including depression, anxiety, and suicidal ideation.



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Even for those who manage to escape the severe injustices and terrifying treatment in Iran, the scars of trauma persist. Integrating these experiences and finding stability in a new environment can be incredibly challenging. The emotional and psychological cost of living under such oppressive conditions leaves enduring impacts that are not easily mitigated, even with newfound freedom.

In reflecting on these realities, it is clear that despite the advancements of the 21st century, there remain countries where queer individuals face extreme persecution, including death penalty. This stark reality underscores the need for ongoing advocacy: while progress has been made in many parts of the world, it is crucial to continue advocating for human rights and protection for all individuals, regardless of their sexual orientation or gender identity. The global community must address these injustices and work towards a future where everyone, regardless of their identity, can live free from fear and discrimination.

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