

A narrative exploration of the personal challenges and mental health issues experienced by lesbians, gay and bisexual youth in Bulawayo metropolitan



Research Article

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Citation: Charity Tadiwanashe Sali (2025), A narrative exploration of the personal challenges and mental health issues experienced by lesbians, gay and bisexual youth in Bulawayo metropolitan. IJHRGJS V1 (01)

ABSTRACT

Introduction: This study explored the challenges and mental health issues faced by lesbian, gay, and bisexual (LGB) youth in Bulawayo Metropolitan, Zimbabwe. Despite increasing global awareness of LGBTQ+ rights, LGB individuals in Zimbabwe encounter significant stigma and discrimination, impacting their mental health.

Methods: A qualitative narrative approach was employed, and data were collected from seven participants aged 18–24 years through in-depth interviews.

Results: The findings revealed pervasive social stigma, familial rejection, and systemic barriers to healthcare, contributing to heightened anxiety, depression, and suicidal ideation among the participants. Resilience was demonstrated through coping mechanisms such as self-acceptance and support from chosen families and LGBTQ+ organisations.

Conclusion: The study emphasises the urgent need for legal reforms, affirming healthcare services, and community education to improve the well-being of LGB youth. These insights aim to inform effective interventions and advocacy efforts, thereby promoting a more inclusive environment for LGBTQ+ individuals in Zimbabwe.

Keywords: LGBTQ+ youth, mental health, Bulawayo, resilience, stigma

Introduction

Lesbian, Gay, Bisexual, Trans and Queer (LGBTQ+) youth globally experience higher rates of depression, anxiety, and suicidal ideation than their heterosexual peers (Lucassen et al., 2017). Societal stigma, discrimination, and prejudice drive mental health disparities (Mkhize & Mthembu, 2023). These youths face a complex web of challenges, including family rejection, bullying, and limited access to affirming healthcare, which harms their well-being (Moe et al., 2022). In sub-Saharan Africa, cultural norms, religious beliefs, and punitive colonial-era laws intensify these adversities (Mogotsi et al. 2024). Many countries in the region criminalise same-sex relationships, which pushes LGB individuals to the margins of society and obstructs their access to essential health and support services (Nyoni 2020). While some nations have made progress in LGBTQ+ rights, widespread discrimination and violence persist, revealing a gap between legal reforms and societal acceptance (Mkhize & Mthembu, 2023). Zimbabwe presents a particularly challenging environment. The country's laws criminalise homosexuality, and societal attitudes remain deeply prejudiced (Chabata, 2024; Muparamoto & Moen, 2022). This climate of intolerance directly affects the mental health of LGB youth, who often struggle with self-acceptance and fear of rejection from their communities (Muparamoto and Moen,

2022). Although Bulawayo is a diverse urban centre, strong conservative values create a tense and vulnerable atmosphere for young people navigating their sexual identities (Muparamoto and Moen, 2022).

Existing research on the mental health of LGBTQ+ youth in Zimbabwe is limited, creating a significant knowledge gap (Jumbe et al., 2022). This study addresses this lack of knowledge by exploring the personal challenges, mental health issues, and support systems relevant to LGB youth in Bulawayo. Using a narrative approach, this research centres on their voices, providing a platform for them to share their stories of struggle and resilience (Sava et al., 2021). The findings can inform policymakers and mental health practitioners, helping them develop culturally relevant and effective interventions that address the specific needs of this community (McGorry et al., 2022; Moore et al., 2021).

The challenges these young people faces are embedded in into their daily lives. Cultural norms in Zimbabwe, rooted in patriarchal systems, often frame non-heteronormative identities as deviant (Patsika, 2025). Family rejection is a major cause of mental health problems, dramatically increasing the risk of depression, substance use, and suicidality (Hunt et al., 2017). Religion, primarily conservative Christianity, plays a

significant role, with many institutions condemning same-sex relationships as sinful (Kaoma, 2016). This religious condemnation can create profound guilt, shame, and internal conflict for LGB youth trying to reconcile their faith with their identity (Evans & Mawere, 2022). Educational settings often provide limited safety. LGB students face high rates of bullying, discrimination, and violence, which harm their mental health and academic achievement (Hatzenbuehler & Keyes, 2013; Baams et

Theoretical Framework

This study uses Queer Theory as its primary analytical framework. Emerging in the 1990s from the work of scholars such as Judith Butler, Queer Theory challenges and deconstructs traditional, fixed understandings of sex, gender, and sexuality (Rumens et al., 2018). It argues that these categories are not natural but socially constructed and maintained through societal power relations. This theory provides a critical lens for examining the experiences of marginalised groups, particularly those who do not conform to societal norms. A central concept in Queer Theory is heteronormativity, which assumes that heterosexuality is the default and "normal" orientation (Rumens & Broomfield, 2014). This assumption underpins cultural, political, and social institutions, creating rigid expectations that can lead to

al., 2015). Furthermore, accessing affirming healthcare remains a major barrier, as many LGB youth fear discrimination from providers or encounter a lack of culturally competent care, leading to unmet mental and physical health needs (Bishop et al., 2021; Tyler & Schmitz, 2018). This study seeks to illuminate these lived realities, aiming to foster a greater understanding and advocate for robust support systems that can improve the well-being of LGB youth in Bulawayo.

alienation, internalised stigma, and mental health challenges for LGB individuals (Callis 2009).

Queer suits this study because it focuses on how these normative structures impact the lives of LGB youth in Bulawayo. It also encourages an intersectional approach, recognising that factors such as race and class intersect with sexuality to shape a person's unique experiences (Lee et al., 2008; Vasiliou, 2020). Most importantly, the theory champions the importance of voice and representation, aligning with this study's narrative method that centres the stories of marginalised youth to disrupt dominant, heteronormative discourse (Motschenbacher & Stegu, 2013).

3. Methodology

To understand the personal challenges and mental health of lesbian, gay, and bisexual (LGB) youth in Bulawayo, we adopted a qualitative research design

rooted in phenomenology. We adopted a phenomenological design because we were concerned with exploring and describing the lived experiences of individuals. Phenomenology suits our goal of uncovering the shared essence of an experience from the perspectives of those who have lived it (Creswell and Poth, 2016). We selected this approach because our objective was not to measure the prevalence of mental health conditions but to explore the rich, subjective, and deeply personal nature of participants lived experiences (Bryman, 2016). This design allowed us to centre the voices of the youth, prioritising their interpretation of their world and the meaning they ascribe to their struggles and resilience (Denzin et al., 2023).

Participant Recruitment and Sampling

We recruited seven individuals who self-identified as LGBTQ+ and were between the ages of 18 and 24 years, residing in the Bulawayo Metropolitan area. The individuals were from different socioeconomic backgrounds and represented diverse gender identities and sexual orientations. The participants included students and those employed or unemployed, with education levels varying from secondary to tertiary. Identifying this community required a sensitive sampling strategy because of the stigmatised and hidden nature of the population. We initiated participant recruitment through

purposive sampling, collaborating with trusted community gatekeepers who introduced the study to potential participants. From these initial contacts, we employed snowball sampling, wherein participants referred to other eligible individuals from their social networks (Biernacki & Waldorf, 2020). This two-stage, non-probability method proved effective for reaching a sufficient sample size for qualitative analysis, allowing us to identify common themes and variations in experiences (Hennink & Kaiser, 2022).

Data Collection and Analysis

We collected data through in-depth semi-structured interviews. This method provided a consistent framework of questions while affording the flexibility to probe deeper into emergent topics and allowing participants to guide the narrative toward what they deemed most significant (Mahat-Shamir et al., 2021). We conducted all interviews in private, confidential settings chosen by the participants. We audio recorded the interviews with the permission of the participants. To analyze the data, we transcribed the interviews verbatim and applied thematic analysis (Braun & Clarke, 2023). This rigorous process involved familiarising ourselves with the data, generating initial codes, searching for patterns to form themes, reviewing and refining those themes, and defining them

to produce a coherent analysis (Braun and Clarke, 2019).

Ethical issues

We observed ethical guidelines such as informed consent, confidentiality, and anonymity. Before each interview, we obtained voluntary and informed consent, ensuring that the participants fully understood the study's purpose, that they were capable of giving consent, and their right to withdraw at any time without coercion (Kumar, 2014). We guaranteed anonymity and confidentiality by using pseudonyms and anonymising techniques in all transcripts and reports (Ren et al., 2021) and stored all digital data on encrypted, password-protected devices. We recognised that recounting experiences of discrimination and trauma could cause psychological distress;

Challenges Faced by LGB Youth

Participants described navigating a landscape of pervasive social hostility, which directly harms their mental and emotional health and creates systemic barriers to well-being.

Pervasive Social Stigma and Familial Rejection

A dominant challenge reported by participants was the constant social stigma they endured from family, community, and religious institutions. This

therefore, our ethical protocol included a direct referral pathway to professional psychological support services for any participant who requested or required it. This provision was more than a procedural safeguard; we were methodologically acknowledging the severe mental health burdens this research intended to explore, reinforcing the study's fundamental premise. The Research Ethics Committee of Women's University in Africa approved this study.

Findings

This section presents the findings from in-depth interviews with lesbian, gay, and bisexual youth in Bulawayo. The data reveal the profound challenges they face, the resilient coping strategies they employ, and their clear vision for a more inclusive future.

Stigma manifests as verbal harassment, social exclusion, and painful rejection by their families. Many youth live with a persistent fear of being discovered, knowing the severe consequences that could follow their disclosure. This reality forces them into a state of hyper-vigilance in nearly every aspect of their lives. Rejection often begins at home, where the primary unit of support becomes a source of deep emotional pain, leading to profound feelings of isolation and worthlessness.

My family found out, and it was like a war started. My mother cried, saying I brought shame to them. - Participant 02, Bulawayo

Walking down the street, you hear whispers and direct insults directed at you. You learn to develop a thick skin, but it wears you down. - Participant 01, Bulawayo

The church was everything to me, but the sermons about unnatural acts felt like they were aimed at me. I was told I needed to pray the gay away spirit in me to leave me...and lost my support system. - Participant 03, Bulawayo

Community attitudes, often fuelled by conservative cultural and religious beliefs, create a hostile environment that forces many young people to hide their identities to protect themselves. Religious institutions, which many participants looked to for comfort, instead became places of condemnation. This social rejection is not an abstract concept but a painful, lived reality that shapes their daily interactions and sense of self.

Mental and Emotional Health Burdens

The relentless climate of non-acceptance and discrimination inflicts a heavy toll on the mental and emotional health of LGB+ youth. The participants frequently described experiencing severe anxiety,

depression, loneliness, and suicidal thoughts. The chronic stress of concealing their identity, anticipating negative reactions, and coping with rejection creates a state of constant psychological distress for them. This internal turmoil is a direct consequence of external prejudice. The invalidation they face from society leads to internalised stigma, where they begin to believe the negative messages they hear, thereby diminishing their self-worth.

There are days when I cannot get out of bed. The weight of pretending, knowing people would hate me if they knew the real me, is crushing and isolating. - Participant 04, Bulawayo

After my family reacted so badly, I fell into a very dark place. I felt like a burden, like something was fundamentally wrong with me, and felt hopeless. - Participant 05, Bulawayo

You internalise all negative things people say. I have had moments where ending it all would be easier than facing another day of shame and embarrassment - Participant 06, Bulawayo

These mental health burdens are not individual failings but direct consequences of a hostile social environment. The lack of safe spaces to express their identities and

emotions, combined with the fear of judgment, worsens conditions such as anxiety and depression. The mention of suicidal ideation points to the extreme distress experienced by some participants, highlighting the human cost of prejudice.

Systemic Barriers to Services and Opportunities

Beyond social stigma, participants reported facing significant systemic barriers when attempting to access essential services such as healthcare, education, and employment. Discrimination, whether overt or subtle, and the absence of affirming policies, prevent them from receiving equitable treatment. In healthcare, fear of judgment from providers leads many to avoid seeking necessary medical care, which can worsen health outcomes. In the job market, the need to hide their identity for fear of being fired or treated unfairly limits their career opportunities and creates stressful work environments.

Visiting a clinic is nerve-wracking. You do not know if the nurse will be understanding or start lecturing you about morality, so you avoid going

Forging Identity and Self-Acceptance

In the face of external negativity, many participants described a difficult but empowering internal journey toward self-

unless it's an emergency. -

Participant 03, Bulawayo

Finding a job is hard. You worry that if they find out you are gay, they will fire or treated differently. -

Participant 01, Bulawayo

If someone harasses you, where do you go to report it? The police?

There is no real protection for us, so you keep quiet. - Participant 02

There is a lack of legal protection. They perceived law enforcement to share the same homophobic views as the rest of society, leaving them vulnerable to harassment and violence without any meaningful way to seek justice. These systemic barriers are rooted in discriminatory laws and institutional policies that deny LGBTQ+ youth equal access to fundamental rights and opportunities in the country.

Coping and Support Systems

Despite these formidable challenges, the participants demonstrated remarkable resilience. They actively forge their own support systems and pathways to self-acceptance to navigate complex realities. acceptance that they undertook. This process often involves self-education, introspection, and finding validation outside their immediate, hostile environments, frequently through online resources. For many, this journey was a

crucial coping mechanism that allowed them to build the internal resilience needed to withstand the societal stigma. This internal shift did not change the world around them, but it fundamentally changed how they faced it, providing them with a stronger sense of self.

It took years, but I slowly began to accept that this is who I am, and it is not something to be ashamed of. This internal shift changed how I face the world. -

- Participant 05, Bulawayo

This self-awareness is a shield. It helps me navigate ignorance and prejudice with more confidence because I know who I am, even if others don't understand or accept it.

- Participant 03, Bulawayo

Learning that I do not have to fit into a neat box has been liberating. Accepting that my identity can be fluid is my way of coping with the pressure to be 'normal'. -

- Participant 07, Bulawayo

Claiming and embracing their identity in a context that actively seeks to erase it is a powerful form of resistance. This internal validation is a critical resource when external validation is absent. This highlights the importance of access to information and narratives that affirm

diverse sexual orientations and gender identities.

The Lifeline of Chosen Families and Peer Networks

For many LGB youth, informal support networks especially peers with shared experiences and "chosen families" of supportive friends serve as essential lifelines for survival. These networks provide spaces for understanding, validation, and emotional support, filling the void left by the family's rejection. In these circles, participants feel they can be their authentic selves without having to defend their existence. Online communities also play a vital role in offering a sense of belonging and solidarity that transcends geographical and social isolation.

My friends, especially those who are also queer, are now my family. Knowing I have people who understand me without having to explain makes all the difference. -

- Participant 02, Bulawayo

Online, I found communities of other gay men. It is shown me that I am not alone, even if it feels that way. -

- Participant 01, Bulawayo

When my biological family was difficult, my friends offered me a place to stay and reminded me

that I was loved and valued. This chosen family is my support. - Participant 06, Bulawayo

Engagement with LGBTQ+ Organizations

Some participants found support through local LGBTQ+ organisations in Bulawayo. These groups provide safe spaces, specialized information, advocacy, and a sense of community. While often operating with limited resources in challenging legal environments, they represent a vital formal support system. They offer services such as tailored sexual health information that are unavailable in mainstream clinics. The existence of these organisations serves as a reminder that participants are not alone and that a community is fighting for their rights.

It was a relief to be in a space where I did not have to pretend. They offer counselling and workshops on rights issues. Just knowing such a place exists is a comfort. - Participant 05, Bulawayo

Through a local group, I learned more about sexual health relevant to me, which I couldn't get from regular clinics. - Participant 03, Bulawayo

I know there are groups, but they are hard to access, or I worry about being seen. They can only

do little with the laws the way they are. - Participant 04, Bulawayo

However, participants also recognised the limitations faced by these organisations. Concerns about being seen accessing their services and the constraints imposed by discriminatory laws highlight the broader systemic challenges that impact the reach and effectiveness of these services.

Calls for Intervention

Participants articulated a clear vision for change, focusing on systemic reforms that would create a safer and more supportive society.

Calls for Legal Recognition and Policy Reform

A primary call from participants was for urgent legal reforms to decriminalise same-sex relations and protect against SOGI-based discrimination. They view legal change as the foundation for achieving safety and equality, arguing that discriminatory laws legitimise societal prejudice and violence.

The most important thing that needs to change is the law itself. As long as being gay is a crime, we will never be safe. - Participant 01, Bulawayo

Policies are needed in schools and workplaces that state that discrimination against LGBTQ+ people is prohibited. People discriminate freely because there are no consequences. - Participant 02, Bulawayo

Enhancing Access to Affirming Healthcare

Participants also stressed the critical need for affirming, knowledgeable, and competent healthcare and mental health services. They envisioned services free from judgment and staffed by

Discussion

This study's findings illuminate the profound and interconnected challenges that LGB youth face in Bulawayo. This discussion synthesises these findings and connects them to broader theoretical frameworks and the existing literature to underscore their significance.

Our findings reveal the severe psychological costs of living in a deeply heteronormative society. As demonstrated by our study participants, the pervasive stigma they face from their families, communities, and religious institutions directly fuels the high rates of anxiety, depression, and suicidal ideation they report. This pattern of findings is consistent with the minority stress model, which posits that the prejudice and

professionals trained to understand their unique health needs and the impact of minority stress.

We need doctors and nurses who will not look at us funny or start preaching. We avoid clinics because of bad experiences. - Participant 06, Bulawayo

There should be counsellors who understand what it's like to be LGBTQ+ in Zimbabwe, not someone who will try to 'cure' you. - Participant 05, Bulawayo

discrimination faced by marginalised groups create chronic stress, leading to adverse health outcomes (Schmitz et al., 2020). The rejection and condemnation described by participants are not isolated events; rather, they are manifestations of a social order that privileges heterosexuality and pathologizes nonconforming identities. This finding corroborates the work of numerous scholars who have documented how societal structures enforce conformity (Jones, 2018; Patsika, 2025; Evans Mawere, 2022). Our findings consistently show that the mental health burdens these youth experiences are a direct consequence of navigating a hostile and invalidating social environment rather than an inherent individual pathology. Emotional turmoil is a predictable outcome of systemic oppression.

The findings strongly imply that social prejudice becomes institutionalised, creating systemic barriers in healthcare, employment, and law enforcement sectors. The fear of discrimination from a nurse or employer, as articulated by participants, is a direct consequence of a legal framework that fails to protect LGB individuals. This finding aligns with the large amount of scholarly work critiquing how institutions structure themselves around heteronormative assumptions (Regan and Meyer, 2021). Specifically, our findings provide insight into how Zimbabwe's laws, which criminalise same-sex conduct, create a climate of fear and effectively sanction societal discrimination (Chikwanha, 2019). This legal vulnerability silences victims and perpetuates a cycle in which LGB youth lack fundamental rights, reinforcing their marginalisation. Our findings are consistent with those of Evans and Mawere (2022), who documented how the absence of legal recourse leaves this population exposed to harassment and violence without any meaningful way to seek justice. The systemic exclusion reported by participants is therefore not accidental but persists because of a legal and policy vacuum that permits discrimination to persist without consequence.

Interestingly, despite the immense pressure they face, the participants demonstrated remarkable resilience by creating their own support systems. The

forming of chosen families and reliance on peer and online networks exemplifies the creation of queer counter-publics. This pattern of findings is consistent with previous literature, which has extensively documented these alternative kinship structures as sites of resistance where youth can affirm their identities, share coping strategies, and build solidarity away from the judgment of mainstream society (Keighley, 2022; Walker & DeVito, 2020). These networks are not merely social outlets; they are essential structures for survival and well-being of the elderly. Our findings support how these spaces provide the emotional and social sustenance denied by traditional institutions such as biological families or religious organisations. Similar findings were obtained by Zhu et al. (2025), who found that these networks facilitate the sharing of local knowledge crucial for navigating hostile social terrains. The proactive creation of these support systems is a testament to the agency and creativity of LGB + youth.

Our findings highlight the journey toward self-acceptance as a central theme, representing both profound challenges and powerful coping mechanisms. In a hostile environment, the internal process of accepting one's identity is an arduous task fraught with internalised stigma. However, these findings support the theory that achieving self-acceptance is a radical act of resistance and a crucial

source of resilience (Brammer, Goodrich, and Sands, 2024). This internal validation acts as a psychological shield, empowering the youth to navigate their world with a stronger sense of self. The present results are consistent with those of Miles (2017) and Tebbe et al. (2024), who dealt with how self-acceptance can mediate the harmful effects of external prejudice. As shown by our study participants, this internal work, often facilitated by access to online resources and alternative narratives, is a vital component of their mental and emotional survival, allowing them to build a sense of worth in a world that frequently seeks to diminish it.

The findings strongly imply that creating a safer society for LGB youth requires multi-pronged and intersectional interventions. Participants' calls for change make it clear that legal reform, while foundational, is insufficient. Specifically, our findings provide insight into the need for accompanying legal changes with systemic reforms in healthcare and education to ensure that services are affirming and competent (Maine, 2024). This finding corroborates the work of Munson and Cook (2016) and McNeill, McAteer and Jepson (2021) who also found that training medical professionals to overcome heteronormative biases is crucial for dismantling barriers to care. Our study revealed that a holistic approach is essential. Addressing the challenges

faced by LGB youth in Bulawayo demands a coordinated effort that simultaneously targets discriminatory laws, institutional policies, and the socio-cultural attitudes that fuel prejudice. A singular focus on one area will inevitably fall short of creating the deep and sustainable change that is urgently needed.

Conclusions

This study underscores the profound personal and systemic challenges faced by LGB youth in Bulawayo, Zimbabwe. Pervasive social stigma, familial rejection, and systemic barriers significantly impact mental health, leading to heightened anxiety, depression, and suicidal ideation. Despite these adversities, participants demonstrated remarkable resilience through self-acceptance, forging chosen families, and engaging with supportive networks and organisations. Their stories reveal that internal validation and community support are vital buffers to external hostility. However, the findings emphasise that individual resilience alone cannot offset the damaging effects of structural discrimination rooted in laws, societal norms, and institutional practices. To improve well-being and inclusion, comprehensive reforms are essential, including legal decriminalisation, affirming healthcare, inclusive education, and community sensitisation. Addressing these interconnected issues requires a multi-layered approach that dismantles

heteronormative structures and promotes social acceptance. Ultimately, this research illuminates the urgent need for policy changes, community engagement, and mental health support tailored to the

Recommendations

We recommend that Zimbabwe prioritise legal reforms to decriminalise same-sex relationships and implement anti-discrimination statutes to protect LGBTQ+ individuals. Such legal protections create a foundational environment of safety and equality that enables broader societal change.

The study recommends that healthcare systems be reformed to provide accessible, affirming, and culturally competent mental health and medical services tailored to LGBTQ+ needs. Training healthcare professionals on LGBTQ+ issues and anti-bias practices is thus crucial.

Educational institutions should incorporate inclusive policies and curricula that promote the understanding and acceptance of diverse sexual orientations and gender identities, reduce bullying, and foster safe spaces.

We also recommend that community-based organisations and international allies strengthen support networks, including online platforms and peer-led

unique realities of LGBTQ+ youth in Zimbabwe, aiming to create a safer, more inclusive environment where they can thrive without fear of discrimination and violence.

initiatives, to provide safe spaces for advocacy.

Finally, community sensitisation campaigns involving religious and cultural leaders can challenge harmful norms and foster societal acceptance. These integrated actions are essential for creating a more inclusive and supportive environment that uplifts and protects LGB youth in Bulawayo.

Acknowledgements

No human or animal studies have been conducted in this study. This is a conceptual paper that discusses existing literature on A narrative exploration of the personal challenges and mental health issues experienced by lesbians, gay and bisexual youth in Bulawayo metropolitan.

Competing Interests

The authors declare that they have no financial or personal relationships that may have inappropriately influenced the writing of this paper.

Funding

No financial support was received for the research, authorship, or publication of this article.

Data Availability

No new data were created or analysed in this study; therefore, data sharing was not applicable to this article.

Disclaimer

This article reflects the author's own opinion, and not that of any institution or funder

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