

Developing a group  
intervention for

# gender and sexual minority refugees living with HIV.

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# Background

Gender and sexual minority migrants in Sweden who are living with HIV need empowering peer support and safe spaces to share their experiences. Studies suggest there are many negative consequences related to sexual, social and mental health associated with intersectional minority stress and stigma tied to a lack of peer support and isolation (Public Health Agency of Sweden 2022, Bateganya et al. 2015, Mehdiyar et al. 2020).

Noaks Ark Stockholm is a non-governmental organization providing psycho-social services for people living with HIV and a majority of our frequent service users are people born outside Sweden. Due to the high needs among gender and sexual minority migrants, confirmed by research and own experience, a project for a group intervention was developed during 2022 to improve social and mental health. The intervention was led by a psychologist (with a degree in sexology), a social worker and a peer support assistant.

## Aim

To develop a group intervention to improve mental health, social network and empower gender and sexual minority people living with HIV who in recent years migrated to Sweden.

## Result

The intervention was organized as a closed group intervention with 16 sessions during one year. Workshops with the target group was conducted before and at start to include them in shaping of the themes and scope of the programme. The group was led by one social worker and one psychotherapist with a sexology degree and a peer coordinator from the group was recruited. Examples of topics of the intervention were: sexuality, cultural views of gender, safety net, transactional sex, chemsex, self-esteem and stigma. The workshops for each session were based upon a mix of current research and knowledge followed by interactive parts of discussion, experiences and strategies based on cognitive behavioural therapy theory.

The group meetings provided a safe space for people of similar backgrounds which enabled the participants to be open with their thoughts about sensitive and personal matters by sharing their own experiences of difficulties. This seemed to inspire more openness about feelings of distress among the members. The safe space provided opportunities to talk openly and emphasized the importance of strengthening the group members self-esteem and how they can handle stigma in order to encourage self-confidence. This can be especially important for refugees who often come with a backpack filled with other cultural values and norms that influence how we adapt to other circumstances and new cultures. This may contribute to one's capacity to adapt when moving to another country. On the other hand we saw that emotional restrictions, due to internalized stigma, are limiting their lives. This was expressed as a preference to only be intimate with other HIV positive persons due to the pressures of disclosure and fears of prejudices from other people, even when the HIV is clinically verified untransmittable. Social isolation due to alienation led to continuous problems with anxiety, depression, or substance use. This illuminates the overwhelming needs of safe spaces for gender and sexual minority refugees living with HIV to exchange personal experiences and to connect with others of similar backgrounds.

According to the Client Satisfaction Questionnaire evaluation (CSQ-8) form, that the participants filled in, all of the responders would recommend the program to a friend. The majority were mostly or very satisfied with the help received and most responders said the services helped them deal more effectively with their problems.

**“All sessions were perfect. It really helped me to raise my self esteem which was low. And also promoted my social life [...]. I recommend more sessions. Thank you.”**

## **Conclusion**

Group interventions for gender and sexual minority refugees living with HIV to improve mental health and social networks are accepted and recommended by the participants. The challenges that the participants experienced in their new life in Sweden seemed to be alleviated, due to finding comforting social interactions and peer support provided within the group meetings. By addressing potentially negative thought patterns and behaviors that contribute to mental health problems and giving the members opportunities to challenge their perspectives to change negative thoughts. The presentations of different topics served as a psychoeducational intervention, which gave information on how to manage certain difficulties they experience and we provided relaxation techniques to deal with anxieties. The intervention empowered them with tools to enable self-confidence, knowledge about rights in Sweden and the ability to express and be true to themselves and their needs. Complementary individual interventions are needed in order to address suicidal and severe mental illness on an individual level.

## **Discussion and lessons learned**

During the process we discovered certain components of importance to create a safe space for this group of which includes basic knowledge about HIV and what kind of psychosocial consequences the diagnosis can have. Another important component is understanding how multiple marginalization, minority stress and stigma affects the participants ability to trust and connect with other people. This, and the experience of working with LGBTQI+/migrants, gave the group leaders vital cues on appropriate ways to approach certain subjects of discussion in order to protect and empathize with the vulnerability of the participants. For example, being able to listen and help to manage emotional consequences of having experiences of HIV stigma and escaping dangerous situations in their home countries due to LGBTQI+ discrimination, oppression and violence.

Consistency is another component which we found necessary, to have a certain time and place with largely the same participants and keeping mutual agreements of privacy and respect. By doing social activities, i.e. eating dinner together, creating an atmosphere with the feeling that being involved in the group is like being part of a close knit community. All these lessons respond in line with current research.

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# References

Public Health Agency of Sweden (2022). *Hiv i skuggan av utanförskap - En intervjustudie med migranter som lever med hiv*. 22223. Solna/Östersund: Folkhälsomyndigheten.

Bateganya, M.H., Amanyeiwe, U., Roxo, U. & Dong, M. (2015). Impact of support groups for people living with HIV on clinical outcomes: a systematic review of the literature. *Journal of acquired immune deficiency syndrome*, 68 Suppl, 3(0 3), 368-374.

Mehdiyar, M., Andersson, R., Hjelm, K. (2020). HIV-positive migrants' experience of living in Sweden. *Global Health Action*, 13(1), 1715324-1715324. Doi: 10.1080/16549716.2020.1715324.

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