

Advocacy and Empowerment : Group Therapy for LGBT Asylum Seekers

Romy Reading and Lisa R. Rubin

Traumatology 2011 17: 86 originally published online 10 March 2011

DOI: 10.1177/1534765610395622

The online version of this article can be found at:

<http://tmt.sagepub.com/content/17/2/86>

Published by:



<http://www.sagepublications.com>

Additional services and information for *Traumatology* can be found at:

Email Alerts: <http://tmt.sagepub.com/cgi/alerts>

Subscriptions: <http://tmt.sagepub.com/subscriptions>

Reprints: <http://www.sagepub.com/journalsReprints.nav>

Permissions: <http://www.sagepub.com/journalsPermissions.nav>

Citations: <http://tmt.sagepub.com/content/17/2/86.refs.html>

>> [Version of Record](#) - Sep 13, 2011

[Proof](#) - Mar 10, 2011

[What is This?](#)

Advocacy and Empowerment: Group Therapy for LGBT Asylum Seekers

Traumatology
17(2) 86–98
© The Author(s) 2011
Reprints and permission: <http://www.sagepub.com/journalsPermissions.nav>
DOI: 10.1177/1534765610395622
<http://tmt.sagepub.com>


Romy Reading¹ and Lisa R. Rubin¹

Abstract

In countries worldwide, LGBT individuals are subject to persecution and discrimination, including grave human rights violations based on their sexual orientation or gender identity. Asylum provides a mechanism for LGBT individuals fleeing such persecution to legally remain in the United States. However, asylum is not guaranteed, and the asylum-seeking process may be particularly challenging for individuals with complex trauma histories. Although many LGBT asylum seekers are referred to individual psychotherapy by their legal counsel to prepare for the asylum process and to mitigate risks for retraumatization, many decline due to fear, shame, and cultural barriers, among other factors. Thus, we offer a model of group therapy for LGBT asylum seekers, rooted in multicultural and empowerment frameworks, which aims to address the unique concerns and challenges faced by LGBT asylum seekers. These include recovery from the effects of complex trauma, managing the stress of immigration and acculturation, minimizing the risk for retraumatization which may occur during the asylum-seeking process, and overcoming cultural obstacles to individual psychotherapy. We review and integrate empirical and theoretical literature on the mental health of immigrants and asylum seekers, LGBT mental health, and group therapy for trauma, LGBT individuals, and asylum seekers to offer theoretical support for the value of group therapy for LGBT asylum seekers. Research is needed to evaluate the effectiveness of these group interventions. We offer recommendations for research along with suggestions for addressing the practical challenges encountered in working with LGBT asylum seekers.

Keywords

LGBT, trauma, group therapy, asylum seeker, multicultural

Introduction

Worldwide, LGBT individuals encounter persecution and discrimination based on their sexual orientation, as homosexuality is often forbidden by law as well as within the dominant religious and cultural value systems of many countries (Hendricks, Tielman, & van der Veen, 1993; McClure, Nugent, & Soloway, 1998; Pepper, 2005). Punishment can include imprisonment, physical and sexual abuse, and in some nations, even execution (Doi, 1984; Human Rights Watch, 2009; Pepper, 2005). In countries where persecution on the basis of sexual orientation is not officially sanctioned by law, individuals are still often the victims of abuse, violence, and discrimination from varied sources, including members of police, military, and religious institutions, as well as from community and family members (Human Rights Watch, 2009; Pepper, 2005). Extreme stigmatization, even without the additional burden of criminalization, can result in persecution and alienation from individuals' communities and families as well as restricted access to economic, occupational, and educational opportunities or resources (McClure et al., 1998; Pepper, 2005).

Since 1994, when Janet Reno established a legal precedent by granting asylum to a gay Cuban man, the United States has

offered protection to asylum seekers who can demonstrate a "well-founded fear of persecution" based on their sexual orientation (McClure et al., 1998, p. 11). LGBT individuals who flee their countries of origin to escape such persecution must leave behind friends, family, and loved ones, in addition to careers, homes, and most material possessions in the hope that they will receive asylum in the United States (McClure et al., 1998). Through this process, LGBT asylum seekers often encounter an array of psychological, economic, interpersonal, and cultural challenges.

In addition to these challenges, the task of demonstrating a "well-founded fear of persecution" is highly stressful, and for some individuals, the process itself can be retraumatizing (Perez-Ramirez, 2003). This legal requirement mandates that asylum seekers share with different authority figures the traumatic details of the persecution they faced in their countries of origin multiple times over, often in settings that they deem

¹New School for Social Research, New York, NY

Corresponding Author:

Romy Reading, New School for Social Research, 80 Fifth Avenue, 6th floor, New York, NY 10011
Email: readir66@newschool.edu

unsafe due to past experiences with law enforcement authorities. Due to shame, avoidance, and fear many have never disclosed the details of their persecution to another individual. To facilitate the asylum-seeking process and ensure a coherent and accurate retelling of their story, attorneys will often refer clients to individual psychotherapy to prepare them for the task of recounting their personal narrative (McClure et al., 1998). However, for many asylum seekers, the Western model of individual psychotherapy may conflict with their beliefs and values about the causes of or the appropriate responses to suffering as well as with their beliefs about self-disclosure and repertoires of appropriate interpersonal interactions (Blackwell, 2005; Gonsalves, 1992; Papadopoulos, 2007; Pepper, 2005).

Given the complex trauma histories often faced by LGBT asylum seekers, the risks of retraumatization inherent in the asylum process, and the obstacles to individual psychotherapy that can result from the cultural intersection of the client and the therapist, we describe an approach to group therapy rooted in multicultural and empowerment frameworks that aims to address these specific concerns. We advise readers that this model of group therapy is not evidence based. Our goals in presenting this work are to highlight the unique concerns facing this diverse population and to present potential methods for addressing these concerns within a group context to stimulate further research on and clinical interest in this underserved population. After providing an overview of the psychological and social challenges faced by this population, as well as the barriers to individual psychotherapy, we describe a group therapy program co-led by the first author at an LGBT center in New York City. Although the group therapy model presented is not evidence based, the interventions were developed based on the group leaders' knowledge of research and theory in four separate areas: group psychotherapy for trauma; group psychotherapy for LGBT populations; mental health risks, psychological needs, and group treatment of immigrant and asylum-seeking populations; and multicultural and empowerment approaches to psychotherapy. Where appropriate, we offer recommendations for future empirical research. We consider challenges to conducting psychotherapy research within this population and to implementing this particular group therapy model in different settings.

Despite the burgeoning body of separate empirical and theoretical literatures on group psychotherapy for refugees, asylum seekers, and LGBT individuals, to date there is no work concerning group psychotherapy for LGBT asylum seekers specifically. In addition, recent volumes and journals on mental health care for refugees and asylum seekers have neglected to address concerns of LGBT asylum seekers (Alayarian, 2007; Papadopoulos, 2002; Tribe & Keefe, 2007; Westermeyer, 1989). Our aim is to begin to address this gap in the literature and to inspire further empirical research by drawing awareness to the complex issues and challenges faced by this population.

Trauma and Mental Health Among LGBT Asylum Seekers

To our knowledge, there is no research that examines the psychological consequences of persecution and sanctioned discrimination based on sexual orientation as faced by LGBT asylum seekers. Nonetheless, a growing body of literature on the mental health of refugees and asylum seekers does exist, indicating an increased risk for mental health disturbances and disorders in general (Basoglu, 1992; Piwowarczyk, 2007; Wallenberg-Pachaly, 2000; Westermeyer, 1989). Specifically, refugees and asylum seekers report high incidences of post-traumatic stress disorder (PTSD) and major depression, as defined by the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed., text revision [DSM-IV-TR]; American Psychiatric Association, 2000; Herlihy & Turner, 2007; Kinzie & Jaranson, 2001; Piwowarczyk, 2007). Refugees and asylum seekers often face multiple traumas, along with loneliness and isolation due to loss of home and ties to family and community, difficulties associated with immigration and acculturation as well as limited economic, social, familial, and occupational resources, all contributing to elevated rates of these mental health problems (Kinzie & Jaranson, 2001; Segal & Mayadas, 2005). In fact, Kirmayer, Young, and Hayton (1995) describe the refugee experience as one of cultural bereavement, which is exacerbated by limited access to resources. In addition, refugees and asylum seekers often experience long-term feelings of guilt, shame, mistrust, and helplessness that may exacerbate the negative impact of trauma and loss on mental health and psychological functioning (Drozdek & Wilson, 2004; Kinzie & Jaranson, 2001; Westermeyer, 1987).

Current literature suggests that LGBT individuals living in the United States are also at increased risk for mental health problems, including depression, anxiety, and social anxiety and suicidality among youth in particular, as well as increased risk for substance and alcohol abuse (Cochran & Mays, 2006; D'Augelli, 2002; Gilman, Cochran, Mays et al., 2001; McDaniel, Purcell, & D'Augelli, 2001; Meyer, 1995; Safren & Pantalone, 2006; Stall & Wiley, 1988). Increased exposure to social stigmatization and discrimination faced by LGBT individuals, as well as the experience of internalized homophobia, likely contribute to this increased risk (Dean et al., 2000; Mays & Cochran, 2001; Meyer, 2003). The subtle and recurrent experience of discrimination faced by LGBT individuals can erode self-esteem, disrupt identity development, and increase levels of shame and emotional vulnerability, ultimately leaving the individual more susceptible to the effects of other traumatic stressors on mental health (Gair, 2004; Meyer, 1995).

LGBT asylum seekers typically must negotiate multiple stressors connected to their identification with multiple intersecting and marginalized identities. As such, the nature and types of the trauma experienced by this group are generally not well captured within traditional diagnostic resources such

as the *DSM-IV-TR* (American Psychiatric Association, 2000). In contrast, Judith Herman's (1997) model of "complex trauma" takes into account the cumulative psychological and interpersonal effects of repeated exposure to an array of interpersonal violence and trauma. Moving beyond the single-event model of trauma provides for a more nuanced understanding of trauma in LGBT asylum seekers. Based on the limited reports available, as well as on our clinical experience, exposure to repeated traumatic events is common in this population (McClure et al., 1998; Pepper, 2005). In addition, Maria Root (1992) describes the phenomenon of "insidious traumatization" which incorporates the subtle and painful effects of ongoing racism, heterosexism, classism, and so on and includes the subtle trauma that results from these institutionalized forms of discrimination. The repeated discrimination from governments, communities, families, and religious institutions that LGBT asylum seekers face may have an adverse impact on their overall mental health, self-esteem, and capacity for adaptive coping. Thus, we incorporate both Root's (1992) and Herman's (1997) conceptualizations of trauma into our group therapy approach to address both the overt and more subtle trauma experiences typically faced by LGBT asylum seekers.

LGBT Asylum Seekers, the Asylum Process, and the Challenges of Individual Therapy

As previously mentioned, to be granted asylum, LGBT asylum seekers must demonstrate a "well-founded fear of persecution" according to the 1951 United Nations Convention (Convention and Protocol Relating to the Status of Refugees, 2007). A legally sufficient demonstration of this requires the LGBT asylum seeker to not only recount their multiple experiences of persecution and discrimination but also demonstrate an existing fear of future persecution and abuse if they were to return to their country of origin (McClure et al., 1998). This process, which may last several months to several years, can lead to experiences of further retraumatization (Perez-Ramirez, 2003). Repeatedly discussing both past traumas and one's current fear of future persecution with strangers such as legal counsel, asylum officers, and immigration judges who are likely not trained to facilitate therapeutic processing may contribute to this potential for retraumatization. As a result, legal counsel often refers LGBT asylum seekers to individual psychotherapy to mitigate this potential risk (McClure et al., 1998). Unfortunately, several challenges to successful therapeutic process can arise.

Dependent on the specific cultural history and background, a range of beliefs and assumptions may inform the individual's reactions to and perceptions of Western individual psychotherapy (Blackwell, 2005; Gonsalves, 1992; Harvey, 2007). Based on differing cultural perspectives, some clients may fear confiding in a stranger despite the therapist's professional

training and role (Segal & Mayadas, 2005). As reported by clients in the groups at the LGBT center, many also hold negative views about seeking help for mental health concerns and subsequently fear further stigmatization based on their procurement of these services. Language differences, coupled with different cultural idioms of distress even among clients who are English proficient, may serve as a further barrier to culturally sensitive mental health care. Moreover, some may also maintain fear of exposure and mistrust of authority depending on the circumstances of the persecution in their homeland (Segal & Mayadas, 2005). Therapists and other service-providing institutions may initially be associated with or likened to the persecutory authorities encountered in their countries of origin. Many clients who attend the LGBT center groups have expressed such concerns during group therapy sessions.

In addition, traditional Western psychotherapy typically places emphasis on the individual as the locus of change. This individualistic focus may inadvertently direct blame toward the client rather than draw attention to the societal, political, and cultural circumstances that led to asylum seeking and the challenges they face on immigration. Moreover, an individualistic focus can deter and confuse clients from more collectivistic cultures (Klein & Schermer, 2000; Segal & Mayadas, 2005) or alternatively result in the passive dependence of the client on the authority of the therapist (Blackwell, 2007). Blackwell (2007) expresses more extreme caution in regard to the cultural intersection of the Western therapist and the client, given the power dynamics inherent in the therapeutic relationship. He notes the possibility for the recreation of a "colonial dynamic" between the therapist and the client (Blackwell, 2007, p. 258). He further claims that this dynamic can potentially lead to an imposition of Western models of mental health resulting in the client feeling pathologized and alienated.

Differences between LGBT asylum seekers' beliefs and perspectives and the tenets of Western individual psychotherapy may lead to rejection of services by some clients. However, with the loss of many of the individuals' traditional cultural resources for dealing with adversity, some type of therapeutic intervention may still be important. Consequently, group therapy can provide another option for LGBT asylum seekers, especially for those clients who have rejected individual psychotherapy.

Group Therapy for Refugees, Asylum Seekers, and LGBT Individuals

Group therapy across different theoretical orientations is a widely used treatment for trauma among varied populations. Group therapy has been used for the treatment of children, adolescents, and adults exposed to a myriad of traumas including but not limited to sexual abuse, childhood maltreatment and abuse, combat-related trauma, and exposure to disasters, torture, genocide, ethnic cleansing, and war (Blackwell, 2007; Ford & Stewart, 1999; Kanas, 2005; Lundqvist, Svedin, Hansson,

& Broman, 2006; Saltzman, Layne, Steinberg, & Pynoos, 2006; Wallenberg-Pachaly, 2000). The unique interpersonal features of group therapy that are useful in ameliorating the complex sequelae associated with trauma are discussed at length in the theoretical and clinical literature (Buchele, 2000; Davies, Burlingame, & Layne, 2006; Herman, 1992; Klein & Schermer, 2000). Specifically, group therapy can counteract the social isolation often associated with PTSD and complex trauma disorders (Ford, FalLOT, & Harris, 2009; Mendelsohn, Zachary, & Harney, 2007). The group format can provide nonblaming social support, a sense of safety for participants, and normalization of trauma-related responses and feelings and serve as a venue for sharing grief, loss, and coping skills (Buchele, 2000; Ford et al., 2009; Koss & Harvey, 1991). In addition, group therapy has been theorized to reduce shame and stigma and enhance self-esteem, as well as promote a sense of solidarity and empowerment among group members (Courtois, 1988; Herman, 1997; Koss & Harvey, 1991; Mendelsohn et al., 2007).

Despite extensive utilization of group therapy for survivors of various types of trauma, systematic research evaluating group therapy for trauma is relatively limited (Ford et al., 2009). However, the extant empirical literature does provide evidence supporting several different approaches to group therapy for the treatment of trauma-related disorders. Some key studies that employed randomized controlled trial (RCT) methodology have found support for cognitive-behavioral therapy (CBT) models as compared with supportive therapy for reducing PTSD symptoms in children survivors of sexual abuse (Deblinger, Stauffer, & Steele, 2001); present-centered supportive therapy for male veterans with chronic PTSD (Schnurr et al., 2003); and wait-list controls for female survivors of childhood sexual abuse (Zlotnick et al., 1997). Relatedly, studies support the use of cognitive processing therapy in a group setting for survivors of sexual assault compared with wait-list controls on measures of depression and PTSD (Resick & Schnicke, 1992). "Seeking Safety," a manualized CBT-based approach for treatment of co-occurring substance use and PTSD, has been found to be more effective than "standard care" and as effective as standard CBT in a sample of low-income urban women with PTSD and substance use (Najavits, Weiss, Shaw, & Muenz, 1998; Zlotnick, Najavits, & Rohsenow, 2003). Although more limited, studies also indicate support for other approaches, particularly interpersonal-psychoanalytic approaches for adult survivors of childhood sexual abuse (see Callahan, Price, & Hilsenroth, 2004, for review). For example, Alexander, Neimeyer, Follette, Moore, and Harter's (1989) group therapy study of women sexually abused as children found support for both interpersonal transaction and interpersonal-process group approaches compared with a wait-list control on measures of depression, social adjustment, fear, and general distress in an RCT study.

Published reviews of the current empirical literature provide evidence that group therapy across different theoretical modalities is associated with positive outcomes across a number of

domains (Callahan et al., 2004; Ford et al., 2009; Foy et al., 2000; Foy & Schrock, 2006). However, we are unaware of any rigorous meta-analyses of the existing empirical literature that have yet been conducted. Moreover, due to the variability of the trauma populations studied, as well as methodological issues in many of the studies, including small sample sizes, inadequate statistical power, insufficient use of control groups, and lack of random assignment, among others, no firm determination has been made as to the superiority of one theoretical approach over another (Davies et al., 2006; Foy et al., 2000). Nevertheless, some general conclusions have been drawn regarding efficacy of the varied treatments. When compared with present-focused trauma or supportive therapies, CBT-based trauma focus therapies may be advantageous, especially when used with children (Deblinger et al., 2001; Foy & Schrock, 2006). In addition, group therapy that employs various cognitive-behavioral and psychoeducation interventions, such as assistance in both reflection and reframing of thoughts and beliefs and encouragement to consider alternative behavioral responses, is especially beneficial for clients with interpersonal trauma histories (Ford et al., 2009). Future research that examines the differential effects of specific modalities on varied domains of outcome with regard to specific populations as well as client-to-therapy matching issues is still necessary. Empirical research on treatment approaches employing multicultural and empowerment frameworks as described here is also needed.

Davies et al. (2006) suggest several common therapeutic factors that may underlie group therapy treatment. Included among the common factors cited by authors were the group dynamics of universality (awareness that one is not alone in their struggles), interpersonal cohesion, interpersonal feedback, modeling, group establishment of new social norms, and role flexibility in which participants act as helper and helpee. These proposed mechanisms of change, many of which are directly encouraged through interventions employed by therapists at the Center, are theorized to improve interpersonal functioning, diminish feelings of powerlessness and sense of isolation, and increase self-esteem. Reviews of preliminary empirical studies support the benefits of these therapeutic factors (Burlingame, Fuhrman, & Johnson, 2002; Morran, Stockton, & Teed, 1998). However, further empirical research examining these and other potential common therapeutic mechanisms of change in group therapy for trauma is needed.

Although researchers continue to conduct empirical studies examining the efficacy of group therapy for trauma across many populations, there is a dearth of research on group therapy for LGBT asylum seekers. However, there is preliminary clinical and theoretical literature supporting the utilization of group therapy with refugees and asylum seekers in general (Drozdek & Wilson, 2004; Tucker & Price, 2007; Wallenberg-Pachaly, 2000). Group therapy may address the isolation that is often experienced by this population, encourage establishment of new social norms within the group for the processing of trauma-related responses, promote solidarity which is beneficial for

victims of in-group persecution, and provide a forum for collective problem solving, which is especially important given the practical hardships of basic resource procurement and navigation of unfamiliar bureaucracy and institutions that refugees and asylum seekers face.

The paucity of empirical literature supporting the use of group therapy with LGBT populations in general is also notable. However, a limited body of clinical literature supporting the use of group therapy with LGBT individuals, including but not limited to LGBT trauma survivors, does exist (Beane, 1981; DeBord & Perez, 2000; Gair, 2004; Getzel, 1998; Masten, Kochman, Hansen, & Sikkema, 2007; Neal, 2000). Specifically, group therapy for LGBT individuals is theorized to reduce psychological and social distress related to the process of LGBT identity development, diminish social isolation, and reduce identity confusion surrounding one's sexual orientation (Conlin & Smith, 1982; Lenihan, 1985). In addition, the group therapy forum can function as a community that provides reprieve from the stigma and marginalization within the dominant culture (DeBord & Perez, 2000; Gair, 2004). Developing a psychological sense of community may be particularly important among LGBT individuals (Proescholdbell, Roosa, & Nemeroff, 2006) and immigrant groups (Sonn, 2002), possibly supporting psychological resilience in the face of group-based discrimination. Moreover, the group can provide a space for processing the shared realities of insidious traumatization.

Although empirical literature addressing the use of group therapy specifically for LGBT asylum seekers is lacking, given the theoretical and empirical benefits of group therapy with trauma survivors, refugees and asylum seekers, and LGBT individuals separately, there is a potential for positive therapeutic impact in using group therapy with this population. To this end, in the following sections, we describe an approach to group therapy developed for LGBT immigrants and asylum seekers offered through a New York City-based LGBT center. While the groups are based on and integrate aspects of the theoretical and empirical literature on group therapy for trauma survivors, asylum seekers, and LGBT populations, the groups themselves are not evidence based. However, given the dearth of literature on mental health issues within this population, our goal is to present an approach to group therapy for LGBT asylum seekers, rooted in multicultural and empowerment frameworks, that addresses key concerns facing this population, thereby encouraging future research on mental health issues relevant to this underserved population. Challenges to implementation are discussed with suggestions for problem solving provided when appropriate.

Context of the Therapy Groups at an LGBT Center

The groups are run at an LGBT community center in New York City. Three different groups meet biweekly for 90 min. A Spanish-speaking group and an English-speaking

group alternate weekly. These two groups are cofacilitated by two cotherapists, including the first author (RR). There is also a Social Action group that meets biweekly for 90 min and is facilitated by the director of immigration services.

The groups run in 4-month cycles and are open to all LGBT immigrants regardless of their immigration status. Approximately, 15 to 20 clients attend each group session, with some having already begun the formal process of seeking asylum, whereas others are still deciding. A small number of clients immigrate to the United States for reasons such as employment or education and are not engaged in the asylum-seeking process. Although the majority of the clients are male, attendance by female clients has increased with additional recruitment efforts. The groups are open to transgender individuals but few currently attend. Clients from over 30 countries have attended the groups since their inception in 2007.

All clients describe histories of discrimination and persecution in their countries of origin based on their sexual orientation as well as discrimination in the United States based on sexual orientation, immigrant status, ethnicity, and/or race. Discrimination based on the multiple identities that the clients embody is ubiquitous in their daily lives. In addition, many report histories of emotional and/or physical abuse from family members, community members, police, and/or their governments. Sexual abuse from family members, teachers, members of their communities, and religious leaders/mentors is often a part of the trauma histories as well. Many of the clients have fled their countries of origin in secrecy, leaving behind family, friends, careers, homes, and material belongings.

The clients typically display the effects of complex and insidious trauma as described above, including symptoms of PTSD, depression, anxiety, dissociation, disruptions in interpersonal functioning, and eroded self-esteem and capacity for trust. Clients come to the groups seeking not only relief from these problems but also emotional and psychological support as they navigate the processes of resettlement and/or asylum seeking. Some clients are referred to the groups by their individual therapists and/or legal counsel. In addition, clients come seeking information about the asylum process as well as to learn about LGBT life in New York City and to develop a social support network within the LGBT community. The groups, therefore, serve multiple functions, given the myriad needs of the clients.

Overview of Group Goals

As previously discussed, LGBT asylum seekers struggle with the social and psychological effects of complex and insidious trauma, the challenges associated with navigating the asylum process, and, in some cases, negotiating the difficulties in accepting or adapting to individual psychotherapy. The groups conducted at the Center focus on addressing these needs via the following interrelated goals: (a) promoting a sense of safety and peer support among clients in preparation for the challenges

of the asylum-seeking process, which often includes disclosure of trauma histories; (b) mitigating the stress of the asylum-seeking process, including risk of retraumatization, by meeting clients' informational and emotional support needs; (c) addressing the cultural challenges encountered by clients regarding utilization of individual psychotherapy; and (d) engendering a sense of community and feelings of empowerment in relation to both clients' complex trauma histories as well as their multiple marginalized identities. In the following sections, we describe specific features of the group to illustrate how we address these goals.

Policies and Structures of the Groups

A screening intake interview is recommended but not required for clients before initiating involvement. New clients can first attend a group session and then determine their willingness and level of comfort before agreeing to an intake screen, thereby promoting a sense of ownership and agency, personal freedoms that clients have often been repeatedly denied. The groups maintain an open-door policy, and clients may begin and terminate attendance according to their own discretion. A recent study by Tourigny and Hébert (2007) compared the use of open versus closed groups among sexually abused adolescent girls and found no differences in outcomes between these two approaches.

The open-door policy is meant to welcome and empower clients and limit the power and authority of the therapists over group members. The open-door policy is also sensitive to the complexities of clients' lives, which can include last-minute hearings, meetings with attorneys, and, in some cases, relegation to immigration detention centers. Potential drawbacks of these policies include the possibility for inconsistent attendance and heterogeneity of levels of functioning among the clients. Without screening, there is a risk that clients can present with severe and/or disruptive mental health problems that are inappropriate in a group setting (see Cloitre & Koenen, 2001). In this particular setting, this risk is mitigated by the fact that most clients are referred from other professionals. In our experience so far, the benefits of these policies have outweighed these potential drawbacks. Through fostering a sense of community belonging, inconsistency in attendance has been minimized. In addition, policies are in place for referring individuals for appropriate services should contraindicated concerns (e.g., suicidality, dissociative, and/or psychotic symptoms) present. To date, this has not occurred.

Groups maintain a semistructured format that aims to balance clients' goals and needs with the therapeutic goals of the group. The semistructured group approach can enhance both the clients' sense of cohesion as well as their sense of ownership of group accomplishments (Fuehrer & Keys, 1988; Kaul & Bednar, 1994). As initial group cohesion has been repeatedly linked with positive outcomes, preliminary sessions use more structure to promote such cohesion (Davies et al., 2006). In addition, structure can promote the establishment of group

norms and minimization of subjective distress that may lead to client attrition (Bednar, Melnick, & Kaul, 1974; Burlingame et al., 2002). We consider such early structure to be particularly important in these groups as they are characterized by significant racial/ethnic diversity and differences in language preferences, which can add to the challenge of attaining initial cohesion. In subsequent sessions, therapists use their clinical judgment to determine when to employ specific structured interventions. Decisions regarding the utilization of such interventions may be made in between sessions or within session depending on which goals have not yet been sufficiently addressed. The flexibility of this format allows therapists to address the multiple interrelated goals of the group while still providing a therapeutic environment in which clients' needs guide the therapy. Thus, clients can develop a sense of ownership and empowerment. When a predetermination has been made to not structure the session, clients are invited to present an issue, concern, or topic that they wish to discuss. Therapists then guide the discussion around the presented material, keeping the overarching goals of the group in mind. Elaboration of how client-presented discussions are facilitated and details of the implementation of the structured interventions follow as they relate to the specific goals of the groups.

Promoting a Sense of Safety and Peer Support to Clients in Preparation for the Challenges of the Asylum-Seeking Process

Establishing a Sense of Safety

Therapists must work vigilantly to establish a group forum that conveys a sense of safety and confidentiality. Prior to each session, ground rules for the group are clearly stated. Both therapists and clients must agree to strict confidentiality. Second, given the diversity of cultural backgrounds, therapist and clients are asked to commit to an attitude of acceptance and tolerance toward all group members' viewpoints and experiences. Last, all are asked to commit to creating an environment in which the attitudes of discrimination and intolerance encountered in the larger social and cultural contexts outside of the group are not perpetuated. Although therapists cannot guarantee absolute compliance to these rules, having clients explicitly acknowledge and discuss rules at the beginning of each session increases adherence and helps promote a sense of safety, cohesion, and community (Davies et al., 2006).

Engendering Tolerance of Multiple Self-Identities

To further promote a sense of safety and solidarity, group therapists at the Center acknowledge and educate clients to the ubiquity of insidious traumatization in the lives of LGBT individuals. Specifically, attention is given to homophobia and the process by which it is internalized. Internalized homophobia

has been cited as a critical factor increasing psychological distress among LGBT individuals (Meyer, 2003). LGBT asylum seekers generally grow up with few, if any, positive images or models of homosexuality. Although the specific cultural messages about homosexuality may vary across cultures, the general message is that homosexuality is shameful and deviant, and many individuals come to see themselves in this light. Thus, increasing awareness of internalized homophobia is a key intervention employed in the groups at the Center. Therapists provide psychoeducation on the concept of internalized homophobia followed by group discussion of the ways in which clients recognize it within their own lives. These discussions have had a consciousness-raising effect as clients begin to see their own psychological struggles as connected to the broader sociopolitical context of homophobia, rather than resulting from their own personal flaws or deficits.

In addition to psychoeducation and discussion, therapists at the Center have developed structured activities to increase tolerance of cultural differences and enhance awareness of the relationship between insidious traumatization, bias, and discrimination frequently encountered and even enacted by clients. Center therapists provide clients with brief psychoeducation regarding bias, discrimination, and insidious traumatization. Therapists emphasize that each group member has likely been both a target and a perpetrator of such biases and stereotypes, some of which they may not yet be aware. The clients are then given short scripted interpersonal scenarios and are asked to identify the biases and stereotypes evident within them. These scenarios are used to generate conversation about clients' own assumptions, biases, and stereotypes. Many clients have expressed a growing awareness of the underlying biases that they maintain regarding each other's cultures, religions, and past experiences of discrimination, persecution, and trauma. In one instance, a young Muslim male client expressed his surprise that other non-Muslim clients had endured persecution and trauma equivalent to his. With a simple and poignant statement, he showed his growing understanding, "I guess I just did not realize." Engendering tolerance and cultural awareness by using such structured interventions could serve to mitigate the impact of insidious traumatization and discrimination within the group forum. In addition, clients can develop an awareness of the emotional and psychological impact of these recurrent and subtle insults. However, empirical research validating multicultural psychoeducation interventions such as these is still needed.

Preparing Clients for Likely Trauma Disclosure Inherent in Asylum-Seeking Process

Debate exists in the current theoretical and empirical literature as to the differential benefits of group therapy that focuses on trauma experiences versus group therapy that focuses on present-moment needs. Both trauma-focused group therapy and present-centered group therapy have been associated

with favorable outcomes (Classen, Koopman, Neville-Manning, & Speigel, 2001; Foy & Schrock, 2006). Schnurr and colleagues (2003) found a present-focused treatment without the inclusion of exposure interventions resulted in less client attrition. However, studies of varied trauma-focused interventions have been associated with symptom reduction and improved functioning, especially after long-term follow-up (Fallot & Harris, 2002; Lubin, Loris, Burt, & Johnson, 1998). LGBT asylum seekers however face a unique situation in which they are ultimately *required* to disclose their trauma histories as part of the asylum-seeking process. Therefore, group therapists at the Center employ interventions to prepare clients for such trauma disclosure. Therapists make a concerted effort to promote discussion of clients' fears about future trauma disclosure in the context of the asylum-seeking process. Individual clients are not specifically directed to disclose traumatic material in session. Therapists do encourage clients to discuss their fears about sharing their traumatic experiences. The groups also provide a forum where clients can share their stories in a safe environment when and if they feel prepared to do so, prior to disclosure during the asylum-seeking process.

Although therapists can gently encourage such discussion, in our clinical experience, other group members often effectively encourage their peers to discuss fears about disclosure and even to disclose their trauma histories in the group. Our experience is consistent with the finding that group feedback is associated with less passive dependence on therapists and clients, thus taking a more active role in the process of change (Burlingame et al., 2002; Morran et al., 1998). According to Tucker and Price (2007), the dynamics of group therapy can generate new norms by which asylum seekers can collectively reevaluate and reinterpret their fear of trauma disclosure. Although understood as an effective coping strategy at the time of the traumatic experience, group members can help each other see the subsequent problems created through continued avoidance. For example, recently, a young man from Central America shared with the group his reluctance to begin the asylum process due to his fears of sharing past experiences of abuse and torture. In response, another group member, an older Latin American man, replied, "You will find out that not only are you able to tell your story, but that you must tell your story. And you can start by telling it here. You'll see how the pain will start to ease." Over the next few sessions, the young man was able to begin telling his story, first to the group and eventually to his lawyer as well. He credited the support given by his fellow group member as the source of his motivation and courage.

Although lacking empirical validation, group policies, psychoeducation, and structured activities as described above may provide a safe and supportive environment and reduce clients' sense of alienation, promote cohesion, facilitate disclosure of trauma experiences in preparation for the asylum-seeking process, and encourage increased multicultural awareness and understanding. For most, the groups become a community of safety in which clients find relief from the discrimination

encountered in their lives, thereby diminishing the effects of insidious traumatization and promoting adjustment to living in an urban multicultural environment.

Mitigating the Risks of Retraumatization Inherent in the Asylum-Seeking Process

Asylum Advocacy and Therapeutic Support

Therapists are often asked by both legal counsel and the clients themselves to assist in emotional and psychological preparation for the legal proceedings of the asylum process (Pepper, 2005). Therapists may also be asked to provide affidavits and testimony as part of the asylum process. On one occasion, the first author (RR), provided such testimony for a client attending the group. In addition, clients may request therapists' guidance in procuring occupational, social, and economic services, as well as housing. In addressing these needs, therapists can contribute to an improvement in the client's circumstances, thereby mitigating the risks for retraumatization and potentially promoting a sense of empowerment and resilience within the client (Gomez & Yassen, 2007). However, in both individual and group psychotherapy settings, therapists must balance their role as advocates with their role as therapists (Pepper, 2005; Tucker & Price, 2007). When advocacy work begins to dominate individual or group sessions, it may be important for therapists to find clients appropriate referrals to social service providers to maintain the integrity of their therapeutic role.

Although Tucker and Price (2007) advocate for a separation of advocacy and therapy, in the group context, integrating advocacy needs with therapy can encourage collective problem solving and foster a community of peer support for LGBT asylum seekers. Therapists facilitate this by directing asylum advocacy questions and concerns to other clients for group feedback. However, the therapist must also have adequate knowledge of the asylum process to address dissemination of inaccurate information. Accurate information provided by both clients and therapists can help individuals protect themselves from those seeking to take advantage of their vulnerability. For example, group members often alert peers to the risks of fraudulent individuals (e.g., individuals who claim to offer "low-cost" legal services). In this regard, asylum advocacy can serve as a source of empowerment for clients.

In the context of the groups at the Center, therapists carefully monitor the balance between asylum advocacy and psychotherapy. Therapists integrate advocacy with the important group function of emotional processing by directing group discussion to the emotional aspects and strains associated with gathering information about the asylum process. This enables clients to process new emotional material that emerges in preparing for the asylum process while also addressing any individually specific asylum concerns. Clients are then referred to appropriate legal and/or social services to address any unmet

needs. In working with LGBT asylum seekers, therapists will likely need to carefully balance asylum advocacy and therapeutic work, whether in individual or group therapy. We agree with Pepper (2005) that incorporating advocacy and allowing for flexibility in terms of the therapist's role, rather than viewing oneself solely as provider of psychotherapeutic services, benefits the client throughout the asylum process.

Addressing the Cultural Challenges to the Utilization of Psychotherapy

Acknowledging Clients' Beliefs and Views

Clinical work with refugees and asylum seekers require reflexivity regarding many of the therapists' beliefs about psychotherapy (Blackwell, 2005). Awareness and respect regarding the clients' culturally derived views of psychotherapy as well as their understanding of and responses to traumatic experience is important (Brown, 2008; Danieli & Nader, 2006). This sensitivity can explain therapists' reactions to clients' fears and reluctance to engage in both individual and group psychotherapy. In the context of groups at the Center, therapists encourage clients to directly discuss their perspectives, thereby allowing for greater freedom of cultural expression. Therapists are encouraged to flexibly examine their own assumptions regarding therapy to more empathically respond to clients' varied cultural perspectives. According to Barudy (1989), there is a danger of reenacting past persecution should therapists deny such cultural expression.

In the groups, clients have often discussed which values from their country of origin they want to maintain and how they may need to create new ways to live with these values in their current context. Clients also explore which views may interfere with their well-being and adaptation in the United States as well as with their negotiation of the asylum-seeking process. During such sessions, clients have expressed shame in seeking the help of a stranger and fear of further stigmatization from families and friends in both their countries of origin and in the United States, should it be known they were obtaining therapy services. One male client professed, "As a Latin man I am expected to be strong. I should be able to take care of myself. If my family knew I was in therapy they would think I was weak and sick." Another client, a man of Southeast Asian descent stated, "Back home you just wouldn't share such horrible stories with a stranger." In response to these statements, encouraging interpersonal feedback from other group members is favored over the therapists' immediate articulation of their views on psychotherapy and trauma responses. However, when deemed therapeutically useful, therapists can also offer psychoeducation regarding psychotherapy and trauma responses. Such psychoeducation is explicitly framed for clients as a viewpoint of Western psychotherapy that may be unfamiliar and contrasting to their perspectives. Thus, empathic and open exploration of clients' and therapists'

perspectives regarding therapy can serve to validate the clients' views, and their fears can subsequently be addressed. This can potentially lead to an increase in the clients' capacity for trust in the therapeutic process and a minimization of the potential for rejection of individual therapy. Such an approach places greater emphasis on the client's needs and views, allowing their worldview to guide the therapy process.

Collective Problem Solving and Psychological Sense of Community

As mentioned previously, a fundamental concern for LGBT asylum seekers is that individual therapy presupposes an individualistic approach to problem solving (Blackwell, 2007; Klein & Schermer, 2000; Segal & Mayadas, 2005). Some LGBT asylum seekers from collectivist cultures may view problem solving as a collaborative act. For these clients, such views can be problematic for both the initiation and success of individual therapy. Therefore, in some cases, clients may initially prefer group therapy. Several clients at the Center report that they had prematurely terminated or refused individual therapy prior to attending the groups, citing a preference for support from others who had undergone similar experiences. Many initially came to the Center in search of such community. Inclusion in a community of others who share similar identities and traumatic experiences can diminish isolation and provide peer support. It is hypothesized that social belonging can also counteract the traumatic sequelae of isolation, secrecy, and shame (Klein & Schermer, 2000). Given its interpersonal nature, group therapy can potentially mitigate the isolation, loneliness, and experience of marginalization by generating a peer-support community in which the possibilities for collective problem solving and the experience of social belonging are present. However, research examining these potential benefits in comparison with individual psychotherapy is still necessary. Although peer support and community belonging are intrinsic to group therapy, therapists can also actively foster a sense of community and encourage collaborative acts of problem solving by inviting other group members to address individual clients' concerns as they arise, rather than immediately responding themselves. This technique, which has been described in several scenarios above, can be employed at any point in a session when clients raise concerns that may be shared by other clients.

In addition to fostering community and support, the group forum can offer the client a sense of home (Tucker & Price, 2007). According to Papadopoulos (2007), the loss of one's literal home, which he contends is a core facet of human identity, needs to be a component of any therapeutic care for asylum seekers. The loss of home may be even more salient for LGBT asylum seekers who are often rejected not only by their communities, governments, and countries but also by their nuclear families. A group for LGBT asylum seekers can specifically allow individuals to recreate a symbolic home in which their sexual and/or gender identity does not position them as an

"outsider" but rather is an integral component of their sense of inclusion. One client explicitly expressed this view by stating, "When I walk through the doors of the Center I feel safe. I feel at home."

This sense of safety is essential, given the level of mistrust many clients express, specifically in regard to interactions with attorneys, therapists, doctors, and medical institutions. As an example, one group member expressed grave anxiety and paranoia that the medical and psychotherapy services he was receiving from a hospital-affiliated organization were free only because they were conducting "tests" on him. He was also fearful that the therapist would not maintain confidentiality and was not empathic to his plight because "she doesn't know anything about what it is like to be gay in my country." In time, through discussion regarding the reasons for his medical care and the role of individual psychotherapy as a part of the asylum process, with both peers and the group therapists, the client was able to continue his medical care and return to individual psychotherapy, albeit in a different treatment setting. He credited the advice of his peers and the safety of the group setting for the lessening of his fear and anxiety. Addressing these fears may help make the asylum-seeking process less traumatic to clients, increasing their chance for a successful outcome.

Empowerment

The Social Action Group

Personal responses to trauma are deeply informed by the cultural, community, and sociopolitical context in which the trauma has occurred. How one organizes the meaning of trauma is affected by context, including the context of the individuals' position within existing power hierarchies (Brown, 2008). According to Mary Harvey (1996, 2007), effective trauma recovery must take into account these multidimensional aspects of the individual's trauma. Accordingly, therapists at the Center promote strategies of individual and community empowerment, including consciousness raising coupled with opportunities to support social change. The Social Action group was developed to provide clients with an opportunity for such empowerment. In the Social Action group, members actively organize political action events and events for the LGBT immigrant community, including rallies for marriage equality and an LGBT Immigration Heritage Day. The immigration heritage event provides a forum for educating the public and fellow LGBT individuals about the issues faced by LGBT immigrants and asylum seekers through literature, speeches, public art, and performance. In addition, the event provides LGBT immigrants and asylum seekers direct access to legal, social, and economic support resources.

From the perspective of a multicultural framework, Harvey (2007) and Gomez and Yassen (2007) specifically discuss the importance of social action as a mechanism for trauma recovery, especially among individuals who must negotiate marginalized identities. Interventions that instill a

sense of empowerment may ameliorate the traumatic sequelae of helplessness, vulnerability, dependency, eroded self-esteem, isolation, and perceptions of powerlessness (Gomez & Yassen, 2007; Wallenberg-Pachaly, 2000). Survivors of trauma may even prefer to engage in social action versus psychotherapy, especially when their cultural views result in uncertainty about the utilization of Western psychotherapy (Gomez & Yassen, 2007; Harvey, 2007). Thus, trauma recovery can include not only traditional forms of psychotherapy but also opportunities for social action and empowerment. In working with asylum seekers specifically, Blackwell (2005) emphasizes that discussing the political climate abroad and in one's new home also supports the construction of a coherent narrative, which is beneficial for both trauma recovery and negotiation of the asylum process. Thus, the Social Action group highlights our emphasis on empowerment as a mechanism for trauma recovery for clients negotiating multiple marginalized identities. Through the Social Action group, clients begin to understand their own trauma experiences as connected to larger social problems, rather than as a consequence of their own behavior, while also deriving feelings of strength and pride through participating in collective action to create positive change in the social environment, locally and globally.

Limitations

Although our clinical experience indicates these groups serve as an important resource for an underserved community, research is needed to evaluate whether they accomplish their stated goals. It will be important to examine the efficacy of these groups not only in isolation but also in comparison to and in conjunction with individual psychotherapy. If future research supports the use of these or similar groups, it may be especially useful to identify which aspects of the interventions (e.g., support, preparation for asylum process through trauma disclosure and processing, social activism) are most effective. Research that examines outcomes across multiple domains of functioning, rather than a limited focus on symptom improvement, may provide more clinically relevant data. Measures of interpersonal functioning, self-esteem, psychological sense of community, individual sense of agency (vs. feelings of powerlessness), and cultural adaptation, among others, are likely to provide a more integrated picture of overall functioning of LGBT asylum seekers. Moreover, given the diversity of LGBT asylum seekers—including variables such as gender, world region, religion, economic background, and rural/urban upbringing—it will be important to evaluate the potential differential effectiveness of such groups for clients of different cultural backgrounds.

Group therapy is not a panacea for the complex of problems faced by LGBT asylum seekers, nor do we expect that it will facilitate growth for all clients. The groups conducted at the Center focus on interrelated goals that are inextricable from the clients' trauma histories. However, they do not focus singularly on in-depth trauma resolution or the treatment of PTSD or other specific mental health disorders. Therefore, clients may require

further group or individual therapy to address specific PTSD and trauma-related symptoms. However, groups such as those at the Center can provide psychoeducation and socialization to evidenced-based therapeutic models that directly address these symptoms from both peers and therapists. Future research examining the groups' effectiveness in promoting further procurement of mental health services for trauma-related symptoms therefore is necessary.

A few limitations and challenges specific to the groups conducted at the Center are important to highlight. First, these groups are situated in a historically significant LGBT center located in a queer-friendly international urban center. This fact may limit the "portability" of these groups to other settings. Therapists in smaller communities with a less visible and organized LGBT community and with fewer resources for immigrants and asylum seekers may have difficulty maintaining such a group over time. Thus, therapists may need to adapt the approach to find effective methods for creating a sense of cohesion and community for clients within their larger community. Moreover, transferability of this and other models of group therapy across different contexts should be considered when developing research on its effectiveness. Second, although these groups serve a diverse community, we expect many LGBT asylum seekers that need support are not reached. Currently, the groups at the Center are attended by a majority of male clients. Over the past 2 years, efforts have been made to recruit more female and transgendered clients, and attendance has increased. Further efforts to reach not only more female and transgendered clients but also more clients in general continue. Our current outreach efforts include developing relationships with social, legal, and mental health service providers who work with immigrant, refugee, asylum-seeking, and LGBT populations. Encouraging clients to disseminate information regarding the groups to those who may be in need has also been a useful mechanism for outreach. Organized efforts by the Social Action group in this regard have been especially beneficial.

Conclusion

LGBT asylum seekers face unique circumstances and challenges, given the multiple traumatic experiences endured in their countries of origin and in the United States. The intersection of these traumatic experiences with the varied cultural views and multiple marginalized identities of LGBT asylum seekers generate a breadth of psychological, emotional, and social needs. In this article, we have presented an approach to group therapy with LGBT asylum seekers that aims to address their multiple psychosocial needs, including preparation for the asylum process, adjustment to cultural differences, and development of a sense of community and feelings of empowerment. This multifaceted approach acknowledges that the complexity of the trauma endured by LGBT asylum seekers is inextricable from the challenges faced in regard to the asylum process and the process of accepting and adapting to

Western psychotherapy. The absence of LGBT concerns from the theoretical and empirical literature on refugees and asylum seekers is noteworthy. Future scholarship addressing the mental health needs and treatment of refugees and asylum seekers should include contributions that focus on this greatly disadvantaged population. Future theoretical and empirical work addressing LGBT asylum seekers would draw attention to the needs of this unique population, making an important contribution to the knowledge base on trauma in general, and its consequences for LGBT individuals with multiple marginalized identities. It is our hope that this preliminary work will inspire and highlight the importance of such future work.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the authorship and/or publication of this article.

Funding

The author(s) received no financial support for the research and/or authorship of this article.

References

- Alayarian, A. (Ed.). (2007). *Resilience, suffering and creativity: The work of the refugee therapy centre*. London, UK: Karnac.
- Alexander, P. C., Neimeyer, R. A., Follette, V. M., Moore, M. K., & Harter, S. (1989). A comparison of group treatments of women sexually abused as children. *Journal of Consulting and Clinical Psychology, 57*, 479-483.
- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text revision). Washington, DC: Author.
- Barudy, J. (1989). A programme of mental health for political refugees: Dealing with the invisible pain of political exile [Special issue: Political Violence and Health in the Third World]. *Social Science & Medicine, 28*, 715-727.
- Basoglu, M. (Ed.). (1992). *Torture and its consequences: Current treatment approaches*. New York, NY: Cambridge University Press.
- Beane, J. (1981). "I'd rather be dead than gay": Counseling gay men who are coming out. *Personnel & Guidance Journal, 60*, 222-226.
- Bednar, R. L., Melnick, J., & Kaul, T. J. (1974). Risk, responsibility, and structure: A conceptual framework for initiating group counseling and psychotherapy. *Journal of Counseling Psychology, 21*, 31-37.
- Blackwell, D. (2005). Psychotherapy, politics and trauma: Working with survivors of torture and organized violence. *Group Analysis, 38*, 307-323.
- Blackwell, D. (2007). Oppression and freedom in therapeutic space. *European Journal of Psychotherapy and Counseling, 9*, 255-265.
- Brown, L. S. (2008). *Cultural competence in trauma therapy: Beyond the flashback*. Washington, DC: American Psychological Association.
- Buchele, B. (2000). Group psychotherapy for survivors of sexual and physical abuse. In R. H. Klein & V. L. Schermer (Eds.), *Group psychotherapy for psychological trauma* (pp. 170-187). New York, NY: Guilford.
- Burlingame, G., Fuhriman, A., & Johnson, J. (2002). Cohesion in group psychotherapy. In J. Norcross (Ed.), *Psychotherapy relationships that work* (pp. 71-88). New York, NY: Oxford University Press.
- Callahan, K. L., Price, J. L., & Hilsenroth, M. J. (2004). A review of interpersonal-psychodynamic group psychotherapy outcomes for adult survivors of childhood sexual abuse. *International Journal of Group Psychotherapy, 54*, 491-519.
- Classen, C. C., Koopman, C., Neville-Manning, K., & Spiegel, D. (2001). A preliminary report comparing trauma-focused and present-focused group therapy against a wait-listed condition among childhood sexual abuse survivors with PTSD. *Journal of Aggression, Maltreatment, and Trauma, 4*, 265-288.
- Cloitre, M., & Koenen, K. (2001). The impact of borderline personality disorder on process group outcome among women with posttraumatic stress disorder related to childhood abuse. *International Journal of Group Psychotherapy, 51*, 379-398.
- Cochran, S., & Mays, V. (2006). Estimating prevalence of mental and substance-using disorders among lesbians and gay men from existing national health data. In A. M. Omoto & H. S. Kurtzman (Eds.), *Sexual orientation and mental health: Examining identity and development in lesbian, gay, and bisexual people. Contemporary perspectives on lesbian, gay, and bisexual psychology* (pp. 143-165). Washington, DC: American Psychological Association.
- Conlin, D., & Smith, J. (1982). Group psychotherapy for gay men. *Journal of Homosexuality, 7*, 105-112.
- Convention and Protocol Relating to the Status of Refugees. (2007). Retrieved from www.unhcr.org/3b66c2aa10.html.
- Courtois, C. (1988). *Healing the incest wound: Adult survivors in therapy*. New York, NY: W. W. Norton.
- Danieli, Y., & Nader, K. (2006). Respecting cultural, religious, and ethnic differences in the prevention and treatment of traumatic sequelae. In L. A. Schein, H. I. Spitz, G. Burlingame, & P. R. Muskin (Eds.), *Psychological effects of catastrophic disasters: Group approaches to treatment* (pp. 203-234). New York, NY: Haworth.
- D'Augelli, A. R. (2002). Mental health problems among gay, lesbian, and bisexual youths ages 14 to 21. *Clinical Child Psychology and Psychiatry, 1*, 433-465.
- Davies, D. R., Burlingame, G. M., & Layne, C. M. (2006). Integrating small-group process principles into trauma-focused group psychotherapy: What should a group trauma therapist know? In L. A. Schein, H. I. Spitz, G. Burlingame, & P. R. Muskin (Eds.), *Psychological effects of catastrophic disasters: Group approaches to treatment* (pp. 385-424). New York, NY: Haworth.
- Dean, L., Meyer, I. H., Robinson, K., Sell, R. L., Sember, R., Silenzio, V. M. B., . . . White, J. (2000). Lesbian, gay, bisexual, and transgender health: Findings and concerns. *Journal of the Gay & Lesbian Medical Association, 4*, 102-151.
- Deblinger, E., Stauffer, L. B., & Steer, R. A. (2001). Comparative efficacies of supportive and cognitive behavioral group therapies for young children who have been sexually abused and their nonoffending mothers. *Child Maltreatment, 6*, 332-343.

- DeBord, K. A., & Perez, R. M. (2000). Group counseling theory and practice with lesbian, gay, and bisexual clients. In R. M. Perez, K. A. DeBord, & K. J. Bieschke (Eds.), *Handbook of counseling and psychotherapy with lesbian, gay, and bisexual clients* (pp. 183-206). Washington, DC: American Psychological Association.
- Doi, A. R. (1984). *Shariah: The Islamic Law*. London, UK: Ta-Ha.
- Drozdek, B., & Wilson, J. P. (2004). Uncovering: Trauma-focused treatment techniques with asylum seekers. In J. P. Wilson & B. Drozdek (Eds.), *Broken spirits: The treatment of traumatized asylum seekers, refugees, war and torture victims* (pp. 243-276). New York, NY: Brunner-Routledge.
- Fallot, R. D., & Harris, M. (2002). The trauma recovery and empowerment model (TREM): Conceptual and practical issues in a group intervention for women. *Community Mental Health Journal*, 38, 475-485.
- Ford, J. D., & Stewart, J. (1999). Group psychotherapy for war-related PTSD with military veterans. In B. H. Young & D. D. Blake (Eds.), *Group treatments for post-traumatic stress disorder. The series in trauma and loss* (pp. 75-100). Philadelphia, PA: Brunner/Mazel.
- Ford, J. D., Fallot, R. D., & Harris, M. (2009). Group therapy. In C. Courtois & J. D. Ford (Eds.), *Treating complex traumatic stress disorders: An evidence-based guide* (pp. 415-440). New York, NY: Guilford.
- Foy, D. W., Glynn, S. M., Schnurr, P. P., Jankowski, M. K., Wattenberg, M. S., Weiss, D. S., . . . Gusman, F. D. (2000). Group therapy. In E. B. Foa, T. M. Keane, & M. J. Friedman (Eds.), *Effective treatments for PTSD: Practice guidelines from the international society for traumatic stress studies* (pp. 155-175). New York, NY: Guilford.
- Foy, D. W., & Schrock, D. A. (2006). Future directions. In L. A. Schein, H. I. Spitz, G. Burlingame, & P. R. Muskin (Eds.), *Psychological effects of catastrophic disasters: Group approaches to treatment* (pp. 879-903). New York, NY: Haworth.
- Fuehrer, A., & Keys, C. (1988). Group development in self-help groups for college students. *Small Group Behavior*, 19, 325-341.
- Gair, S. (2004). It takes a community. *Journal of Lesbian Studies*, 8, 45-56.
- Getzel, G. S. (1998). Group work practice with gay men and lesbians. In G. P. Mallon (Ed.), *Foundations of social work practice with lesbian and gay persons* (pp. 131-144). Binghamton, NY: Haworth.
- Gilman, S.E., Cochran, S.D., Mays, V.M., Hughes, M., Ostrow, D., & kessler, R.C. (2001). Risk of psychiatric disorders among individuals reporting same-sexual partners in the National Comorbidity Survey. *American Journal of Public Health*, 91, 933-939.
- Gomez, C., & Yassen, J. (2007). Revolutionizing the clinical frame. *Journal of Aggression, Maltreatment, & Trauma*, 9, 245-264.
- Gonsalves, C. J. (1992). Psychological stages of the refugee process: A model for therapeutic interventions. *Professional Psychology: Research and Practice*, 23, 382-389.
- Harvey, M. R. (1996). An ecological view of psychological trauma and trauma recovery. *Journal of Traumatic Stress*, 9, 3-25.
- Harvey, M. R. (2007). Towards an ecological understanding of the resilience in trauma survivors: Implications for theory, research, and practice. *Journal of Aggression, Maltreatment, and Trauma*, 14, 9-32.
- Hendricks, A., Tielman, R., & van der Veen, E. (1993). *The third pink book: A global view of lesbian and gay liberation and oppression*. Buffalo, NY: Prometheus.
- Herlihy, J., & Turner, S. (2007). Memory and seeking asylum. *European Journal of Psychotherapy and Counselling*, 9, 267-276.
- Herman, J. L. (1992). *Trauma and recovery*. New York, NY: Basic Books.
- Human Rights Watch. (2009). *Together, apart: Organizing around sexual orientation and gender identity worldwide*. New York, NY: Author. Retrieved from <http://www.hrw.org/node/83162>
- Kanas, N. (2005). Group therapy for patients with chronic trauma-related stress disorders [Special issue: Group Therapist Countertransference to Trauma and Traumatogenic Situations]. *International Journal of Group Psychotherapy*, 55, 161-165.
- Kaul, T. J., & Bednar, R. L. (1994). Pretraining and structure: Parallel lines yet to meet. In A. Fuhrman & G. M. Burlingame (Eds.), *Handbook of group psychotherapy: A clinical and empirical synthesis* (pp. 155-190). New York, NY: Wiley.
- Kinzie, J. D., & Jaranson, J. M. (2001). Refugees and asylum-seekers. In E. Gerrity, T. M. Keane, & F. Tuma (Eds.), *The mental health consequences of torture* (pp. 111-120). Dordrecht, Netherlands: Kluwer Academic.
- Kirmayer, L., Young, A., & Hayton, B. C. (1995). The cultural context of anxiety disorders. *Psychiatric Clinics of North America*, 13, 503-521.
- Klein, R. H., & Schermer, V. L. (Eds.). (2000). *Group psychotherapy for psychological trauma*. New York, NY: Guilford.
- Koss, M. P., & Harvey, M. R. (1991). *The rape victim: Clinical and community interventions* (2nd ed.). Thousand Oaks, CA: Sage.
- Lenihan, G. (1985). The therapeutic gay support group: A call for professional involvement. *Psychotherapy*, 22, 729-740.
- Lubin, H., Loris, M., Burt, J., & Johnson, D. R. (1998). Efficacy of psychoeducational group therapy in reducing symptoms of post-traumatic stress disorder among multiply traumatized women. *American Journal of Psychiatry*, 155, 1172-1177.
- Lundqvist, G., Svedin, C. G., Hansson, K., & Broman, I. (2006). Group therapy for women sexually abused as children: Mental health before and after group therapy. *Journal of Interpersonal Violence*, 21, 1665-1677.
- Masten, J., Kochman, A., Hansen, N., & Sikkema, K. (2007). A short-term group treatment model for gay male survivors of childhood sexual abuse living with HIV/AIDS. *International Journal of Group Psychotherapy*, 57, 475-497.
- Mays, V. M., & Cochran, S. D. (2001). Mental health correlates of perceived discrimination among lesbian, gay, and bisexual adults in the United States. *American Journal of Public Health*, 91, 1869-1876.
- McClure, H., Nugent, C., & Soloway, L. (1998). *Preparing sexual orientation-based asylum claims: A handbook for advocates and asylum-seekers*. Chicago, IL: Heartland Alliance for Human Needs & Human Rights and the Lesbian and Gay Immigration Rights Task Force.
- McDaniel, J. S., Purcell, D., & D'Augelli, A. R. (2001). The relationship between sexual orientation and risk for suicide:

- Research findings and future directions for research and prevention [Special issue: Background Papers to the National Suicide Prevention Conference. October 1998, Reno, Nevada]. *Suicide and Life-Threatening Behavior*, 31, 84-105.
- Mendelsohn, M., Zachary, R.S., & Harney, P. A. (2007). Group therapy as an ecological bridge to new survivors. *Journal of Aggression, Maltreatment, & Trauma*, 14, 227-243.
- Meyer, I. H. (1995). Minority stress and mental health in gay men. *Journal of Health and Social Behavior*, 36, 38-56.
- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129, 674-697.
- Morran, D. K., Stockton, R., & Teed, C. (1998). Facilitating feedback exchange to groups: Leader interventions. *Journal for Specialists in Group Work*, 23, 257-268.
- Najavits, L. M., Weiss, R. D., Shaw, S. R., & Muenz, L. (1998). "Seeking safety": Outcome of a new cognitive-behavioral psychotherapy with women with posttraumatic stress disorder and substance dependence. *Journal of Traumatic Stress*, 11, 437-456.
- Neal, C. (2000). We are family: Working with gay men in groups. In C. Neal & D. Davies (Eds.), *Issues in therapy with lesbian, gay, bisexual, and transgender clients* (pp. 102-114). Philadelphia, PA: Open University Press.
- Papadopoulos, R. K. (Ed.). (2002). *Therapeutic care for refugees: No place like home*. New York, NY: Tavistock Clinic Series; London, UK: Karnac.
- Papadopoulos, R. K. (2007). Refugees, trauma and adversity-activated development. *European Journal of Psychotherapy and Counselling*, 9, 301-312.
- Pepper, C. (2005). Gay men tortured on the basis of homosexuality: Psychodynamic psychotherapy and political asylum advocacy. *Contemporary Psychoanalysis*, 41, 35-54.
- Perez-Ramirez, L. A. (2003). Immigration and trauma: A study with Latino gay men asylum seekers (ProQuest Information & Learning). *Dissertation Abstracts International: Section B. Sciences and Engineering*, 64(3-B), 1553.
- Piwowarczyk, L. (2007). Asylum seekers seeking mental health services in the United States: Clinical and legal implications. *Journal of Nervous and Mental Disease*, 195, 715-722.
- Proescholdbell, R. J., Roosa, M. W., & Nemeroff, C. J. (2006). Component measures of psychological sense of community among gay men. *Journal of Community Psychology*, 34, 9-24.
- Resick, P. A., & Schnicke, M. K. (1992). Cognitive processing therapy for sexual assault victims. *Journal of Consulting and Clinical Psychology*, 60, 748-756.
- Root, M. P. P. (1992). Reconstructing the impact of trauma on personality. In L. S. Brown & M. Ballou (Eds.), *Personality and psychopathology: Feminist reappraisals* (pp. 229-265). New York, NY: Guilford.
- Safren, S. A., & Pantalone, D. W. (2006). Social anxiety and barriers to resilience among lesbian, gay, and bisexual adolescents. In A. M. Omoto & H. S. Kurtzman (Eds.), *Sexual orientation and mental health: Examining identity and development in lesbian, gay, and bisexual people* (pp. 55-71). Washington, DC: American Psychological Association.
- Saltzman, W. R., Layne, C., Steinberg, A. M., & Pynoos, R. S. (2006). Trauma/grief-focused psychotherapy with adolescents. In L. A. Schein, H. I. Spitz, G. Burlingame, & P. R. Muskin (Eds.), *Psychological effects of catastrophic disasters: Group approaches to treatment* (pp. 669-730). New York, NY: Haworth.
- Schnurr, P. P., Friedman, M. F., Foy, D. W., Shea, T. M., Hsieh, F. Y., Lavori, P. W., . . . Bernardy, N. C. (2003). Randomized trial of trauma-focused group therapy for posttraumatic stress disorder: Results from a Department of Veterans Affairs cooperative study. *Archives of General Psychiatry*, 60, 481-489.
- Segal, U. A., & Mayadas, N. S. (2005). Assessment of issues facing immigrant and refugee families [Special issue: Immigrants and Refugees in Child Welfare]. *Child Welfare Journal*, 84, 563-584.
- Sonn, C. C. (2002). Immigrant adaptation: Understanding the process through sense of community. In A. T. Fisher, C. C. Sonn, & B. J. Bishop (Eds.), *Psychological sense of community: Research, applications, and implications* (pp. 205-222). New York, NY: Kluwer Academic/Plenum.
- Stall, R., & Wiley, J. (1988). A comparison of alcohol and drug use patterns of homosexual and heterosexual men: The San Francisco men's health study. *Drug and Alcohol Dependence*, 22, 63-73.
- Tourigny, M., & Hébert, M. (2007). Comparison of open versus closed group interventions for sexually abused adolescent girls. *Violence and Victims*, 22, 334-349.
- Tribe, R., & Keefe, A. (2007). Editorial introduction. *European Journal of Psychotherapy and Counseling*, 9, 247-253.
- Tucker, S., & Price, D. (2007). Finding a home: Group psychotherapy for traumatized refugees and asylum seekers. *European Journal of Psychotherapy & Counseling*, 9, 277-287.
- Wallenberg-Pachaly, A. (2000). Group psychotherapy for victims of political torture and other forms of severe ethnic persecution. In R. H. Klein & V. L. Schermer (Eds.), *Group psychotherapy for psychological trauma* (pp. 265-297). New York, NY: Guilford.
- Westermeyer, J. (1987). Cultural factors in clinical assessment. *Journal of Consulting and Clinical Psychology*, 55, 471-478.
- Westermeyer, J. (1989). *Mental health for refugees and other migrants: Social and preventive approaches*. Springfield, IL: Charles C Thomas.
- Zlotnick, C., Shea, M. T., Rosen, K. H., Simpson, E., Mulrenin, K., Begin, A., & Pearlstein, T. (1997). An affect management group for women with posttraumatic stress disorder and histories of childhood sexual abuse. *Journal of Traumatic Stress*, 10, 425-436.
- Zlotnick, C., Najavits, L. M., & Rohsenow, D. J. (2003). A cognitive-behavioral treatment for incarcerated women with substance use disorder and posttraumatic stress disorder: Findings from a pilot study. *Journal of Substance Abuse Treatment*, 25, 99-105.