

MENTAL DILEMMAS.

A QUALITATIVE EXPLORATION EXAMINING THE LIVES AND MENTAL HEALTH CHALLENGES FACED BY VISIBLE AND OUT GENDER AND SEXUAL DIVERSE (GSD) INDIVIDUALS IN UGANDA.

WRITTEN BY

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DECLARATION

I, Hama-Owamparo, Severus declare that the content of this research paper is entirely an original product of my efforts and has not been submitted to any institution for the award of a degree or diploma. All sources and materials used are duly acknowledged and are properly referenced.

SIGNED..... DATE.....

HAMA-OWAMPARO SEVERUS

APPROVAL

The following research by Hama-Owamparo, Severus has been carried out under the title ‘Mental Dilemmas: A qualitative exploration examining the lives and mental health challenges faced by visible and out gender and sexual diverse individuals in Uganda’ and has been done under my supervision with my approval

SIGNED..... DR. ROSCOE KASUJJA (SUPERVISOR)

DATE.....

DEDICATION

To the gender and sexual diverse persons that have passed on, and to those who continue to live. May you continue to shape the dimensions around you consciously.

You will not be erased.

ACKNOWLEDGEMENTS

I owe special thanks to my supervising Professor, Dr. Roscoe Kasujja, whose mentorship, patience and diligence has been instrumental in guiding this study from conception till its very end. This would not have been made possible without you, thank you.

To the organisations, gender and sexual diverse individuals who openly shared their experiences and provided valuable information to the study, thank you for being a part of this research.

To those that have loved and encouraged me along this journey, to my partners and lovers: Olga Septemba, Godiva Akullo and Noah Mirembe; you have been monumental in this process, extremely encouraging and generous with your time, minds and resources. I am grateful and humbled by your abundance.

All the powers that love, guide and protect me, Ase’.

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ABSTRACT

This study is aimed at exploring the concept of gender and sexual diverse visibility as well as examining the lives and the mental health challenges faced by visible and out gender and sexual diverse individuals in Uganda. The study also examined the extent to which a hostile environment contributes to these challenges.

INTRODUCTION

To the best of my knowledge, there are no statistics depicting the exact number of gender and sexual diverse (GSD) persons currently living in Uganda although various reports have been published exploring the lived realities of LGBT persons and research has been published depicting cases of human rights violations against such persons within their context (Sexual Minorities Uganda, 2017; Chapter Four Uganda, 2017). This chapter will give an in-depth exploration of the environment in which gender and sexual diverse persons live (Uganda), the mental health challenges they face, as well as stating the objectives of the study, significance; and research questions posed.

Uganda's Environment

Homosexuality" and the Law

Historical and anthropological evidence shows that same-sex relationships existed throughout Africa, including in the territories that now make up Uganda, long before colonisation by Western powers. There was no particular stigmatisation of this behaviour; indeed in many cultures, it was part of accepted normal relationships between people. Current homophobic attitudes date from the colonial period and are strongest in those countries that were once part of the British Empire. Uganda's laws criminalising homosexuality stem entirely from laws introduced by the British colonial administration in 1902 and 1950 in an attempt to counter what was seen at the time as dangerous sexual tendencies among Ugandans (Sexual Minorities Uganda, 2014). Article 21 of the Ugandan Constitution provides for equal treatment before the law in all spheres of life i.e. political, economic, social and cultural spheres of life and also prohibits discrimination against people on the basis of sex, race, colour, ethnic origin, tribe, birth, creed, religion, social or economic standing, political opinion or disability. GSD persons also have the right to privacy as stated by Article 27 which provides for protection from interference with the privacy of any person's home, correspondence, communication or other property. However, the Ugandan Constitution has one express limitation on the full exercise of rights and freedoms of LGBTQ persons.

Article 31A, introduced in the 2005 amendment of the constitution, prohibits same-sex marriages and many Ugandans who are anti-LGBTQ could use this amendment as an argument as to the illegality of homosexuality even though it explicitly states that same-sex marriage is illegal and not same-sex relations. (Akullo, Owor, & Onziema, 2017). Uganda's Penal Code section 145 bans sodomy stating that:

"Anyone who has carnal knowledge of any person against the order of nature ... or permits a male person to have carnal knowledge of him or her against the order of "nature" commits a crime punishable on conviction by life in prison."

An attempt to commit such crimes, also prohibited, is punishable on conviction by a seven-year prison term. In addition, the Penal Code prohibits what it calls "indecent practices" by any person. It is important to note that Section 145 of Uganda's Penal Code does not criminalize homosexuality as a sexual orientation and neither does it criminalize homosexuals as a group of people; it only prohibits acts of same-sex conduct. However, the fact that in the popular imagination these sexual acts are mostly associated with "homosexuals" has made them the only group vulnerable to prosecution under the law (Danish Immigration Service's & Danish Refugee Council's, 2014).

It comes as no surprise, therefore, that on 20th December 2014 the Ugandan parliament passed the anti-homosexuality Act (AHA) which was signed into law on 24th February 2014 by Yoweri Kaguta Museveni, the president of Uganda; and in one interview with CNN, he was reported in reference to homosexuals, saying;

“They're disgusting. What sort of people are they? I never knew what they were doing. I've been told recently that what they do is terrible. Disgusting. But I was ready to ignore that if there was proof that that's how he is born, abnormal. But now the proof is not there.”

In the same interview, he was also very deliberate about calling homosexuality a western import and one that goes against African values (Landau, Verjee, & Mortensen, 2014). The AHA was nullified by the Constitutional Court of Uganda on 1st August 2014, on grounds that it was passed without the required quorum-the minimum number of votes required to pass a law in parliament.

A version of the nullified AHA is currently being considered in parliament under the Prohibition of Sexual Offences Bill (2016), that is intended to update and repeal chapter XIV of the Penal Code Act termed “Offences Against Morality”. Section 19 of the Bill provides that a person who performs a sexual act with another person against the order of nature with the consent of another person commits an offence and is liable on conviction to imprisonment for life. It also goes ahead to criminalize attempts to commit homosexuality. As much as the section is similar to the penal code provision, the difference is in the penalty for attempt which is lower than that under both the Penal Code Act and the AHA (Akullo, Owor, & Onziema, 2017).

The fact that there was a law put in place and there is a Bill being tabled in the Ugandan Parliament to criminalize homosexuality backed up by public homophobic utterances made by the President of Uganda on the topic shows that the existence of “homosexuals” was and is known. It can even be argued that the fact that there is a move to legislate against homosexuality is in fact an acknowledgement of their existence, albeit a negative one. The open and often unchecked homophobia and transphobia of Ugandans, right from government officials and entities to the everyday person creates an environment of hostility towards sexual and gender diverse people forcing many to live closeted lives; i.e. hiding any expression of their sexual orientation or gender identity from the general public and people around them.

Over the years there have been some positive changes in attitudes towards gender and sexual diverse people worldwide so much so that same-sex marriages are being and have been legalized in different countries, and trans and third genders are being recognised globally, including in some progressive African states like Botswana and South Africa (Human Rights First 2014; Mguni, 2019). Despite the wave of positive change on a massive scale according to Carroll (2017); 92 countries were still criminalizing same-sex consensual activity in 2006 and by 2016 that number had decreased to 75 States. Of these states, Africa has the highest number of countries that consider homosexuality a crime with Uganda as one of them. According to a report released by the Pew Research Centre, (2013) on the global attitudes towards homosexuality, 96% of Ugandans believe that homosexuality should not be accepted in society.

Attitudes on “homosexuality

“Homosexuality is Un-African...” is a frequently echoed phrase that is not only dismissive of homosexuality as a human sexual orientation but also fails to recognize, that by branding all presumed GSD persons as “homosexual,” the different sexual orientations and the various ways

in which gender is expressed. This one of very many utterances of dismissal, whose language use still has negative connotations attached to it in the country, in a way, cloaks the very existence of GSD persons thus rendering such persons “invisible.”

“We are now claiming language and claiming spaces. Sometimes it is even difficult for us to understand ourselves because the world has been constructed to make us completely invisible. But now we are finding words to use for ourselves....” (Mukasa, 2006)

Numerous efforts have been made in recent years to increase visibility of third gender issues in Uganda. This has been done through activism and establishment of human rights organisations dealing with gender identity issues as an area of interest. These organisations and individuals carry out sensitisation and lobbying key stakeholders like legislators and health workers as strategies to increase dialogue around gender identity issues in Uganda. This is important because exclusion of third gender individuals within the legal regime has been justified through uninformed allegations that such individuals do not exist in Uganda and if they exist, they are suffering from a mental disorder or witchcraft. Ignorance about third gender people is a major factor contributing to their exclusion and oppression. (Nalunkuma, 2013)

Religion

“For God and My Country.”

Uganda prides itself on being a religious country. It has many diverse religious denominations with Christianity and Islam being the most widely professed religions. However, Christianity makes the majority with 84.5% of the population practising one of several Christian denominations (World Atlas, 2017). With these statistics in mind, it should be noted that homosexuality is not accepted by a majority of religious leaders. They strongly condemn homosexuality as it is viewed as abnormal, sinful, immoral, and a western import and capable of being cured. Martin Ssempe, a very vocal anti-gay pastor stands to serve as a very prominent example of religious leaders that stands firm in his condemnation of homosexuality explicitly famous for his “eat da poo poo” lecture where he makes a presentation of what gay people do in the privacy of their bedrooms with the aim of eliciting rage and disgust from his audiences (Thomas, 2014).

With such a portrayal of homosexuals, it is no wonder that when the Anti Homosexuality Act was signed into law, there was a nationwide celebration with about 30,000 Ugandans who gathered to give thanks to the president, Yoweri Museveni, for passing the law claiming that the country had been saved from perversion and foreign spread homosexuality (Hodes, 2014).

While there are a handful of religious leaders that are willing to acknowledge homosexual person’s existence, very few of them accept GSD persons and if they do, very few of them openly express their acceptance of such persons, publicly. Doing so could be interpreted as a violation against religious beliefs which could possibly come with dire consequences.

A former Bishop, Christopher Ssenyonjo, serves as a prominent example of one of the religious leaders who openly expressed his acceptance of LGBT persons by campaigning for the acceptance of “alternative sexualities” and as such he was excommunicated from the Church of Uganda for his opposition to the country’s severe culture of homophobia (Buxton, 2013). Even those who are visible and out are then invisibilised by attitudes that deny the diverse existence of GSD persons and attribute their sexual orientation and gender identity to foreign influence, illness, “witchcraft” and immorality. One might argue that even in their visibility,

they are invisible. The religious rigid stance and stigma fuelled attitude towards GSD Ugandans are far from positive, making even harsher the conditions in which such persons live.

LGBT Movement In Uganda

“Abasiyazzi”

In 1999, Kasha Nabagesera, a prominent Ugandan LGBT activist, decided that she needed to speak up. Upon discovering that it was illegal to be gay in Uganda, and being outed for being an openly gay person, she gathered a group of activists to found the LGBT movement (Stanford CDDRL, 2016). There have been a number of activists since and before, who have been and have come up to advocate and fight for the rights of GSD persons. This, however, is not without cost to their security and lives. For the past 19 years, there have been various media outings of “homosexuals” in different newspapers, and continued reports of police arrests, violent attacks, home evictions, unemployment and deaths among GSD persons in the country (Human Rights Awareness and Promotion Forum,).

Although it is extremely important to understand the human rights abuses that form part of the lived experience of many GSD Ugandans, it is equally imperative to recognise the successes that they have experienced and many of the country’s LGBTI activists feel that the rhetoric of tragedy holds back the movement for change. In the face of tremendous challenges, the movement, activists and allies of GSD persons in Uganda have uniquely and resiliently built and continue to build a community across the region with a strong sense of organisation, mobilisation and vocalisation that continues to resonate across borders (Lusimbo, R., & Bryan, A.,2018).

Problem Statement

This kind of research has never been done within the Ugandan context before, perhaps it is because of the nature of the environment in which GSD persons live and as such, most are not visible and open about their sexual orientation and gender identity or expression making it hard to single out those that identify as such. Maybe even such persons cannot relate with the terminology because they are ignorant of it, as it is a western import of language.

Ignorance of western terminologies however does not change the fact of who they are, which deviates from the society’s cisgender heteronormative dichotomous social strata: “the norm”. Because of this, they live invisible lives; their issues are silenced by a number of factors as they are at the mercy of various systems of oppression from self-stigmatization, to their families, society and the state. Such individuals become a point of curiosity for this study as they do stand out in spite of the prevailing conditions and become an interesting subject of inquiry to further explore the intricacies of their lives while assessing the mental health challenges that they possibly face because of their status or identification.

Objectives

1. To explore the lives of visible and out (or openly living) GSD individuals in Uganda and determine the extent to which visibility and openness affects their lives and mental health.
2. To find out the mental health challenges faced by such persons
3. To examine the influence of a hostile environment on the mental health of such persons.

Scope

The study was conducted in Kampala district, Uganda among individuals aged 18 and above who are both visible and open about their sexual orientation, gender identity, or expression. The study was focused on exploring the lives of such persons and the impact this visibility and openness has on their lives. The study also examined the mental health challenges faced by such persons and the extent to which a hostile environment contributes to these challenges.

Significance

The findings of the study will shed more light on the lived realities of visible and out GSD persons living in Uganda as well as the mental health challenges faced by these individuals.

This in turn may start more serious conversations around mental health awareness within the LGBT community as well as raise awareness on the mental health situation of GSD individuals thus reducing the stigma associated with mental health and such persons. Such findings may also play a role in informing GSD persons' treatment plans.

Health and educational policy makers like the Ministry of Health and Ministry of Education can use the findings to inform health care provisions and services. This is particularly important because the findings may also inform service care providers of the different contextual needs and challenges faced by these individuals such that they can address them professionally and comprehensively

The findings will serve as a foundation for more research as well as research references in the future, especially for those who may want to venture into the field of sexuality, gender diversity and mental health.

Research Questions

1. What does it mean to be a v&o GSD person living in Uganda? What does visibility and openness mean for such individuals and how do these aspects affect the lives of such persons.
2. Is there a link between this visibility, openness and the hostility towards sexual and gender diverse persons?
3. What are the mental health challenges faced by those who are visible and out?

LITERATURE REVIEW

To the best of my knowledge, this kind of research has never been conducted in Uganda perhaps it is because a broader definition of this particular phenomenon and concept has not been delved into deeply or maybe visibility is indeed not a concept that has been identified as an issue. However, it becomes an issue because GSD persons are not accepted by the wider community and this truth cuts across for all GSD persons regardless of whether or not they can be singled out from a crowd, or whether they are in the closet or not.

Visibility of Sexuality, Gender Identity and Expression

Human development exists in a cycle. We are born and we die. Between those two points is a continuum of events that shape and define us, eventually contributing to shaping the world around us and the larger cosmos. Gender and sexuality are a part of this existence and yet in

most African settings there remains a rigidity, violence and silence around sexuality and non-conforming gender identities (Tamale, 2011). Authenticity of participation in society requires visibility, the ability for an unknown to become known, or in this case understood and included as opposed to silenced, neglected and depreciated. In order for one to participate fully and healthily in life, as is everyone's right, certain sets of needs must be met and maintaining a self-actualised state is the goal. It would be foolish to assume that persons experiencing something vital to their being and essence can do so in a vacuum.

Gender diverse and third gender people are misunderstood as homosexuals and are criminalised by default under the Penal Code Act of Uganda. The misconceptions about third gender sexual orientation stems from how society perceives these individuals. If a person is classified as male, yet they identify as female, any relationship with a man is considered a homosexual relationship. This is one misconception bred by non-conformity with the general norms on gender. Sexual orientation of third gender people varies from heterosexuality, homosexuality, bisexuality or asexuality (Mbugua 2011). Non-conformity with the general norm is considered immoral and deviant and such behaviour is opposed. This results in criminalisation of people and identities that differ from the standard set by society (Nalunkuma, 2013).

If all GSD persons are branded as “homosexuals” in Uganda, where does that leave those individuals that lie on the different and diverse ends of the spectrum? How can their issues be heard or raised if they are not recognized, not “seen”? Does the erasure of these varied identities diminish a person’s other identities or inputs in their different spheres of life? Where does that leave Trans persons who identify as heterosexual, bisexual, or homosexual; more specifically those that have not started the process of transitioning for a multitude of reasons from costs to a lack of information? How does the continuous erasure, censure and misgendering of these individuals affect their self-concept, esteem and overall well being and do they become the perfect specimens for the “physical” aspects of visibility? If so, are they also moving or representative of “homosexual” targets for the wider society? What baggage, if indeed any, comes with visibility and openness of sexuality and gender diversity and how does it take a toll on mental health?

The LGBTI movement in Uganda has for a long time been an umbrella for both sexual orientation rights activists and gender identity activists. Admittedly, some lesbian, gay and bisexual (LGB) individuals have made significant contributions in the trans movement, but the marginalisation and abuse some LGB individuals and organisations have imposed on trans persons cannot be ignored as it ranges from the constant lumping of trans people with gays/lesbians to the insensitive reference of transwomen as men and trans men as women, to side-lining their issues. The trans community exists within the LGBT movement not because of their sexual practices or sexual orientation, but because of their gender and some third gender activists have gone head to suggest that if people cannot respect that fact and cease calling trans people gays, MSMs and lesbians, then these groups should separate and the pecking order of LGBT should simply be dismantled (Mbugua 2011). Visible and out sexual and gender diverse individuals living in Uganda have the unenviable task of having to survive in a country that has been dubbed “one of the worst places to be LGBT in the world.” I therefore choose to categorise such persons distinctly because they cannot only be singled out as a visible representation of gender and sexual diverse persons by the general public but they are also out or open about their sexual orientation, gender identity and expression and thus dispel any assumptions.

Stereotypes have fuelled and can ignite visibility of GSD persons. Stereotypes revolving around individuals that are perceived as LGBT are not new. Effeminate men, masculine women, and trans persons are often presumed to be gay men or lesbian women. These

stereotypes are further fed by popular media that tends to perpetuate them in their rendering of LGBT stories and characters. Portrayals of gay and lesbian characters all too often are caricatures, reflecting stereotypical looks, mannerisms, and lifestyles. These common beliefs could not only possibly harm and misgender these individuals but also assume their sexual orientation affecting the way they are perceived and treated by the larger community. Blumenfeld, (2012) argues that stereotyping often results in singling out individuals and groups as targets of hostility and violence, even though they may have little or nothing to do with the offenses for which they stand accused. It should be noted that while some LGBT individuals fall into the categories of these stereotypes, not everyone who expresses themselves as such is a GSD person.

Sexuality, gender diversity and mental health.

Human sexuality and gender diversity are a part of the human developmental continuum, not separate from, and yes, it includes many different forms of behaviour and forms of expression that might not be quantifiable. It is increasingly acknowledged at least globally, that recognition of the diversity of sexual behaviour and expression contributes to people's overall sense of well-being and health.

Understanding the related risks and vulnerabilities associated with the way sexual behaviour and expression are perceived in society is also key to understanding barriers to health and how to address these. Ill health related to sexuality represents a significant disease burden throughout the world. Several studies have found that LGBT Americans suffer from mental health disorders at rates far exceeding heterosexual people (Broverman 2016). Depression strikes gay men at six times the rate of straight men with nearly half of transgender people encountering symptoms of anxiety and depression; lesbians and bisexual women also deal with higher rates of mental health struggles than their heterosexual sisters, with bisexual women faring even worse than lesbians. LGB youth are four times more likely and questioning youth three times more likely, to attempt suicide as their heterosexual peers; 41 percent of transgender people have attempted to end their lives. He attributes this to the intolerant society characterized by hostility, government prejudice, social stigma and discrimination.

Friedman, (2014) argues that such biases towards GSD persons is still prevalent and has very real mental health consequences as they still experience discrimination, and rejection that often starts at home. Friedman further highlights that LGBT adults who report family rejection are six times more likely to be depressed, three times more likely to use illegal drugs and eight times more likely to have attempted suicide than non-rejected young adults. Research and evidence are increasingly being gathered by international entities, academic, and civil society organizations that highlight the impact of discrimination against GSD individuals, including high rates of physical and mental health issues and reduced access to medical and social services as a result of systemic stigma and homophobia.

Incidents of violence and torture in healthcare settings have also been documented, including denial of medical treatment, verbal abuse, and forced procedures such as anal exams (for the prosecution of suspected homosexual activities), hormone therapy, and so-called sex normalizing surgery and reparative therapy. These procedures are rarely medically necessary, can cause serious injury, scarring, loss of sexual sensation, pain, incontinence and lifelong depression, and have also been criticized by the World Health Organisation as being unscientific, potentially harmful and contributing to stigma (WHO, 2016).

Such data suggests that GSD individuals face health disparities linked to such unfavourable conditions characterised by societal stigma, discrimination, and constant denial of their civil

and human rights. Discrimination against such persons has been associated with high rates of psychiatric disorders, substance abuse, and suicide as compared to the general population (Gay and Lesbian Medical Association, 2010). GSD minorities such as lesbian, gay, bisexual, trans and intersex people face both similar and different challenges in accessing health care services and ensuring their health needs are met, but as a community, are more likely to experience human rights violations including violence, torture, criminalization, forced sterilization (often in the case of intersex persons), discrimination and stigma because they are perceived to fall outside of socially constructed sex and gender norms.

The society in which GSD persons live is unforgiving of those who identify as LGBT and their visibility, backed up by the hostile and stressful social environments in which they live, encompassed by stigma and discrimination, makes them vulnerable. Thus, they are more likely to become victims of abuse, violence and exclusion on account of their sexual orientation, gender identity and expression. This may have adverse effects on their mental well-being and affect their quality of their lives in the long run. There haven't been any studies conducted in Uganda around the prevalence rates of mental health challenges faced by GSD persons or access to mental health services by such persons in the country. However, with such general and mostly western statistics in mind, they raise necessary questions around of mental health of visible and out GSD persons in Uganda and the dire need to tackle the silence and discrimination surrounding sexuality, sexual orientation, gender identity or expression in the region.

While this study clusters all GSD persons within the acronym of LGBT as a representation of this particular minority group, it should be noted that such persons have distinct and separate experiences with multiple identities linked outside their diverse sexual orientation, gender identity or expression. These could be experiences associated with their ethnicity, class, age, abilities, socio-economic status, etc. In that sense, some can experience cumulative disadvantages. For instance, because the Ugandan society is largely patriarchal and is socialised and constructed around cisgender heteronormative dichotomous ideologies and standards of living; a "hyper masculine" bisexual woman can experience discrimination on three different fronts - as having a non normative sexuality, as having a non normative gender expression and as a woman. Another instance could be a trans woman who has not undergone any medical interventions, can experience a cumulative disadvantage as a "male" bodied woman, a perceived homosexual and as a trans woman. The same rings true for a disabled trans man who has not undergone any medical and surgical interventions. He could experience a cumulative disadvantage as differently abled man, a "female" bodied man, a perceived lesbian and as transman.

While these differences must be recognized and respected, it must also be acknowledged that gender and sexual diverse people have historically and more or-less universally experienced denial, hatred and discrimination in their lives.

METHODOLOGY

This study used phenomenology to approach the qualitative research carried out. Phenomenology has roots in philosophy, psychology and education, and attempts to extract the most pure, untainted data. The phenomenological approach was used for this particular research because of its focus on the commonality of a lived experience within a particular group, with the aim of deriving at a description of the nature of the particular phenomenon. As such this approach most closely aligned with the study's objectives.

In order to gain a deeper insight and first-hand knowledge into the lived realities of visible and out GSD persons in Uganda as well as attempt to find answers to the proposed research questions, semi-structured phenomenon interviews were conducted by the researcher with a total of 13 LGBTQ persons. The data was transcribed, read and reread and culled for like phrases and themes that were then grouped to form clusters of meaning (Creswell, 2013). The richness of the mined data also presented further opportunities for inquiry.

Participants

Of the 13 interviewed, eight of these, self identify and consider themselves visible and out GSD persons and as such, met the criteria for this particular research. Four (4) of these eight (8) were Transgender persons: Two (2) transmen and two (2) transwomen, two (2) Lesbians and two (2), Bisexual and Queer individuals respectively.

Informed consent was sought from all participants partaking in the study, and all were told that their identities would be kept confidential. A small fee was given to some of the participants upon request of hosting organisations. A reflective commentary of emerging themes and ideas were shared between the principle researcher and supervising professor from the start of the research, to the very end.

Interview

The interviews were conducted in various private settings, suited to the security and convenience of both parties and lasted approximately 40-60 minutes each. Answers were recorded by audio and note-taking, with the consent of the respondents.

The interview consisted of 8 open ended semi structured questions and prompts were used to facilitate the discussions between the researcher and respondents.

The aim of the questions was to explore the lived realities of visible and out GSD persons; the mental health challenges faced by these individuals and to ascertain what role visibility and environment plays in their lived experiences. Questions were asked as follows:

1. Would you say that people in Uganda would typically define you or single you out as an LGBT person, why?
2. What do you think determines if someone is visible and out or open about their sexuality, gender identity or expression?
3. Has being visible and openly LGBT affected you? How?
4. How would you describe your life as a visibly and open LGBT person, has it been all good? All bad? Somewhere in between?
5. Have you ever been physically harmed or self-harmed?
6. Do you use drugs or alcohol?
7. How do you cope with life's stressors?
8. How would you rate your overall mental wellbeing and life?

Data Analysis

A qualitative design using phenomenon interviews and thematic analysis following detailed guidelines and “checklist of criteria for good thematic analysis” (Braun and Clarke, 2006) was utilized. The interviews were transcribed by the author and open coded using qualitative analysis software to categorize key themes and identify patterns. Each theme was analysed to gain a deeper understanding of participants’ lived experiences and mental health challenges.

Given the sensitive nature of the study, several efforts to protect participants' identities were made. Each participant was given a pseudonym and they were not referred to by name. Any potential identifying information was not included in the study. Furthermore, issues that emerged from the interviews were only developed into themes if more than one participant discussed that issue. This helped ensure that all of the information discussed by each participant in the interviews was confidential in order to prevent the possibility of the participants being identified.

RESULTS

The data was analysed to create 5 main themes i.e.

- a) Perceptions of visibility and openness of GSD persons, and their experiences
- b) effects of this visibility and openness,
- c) mental health and coping mechanisms as well as
- d) general well being.

These were further broken down into 25 sub themes to give an in-depth analysis as discussed below:

a) Perceptions of visibility and openness of GSD persons and their experiences

Society's notions and perceptions around GSD persons generally bend towards the negative scale of things, and from the participants' experiences, it's mostly in a confrontational manner as opposed to an educational, or friendly interaction. Stereotypes of gender roles and society's expectation of their fulfilment heavily influence assumptions around sexual and gender diverse persons.

Lynn said:

“ most times... I rarely go downtown, but when I do, people always say “oyo musiyazi”(Derogatory to mean “that one is a homosexual.”) its either the hair, simply because I am a woman who has dreadlocks, they will say yes, you are a lesbian. In my local community, people don't see me wearing dresses and often jeans, so they say “oyo musiyazi”, but people will identify you not because they actually know what the person should look like, but because they have this notion that, they've been told that a woman who doesn't wear dresses is a homo, has dreadlocks and doesn't have a lot of male friends is.”

Al:

“First of all masculinity gets people questioning if you are a boy or a girl, a weightlifter; now like maybe girls who are dressed like boys.....” Butch women on the other hand are self-explanatory because they stand out more; femmes though are a bit of a challenge, but the thing I can note about them is how they express their sexual nature and I think that is one of the things that I love about queer femmes, the fact that they are not afraid to express their sexual being, they embrace it. ”

“The difference between butch women, that which makes them visible is based more on how they present themselves than sexual expression, compared to heterosexual women who are confined to the whole societal behavioural manner of, you are basically grooming yourself to manage a home, you are supposed to act a certain way and when

you don't people say things like, how will your kids see you, when you are going to get married you can't behave a certain way; so they become conservative in such a way that they keep to themselves...."

There are certain common indicators mentioned by the participants, that give rise to increased visibility. These indicators could be through social media, media coverage, public speech on behalf of GSD persons, forced outings by family or media outlets, mannerisms, performance or non performance or presentation of gender role stereotypes; or associating with other GSD persons can gain one visibility where assumptions of gayness are adopted based upon association with GSD persons.

Max:

"in the environment that we live in, it's very unfortunate that people will just look at you and assume that you are gay and it is not right, but that is the reality here, that people will look at someone when they walk and immediately say that that is a gay person, even when they haven't approached you. Others will say the fact that you work with LGBT people, you are an LGBT person; I usually want to ask people that say this, that if I were working for a women's organization, would I be a woman? or if I am working for a children's organization, am I a child? People relate your sexuality to the work you do, how you walk, how you talk, people you hang out with, it's just as faulty as that in Uganda, the moment you associate with a certain group of people, it means that definitely. We have also had issues with health care workers, who when they realize that if someone is passionate about serving LGBT people then maybe they too must be LGBT or gay as well. It's things like this that people associate with, or like outing you, just point fingers at you and start judging."

Ayebare said:

"...how you behave can single you out, your morals in the community, people may know you're gay, but won't single you out because you're a productive member of the community, they can even defend you if you were attacked because you're nice in the community, your beneficial....",

Al said:

"Those that have come up to me and ask, usually do so because of the way that I dress, look and act plus the kind of work that I do, it's like I am not the "typical woman" I am handsy, rough, mechanical basically a hands on kind of person which in my field..."

"... the way I dress, look, talk, act, drink, I smoke too, I am not your kind of lady, I think that's what gives off the spark. "

For visible and open transgender persons visibility and openness also means having contradictory identification documents, and lifestyles form the norm which influences how society interacts with them and vice versa.

"Can't stay around people for too long else they will be noticed as transgender, and not in a respectful way:"

"...sometimes I am noticed that I am LGBT, in most occasions when am in bars, social spaces, and sometimes when I am alone, I pass as a man most times. The only challenge I have is when it comes to my documents, when I am asked to produce my documents

they don't reflect what I identify with or as, they don't accept my passport they don't think it's me and I haven't registered for my national ID, it would be contrary of me to register for my national ID using my old names too. So, it's not that in some spaces they can tell and in others they can't tell. Usually my voice gives me away, other people call me a girl, like really old men, from just meeting me, they call me young girl and it shocks me, yet the young generation seems to me as a man, but most times I pass as a man. Although the longer I am around people, they start questioning me."

Perhaps this could suggest why all trans people interviewed expressed a loneliness, isolation, and self alienation or introversion. The basis on which the public uses to determine or single out who is visibly and openly LGBT is not sufficient enough. From the participants experience, it is largely based on society's expectations of gender roles, personal biases, assumptions, stereotyping and the degree to which LGBT persons "fit" or do not "fit" into these "indicators".

By the definition of coming out, it requires a certain level disclosure of self to other parties, in this particular research the definition and focus of "out" is placed more towards openness, acceptance and un-denying of sexuality, gender identity and expression. On this premise, all 8 participants could clearly state that they were out and open about their sexuality, gender identity and expression.

Mike said:

"I consider myself out. I have been out and advocating for Trans gender human rights, I am someone who talks to people about me, and people know me for my identity. I was outed in the newspapers."

Sasha said:

"Someone is out because he's not hiding nor scared to tell people who they are, they're not keeping themselves in a place where they have to think about the damage of being out, or having thoughts of what society can do to them. They try to be themselves not fearing their surroundings."

The participants suggested that there is a personal aspect of awareness of one's sexuality, gender identity and expression and having family and those closest to the individual know about one's sexual orientation, gender identity and expression seems to be an integral part of someone considering themselves completely out...

Sasha said:

"someone is out because he's not hiding nor scared to tell people who they are, they're not keeping themselves in a place where they have to think about the damage of being out, or having thoughts of what society can do to them. They try to be themselves not fearing their surroundings."

This should come as no surprise, considering its personal nature, just like birth days, sexuality and gender diversity should be celebrated by those closest to you, and not shunned like is usually the case within Ugandan society.

Mike said:

"Being out is one's personal choice, because we have people who are out in the media, some to their family, we have people who are out to their friends. People choose who to be out to, because I can choose to be out to my friends because they will understand me and they will support me and they can be a family to me and can decide not to be

out to anyone else. Then I can choose to be out to my family, I know they will support me and understand me and they can give me anything that I need when I am out to them instead of me hiding and leaving them in suspense. Then I can be out to the whole community, like everyone in the community knows what I am, everyone knows what I do and they identify me as the he that I am and not the she I was born. Someone can choose to be out in all spheres too.”

Perhaps the reason it is hard to completely be out or open with those closest to them may indeed lay claim to the hostility and places legitimacy on the fear faced by LGBT persons and their risk of persecution. Majority interviewed could clearly state that they had not come out to family willingly, and those that had, had only come forward on the basis of sexual orientation.

Ayebare said:

“I consider myself partially out, because I was not outed on my own terms, after my images were published in the newspapers, everyone read them, both my family and friends too. I was publicly outed so I consider myself out. I was also called a television station in Uganda, I talked more about LGBT issues in Uganda, a lot of people followed it, it was all over the internet, so I consider myself out because I was outed, I doubt I would be out if those events hadn’t happened ”

I had defined visibility as the ability for people to be identified as GSD by non-GSD individuals and what that was dependant on. I also wanted to know what kind of challenges it poses to mental health, considering the context. I also used “being visible and out” separately from being visible or out because it is possible to completely accept oneself and choose to disclose one's sexual orientation or gender identity (come out) but it doesn’t necessarily make them “visible”, (easily identifiable) and the reverse is true.

This is seen clearly when the participants mention going through a period of questioning identity and sexuality, in spite of “being outed” or visible. The data also suggested that on the account of sexual orientation/sexuality, being open and visible is relatively, relative and is even used advantageously, in some cases.

Max said:

“...depending on the definition of being out, I think I have done more than being out, although I also find out being limiting at some point; people are always asking if you have come out to the whole world and no, I have not done that, but according to the life that I live, it's an open book. I have not made the fact that I am LGBT public though and no one has ever asked me if I am gay or not. I assume that because no one has ever asked me if I am queer is proof enough that they may know that I am LGBT and also understand the confusion that is there, some people will meet me with a woman one day and ask themselves because the other day I was with a man and now what is life about. No one has come forth to ask me these questions though, not even my family, but I believe I have lived a life which is very open. It’s very clear for very many people that even asking is stupid, because I will say yes, I am gay, but I am attracted to women as well...”

Lynn said:

" I don’t think there can be set rules that determine whether this person is out or out enough, being on the street or being on the front of this whole activism doesn’t mean you’re out. Being out has to reflect how you talk, how you treat yourself, how you treat other people, how you live, which is the outness. I will be at the frontline talking about

gay issues, but still refer to it as those people; then there is the difference of not being on the frontlines but also owing your sexuality and having open conversations about it to other people. So for me, I think being out is a mixture of so many things, how someone treats other people, how they speak about this issue, how you treat people who question themselves... “

This same does not ring true for v&o transgender people where being visible and out, takes on a whole new perspective. Mukasa, (2006) argues that for such persons, visible expression of gender is an important aspect of enjoying basic existence and it can be a very deep violation of their beings to be forced to present a gender differently than the one they experience for themselves. This experience still rings true by the time of this study.

Okello said:

“its relative, sometimes I am noticed that I am LGBT, in most occasions when am in bars, social spaces, and sometimes when I am alone, I pass as a man most times. Usually my voice gives me away, other people call me a girl, like really old men, from just meeting me, they call me young girl and it shocks me, yet the young generation seems me as a man, but most times I pass as a man. Although the longer I am around people, they start questioning me”

Ayebare said:

“In Uganda, people can single you out as LGBT but also it comes back to how you behave in the community, because there are so many LGBT people in Uganda but you can't know because they may be homosexual but behave straight or heterosexual. Behaving like you're straight, people can hardly single you out as a homosexual. Again people can always be like, I try to fit in the community but people are always pressing me to act like a man, they ask me why I am acting like a woman, always asking me if am gay not a transgender person by the way, that are you a 'musiyazi' and I always deny.”

For transgender folk, visibility and openness goes beyond openness of sexuality, mannerisms, dress code and expression to become an integral part to the affirmation of who they are. Anything less than is constraining and detrimental.

Okello said:

“I am really out because with my family I am very open, my expressions and dress codes speak for themselves, I can't pretend am too straight forward, I never pretend and I haven't had time to discuss with my family that I am transgender, they don't even understand the concept, they don't even know what that is they are very conservative, they understand though what being gay is, they think I am gay and they support me still.”

Sasha said:

“I am out, I am really out. I am out first of all, most people like to keep their privacy, because of the problem of family and work, but since my family chased me out already, I don't have anything to hide. But for me in Uganda, especially after the Pride raid of the event, I saw the way the police was treating us, I figured I have nothing to hide, so

I will be out and those that hate me, I mean even my family left me and those that like me as I am”

Ayebare said:

“... with trans people, actually, trans women, they are usually outed, but not like I was, more like self-outing, either because of what you do, how you behave in the society, so people start questioning. Once people start asking questions, the outing starts from there, from having to explain your dressing and behaviour. To have a piece of mind, most people answer these questions, like saying, I was born male but I feel female, I never get into the details but I answer their questions...”

There is no particular set of rules to visibility and openness of sexuality, gender identity and expression; in fact, visibility and openness is relative to context and subject to personal experience and cautions where some may be visible and out in some spheres of their lives but not all. There is no one model, that fits all for visible and out GSD persons without the input, confirming or denying, of the person in question.

Lynn:

“...you know within the LGBTQ movements, among ourselves, there are people who say that one is not really queer, like who actually tell you? I think it’s a personal thing; there are no set rules that you have to be out like this, that you have to meet this criterion to be out.”

The participants interviewed noted a time in their life where the ambiguity, questioning or realisation of their sexuality and identity became a point of distress.

Al:

“I was lost at that time of my life, I remember there was a phase when I had no compass, I was a student then. It was like I was looking for something in life, that thing in the corner and I kept scratching but was going nowhere...”

Okello:

“personally I don’t know who I am, what I am, because today I am very professional, the next day I am playful, the next, I am serious, my struggles have refused to go and my head computes ten different ting in a minute, am not always straight....

Ayebare:

“... you start thinking to yourself, maybe I am doing something wrong, what am I doing... It tortures you mentally too, you feel like you `re a curse, like you don’t belong to a community or group of people.”

The participants also noted a fear of rejection from family and friends once their identities are known or disclosed.

Al:

“ This is why I give a lot of credit to my mom although I know that if I ever came out to her, it would kill her and she'd try to pray the demon out of me, that's the irony though, it's the flipside of the coin...”

Ayebare:

“...It would hurt me if my friend got to know that I was gay and stopped talking to me; the girl I had mentioned earlier, she’s a very good friend and it would hurt me if she stopped being friends with me...”

Lynn:

“On a personal level of family members who tell me they’ll behead me, who say you can’t be out, you can’t shame us like that, but then again, it’s intimidation. When someone knows something about you that you’re not ready to put out there, they’ll always use it as a weapon to keep you in a certain position. I figured I can be visible to my own self, my community and the people that I am accountable to. This takes away all those things that people would use to hold over me, to keep me in a certain line. So, it’s been good, although it does have its challenges.

One would think that the road to self discovery should be exciting for everyone regardless of sexual orientation, gender identity or expression. It is a shame though, that this is not the reality for those who choose to be authentic about their human experience; its appalling the lengths gone through to censor, dehumanise and kill such persons. Despite such fierce visibility, there is a continued conflation of gender identity and sexuality within the LGBT community and society at large.

Mike:

“It also depends on where I am, in certain society I may be identified as a transgender person where people are aware, some will call me a lesbian, others will say am sporty.”

Ayebare:

“There are so many LGBT people in Uganda but you can’t know because they may be homosexual but behave straight or heterosexual. Behaving like you’re straight, people can hardly single you out as a homosexual. Again people can always be like, I try to fit in the community but people are always pressing me to act like a man, they ask me why I am acting like a woman, always asking me if am gay not a transgender person by the way, that are you a ‘musiyazi’ and I always deny. I have to keep saying I am straight but I just act like this. I have a friend, my mom also knows that I date men, she knows who I am. There was a time I had so many female friends, and then there was chaos in the neighbourhood, the married men and other people wanted to beat me up that I was after their wives, just because I was friendly to them...”

The transgender persons interviewed, were either outted, and often presumed as undeniably “homosexuals,” “sporty,” or “lesbians” the conflation of the two continues from within the community, to society. Dichotomous heteronormative gender role stereotypes and expectations heavily influence society’s gaze and how they interact with transgender persons;

Mike:

Transgender is typically a new word in Uganda and it will take a while for people to really understand the difference between being transgender and being gay or lesbian, so at the moment, very few can tell the difference but the majority of the people are still in the dark about us. Its going to take a while for people to actually know that there is a category of people that isn’t gay and they are not lesbian but they have a correlation in their identity because they’re all minorities. It also depends on where I am, in certain

society I may be identified as a trans gender person where people are aware, some will call me a lesbian, others will say am sporty.”

Ayebare:

“At times people at home ask me why I like cooking and I tell them that I do it because I actually love doing it. The fact that the people that visit me are also dressed like men, people always wonder why I have male individuals in the house, the community starts saying, this person is gay or a lesbian. Usually it’s not because of the people you sleep with, or those that visit you especially as a transgender person but, the way in which you are and behave gets you outed.”

Okello:

“My dress code doesn’t change, I bind and my father would rather don’t bind that I don’t bind and my mom rather I wear tight pants, the problem now isn’t with my sexuality, but my dress codes they think the society is worrying and questioning that they say I promote homosexuality...”

Sash:

The difference I can say between sexual identity and gender identity, is the way I see myself, my gender identity is that I am a transwoman and my sexual identity is that I am gay, I sleep with men, that makes me a homosexual, that is all I know about it and the best I can describe those two terms. ”

Life as a v&o GSD person is a continuous journey of courage, awareness, discovery, and self acceptance where one has to learn to navigate the world with their discoveries of self and how it impacts their lives and those that interact with them. It is a delicate balance of or dance between visibility and invisibility, society's "gaze" and self disclosure/ openness/being out, often riddled with twists and turns; some exciting, others devastating.

The participants noted that discovery of sexuality and gender identity often entails an effort to “correct” “deviant” sexuality and gender identity or expression.

Lynn:

“ When it first came to the attention of my parents at 16, I was in high school, I remember my father put me in a rehabilitation process for two years, where these counsellors were not about, let's talk, lets understand how you're feeling, it was about lets medicate you, up to now, I still don't understand what it meant. I got put on medication, I always felt like I never had any control on anything, my body and mind. I was on medication for two years, when I got off; I fell into very bad depression, in that I still suffer, some days are good others are really horrible, I just want to stay in my bed and I don't know why I am sad, but I just am....”

Okello:

“For me it was a very disturbing process, coming to terms with myself. I have tried to harm myself many times and there are times I sought medical intervention, where I thought I would cut off my breasts, take hormones to balance my body, when I was growing up, venturing all these male features, my head, I felt male as opposed to female , I wanted to do something to change myself, I wanted to take hormones maybe fit into the normal female like they wanted because it was pressuring and my father is tough, he doesn't have time to reason out things that don't make sense to him and as a child is

when I stood up to my father and I told him I think I can't bear this and for him he didn't understand. ...”

Ayebare:

“... like I told you I am a believer, there is a time I prayed and fasted for almost a month and asked God to take me out of this, but still after this fast, nothing changed.....because there was a time when I didn't have any man in my house and decided to fast, so I left food, LGBT work and I told God please take this away from me, a month later, I hadn't changed, my feelings just intensified so I decided this is who I am, whatever comes, so there is no need to harm myself”

Al:

“my sexuality is basically who I am, in a sense that I try to fight it for almost about sixteen years, I was back and forth, I didn't know what was up but I knew I felt a different way about being queer, coming from the heterosexual side....”

Mike:

They call me weird, they judge me, but they don't call me taboo, they find me disturbing and a lot of methods have been introduced to me, like psycho social support, they bring preachers to pray for me to ensure that I change and it has made me lose touch with my old life, now I can't even say that I have a particular lifestyle, I lost touch, I became different.”

Research has shown that feeling positively about one's sexual orientation identity and integrating it into one's life fosters greater well-being and mental health (American Psychological Association, 2008.). This integration often involves disclosing one's identity to others; it may also entail participating in the GSD community. Being able to openly discuss one's sexual orientation and gender identity or expression with others also increases the availability of social support, which is crucial to mental health and psychological well-being. Like heterosexuals, lesbians, gay men, bisexual and transgender people benefit from being able to share their lives with and receive support from family, friends, and acquaintances.

b) Effects of visibility and openness

The effects of visibility and openness of sexual and gender diversity on such persons include: exclusion, heightened security awareness, self isolation, confidence, abuse and violence. These subthemes are discussed in detail below:

Self confidence, acceptance and self awareness plays a very huge role in alleviating the shame, confusion as well as negating the effects traumatic experiences for v&o GSD persons

Lynn:

“I have had positive reactions from my being visible, before I got comfortable to say I am queer or I am attracted to women openly; first of all my self-confidence was very low, because I questioned myself on how I look, how I fit into society, it affected what I did, how I socialized in the spaces I got into. Coming out to myself and owning my queerness and accepting it and telling myself, okay, I am queer. When someone starts a conversation with me, I can fully tell them, I am queer. It has allowed me to get on that journey of self-growth, fuck everything else that someone is going to tell me, regardless of what you're saying I am going to own it....”

Ayebare:

“The challenge comes with not knowing, how being open is going to affect the people around you or people’s reactions to your being open. I don’t think being in the closet is a safe space, but I also understand that being out causes its challenges but they’re not as heavy as being in the closet, when you own whatever narrative your story is, and say yes this is my story, this is who I am, I am going to be this person. It becomes challenging for society to try and box you. Once you disempower the enemy of the thing that they’re going to use to box you in, they don’t know what to do with you.”

Ayebare:

“... I just wanted to have a boyfriend and just kiss, I didn’t even know about penetration. But it all comes back to how much knowledge you have about yourself, because once you know yourself you understand yourself. People who harm themselves usually don’t have knowledge about who they are or understand themselves...”

Al:

“I figured I can be visible to my own self, my community and the people that I am accountable to. This takes away all those things that people would use to hold over me, to keep me in a certain line. So, it’s been good, although it does have its challenges”

Okello:

“I got a sense of ownership to myself; I started loving myself, I started doing things I feel are right, things that make me feel like I fit in my body....”

V&O GSD persons are encompassed by fear and uncertainty characterised by pain, loss, and rejection from family, friends, partners and the society.

Kato:

“... we have seen so many young people coming out yet they are still with their families, so they get problems in terms of paying for school fees, getting shelter and also dealing with the pressure that comes with it. Coming out is a process and I specifically encourage people who are still with their parents or still dependent on others to come out right because it has great implications.”

Al:

“... There are people that come out and ask me, I have had that experience where, I used to work when someone asked me if I was gay and before that, because you don’t know, when you are alone out there it is scary, you don’t know the responses to give, so you are guarded about it....”

“...To some I come off as a tomboy, to others as a phase, but people do start to put one and one together, because the older I am growing, it’s starting to get more and more suspicious. Today queerness is a known subject, much more popular than it was before; I have heard rumours but am not really one to pay attention.”

Okello

“...there is a lot of hate I have lost friends, I have been beaten, violated in bars, verbally abused for just being who I am, I think it’s both positive and negative but I believe that the negative bit is more. Like with family, I am not relating with distant family, I am only close to my close family, my father and all...”

Ayebare:

“I have lost friends because of my sexuality and gender identification, once they get to know, they refuse to stay my friends. Socially, because I do a lot of media advocacy, I have also lost friendship with some people, once they find out what I do...”

Isolation and exclusion take a central role in the lives of GSD persons, sometimes it is beneficial but most times not preferred.

Sash:

“In Uganda I live on a prayer. When I remember my abandonment from [Another East African Country], I cry. We used to have a good family, everything comes back to me, the way I am in Uganda, I cry every time I beg for food or money. I hate to beg. When you beg, they abuse you, they block you, they insult you.”

Lyn:

“.... There are those moments when you're going through a difficult relationship and you cannot talk to your straight friends nor your sisters or your mother, you cannot talk to them about the things you're going through, yet your straight friends have it easy. They can easily talk about their issues to anyone and get help....”

Mike

“I used to play basketball, but I quit because I was judged a lot. The basketball fraternity talks a lot and makes you a topic and you pass and people are just talking about you and you are hearing and because I was more masculine on the team, I was playing in the female team, I felt like I wasn’t fitting so I left basketball but also because of my stress and failure to cope or integrate myself into any system and this was with time, because when I was growing things were different.”

Kato:

“...we have seen so many young people coming out yet they are still with their families, so they get problems in terms of paying for school fees, getting shelter and also dealing with the pressure that comes with it. Coming out is a process and I specifically encourage people who are still with their parents or still dependent on others to come out right because it has great implications.

Okello:

“It’s been a lonely place and I am friendly on the outside but when I go back to my place, I don’t want people. You won’t see me around people and it’s been my life, but before I was a very happy child, before I was feeling the feelings I was feeling, I was young, I didn’t have that mind of my own. I didn’t have all these experiences; they came with time.”

“...I try to live with people nowadays but it’s not my thing, when I am stressed, I want to lock myself in my room, I have access to my television and kitchen, but not with other people in the room, that alone is disturbing....”

“...I don’t go to see family, I just don’t go home, it takes me a long time to go home. When I do go it's usually in December, after I reach, I want to leave immediately because I can’t handle the pressure around me. My dress code doesn’t change, I bind and my father would rather don’t bind that I don’t bind and my mom rather I wear tight pants, the problem now isn’t with my sexuality, but my dress codes they think the society is worrying and questioning that they say I promote homosexuality.”

Visible and Out GSD persons experience various forms (verbal, emotional and physical) of abuse and violence from family and state, sexual harassment, upon discovery of sexuality, gender identity or expression and this is particularly worse for transgender persons who are immediately presumed as homosexuals.

Al:

“I have been sexually assaulted by being groped because of my sexuality...”

Okello:

“there is a lot of hate I have lost friends, I have been beaten, violated in bars, verbally abused for just being who I am, I think it’s both positive and negative but I believe that the negative bit is more. Like with family, I am not relating with distant family, I am only close to my close family, my father n all.”

Sash:

“Many times, ... I was harassed, I was beaten, even when I was arrested by two policemen, and we couldn’t get money to bribe them, they wanted to fuck and they hit me with the butts of their guns.....I was raped in the cell and beaten by those they arrested me with, the questions they used to ask, I always refused to answer, which made them beat me even more..”

The participants interviewed also reported unemployment as a possible repercussion upon discovery of sexuality and gender identity.

Sasha:

“I am currently unemployed and I identify as a transwoman. I am a religious person, before I left my family, I was a catholic.”

Heightened security awareness as well as fleeing from areas of violence and scenes of outings to relocate, is yet another possibility for v&o GSD persons

Max:

“First of all, there is no security. Like its okay to be out as me, because no one owns my life, but due to where we are staying, the society we live in, the people who don’t understand us, you can be harassed, they incite you, they abuse you... If am with people they don’t understand, like homosexuals, they look at me and they see that I am different from them ,am a bit safe maybe because I live in a hostel, but if I lived with families I think I would be arrested am sure I could even be beaten. They assume because am different I am going to change the people around me, so security is very hard for people who are out.”

Sasha:

“I am out but I try to keep my security, because once I am a trans woman, if they allow me to be me, I would have some dressed like a woman...”

Participants mentioned an element of secrecy around their sexuality and gender identity, due to the fears that come with disclosure.

Ayebare:

“I also live two lives, in the straight community I have been fair, with the support of my friend who works in [In an NGO].... I was chosen to be one of the village health trainees, I train the village on things like sanitation, nutrition and I am also being helpful to the other community. So, I would say I am fair...”

“...Being the only “son” at home, I am also failing my parents because they expect a lot from me, my grandparents and family. At the community level where I am staying and where I live, they don’t know who I am, actually they don’t defend me because am queer, just because I am good to them, so any day that I wrong someone, they will hurt me. So I have to continue being nice so that I don’t annoy them...”

Al:

“I realized that you can’t open up to the entire world, you just need a few to help you, it is a chain link where the same few carry your identity forward, you just have to trust the process, you have to have a lot of faith in it...”

“... when you come and ask me about my sexuality or there are rumours about it, it doesn’t bother me, but I think the only people who I have kept it from are my family, because with family there is a conflicted feeling about that.”

c) Mental Health and Coping Mechanisms

All of the participants interviewed mentioned having suffered from mental illness at one point in their lives. The 10 sub themes further discuss common mental health challenges and coping methods adopted by GSD persons.

All the participants opened up about their history of trauma and struggle with depression. They attributed their depressive symptoms to the rejection faced, a lack of knowledge, inability to accept self, gender dysphoria/incongruence and trauma imposed brought upon from societal interactions or hostile state actions.

Al:

“ I haven’t self-harmed before, but I have suffered from depression, I was on a spiral of drinking, bar hopping, I was lost at that time of my life...”

Kato:

“Mentally though I was depressed in 2014 because of the conversation, the harassment, the debates during the tabling of the Anti-Homosexuality bill, that was the period when I went for a medical check-up my blood pressure spiked, I was depressed and it had serious consequences to my health.”

Some participants exhibited symptoms of depression characterised by prolonged bouts of unexplainable mood swings, sadness and suicidal ideations...

Sasha:

“I don’t know why, as long as I think about the past, I cry. Although I have so much hatred, but after I drink, I cry...”

“...last year I had suicidal thoughts over five times, I keep thinking of my home, my friends....”

Lynn:

“Earlier this year, from January to April, I was going through horrible depression and I wanted to die. I have done pills; I have done injective drugs...”

Ayebare:

“I fell into very bad depression, in that I still suffer, some days are good others are really horrible, I just want to stay in my bed and I don’t know why am sad, but I just am. I don’t know, or maybe it triggers certain things inside of me...”

Okello:

“...I have had suicidal thoughts many times and that was then and I believe I was a child but I also believe it wasn’t about being a child I think it was about coming from a background where you don’t even know who you are, your family doesn’t even know who you are and they’re left with nothing but to judge you and probably try to make you right because they don’t know what a transgender is, they know the normal male and female, so if you don’t lie between those the you are kind of going beyond a line.”

“.... sometimes I end up being traumatized, I don’t even have no reason why, it's not even financial, work is moving really well, but it's just that whole self-reliance and independence because of being Trans and before I knew about being LGBT has really contributed to this trauma and mental health issues.”

Some participants were able to link their depression to some form of trauma experienced during the course of their lives...

Okello:

“It became a sort of depression, I lost my life, I became secluded and always alone, with time I realized I was suffering from trauma. I thought it was okay and right now I don’t go to see family, I just don’t go home, it takes me a long time to go home, when I do go it's usually in December, after I reach I want to leave immediately because I can’t handle the pressure around.”

Sasha:

“I feel like I have trauma in myself, am always silent, my mind carries too many things to handle and I can’t handle them...”

Participants noted a history and continuous abuse of alcohol and different substances. They attributed this abuse to range of things from obtaining confidence or a stress release option, to gender dysphoria, rejection and trauma response.

Max:

“I use drugs but I am not addicted to them, I usually need them in a situation like to get me sober. When I am really drunk and I need to drive home and the only thing I will think of is “white beach” [cocaine] so I will take that to sober up. I have done a lot but that is the one that I think of and the one that’s most available.”

Okello:

“I think I have self-harmed, in many ways, there was a time I was addicted to drinking and it made my health deteriorate, and it made me weak, I was overly stressed, so I had to drink and black out and it felt good...”

“...On many occasions I used to use drugs possibly to make myself feel okay and worth it, using drugs is not bad, to some level, but abusing drugs is so bad. Sometimes I ended up abusing drugs, that’s the only way I felt comfortable after smoking weed, I felt a sense of ownership, nice and that I belong...”

Ayebare:

“I do drink alcohol; I don't know if that's a drug and I smoke a cigarette. I don't do anything else when I was published it was very shocking. That was when I started serious boozing. I was in the newspapers every day of the week with a different story. I was so sad and lonely. My friends couldn't come and visit, they never picked up my calls. So, I decided to start drinking hard liquor, spirits because beer wasn't doing anything for me. It helped me and I slept for two days, it helped me forget. So, in that situation I really had to.”

Sasha:

“I used to smoke weed a lot, hard drinks and liquor so that I can sleep, I used to have no sleep or I sleep for an hour. Then I used to wake up, I had nothing to do and cry all night. But I have just stopped because of doctors' advice that I would get lung cancer”

Mike:

“You can never run away from drugs and alcohol, sometimes especially when I get dysphoria and I am dissatisfied with my body, I go to the bathroom, look at my body and I ask myself why is my body like this, I want to be like this. So I get in a state of let me not do this, and do the other, so I find myself taking excess alcohol which is not good, other times its drugs, like weed, mijaj/mirage,[local plants used to make popular narcotics absorbed orally] although I don't do mirage, I do mijaj. So, I use that one sometimes, other times I do the curd but that one I do to just pass time and keep myself awake. But most of the time what gets me to that is gender dysphoria, when I feel dissatisfied with my body...” I doubt I have low self-esteem, am good there, that’s why I am able to do what I am doing, if I had low self-esteem, I doubt I would do activism, I don't have that and I love what I am doing. Apart from the gender dysphoria, I love myself.”

Alcohol and substance abuse proved to be more self destructive than productive, and this is acknowledged by the individuals....

Al:

“I was on a spiral of drinking, bar hopping, I was lost at that time of my life, I remember there was a phase when I had no compass, I was a student then. It was like I was looking

for something in life, that thing in the corner and I kept scratching but was going nowhere, so I suffered a bit of depression and I went through it quite fortunately. It tries to sneak in once in a while I don't know what's going on or just there."

Lynns:

"My coping mechanism at first was drinking; I would drink and not think, let your mind not think about the things you've been through, let your mind not or your body not recognize these feelings of depression or sadness when they're coming; or when something triggers how it felt those days, when I was being treated, actually medicated not treated."

Max:

"...I abuse alcohol, I don't drink it I am the kind of person who loves going out, I like getting drunk, so many times I find myself in situations which are very compromising because of alcohol, I may even resort to drugs when I am drunk and I think the thing that will stabilize me will be cocaine. That is why I say I abuse and not drink alcohol, but drinking it would be fine for me; I wish I were at that level..."

"... I drink a lot, beyond my control at times and I find myself in another situation because of alcohol, but ideally if it was just drinking, you can drink and still be able to make decisions, you are not influenced by alcohol, but if the alcohol overly influences your decisions then that then that becomes abuse. I would want to go out and be able to drive back home, that would require minimal drinking though..."

Some participants interviewed noted that their substance abuse and depression occurred around the same time period whereas others noted that their substance abuse, depression and identity crisis or questioning period happened simultaneously.

Gender dysphoria, although being debated due to its use as a tool to pathologize trans identities, is still a huge part of the trans experience. Gender dysphoria/incongruence has negative, disabling effects on the daily functioning as well as wellbeing and quality of life of such persons fuelled by societal stigma and inability to comprehend gender diversity and expression.

Mike:

"..., sometimes your sad, other days moody and others happy, but generally, at the moment I am not satisfied with my life, I still have physical parts on myself that I don't want on me, if I could fully transition then I would be happy with life, I would start to think, okay I can have a family; because now I have gender dysphoria and I get depressed and also in activism I have so much burn out, with so much happening....

Ayebare:

I won't say I am happy; I am not. First of all, I have visions I haven't yet achieved so am not happy and I have a vision of seeing myself fully transitioned of which I haven't yet achieved.

Okello:

"... there was a time when I was growing up as a child, I felt like my body wasn't my body and I hated my body too much that most times I would try to pull my clit to make

it long to look like a dick and for me it was very traumatizing and these are the things I would do alone in my room, I would lock myself and ask myself why I feel different....”

Sasha:

“I am out but I try to keep my security, because once I am a trans woman, if they allow me to be me, I would have some dressed like a woman... like this... I can come in my high heels and my miniskirts, this makes me feel more like a trans lady but since it's not a lodge, I say I am a gay, yet am supposed to be putting on my dress...”

Coping beyond the ignorance and pains of sexual and gender diversity, is self-reliance, multidimensional individualism and collective good that flourishes, within the GSD spectrum. This is characterised by empathy towards intolerant persons, self-esteem, confidence, courage and resilience in the face of fear.

Al:

“One of the things I do is that I go out there and try to understand people, because the thing is, you may have self-perception about yourself, but your neighbour doesn't, they come from a different background. It's in trying to figure out this person that you get to understand root problem as to why you guys clash when people are shown a little benefit of the doubt, they feel like their opinions matter, that way you are also able to deduce yours because you are looking at where this person comes from other than seeing who they are first, I would like the same to be done for me because when people look at me and say, “you must be a strong woman, your husband is going to fear you” I always tell these people that I will not get married and they always ask me why not, I always say it's not my priority. I always go back and reflect, in order to understand where this person is coming from; most likely it's the society that made them this way. On the other hand, if a person is going to be derogatory or say anything that belittles women, that's a no for me. Trying to understand people helps me cope, but it's not to be confused with pleasing people. That's how I cope at work, trying to figure out cultures, having different experiences helps me cope, so I go out there and do things I never thought I would ever do, like camping and travelling, so I keep myself busy.”

Max:

“I have a very high self-esteem, I can see it when I am out or associating with people, I can tell people want to be like me, so there is no reason why I would have a low self-esteem. A lot of people ask me how I have made it, they want to be like me, and I tell them that I am self-made, it's not about who I am, just that I am self-made, that itself is very encouraging and therefore the perception is that I am lucky to be me, I don't have any regrets and I see where I am going; I mean, if I didn't regret when I was 15 or 20 and I am happy at 25, so my future is bright, I don't have any worries.”

Some participants mentioned the use of recreational drugs and social drinking as a means to cope with life's stresses, not necessarily concerned with their sexuality.

Al:

“Smoking pot (marijuana) for me is to relax, I also suffer from anxiety so it helps me too, it's not to cope with who I am or my sexuality because I am okay with that, had that not been the case then I would have moved on to harder drugs. Smoking pot slows things down and I get to examine things one item at a time...”

“...I smoke pot only. I don’t even use pharmaceutical drugs, if I have a cold, I let it run its course. I only drink alcohol socially or at events.”

Kato:

“I do drink alcohol, once in a while, basically I am a social drinker. I don’t take any sort of drugs either, nor smoke.”

Max:

“...I am not a person that drink every day, but on the days I decide to drink I just want to get drunk, especially when I have god company around me, plus the party makes you want to go on and on, the company too can influence you to go out the whole night, more so if the money is available.”

Humanising GSD experiences through activism and social awareness of their issues for social change as well as utilising social fabrics and workable social ties has played a central role in the lives of v&o GSD persons regardless of where they find it. Some find this fabric through giving back to the GSD community, like Max and Ayebare:

Max:

“No, I am very happy with myself, honestly I have no regrets. That is why I have done a lot of counselling with people who have been in the same situation, that they think because of who they are, they get sad, I have tried to change their outlook on life, telling them that they are okay and have nothing to be ashamed of...”

Ayebare:

“to the LGBT community it’s good and beneficial. I have helped the community a lot, I have worked with a lot of organizations, am a community paralegal trained by HRAF, am a peer educator in the HIV sector, I refer people like, getting our members get food, security, medicine. Many people have been victims of house evictions; I have helped them secure security money. I am doing well via the LGBT community.”

Others by seeking solace and solidarity within the GSD community, as most do, or outside of it...

Sasha said:

“I no longer fear police, even from the last pride and beach parade, the police came and I was not scared, I even took pictures, so if I feel safe when am alone, in a large number I am fearless.”

“.... I have friends online who kept telling me God is there whenever I would think of suicide and they take me out of those thoughts, other times they contribute some money for me and food to eat. I have almost cut myself; I stay in the room and no one can even give you some money and the landlord is also a burden and you have nowhere to get help from.”

Mike:

“I love sports and I coach a team; it’s a male team and they call me by my new name. I can have fun although I don’t go out as much as I used to, my social life hasn’t changed because you can never anticipate what will happen outside, I always try to be safe, I don’t give people excuses to do anything harmful to me. I also mingle with the

community to show them that am normal and try to do everything that other people do. Like when we have community work in my area, I do what everyone does..."

Ayebare:

"One night I was almost beaten up by some attackers, where I stay there is a gang of thieves, but they're friends, so when I was walking at night, I was almost beaten and one of them shouted, no don't beat him, he's our friends, neighbours, and the fact that this neighbour was well known and friendly, I was protected that night because those guys can actually kill you, because they usually use drugs. When people usually ask about my lifestyle the Boda guys usually protect me and come to my defence, they sometimes even say, so what if he's lifestyle is different, that doesn't warrant an attack. I am usually involved in community welfare and cleaning, am always present and people consider you as one of them, this activity is called "bulungi bwa nsi" (the goodness of the world) even if you don't do hands on cleaning, you can contribute money and that makes you more endearing to the community. so in cases when I might be attacked, even the chairman can come and help me out."

The data suggests that regardless of where one finds it, a social fabric and community integration plays a central part in grounding, shaping and encouraging such persons to forge new pathways for survival. Whether or not that fabric is entirely accepting and affirming, safety and security plays a huge role in how out and visible a person is willing to be within their interactions.

Lynn:

"I also think the thing that helped me was or my coping mechanisms were my friends who recognized that I was not my usual self. I have friends of mine that came through and just simply held space for me and told me okay, you can go through this, you don't have to drink, you don't have to think of suicide..."

"... So for me, my queerness dictates what my social circle looks like or what my support system is, everything else has to work around that, that space that doesn't allow for diversity to occur in there or to have different outlooks on everything because you're censoring yourself as a person, your politics is related."

Al:

"There are people you can't change, you can change them for five minutes after that, they are back again. Those are people I started to fade away from, those who get to find out who I am, and realize that I am a genuine person and still stayed with me are the ones that are still friends with me up to date and I am grateful for that; some of my friends are heterosexual, and they are a palm full, my queer friends, it's about the same. I look around and see how perfect it is, there is no isolation on either side and I am very happy about that, I know at least there is a certain world where I am going around in perfect balance, I can be on either side..."

"...I give a lot of credit to my mom although I know that if I ever came out to her, it would kill her and she'd try to pray the demon out of me, that's the irony though, it's the flipside of the coin. People come to me and ask me because of the way that I act, I think those are the people who are aware of queer people, have been around them or have read about them. To some I come off as a tomboy, to others as a phase, but people do start to put one and one together, because the older I am growing, it's starting to get

more and more suspicious. Today queerness is a known subject, much more popular than it was before; I have heard rumours but am not really one to pay attention.”

Max:

“There was a time when I was dating a white woman, when I took her home, my mom asked me if she was a woman or a man, I asked her what she was seeing in front of her, then she told me she sees a woman but since she had her questions ever since she heard of Caitlyn Jenner, then she said that she would only believe that she is a woman, if she gave birth. Otherwise my family has been very supportive and they believe in me, I don’t think they think that I would ever do anything out of pressure and they know that if I decide to do something, no one can stop me from doing it, that’s why they aren’t among my stress factors.”

Self acceptance and confidence in one’s identity plays a huge role in coping with the awareness of sexuality and gender identity, possibility of rejection, rejection, violence and various forms of abuse....

Okello:

“I am happy that I came out, that I got in touch with myself, that I got acceptance from myself prior to people accepting me.”

Sasha:

... Sometimes they even ask me if I am gay and I say yes, I am, and what are you doing to do about it. Once I did my hair and police caught me at around 11.30 pm and asked me if I was a Somali, I said was [From another East African country], they asked me where I was from, I answered the saloon, I answered their questions proudly and defiantly that they let me go without any issue. I think the trauma I have makes me fearless these days...”

Al:

“One of my best traits has been, being myself.”

Max:

“My sexuality has never been a factor of stress, I have been called by my brother asking me that, “I saw you in Red Pepper,” and I am just like, what is wrong with that, I just laughed at it and he was very shocked, he thought I was going to start denying, because apparently I was wearing a tag on my forehead saying, “some Ugandans are gay,” and I said what’s it with the statement that is wrong, you don’t believe it? You have a problem with it? He kept asking me why I was openly putting it out there and I said, if I was running at the MTN marathon campaign, would you ask me why I have to do that? He was in shock, since then, no one has ever asked me at home, that would be the only worry, if my family was pressuring me, but they are not. They learnt to deal with it and I am the most defensive person you will ever find, you ask me, I counter ask, you can never win, no one can ever win this argument. So, if my family isn’t bothered, there is no one else who can bother me...”

Okello:

“I feel I believe in myself a lot and I am self-reliant and that whole being self-reliant and independent is what related to the alcohol, I would also take alcohol and smoke and feel more comfortable and more secure. I believe that independence and believing in

myself and the fact that I can do things on my own kind of affected my life because I lost touch with people and life and bringing it back is very difficult.”

Lynn:

"The challenge comes with not knowing, how being open is going to affect the people around you or people's reactions to your being open. I don't think being in the closet is a safe space, but I also understand that being out causes its challenges but they're not as heavy as being in the closet, when you own whatever narrative your story is, and say yes this is my story, this is who I am, I am going to be this person. It becomes challenging for society to try and box you. Once you disempower the enemy of the thing that they're going to use to box you in, they don't know what to do with you."

Max:

“ I personally have stories from people who are in heterosexual relationships and I see how lucky I am not to be in one plus, I have straight friends who keep wishing they were gay and when I compare the two, I realize that I would not be as happy as I am now, if I were in a heterosexual relationship or married. I would not be able to freelance or do the things that I am doing, it's not even just that, I wouldn't be as productive either because most times productivity is affected by other people or parties that come into our lives.”

For GSD persons it can get difficult to make ends meet and the role of finance is heavy. Unfortunately, not all can have this access or privilege without hiding an aspect of their lives that's paramount to their being.

Max:

Most of my stress has been associated with money, when you know you badly need something and you cannot afford it, so you risk it and get a loan, how to pay it back is also an issue but eventually, I always find solutions...”

Sasha:

“... I don't have money, rent stresses me, I don't want to do sex work but I always turn back to it because I need to survive, in Uganda no one helps you for free. I always close my door and I cry constantly, then after that, I always wake up and put on a brave face for the outside world”

Al:

“...what I did was work hard to get to a certain phase in my life where everything that I have is what I have earned...”

Some participants mentioned that being open to the idea that sexual attraction changes allow for the flexibility to define who they are without the rigidities of labels and the consequences of wearing them.

Lynn:

“Sexually queer for me means that much as I am attracted to females, I am also open to the idea that next year, the other year I may find the same qualities I am attracted to in

a woman, in someone of a different gender. I used to identify as a lesbian and then I found out that I don't fit the boxes, they have too many small boxes in there, you find that that you're less femme than someone or not femme enough. Sexually queer identifies me better than lesbian, but I also don't want the boxes, I want my sexuality to be as fluid as it can be, I want to experiment with it, I want it to be mine. I don't want to follow the norms that everyone has set for everybody."

Self care routines and self reflection form a foundational basis for the participants coping mechanisms. Some of the coping mechanisms highlighted include self reflection and introspection, vacation time and various physical activities

Kato:

"it was a challenge, but working in consultation with partners, they advise us to take some time off, think about our lives, engage in sports and have time for our lives. I get some time and reflect; this is one of my coping mechanisms."

Max:

"... I also have a lot of self-care time, when I say I am going on a vacation, I will invest money in it, I may have three vacations out of work, just me going somewhere that I really prefer; I get to think about my achievements, things that have gone wrong and think of a way forward, but people don't value self-care time. The most interesting thing is, that I love going to the gym, so I will go to the gym four times in a week just to cool off. Most of the things that go on all day, I always eventually feel okay about them. If the stress is about friends, I will go to the bar, with different company and forget."

Mike:

"I love sports and I coach a team; it's a male team and they call me by my new name. I can have fun although I don't go out as much as I used to, my social life hasn't changed because you can never anticipate what will happen outside, I always try to be safe, I don't give people excuses to do anything harmful to me...."

"...I go and coach plus watch soccer and sports because it's a big part in my life; I have been sporty since I was young and it helps me."

d) General Wellbeing

In navigating the world V&O GSDs leverage an invisibility/visibility phenomenon: (where they are either invisibilized by society's perception of who and what an LGBT person looks like, or they are made visible by this same lens, if, it is not a self identification and this usually elicits some form of abuse, hostility and violence. In rare cases, such instances and encounters can become a point of advocacy, knowledge building, information sharing, as well as myth debunking. However, this is based on the level of safety and security felt in within their area of interaction.

When asked if they were happy with their life, the majority of the participants could not say that they were;

Lynn:

"I am not happy with my life. There are a lot of things that would do better, that I would love to do better. There are a lot of things in my life that I would love to re-correct or that I shouldn't have done. There are a lot of things and other struggles I know are going

to come. There are also spaces I know that I did well. Am I happy? Happy is a very complicated thing, if my wallet is happy, does it mean that I am happy? If I am broke does it mean that I am totally sad? I don't know, how do I feel about my life?... (pauses) I think it can be a lot better, should be a lot better."

Ayebare:

"I won't say I am happy; I am not. First of all, I have visions I haven't yet achieved so am not happy and I have a vision of seeing myself fully transitioned of which I haven't yet achieved. I have a vision of seeing all the Trans people transitioned and aligned with their identity. Also, I want to see my country, where Trans people are recognized. Actually, even in the movement, we aren't visible, not recognized, personally I want a kid, I want to get married, I want to have a car, I want to have a home. I want to live freely which I haven't yet achieved so I am not happy. In general, I am not happy, being that I am suppressed with my life, it's so compact. Generally, life is not good, things aren't moving on fine."

Sasha:

"...really no I am not, even when I go into the community, people talk too much. When I am alone, or with community members, I can be happy. I feel like I have trauma in myself, am always silent, my mind carries too many things to handle and I can't handle them, I don't have money, rent stresses me, I don't want to do sex work but I always turn back to it because I need to survive, in Uganda no one helps you for free. I always close my door and I cry constantly, then after that, I always wake up and put on a brave face for the outside world ..."

Lynn:

"I don't know, every day is different. Some days I will wake up and be happy for no good reason and other days I just want to cry all day without reason. I don't know, maybe that's a healthy way of life. Now that I think about it, I don't think I have had a long period of the same emotion, like I have been happy this whole month or sad this whole month. Sometimes I will come to work when I really want to function and my mind just wanders off to some dark space and I want to go back to my bed, it's different every time.

Other participants could not quite definitely place their happiness, as such it is delicately balanced and they attributed this to a number of things.

Al:

"It's been 50/50 although this year it has been raised to 60/40, the good is higher. Up to date, there are things I could credit, where I am today, the people who have actually helped me to get to this level of excitement about myself, reignited my confidence, have all been queer people, but not queer in the capacity of you are getting donor money, it has been a legit hustle, I have played my part and it has opened doors for me. I can't emphasize this enough, am so happy about it that actually there are people in the community who are actually giving back, who are making an impact, I am one of those whose life has been changed and I want to do the same for the next person who feels they have what it takes to give back to this world, they just don't have that leverage or anchorage."

Okello:

“I think we can all create our own kind of happiness in our own societies no matter how bad the oppression is, we can create a place where we can have fun and be happy but I don’t even know whether I am going to be happy or sad, every day I wake up feeling different. It’s a cycle that doesn’t stop and I wake up really sad, happy, broken, not knowing what to do and I wouldn’t say I can rate my life. My life is 50/50 depends on the day, the mood, if I got a good email and people expect you to smile but I am sad and people expect you to be happy but I am sad,... personally I don’t know who I am, what I am, because today I am very professional, the next day I am playful, the next, I am serious, my struggles have refused to go and my head computes ten different things in a minute, am not always straight, so my head is always occupied with work and that is positive, I want to say friends but I don’t know who I can call a friend, I hang with people I work with and if they are not there, I am always alone and I am not dating for now.”

Transgender is a relatively new word in the country but the experiences of transgender persons are documented and are not a new occurrence. Visible and out transgender persons are often violated and are more vulnerable to exclusion upon discovery and usually are immediately presumed as homosexual or lesbian. They face constant security threats and the study suggests that perhaps this is why they have a heightened sense of security and why they relocate often.

Sasha:

“the way I am in society, it’s not good, wherever I be staying, I am always sent away, am always asked by my roommates and neighbours why do I walk like a girl, I told them that’s me, that can’t I fuck you in your hole, why do I walk like I have pampers. If someone can single you out in 1000 of people, then if that bill is passed again, they would hunt down all gays and come for me in my neighbourhood. I fear taking a bus because people will always comment on my clothes and my hair, so no matter how much I have on me, I always take a motorbike to my destination, it’s faster and gives people less time to talk.”

The trans persons interviewed also highlighted their struggles with gender dysphoria/gender incongruence:

Mike:

“ It’s in-between definitely, sometimes your sad, other days moody and others happy, but generally, at the moment I am not satisfied with my life, I still have physical parts on myself that I don’t want on me, if I could fully transition then I would be happy with life, I would start to think, okay I can have a family; because now I have gender dysphoria and I get depressed and also in activism I have so much burn out, with so much happening. I would say I am neither sad nor happy but in-between there, like 60% or 80% happy and the 30% other days I have dysphoria.”

A life riddled with pain, confusion, violence and several layers of oppression characterises these experiences. Nonetheless, there are the gifts of self discovery and self awareness. According to the participants of this study, self discovery is always highlighted as a positive, but this particular self discovery does not sit well with the society at large.

DISCUSSION

I decided to dive my findings and discussions into three:

- a) Visibility and out intricacies; here, I compare and contrast the intricacies of visibility and being out and further explore the definitions and notions of visibility vizavi what it really is.
- b) The art of sacrifice; where I depict the coping, mechanisms adapted by individuals
- c) Mental dilemmas; where I outline the mental health, challenges experienced by these individuals as a direct or indirect result of their visible and known sexual orientation, gender identity or expression.

Visibility and Out Intricacies

I had defined visibility as the ability for people to be identified as GSD by non-GSD individuals and what that was dependent on. I also wanted to know what kind of challenges it poses to mental health, considering the context. I also used “being open” separately from being visible or out because it is possible to disclose one's sexual orientation or gender identity (come out) but it doesn't necessarily make them “visible”, (easily identifiable) neither does it make them open(accepting of self as is, and open to sharing with others). This is seen clearly when the participants mention going through a period of questioning identity and sexuality, in spite of “being outed” or visible. I needed to know if and how these variables intricately weave together, or apart.

On this premise I set out to explore the lives and mental health challenges faced by the people who meet this specific criterion. My findings revealed interesting themes but what I was most astonished by was that on the account of sexual preference, being open and visible is relatively, relative and is even used advantageously, in some cases, however the same does not ring true for transgender persons as being visible and open takes on a whole new perspective to become the difference between life and death.

The study revealed that being open was relative and it might be impossible to be 100% open about one's sexual orientation or gender identity with in society. Most people decide to be out around open- or like-minded people, or places that they feel who they are can be expressed safely. However, if one is outed, or out, they become visible, identifiable and vulnerable targets within the places they occupy and society's reaction to them is not always pleasant. This is a narrative that still rings true.

The interviewees who identified as lesbian, gay and bisexual associated visibility with company held, i.e. “if you are in gay company you are gay”, public engagement especially on LGBT and HIV related work, or assumptions based on cisgender heteronormative gender role expectations and the failure of an individual to fit within these rigid expectations

Transgender had another tale to tell. Visibility is as constant as light and there is no off button. If the off button is present, it is extremely detrimental to their mental health and yet, if they choose to be visible, they are subject to various kinds of human rights violations and abuse.

For transgender persons, not being open and visible (In this case not disclosing/revealing their gender identity or expression or presenting conformity to roles assigned to their sex at birth) almost equates to being invisible and yet upon visibility and openness, (In this case disclosing/revealing their gender identity or expression or presenting non conformity to roles assigned to their sex at birth) they soon realise that there is very little support from immediate family and social ties, to health care service providers or state agencies that address the issues faced by such vulnerable persons.

Gender dysphoria/gender incongruence also had debilitating effects on transgender health and wellbeing and was shown to hinder social engagement.

The Art of Sacrifice

Gender and sexual diverse individuals live two lives. Calling it two might be problematic especially if, say, they are perfectly balanced individuals who consciously choose not to be open in certain spaces and out in others. This however is not the case, as their immediate realm of social participation, is phobic, and some of their immediate relations do not know how to give support once the sexual orientation or gender identity of a family member is discovered.

And so, none of the participants I engaged with could say, they were fully open about their sexual orientation or gender identity or expression. They were as visible and open as far out their safety allowed them to be, or visible and open or out around other GSD persons. Upon discovery of one's sexual orientation or gender identity, the common theme that ran across was that it was never easy, especially with no support, rigid cultures and limited African grounded knowledge and research.

In most cases the participants noticed their differences in sexual preference and gender identity or expression at an early age and so it is a process, a journey, and a rocky climb, for most. One either learns how to live in a context that will not fully embrace who they are, and therefore finds balance in living their “expected life” alongside their preferred life, which, according to the participants/respondents didn't seem viable, or one embraces who they are, discloses it and risks cutting off support from their immediate support system ie; loss of friends, family, support etc. Gender and sexual diverse persons who fit within the cisgender-heteronormative “lens” of being or living have the option of both choices. Those that do not conform or ascribe to this, visibly have only one. And so we see gender and sexual diverse people who are only visible and open in limited spaces, and those that wear visibility like a crown; make trade offs for sanity, security, love, making sacrifices everyday that seem small, and trivial but in the long run, the ripple effects are damaging.

In Spite of this, the existing state of affairs prevails.

Mental Dilemmas

Most of the people interviewed had affiliations to organisations or knew organisations that work with the gender and sexual diverse community and a part of their work or time is devoted to the empowerment of this community. It is in these spaces that they have found acceptance, shelter from the exile of society, empowerment, and access to different opportunities. But this doesn't necessarily act as an indicator for positive mental health and an improved quality of life and some would even argue that exclusionary groups or organisations create echo chambers of similar thoughts as opposed to critical thought, debate and productive progression. Whether or not these coping strategies are working in this context are up for debate and further research.

Many people hesitate to come out because of the risks of meeting prejudice and discrimination that usually follows such visibility. Some choose to keep their identity a secret; some choose to come out in limited circumstances; some decide to come out in very public ways. Thus, it is not surprising that lesbians and gay men who feel they must conceal their sexual orientation report more frequent mental health concerns than do lesbians and gay men who are more open; they may even have more physical health problems (American Psychological Association, 2008).

The participants, who with time, come to better terms with their sexuality and gender identity noted that they exhibited better and healthier coping mechanisms to stress related illnesses and

better mental health than before they came to this realisation. The road to realisation and self acceptance is not always that way and some of the things endured before coming to this realisation pose serious threats to mental health. The realisation alone is not enough to free oneself, mentally, as societal pressures and stresses force one into a reactionary state constantly. The fight or flight mode is engaged and survival mode is on replay for these individuals everyday.

Before this realisation, the participants interviewed attributed their poor mental state then to abusive families, failed “corrective” treatments a lack of support, lack of knowledge, self hate, fear/hate based religious beliefs, a lack of community or sense of belonging, negative portrayals and outings of GSD persons by media, unfavourable government policies, self stigmatisation, fear and their internalisation of these various aspects at play.

Most of the participants [n=7/8] also struggled with a history of alcohol and substance abuse; and all participants mentioned a history of depression, and some were still struggling with it at the time of the study.

The unpleasantness of gender dysphoria inhibited transgender participants day to day activities and this inflamed by society’s reactions towards them. Not only are such persons particularly more vulnerable to abuse, bullying and violence, but they also have difficulties in accessing and maintaining employment, housing and health services.

A direct link was found between the hostile environment and negative mental health as the participants in the study noted a decline in mental health after being exposed to various forms of hostility and exclusion on account of sexual orientation, gender identity or expression.

CONCLUSION

Visibility and openness engage the power within, as well as the authenticity needed for positive developmental human interactions and connections. The study findings suggest that this is crucial for identity formation, self perception, mental health and the overall well being of gender and sexual diverse persons in Uganda.

Visibility and openness can sometimes, and in most times is, received with hostility from the society and state agents thus disempowering such persons, and their further engagement with society or political participation. This can be extremely detrimental to their mental health, and general wellbeing.

Trans people face widespread discrimination across the globe in a variety of forms and the study revealed that v&o transgender persons were more susceptible and vulnerable to various forms of abuse, violence, isolation and exclusion upon self disclosure or assumptions around sexual orientation, gender identity and expression and they are more likely to have difficulties in accessing employment, housing and health services in their totality.

None of the respondents could say they were exclusively happy with the status quo, suggesting that the overall environment is indeed unfriendly and hostile towards visible and out GSD persons.

In order to fight discrimination against gender and sexual diverse persons, what really needs to be tackled are people’s prejudices in relation to both gender and mental health, as well as the systems that uphold those prejudices (World Health Organisation, 2018).

LIMITATIONS

The author of this research is a transsexual man and this may have created a bias in the data analyses stages though mitigated through ensuring ethical methods of research are conducted as well as cross examining data with the supervising professor.

The participants in the study were a small sample size and thus not reflective of the entire GSD population in the country.

All transgender people interviewed were the experiences of pre operational transgender persons, meaning they have not undergone any professional medical interventions during the period of the study but they explicitly expressed the need for medical interventions.

RECOMMENDATIONS

The scope for further research into needs and the mental health challenges faced by gender and sexual diverse persons and other marginalised populations in Uganda is vast. Ffurther qualitative research should be conducted around the intersectionality of mental health, oppression and various social, economic and political systems

Results from the study suggest that the Ugandan social, political and economic environment is hostile to visible and out GSD persons and as such are also more likely to struggle with mental illness at one point in their life catalysed by intolerance of these identities. More efforts need to be placed on offering non biased, adapted treatments to such persons.

Further research should focus on access to mental health services by gender and sexual diverse persons and the mental health care received by such individuals. This is necessary to ensure that mental health practice towards them develops in an ethical, culturally appropriate and context specific manner in Uganda.

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DEFINITIONS OF TERMS USED

Anti Homosexuality Act (AHA): On 20th December 2014 the Ugandan parliament passed the anti-homosexuality Act (AHA) which was signed into law on 24th February 2014 by Yoweri Kaguta Museveni, the president of Uganda. This law called for, among other penalties, life imprisonment of ‘repeat’ homosexuals, restrictions on funding to CSO groups advocating for the rights of LGBT people, and punishment for failure to report homosexuality.

Cisgender: having or relating to a gender identity that corresponds to the culturally determined gender roles for one’s birth sex (i.e., the biological sex one was born with.) a cisgender man or cisgender woman is thus one whose internal gender identity matches, and presents itself in accordance with, the externally determined cultural expectations of the behaviour and roles considered appropriate for one’s sex as male or female (APA, 2015: APA dictionary of psychology, 2nd ed.)

Gender expression: Unlike gender identity which is an internal experience and understanding of one’s gender, gender expression refers to the way in which an individual outwardly presents their gender. These expressions of gender are typically through the way one chooses to dress, speak, or generally conduct themselves socially. Our perceptions of gender typically align with the socially constructed binary of masculine and feminine forms of expression. The way an individual expresses their gender is not always indicative of their gender identity.

Gender Dysphoria: A medical condition involving discomfort or distress related to incongruence between a person’s gender identity, sex assigned at birth. In 2013, the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5 [American Psychiatric Association, 2013]) adopted the term gender dysphoria as a diagnosis characterized by “a marked incongruence between” a person’s gender assigned at birth and gender identity (American Psychiatric Association, 2013, p. 453). Gender Dysphoria replaced the diagnosis of Gender Identity Disorder (GID) in the previous version of the DSM (American Psychiatric Association, 2000). The DSM-5 notes that gender dysphoria is different from “simple nonconformity to stereotypical gender role behaviour by the strong desire to be of another gender than the assigned one and by the extent and pervasiveness of gender-variant activities and interests” (p. 458).

Gender identity: refers to each person’s deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth, including the personal sense of the body (which may involve, if freely chosen, modification of bodily appearance or function by medical, surgical or other means) and other expressions of gender, including dress, speech, and mannerisms. Gender identity exists on a spectrum. This means that an individual’s gender identity is not necessarily confined to an identity that is completely male or completely female. When an individual’s gender identity differs from their assigned sex, they are commonly considered to be transsexual, transgender, non binary gender fluid, and/or gender queer. Whereas when an individual’s gender identity aligns with their assigned sex, they are commonly considered cisgender. While these terms are increasing in familiarity in some countries, in a number of cultures other terms may be used to describe people who form same-sex relationships and those who exhibit non-binary gender identities. In some of these countries ‘third gender’ is recognized both in law and cultural traditions, and may have legal protection due to cultural, traditional, or religious significance.

GSD: Gender and Sexual Diverse persons

Heteronormativity: the assumption that everyone is heterosexual, and that heterosexuality is “the norm”. Among both individuals and institutions, this can lead to invisibility and stigmatization of other sexualities and gender identities. Often included in this concept is a level of gender normativity and gender roles, the assumption that individuals should identify as men and women, and be masculine men and feminine women.

Intersex: These are individuals are born with physical or biological sex characteristics (including sexual anatomy, reproductive organs and/ or chromosomal patterns) that do not fit the traditional definitions of male or female. These characteristics may be apparent at birth or emerge later in life, often at puberty. Intersex people may be subjected to gender assignment interventions at birth or in early life with the consent of parents though this practice is largely contested by intersex persons and has been the subject of a number of recommendations by human rights experts and bodies.

LGBTQ is shorthand for lesbian, gay, bisexual and trans and Queer The “LGB” in this term refers to lesbian, gay, or bisexual sexual orientation. LGBT is used interchangeably with GSDs for purposes of this study.

Out: The phrase “coming out” is this used to refer to several aspects of lesbian, gay, bisexual and trans persons’ experiences: self-awareness of same-sex attractions or gender diversity; the telling of one or a few people about these attractions and identity; widespread disclosure of sexuality and gender diversity; and identification with the lesbian, gay, bisexual, transgender and queer community. Out and open or openly living are used interchangeable for purposes of this study.

Sexual orientation: refers to a person’s physical, romantic, and/or emotional attraction towards other people. Sexual orientation is distinct from gender identity. Sexual orientation is comprised of three elements: sexual attraction, sexual behaviour, and sexual identity. Sexual orientation is most often defined in terms of heterosexuality to identify those who are attracted to individuals of a different sex from themselves, and homosexuality to identify those who are attracted to individuals of the same sex as themselves.

Sexuality is a central aspect of being human throughout life that encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction.

Sexuality: is influenced by the intersection of biological, psychological, social, economic, political, cultural, legal, historical, religious, and spiritual factors (4).

Third Gender: Used to refer to gender diverse persons. In this study, used exclusively to mean Transgender and Intersex individuals.

Trans: For purposes of this study, trans is used to mean exclusively transsexual or transgender persons.

Transgender: an umbrella term that incorporates differences in gender identity wherein one's assigned biological sex doesn't match their felt identity. This umbrella term includes persons who do not feel they fit into a dichotomous sex structure through which they are identified as male or female. Individuals in this category may feel as if they are in the wrong gender, but this perception may or may not correlate with a desire for surgical or hormonal reassignment. It is important to note that sexual orientation and gender identity, however, both reflect differing forms of gender and sexual norm “transgression” and share an intertwined social and political history

Transsexual: A term referring to a person who does not identify with the sex they were assigned at birth and wishes, whether successful or not, to realign their gender and their sex through use of medical intervention.

Queer: is an umbrella term which is commonly used to define lesbian, gay, bi, Trans, and other people and institutions on the margins of mainstream culture. Historically, the term has been used to denigrate sexual and gender minorities, but more recently it has been reclaimed by these groups and is increasingly used as an expression of pride and to reject narrow reductive labels. Queer can be a convenient, inclusive term when referring to issues and experiences affecting the many groups subsumed under this umbrella. Because it is still used to demean lesbian, gay, bisexual, and transgender people, those who do not identify as queer are urged to use the term with caution, or not at all.

Visible and Out: The term “visible and out” GSD persons is coined for purposes of this study as opposed to just “out” GSD persons. While they seem to refer to the same thing, they are indeed different. The term “visible” connotes an element of knowledge and perception of GSD persons whereas coming out, on the other hand, can be described as a person’s acceptance and appreciation of their sexual orientation or gender identity and their choice to disclose this information with others.

Visibility can be obtained by coming out, where an individual may be “out” to important people in their life, but may continually “come out” to new people like family, medical providers, new friends and co-workers and as such it may be a lifelong process. For example; Kasha Nabagesera, Frank Mugisha, Pepe Julian Onziema and Victor Mukasa are prominent LGBT activists who not only publicly identify as Lesbian, Gay, and Trans respectively but also became visible due their public political action of coming out. Further still, it is possible to be “visible” but not open about one's sexual orientation or gender identity and one may be out or open about their sexual orientation and gender identity, but not visible, meaning they cannot be known or perceived as GSD persons.

Visibility would, in this case, not only mean the physically identifiable aspects of individuals who stand out as the “stereotypical GSD persons” but also those that are vocal and open about their sexual orientation, gender identity or expression; so much so that through their visibility and self disclosure, they challenge stereotypes, break their invisibility and thus become moving “visual sexual and gender diverse expressions” and targets.