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Queer Resilience in the Arab Region: Navigating Repression

Uttam B. Sonkamble¹, M.Phil., Ph.D.

Department of English, BYK College of Commerce, Nashik – 422005, India

Email: sanchi2004@gmail.com

Lekha Chatole²

Research Scholar, Department of English

S. N. Arts, D. J. Malpani Commerce & B. N. Sarda Science College, Sangamner, India

Email: lekhachatole@gmail.com

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Abstract

As across the world, even the Arab countries' LGBT community face multifaceted challenges as witnessed in their mainstream literature in terms of social stigma, mental health impacts, human rights violations and legal frameworks characterising their experiences. Different surveys, analyses, and studies framing the study of LGBTQ community in the Arab contexts navigate family rejection, healthcare barriers, pervasive criminalization, and violence while increasing resilience including digital activism, secret practices, and transnational migration. The literature demonstrates that discrimination significantly predicts psychological stress, with self-esteem serving as a protective factor. Strategic persuasion has yielded some selective legal victories, though enforcement remains inconsistent. Major research gaps include limited large-scale epidemiological data, insufficient attention to transgender-specific healthcare needs, and the need for locally grounded theoretical frameworks. This research underscores the urgent need for human rights reforms, culturally sensitive mental health interventions, and expanded empirical investigation into the LGBTQ lived experiences in the Arab societies.

Keywords: LGBTQ, Arab countries, Middle East, discrimination, stigma, mental health, human rights, criminalization, sexual minorities, gender minorities

Introduction

The LGBTQ experiences in Arab countries remain deeply understudied despite being crucial to contemporary social research. Across the 22 Arab nations, same-sex relationships and gender-nonconforming expressions face cultural taboo, strong social stigma and legal



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penalties. Conservative religious interpretations, patriarchal norms, and authoritarian governance should create an environment where LGBTQ community is not only respected but constantly protected as well as of their safety and psychological well-being.

Public discourse frequently portrays homosexuality as immoral, resulting in what scholars call ‘social invisibility’ where individuals lead dual lives hiding their identities. Research shows severe consequences: discrimination significantly increases stress among the LGBTQ youth, violence, and limited healthcare access – as many medical practitioners are unwilling to treat the LGBTQ patients. In Egypt, bans on gender-affirming care further endanger the transgender community. This study attempts to examine social dynamics, mental health impacts, healthcare barriers, legal systems, and social resilience strategies.

Discussion

Historical and Cultural Context:

To understand the contemporary situation of the LGBTQ individuals in the Arab countries, the historical and cultural frameworks need to be examined that shape sexual and gender norms in these societies. Many scholars have documented how public discourse across the Arab nations frames homosexuality as shameful, sinful, or morally deviant, producing what Lundqvist describes as profound “social invisibility”.¹ This framing is reinforced through media representations, religious interpretations, and political rhetoric that position same-sex desire as fundamentally incompatible with the Arab or Islamic identity.^{2&3} Ethnographic research finds that this hostile public environment necessitates sophisticated concealment strategies. Studies conducted in Lebanon and Morocco document how LGBTQ individuals adopt dual presentations: maintaining heteronormative appearances in public and family contexts while forming same-sex relationships in carefully guarded private spaces.^{1&3} Lundqvist’s research in Lebanon found that participants developed elaborate “straight from the heart” adaptations, performing heterosexuality in social interactions while maintaining authentic same-sex relationships in secret.¹ Nicholas’s exploration of Moroccan LGBTQ identity argues that the Western frameworks of sexual identity, rights discourse, and activist strategies often misalign with local meanings, practices, and priorities.² This body of work calls for context-sensitive analytical approaches that recognize how sexuality and gender are culturally constructed and experienced differently across societies.

Legal Frameworks and Criminalization:

Legal frameworks across the Arab countries vary, but criminalization of same-sex sexuality remains widespread. Case studies show how these laws act as tools of state control and social regulation. In Lebanon, Article 534 is sometimes used to prosecute same-sex acts, though



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enforcement is inconsistent and some courts refuse to apply it.^{1&5} This inconsistency creates ongoing legal uncertainty for the LGBTQ individuals. Egypt presents an especially restrictive environment by introducing a Sharia-influenced ban in 2003 on gender-affirming healthcare, criminalizing providers assisting transgender individuals.⁴ This ban forces many to rely on unsafe hormones and underground surgeries, producing serious health risks and reinforcing stigma.⁴ Despite these constraints, strategic litigation in some countries has led to selective legal gains. Research shows that activist strategies and supportive judges rather than regime type often shape outcomes.⁵ These small victories reveal that legal reform is possible, though still limited and fragile.

Social Stigma and Family Dynamics:

Social stigma represents perhaps the most pervasive challenge recorded in the LGBTQ Arab literature. Family rejection emerges as a particularly devastating form of stigma, with ethnographic accounts of physical abuse, forced marriages, attempts of conversion through religious intervention, and complete ostracism.^{1&3} The centrality of family honor in the Arab societies means that discovery of a family member's same-sex sexuality is often treated as a profound disgrace requiring corrective action.

Messaoudi's research on homosexuality in Tunisia describes a "dialectic between desired inclusion and lived exclusion", where LGBTQ individuals yearn for family acceptance while experiencing systematic rejection.³ Participants in various studies report being subjected to so-called 'cures' ranging from religious counseling to physical violence, all aimed at forcing conformity to heterosexual norms.¹ The threat of family rejection shapes behaviour throughout the life course, influencing decisions about disclosure, relationship formation, and geographic mobility. Healthcare practitioners constitute another significant source of stigma. The Lebanese Medical Association for Sexual Health documented that approximately half of Lebanese physicians were unwilling to provide healthcare to homosexual patients, with many harbouring clinical misperceptions about homosexuality as a treatable condition.⁷ Some doctors reportedly offered or recommended reparative therapies despite the scientific consensus against such interventions. This medical stigma creates barriers to essential healthcare, including sexual health services, mental health treatment, and HIV prevention and care.

Mental Health Impacts:

The literature documents the psychological toll of discrimination, stigma, and violence, though large-scale epidemiological studies remain scarce. The most robust quantitative evidence comes from Tunisia, where Mahjoubi and colleagues surveyed and examined 73 young LGBT individuals and their relationships between discrimination, heterosexism, and



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stress.⁶ Their findings revealed that discrimination significantly predicted perceived stress, confirming the mental health burden imposed by hostile social environments. Importantly, the study also identified self-esteem as a major protective factor, with higher self-esteem moderating the impact of discrimination on stress.⁶

The absence of LGBTQ affirming mental health services exacerbates these challenges. In contexts where homosexuality is viewed as sinful, seeking professional mental health support can expose individuals to further stigmatization or attempts at conversion therapy. This creates a vicious cycle where those most in need of psychological support face the greatest barriers to accessing appropriate healthcare. Healthcare access remains restricted by the medical practitioners' stigma and a lack of specialized services. While Lebanon offers some LGBTQ-friendly care, most countries lack competent and inclusive healthcare. Transgender individuals face the most severe barriers; Egypt's ban on gender-affirming care pushes many toward unsafe hormones and unregulated surgeries. HIV prevention and treatment are also limited due to stigma, few targeted programmes.

Violence and Physical Safety:

The LGBTQ individuals across the Arab region face significant risks of violence, though comprehensive data remain limited. Reports describe family abuse, public harassment, police intimidation, and imprisonment. Gender-nonconforming people are especially vulnerable due to visible differences that attract hostility. These threats force LGBTQ individuals to constantly monitor their behavior, avoid unsafe spaces, and adopt self-protective strategies, creating ongoing psychological stress.

Digital Activism and Online Communities:

The rise of digital technologies has created new possibilities and platforms for the LGBTQ community formation, mutual support, and activism in Arab contexts. Research shows how the LGBTQ individuals create online spaces to share practical information, coordinate activism, and build community under conditions of offline hostility.⁴ These digital platforms serve multiple functions – providing guidance on accessing underground healthcare services, facilitating social connections, organizing political advocacy, and offering psychological support.

Online activism has become particularly important given restrictions on physical organizing. Social media platforms enable transnational connections, allowing the Arab LGBTQ individuals to access global discourse, learn from international movements, and build solidarity networks that transcend national borders.^{2&3} Digital spaces also provide relative anonymity and safety compared to public physical spaces, though participants remain aware of surveillance risks. However, digital activism faces its own limitations and dangers.



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Governments increasingly monitor online activity, and several countries have prosecuted individuals based on social media content or dating apps. The promise of digital liberation thus coexists with new forms of surveillance and risk.⁴

Migration and Refugee Experiences:

Migration emerges in the literature as both a survival strategy and a source of additional vulnerability. Qualitative research evidences how the LGBTQ Arabs flee persecution in their home countries, seeking asylum in more tolerant nations.^{2&3} Nicholas's study of Moroccan LGBTQ+ migration reveals complex transnational trajectories shaped by intersecting factors of sexuality, economic opportunity, and political refuge.² The refugee and asylum process itself presents unique challenges for the LGBTQ individuals. Proving sexual orientation or gender identity to satisfy asylum criteria requiring invasive questioning and documentation that violates privacy and dignity. Furthermore, the LGBTQ refugees often face discrimination within refugee communities and host societies, experiencing multiple layers of marginalization.² Moreover, diaspora communities play important roles in transnational activism, advocating for change in their countries of origin while building new lives abroad. However, the loss of home, family connections, and cultural belonging creates its own psychological toll, even when migration improves safety and legal status.^{2&3}

Conclusion

This research studies the LGBTQ life in the Arab countries, recording a landscape shaped by structural oppression and evolving resilience. The LGBTQ individuals face family rejection, mental health burdens, social stigma, violence, legal criminalization, and restricted healthcare access. Studies show that discrimination strongly increases psychological stress, while qualitative research highlights ongoing concealment strategies and survival tactics. Despite these challenges, the literature also documents agency. Strategic litigation has produced limited legal gains, digital activism offers safer spaces for connection, and migration provides escape for some individuals. Theoretical perspectives range from minority stress theory to queer and human-rights frameworks, though research remains dominated by small-scale qualitative work. Major gaps persist, including limited epidemiological data and inadequate attention to transgender and intersectional experiences. The LGBTQ life in the region reflects both profound vulnerability and notable resilience. Progress requires legal reform, inclusive healthcare, mental-health support, and culturally grounded future research.

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