EXPLORING COLLECTIVE TRAUMA AND SUPPORT NEEDS OF QUEER COMMUNITY IN PAKISTAN: A PHENOMENOLOGICAL STUDY

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ABSTRACT

Queer community is one of the most marginalized and discriminated community, especially in South Asia. Queerphobia reinforced by the narrative that queer identities came from the West, is quite prevalent, but historically speaking, queer identities existed throughout the Mughal Era and way before that. However, the terminology "khuwaja-sira" is often as an umbrella term more frequently than "queer." As a result of their marginalization and insufficient support, they are more likely than cisgender and heterosexual people to go through collective trauma, suicide risk and mental health difficulties as well as violence and physical and psychological abuse. Social support seems to be an essential tool that helps reduce the collective trauma and minority stress they experience during their lifetime. The purpose of this study is to explore collective trauma and support needs of queer community in Pakistan. A qualitative and phenomenological research approach was used. In-depth semi-structured interviews were conducted with 8 queer individuals in Pakistan. Interviews were recorded and transcribed. Data was analyzed through NVivo12. Through inductive and deductive approach, codes, themes were identified. Four master themes emerged, namely; historical origins of collective trauma, emotional & psychological harm, marginalization through violence & control and interpersonal & intrapersonal support needs. Collective trauma is communal, the impacts and causes of which are multifaceted and there is a need of a queer affirmative and intersectional framework so the wellbeing of the queer individuals can be improved and lives are protected. This study will provide a framework to organizations and groups to curate more inclusive education, training, and outreach programs into routine health-care practice which will not only help fight violence but also help the economy through inclusion of queer individuals at workplaces.

Keywords: Collective trauma, support needs of queer community, minority stress, queer affirmative framework, inclusive mental health care

INTRODUCTION

In a Pakistani context, the queer community faces a variety of unique challenges, which necessitates in-depth investigation. Less than ten years have passed since Pakistani media organizations even used the term "queer." People who aren't heterosexual or cisgender are referred to as queer, whereas, due to lack of elaborated terminology in in Pakistan, they are known commonly known as "khuwaja sira" (Khan, 2022). The queer community is one of the most marginalized and subject to discrimination, particularly in South Asian nations like Pakistan, India, and Bangladesh (Ghazi & Manzoor, 2022). One of the major reasons for that, according to the field research is that both, the existence of queer people and queer art are subversive in Pakistan (Skidmore, 2019). Now, this is interesting because it wasn't until the colonization of the subcontinent took place and the British laws were implemented that the

queer community was criminalized (Rawat & Semwal, 2022). Unfortunately, things haven't improved at all.

There is also widespread violence against the trans people across the country (The News International, 2022). Not only that, in Pakistan the queer community face social hurdles and are deprived of basic human rights as compared to heterosexual and cisgender people. Lesbians and gays have to stay extremely cautious about their sexuality, even in big cities (Azhar, 2013). The majority of them go through homelessness and rejected by their families. Most trans women depend on begging and sex work, based on a recent study conducted in 3 cities of Rawalpindi, Lahore and Islamabad. Approximately 8% of people are dancers, and 9% are sex workers (Hali et al., 2018).

COLLECTIVE TRAUMA

This is high time we start looking at it from the lens of collective trauma. This is to understand the deep psychological harm on the marginalized communities in Pakistan and that is what this study attempted to do. The phrase "collective trauma" describes the psychological responses to a traumatic occurrence that have an impact on an entire community; it doesn't just represent a historical fact but also the memory of a tragic incident that affected a number of people (Hirschberger, 2018). There is less information available about trauma in queer communities (Nadal, 2019), therefore through this study we attempted to bridge this gap.

The Link between Collective Trauma and Violence

It is well established that the queer people are more vulnerable to mistreatment because of their status as a minority, and this is especially true for trans individuals and queer people of color (Katz et al., 2012). In a study, Kelly et al. (2020) evaluated experiences of collective trauma in queer people and it revealed that colonialism caused a significant amount of historical trauma within the queer people of color. Abbas et al. (2014) also examined the social integration and survival of trans people in Chiniot, Pakistan. The findings showed that about one-fourth of the participants believed that the public detested them. Around 84.2% of the interviewees, were subjected to sexual abuse, and a sizable majority, or

80.0%, smoked and consumed drugs. 21.7 %, said their parents had attempted to kill them, and 41.7% said they had been physically abused by their parents. Moreover, the Queer individuals who have experienced micro-aggressions have been found to report negative effects like despair, trauma, depression and poor self-esteem. In addition to this, queer people as a whole have much greater rates of poor physical and mental health outcomes than do their heterosexual colleagues (King et al., 2008)

Moreover, in a qualitative study on personal victimization, gender orientation, and suicide risk in trans women and men and, Barboza et al. (2016) discovered that since the age of 13, 37% of trans people have been the victim of at a minimum of one physical assault incident. Family disapproval has also been identified as a significant risk factor for the mental and physical well-being of queer teens and young adults. In addition to that, gay men and lesbians are more likely to die by suicide (Cochran, 2001).

The Need to Identify Support Needs

There is no doubt that collective trauma's catastrophic for both groups and individuals; it's a cataclysmic occurrence that has a significant impact on society in its entirety in addition to the direct victims (Alexander, 2004; Vollhardt, 2012) and in order to cope through it we need to identify the Support Needs of the community, which was one of the main motivations behind this study. Now how do we define Support Needs? The efforts to improve the human functioning are referred to as support needs (Luckasson et al., 2002). Sadly, when it comes to queer children, it is well documented that LGBT youth experience many threats to their safety (Winter et al., 2015) and struggle because of parental or caregiver negligence and have their needs minimized and neglected, especially the medical needs of queer youth (Toner, 2013) Additionally,

Aside from the psychological damage these experiences cause, they also increase many risk factors such as homelessness, prostitution, incarceration, and suicide (Hatzenbuehler, 2011). There is a need for the professionals working with queer youth to be aware and take precautions to prevent such disastrous experiences (Bucchio, 2021). It is unfortunate that in Pakistan we do not have a framework in place to protect the queer community.

In this study we tried to provide a framework to more inclusive and affirmative approach.

SIGNIFICANCE OF THE STUDY

It is established that the queer community is one of the most marginalized and discriminated community, primarily in South Asia. As a result of their marginalization and insufficient support, they are more likely than cisgender and heterosexual people to go through suicide risk and mental health difficulties (Marshall et al., 2016) as well as violence, trauma and physical abuse (Khan, 2014). Social support seems to be an essential tool that helps queer people reduce collective traumas and minority stress that they experience during their lifetime (Thoits, 2010). It is important to identify the support needs of queer individuals so we can take steps towards a queer affirmative support framework and save lives because queer lives matter. This study will not only help the queer individuals to systematically defend against collective trauma but help us to acknowledge the problems and to counter increased violence and hate crimes committed against the queer community. This study provides a framework to organizations and groups to curate more inclusive education, training, and outreach programs into routine practice which will not only help fight violence but also help the economy through inclusion of queer individuals at workplaces.

RESEARCH OBECTIVES

The objective of this study is
•To identify and explore the experiences associated with collective trauma among queer individuals living in Pakistan
•To identify the support needs so we can discover practical ways and a queer affirmative framework by its application so the wellbeing of queer community in Pakistan can be improved.

RESEARCH METHODOLOGY

To execute the current study, a qualitative (phenomenological) research design was used. Purposive sampling technique was employed. Our sample included 8 queer adults living in Pakistan. Interviews were conducted till the saturation point.

Table 1
Demographic Characteristics of Participants

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Sr. No.	Age	Pronouns	Gender Identity	Sexual Orientation	Education
1	25	She/her	Trans woman	Straight	Undergrad
2	21	She/her	Trans woman	Straight	Undergrad
3	26	They/them	Non-binary	Panromantic, Asexual	Post-grad
4	32	They/Them	Non-binary	Graysexual	Post grad
5	25	She/they	Genderqueer	Bisexual	Undergrad
6	25	He/him	Trans man	Bisexual	Intermediate
7	20	He/him	Non-binary	Gay	Post grad
8	33	They/them	Non-binary	Pansexual	Post grad

RESEARCH INSTRUMENT

The sample questions of participants' interview protocol are the following:
What do you know about the collective trauma faced by you or the queer community in general?
What do you think are the struggles or traumatic events the queer community experience?
How do you personally experience the signs of collective trauma (stress, anxiety, fear etc.)?
Tell me about the support needs you think are necessary for people identifying as queer.
Here are some probing questions that were used.
Are there some challenges that are unique to your sexuality/gender identity?
What is something that you needed to hear growing up or now?
What do you think are some existing support in our society? (If any)
Describe some resources you wish were available but were not.

Since this was a sensitive topic, we made sure that we mitigate any emotional or trauma responses. In order to tackle that we used some closing questions, such as:

Would you like to add anything about the support needs of queer community?

I understand how hard it is to talk about these experiences, I wonder how are you feeling in this moment?

Is there something you need from me in this moment?

Do you have any self-care strategies to help you wind down after this session?

DATA COLLECTION
In depth interviews were conducted with the people of queer community, verbatims were written with their permission. Interviews were based on open-ended questions and participant's responses were further probed for the clear exploration of collective trauma and support needs of Queer Community in Pakistan. Thematic analysis was conducted through NVivo 12. The duration of the interviews ranged from 45 minutes to an hour each.

ETHICAL CONSIDERATIONS
An informed consent was signed by every participant. Since the community is already marginalized and always at a risk, the anonymity of the participants and confidentiality of the data was strictly ensured. Also, since talking about trauma can cause distress, it was made sure that a safe space was created for them. It was communicated (prior and during the interview) that if at any point they feel like it is getting distressing and they don't want to continue, they are free to do so, no questions asked. By the end of the sessions, we checked in with every participant to get an insight about the level of distress. Self-care techniques were explored. Neither of the participants reported distress so a free counselling session was offered that they could opt for if the feelings of distress pop up later.

FINDINGS AND ANALYSIS
Data was managed and analyzed using NVivo 12. The interviews were analyzed and codes, subordinate themes, and master themes were generated. There emerged 4 master themes namely; Historical Origins of Collective Trauma, Emotional and Psychological Harm, Marginalization Through Violence and Control and Interpersonal & Intrapersonal Support Needs.

Figure 1
Master Themes Emerged from the Interviews on the Exploration of Collective Trauma & Support Needs of Queer Community in Pakistan
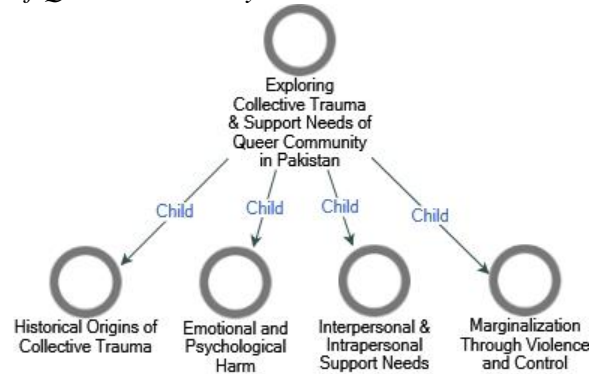
Historical Origins of Collective Trauma
The master theme Historical Origins of Collective Trauma comprised of Communal Trauma, Colonialism and Patriarchy.

Figure 2
Themes Emerged from the Master theme of Historical Origins of Collective Trauma
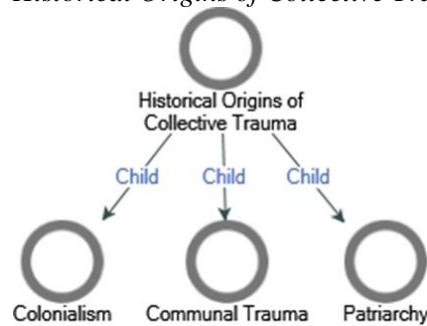
COLONIALISM
When it comes to collective trauma associated with queer community living in Pakistan, colonialism plays a significant role. This historical, post-colonial trauma is multigenerational. A participant, while talking about colonialism said:

"People don't realize this even though this country is only 70+ years old. After centuries of colonization, we are still dealing with the collective trauma of having western gender and sexual binaries and as

people the violence the hatred the bigotry, the ignorance. It's post-colonial trauma."

On the subject they shed light on how things looked like for queer community in Pakistan before the British colonized the subcontinent:

"Our people were indoctrinated that this is an agenda of the west and it is ridiculous to me because pre-colonially we had citizenship, we had rights, we were human beings,"

It is interesting to notice that the anti-queer laws in Pakistan were introduced by the British, during colonization Queer people in the subcontinent before that had rights and were recognized. On eugenics a participant said:

"Pre-colonially we had citizenship, we had rights, we were human beings, we weren't perfect obviously but there was still something and then we were seen as something so abnormal and that is still here and so alive. It feels like eugenics driven that they are reproductive anomalies and that they cannot procreate so they should die out as if that is the only purpose to multiply."

Communal Trauma
Which brings me to the fact that collective trauma is communal. The terms, collective and communal trauma in often used interchangeably. One of the participants while talking about collective trauma said:

"That makes me think of trauma that is communal and less individual or centered around me and especially thinking about the queer community traumas."

Patriarchy
Patriarchy upholds the gender roles and it results in trauma for people who don't fit into the binaries. Compulsory heterosexuality, which is a theory that heterosexuality is assumed and enforced upon people by a patriarchal and heteronormative society (Rich, 1980) is a phenomenon that was discovered in this study. One of the participants talked about her struggle with the society forcing her to conform:

"I was raised like a proper man but I never turned out to be one. I did not like the way I was being raised and expectations and the things that my parents expected of me, I never understood why I had to be this way and to me that was very traumatic as a child

and this is something that a lot of trans people and lot of gay people go through, right? And in this way, I think this is the form of collective trauma, to basically to conform to the gender roles."

Emotional and Psychological Harm
The master theme of Emotional and Psychological Harm was divided into three further themes namely; caution & interpersonal difficulties, mental health & emotional difficulties, and trauma responses.

Figure 3
The Themes Emerged from the Master Theme of Emotional   and   Psychological   Harm

Caution & Interpersonal Difficulties
Due to constant threats, violence, scrutiny and queer people internalized a lot of caution, mainly to keep themselves safe. Things like changing routes, auditing spaces, policing themselves and forcing themselves to present cis and straight impacted their mental health horribly. One of the participants said:

"I definitely sense some air of caution in everything they (people who identify as queer) do, their body language, the way they keep close checks or straight up audit the spaces they want to be in, depending on who is coming, who will be there, and who won't be. That is a lot of labor for someone just for existing, you know."

When it comes to forming relationships, collective trauma also leads to disruption in interpersonal relationships. A participant elaborated on this concept saying:

"I am polyamorous I was in relationships with cismen but queer relationships are so much harder because it is not only your trauma that you are navigating, you're also navigating their trauma."

Mental Health & Emotional Difficulties

Collective trauma seemed to have a major impact on the mental health of queer folks. Issues like depression, anxiety, suicidal ideation and even attempts were found to be very common among queer individuals. Moreover, according to existing literature, suicide continues to be the 2nd leading cause of death for the youth of ages between 15 to 24. Queer youth are at a significantly higher risk for suicidal thoughts or behaviors (Hatchel et al., 2021). A participant said;

"I never went for therapies; I went into severe depression. I was so negative about my identity that I just wanted to erase myself and every day I would think of suicide."

In addition to the risk of suicide, collective trauma has also led to substance abuse problems within the community. A participant said:

"My mom thinks that I am gay but she doesn't know anything else and I have drug issues. I have dependence issues with cannabis and alcohol, both and I have also been clinically diagnosed with depression and self-harm behavior and I have been in therapy for that."

Trauma Responses

Since collective trauma within the queer community is generational, they have adopted ways or trauma responses to cope through the distress and for the sake of their own survival. Queer people often experience a heightened sense of responsibility to others which leads to compassion fatigue and burnout (Vaccaro & Mena, 2011). Our study duplicated the same results. A participant said:

"Usually when I see someone upset, I reach out but I get scared of reaching out because I am like I cannot deal with this."

Queer community also used avoidance to further cope through the distress. One of the participants said:

"I am glad I didn't come out to my mom or else it would have been a huge fuss and I want to avoid that. All childhood and teenage years there has been so much conflicts and drama so now I want to avoid that and just want peace."

One of the most prominent trauma responses was a fawn response. A participant while describing it said:

"Instead of trying to be functioning normally you function in a different way that you're not supposed to. Like for me, that's how that has happened. I just stopped functioning normally and just putting others on priority and that also turns out to affect your own self."

Due to collective trauma, sometimes queer people internalize queerphobia to deal with the shame that comes from the society. A trans woman narrated her experience on being subjected to internalized homophobia as:

"I have started using she/her pronouns on my grinder and tinder so I have seen there are cis gay men who are very transphobic and they text you first to say something transphobic for instance two days ago someone messaged me, clean your beard first and I said "what?'' and then he said something and I said something and he said that he doesn't even touch trans women. I think that is like an indication are of collective trauma because I have seen this this a lot in the queer community."

Marginalization through Violence and Control

The master theme of Marginalization Through Violence and Control was divided into five further themes namely; Gatekeeping & Policing, Discrimination, Violence & Abuse, Social Factors and Subpar Health Care.

Figure 4
Themes Emerged from Master Theme of Marginalization Through Violence and Control
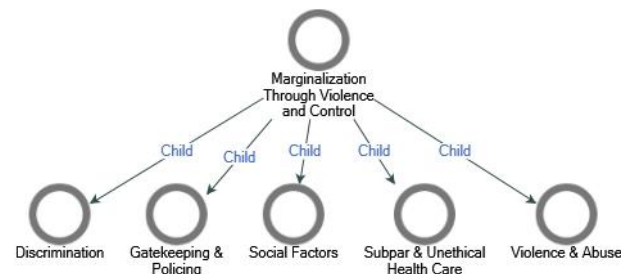
Gatekeeping & Policing

From gatekeeping womanhood to interests to makeup, everything contributes towards collective trauma. When it comes to clothing and gender expression, a participant said:

"Expression is something that I see very policed for me and my friends around me. The way they hide

their femme clothing and wear a very emasculate coat to take it off later. I mean in Karachi's heat? That is just messed up."

Scientific gatekeeping is also very common. "Biology" is often used to erasure queer people and to justify transphobia and homophobia. A participant said:

"And here I think it is more of a religion by product. Even though they can argue that being trans is biological but they kind of also forget that being gay is kind of also biological."

Queer people also experience a lot of moral policing and discriminated against resulted from religious gatekeeping, which have grave outcomes. A trans man said that:

"Most people are straight up homophobic; they wouldn't listen and straight up just tell you this is a sin and this is wrong."

DISCRIMINATION

Many young people within the community experience bullying and discrimination and bullying through various slurs and bigoted language, resulting in mental health problems along with damaging educational outcomes, (Teideman & Spacey, 2020). An asexual person said:

"There is a very bigoted language and bigoted words especially when people use the word use slurs and "gay" as an insult. I don't like it at all I don't think it is appropriate to use it."

Research indicate that queer people are not only misgendered but also tokenized, and erased through cis-/heteronormative language and classroom teachings (Atteberry et al., 2019). On the harmful impacts of misgendering a non-binary person said,

"Being an AFAB (assigned female at birth) person, cis people are more obsessed with gender than others are. Like that such so much more obsessed because I was talking to my husband about being femme presenting and he said, you are not femme presenting, you are femme presumed, and holy shit, this is so much better of a word to use because that is just how other people presume and that comes with its own set of trauma."

Discrimination is also extended to the workplace. Sexual and gender minorities experience workplace discrimination which leads to decreased emotional and physical well-being, along with negative job outcomes. Even if the society is apparently

progressing there is a feature of performative allyship of cis feminists which is built on lack of inclusion (because it is all for a show) and rainbow capitalism. A participant elaborated it as:

"The cis feminist companies, they like to hire trans people, and that we want queer people but they don't have any support in place to make sure that they continue that job and stay at work and (that includes) you being there daily and there is no support and place. If there is no accommodation in place, you are not going to keep that job but the company still gets to keep that inclusivity, safety sort of vibe going on. And I think this sums up my feelings and it feels like a betrayal constantly. Rainbow capitalism is also so exhausting."

Queer people are also discriminated in universities and always at a threat to get expelled for being queer. A person said:

"This one friend one time the brought a pride flag to university and I remember taking a picture with them and with that flag but the next week, prior to that event, that picture started circulating around the campus and there was a petition to expel these students that are spreading all of this. Just in retrospective it feels funny but it was jarring at that time."

VIOLENCE & ABUSE

Queer community is horrendously subjected to constant violence and abuse. Along with violence and abuse, the queer community also has to deal with micro-aggression, such as erasure and silencing, that is extremely prevalent in the society, which they have to go through on a daily basis.

"How can the queer community come out and open the door to a lot of violence, but then again staying quite also seems wrong when you are not doing anything. Yeah, that's the choice, stay silent or be murdered."

On silencing a participant said,

"Collectively, a lot of silencing happens and also erasure and when it starts impacting your mental health, you end up being even more gaslit."

Queer people are also marginalized and pathologized within our society, which leaves transgender individuals vulnerable to numerous negative outcomes (Caldwell, 2022). A participant said:

"There are people who have problems with trans people because they believe it is all an act and a

mental illness even or they are just acting out in some way."

Most queer individuals' families tend to resort to abuse, violence and torture to maintain their control over them. Forced marriage and physical and emotional torture are common forms of abuse against them. A participants talked about it as:

"I mean what my family is doing to me is not even the worst. In these situations, families often retort to violence, physical violence and all kinds of terrible shit."

It doesn't end there. The worst part is that in face of violence and abuse there is a lot of bystander apathy. Most cisgender people do not intervene when they see discrimination and violence against the queer community. A non-binary person shared their experience as:

"When I think about my mom and it starts of as me thinking that abuse should have never happened because already the reaction to anything that I did that wasn't even queer coded, it was so out of proportion and with that everything is the end of the world like constantly. I feel like someone should have said something someone should have taken an action and stopped her."

Not only that, the very existence of queer people is criminalized in Pakistan and it has a lasting impact.

"Our existence is still criminal and we are seen as monsters and an abomination but there is really no way of like demanding empathy."

Even though visibility was important for the gender and sexual identities who have absolutely no visibility, some participants highlighted the paradoxical nature of this visibility and the harm and violence it may result in especially for the identities that are under the spotlight.

"In terms of what collective trauma looks like right now, the downside of all the visibility right now is the violence that we are facing as a collective and that is not just violence in terms of physical violence and threats to our lives, it is also in terms of getting killed."

Social Factors

Now, there are also a lot of social factors that further contribute to collective trauma within the community. One of them is parental abandonment.

"I can say this with a guarantee that if my mother ever came to know about me, she would disown me.

She'll entirely erase me from her life and there are so many people whose parents completely disowned them."

Religious radicalization is also one of the social causes that led towards collective trauma. The trans/hijra community was accepted and celebrated in the Mughal era. This verse of Quran says; "The dominion of the heavens and the earth belongs to Allah. He creates whatever He pleases. He grants females to whomever He pleases and males to whomever He pleases, (42:49-50) or grants them a mix of males and females, and causes whomever He pleases to be barren. He is All- Knowing, All-Powerful." This verse describes varieties of genders and sexualities that could refer to physical, psychological or both forms of ambiguity (Zaharin & Chiarolli, 2020). Even scientists found that certain brain structures in AMAB (assigned male at birth) trans folks resemble those of cis-gender females (Foreman et al., 2019). Religious narrative is often seen to be exploited by those in the position of power, which also causes shame and trauma within the community. For instance, a participant said;

"I'll largely blame it on religious radicalization. Personally, I was very homophobic when I was religiously radicalized, and I would collide with everyone. I used to believe that all these people are going to hell."

Queer people also have lesser job opportunities, along with lack of safe mobility and a non-inclusive workplace environment. A non-binary person said,

"It was very difficult to navigate through jobs, oh my god, can I just keep a job? No, I cannot. The world is like no job for you, you suck. It's the dress code. Also, mobility or just being seen in public."

Most queer people lack a social capital and most of the times even safe spaces to hangout and just be themselves. A participant said,

"I did not have access to it (social spaces) because the lack of social capital even if it was, the people my age don't have access to the social circles."

Misogyny also adds a layer to the collective trauma. Queer people especially AFABs experience double discrimination. Misogyny AND bi/trans phobia. The world sees them as a "woman" and treats them as such,

"Trans men exist but I feel like the situation is so bad in Pakistan for women and for AFABs (in terms of

misogyny) that trans men are confined to their homes."

Figure 5
Codes Emerged from the Data of Interviews on Exploration of Collective Trauma & Support Needs of Queer Community in Pakistan
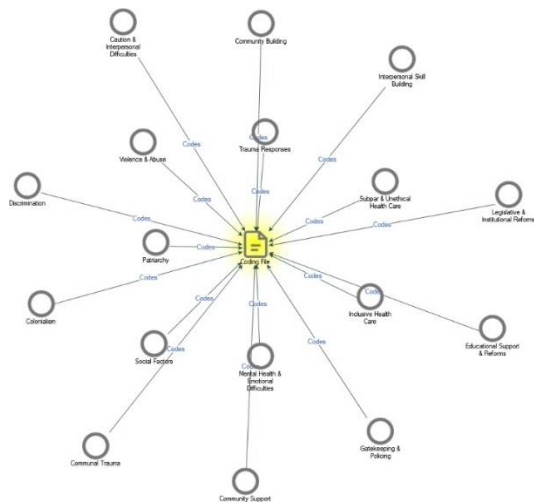
Subpar Health Care
Another theme that emerged was subpar health care, both physical and mental health. Health care professionals are not inclusive which not only affects their mental health but also plays as a hindrance to reach out to mental health care professionals. A bisexual person shared her experience as:
"I know that psychologists do take oath of not sharing the clients' information but they do end up sharing it with the family sometimes. I didn't go to a therapist for this reason. I was afraid that my family might know about me and I want a support system where I can go to therapy without fear (of being outed) and fear of judgement. I saw my sister (a psychologist) judging other people and kicks in trust issues about what are people going to think of me."
Since practitioners do not have any training when it comes to healthcare when to comes to sexual and gender diverse clients, they end up doing so much damage, and something that can pose a serious threat to the lives of the gender and sexually variant people. A trans man shared his experience as,
"There is therapy but I have heard so many horror stories where the therapist outed people (without consent) to family."

The use of conversion therapy is very frequent in Pakistan. A large majority of practitioners in Pakistan still use conversion therapy as their main modality of "treatment" when it comes to gender variant clients, either because they consider is a disease due to their own lack of research or just see it as undesirable (Andrade & Redondo, 2022) even after it is well established that conversion therapy results in negative mental health outcomes and increased suicidality (Campbell & Rodgers, 2022). One of the participants highlighted the harms as:
"Conversion therapy is still a thing, and the situation is really severe in Pakistan and it is all under the table and it's violent and it's it so hard to think of what I could have needed when all in your face is this huge problem that our existence is still criminal and we are seen as monsters and an abomination."
There aren't any qualified gender-affirming medical practitioners. Female genital mutilation is still practiced amongst select areas and communities – one example being the Bohra Muslims and that adds an additional layer of complexity. A non-binary person who has been working for reproductive rights said:
"I see so many young people talking about having health issues and they are unable to visit GPs. Someone posted a couple of days ago and I work in reproductive healthcare and I had no answer for him because this is someone who is trans and they were assigned female at birth and they come from a community that does female genital mutilation. Even I know very little about transitioning but basically, he said that when we start transitioning and the hormonal supplements that we take and because of it your clitoris grows larger and sometimes causes a little discomfort and he said that because he was genitally mutilated as a child, he doesn't know what is going to happen to him (if he decided to transition) and he isn't able to find any healthcare professional who can guide him about it."

Interpersonal and Intrapersonal Support Needs
The master theme of Interpersonal & Intrapersonal Support Needs was divided into six further themes namely; Community Building, Intrapersonal Skill Building, Community Support, Legislative & Institutional Reforms, Educational Reforms and Inclusive Health Care.

Figure 6

Themes Emerged from Master Theme of Interpersonal & Intrapersonal Support Needs
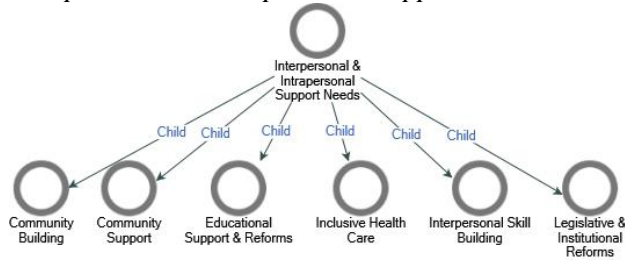
Community Building

Community building was one of the core support-needs of the queer community. Talking about facilitating community building a trans woman said. Safe spaces are very important:

"You can find little pockets of queer spaces and family. You can't fix the world but you can find little pockets of joy and that's where it is healing and that is very nice to have."

Safe spaces where they can do some healthy venting is also extremely important:

"For time being, it might be difficult but once you talk about it or are vocal about it. you become; you feel powerful."

Community Support

Community support is just as crucial as individual support for the queer community. An important part of it is the de-stigmatization through community building, a participant highlighted it saying:

"More queer communities are bound to be formed (through facilitating community building) and that is perhaps the only way on a localized level that you destigmatize it (being queer).

The purpose of community building is to find a sense of belonging. Highlighting the queer narrative and their success stories plays a role for younger queer people and help them navigate through life. An interviewee on the topic said:

"Knowing that there are other people who are going through the same things as you and knowing that even though they are struggling but succeeding and are successful as well, means everything. Knowing that you are not the only one struggling. I used to be super depressed and nothing I did would help me with my depression. I tried a lot of exercises that people suggested, didn't help. What did really help
me was knowing that there are other people like me who are struggling but also succeeding."

A gay man highlighted the importance of guru-chela relationship. The guru-chela relationship is considered to be the core/foundational aspect of indigenous khwaja sira culture and community in South Asia and again, since queer people are disowned by their own families, they need to form communities in order to survive. A trans person said: *Just like trans people have the Guru and Chela relationship, the LGB community should have some kind of gurus, who would guide them the way. So far. that system is only for trans people. For trans people it is very much required, but I think, for the LGB community we require something like that, like those who are disowned by their parents."*

A way cisgender people can support the queer community is through putting in the work and making it more than just a performative allyship. A non-binary person highlighted as:

"I feel like in all my platonic relationships. queerness is almost a given now, even the cis people have examined cis identities so they've questioned at some point whether they are trans or not and I think that's beautiful. Them examining cis identities is equivalent to queer identity for me because they have done the work (and we need that)."

Interpersonal Skill Building

Boundary work turned out to be an important interpersonal skill that could have a significantly positive impact on quality of life of queer people. A gay man shared his experience with it as:

"After I turned 20, I started to be more vocal about my sexuality, but before that. Even though I've been sharing things, but I have never been very much vocal about my sexuality or my personal boundaries. And it feels so much better now."

Another person highlighted the importance of self-appreciation as:

"They don't have any idea about the fact that I used to consider death. But now, I am going to work on myself. Even if nothing else matters, I matter. I do appreciate myself more often now. I'm a human being. I'm a living creature I should matter. That's the only thing that I'm going to focus and I am going to celebrate, actually celebrate myself. We need more of this"

Legislative & Institutional Reforms

From policies to rights to housing and healthcare is what is so crucially needed. A participant talked about it:

"I think the first thing we need is institutional frameworks that we can operate with because we don't have any kinds of legislation and policy and things like healthcare, things like housing rights. The trans activists have been visible and vocal and they have been working for years and can advocate for institutional reforms. We need to demand policy and legislative reforms from the state."

Access to jobs and opportunities in addition to housing also necessary for queer community to be able to navigate in this society. A bisexual person said:

"I want a place where we can go live, and able to find jobs for ourselves. Like for me finding a job was extremely difficult in the initial months. I was completely surviving off on my savings."

She also mentioned the need for social structures (social services),

"The support that I am looking for support structures or people to whom I can go to without hesitance, tell them my issue so they can find me a house or at least a job so I can make my own money."

When it comes to legal reform ending punitive punishments is also necessary. A participant said:

"Punitive punishments like section 377 should be ended. There should be a right to marriage. The trans community right now are asking for the right to marriage, they are taking smaller steps but even in those small steps, they are facing too much opposition and it is understandable that they aren't but ideally, we want a free Pakistan. We want a country where two girls or two boys can live together if they want. There is so much work to do but the environment is too conservative. Most people are straight up homophobic,"

Inclusive Health Care

Inclusivity in health care is an extremely important support need. One thing that is vital is the establishment of institutions to support and make accessible gender affirmative health care. An asexual person said:

"Having an inclusive approach, where the therapist is aware of the LGBTQIA+ issues would be helpful.

For me, it took be years to come in terms to the fact that I was asexual."

Along with inclusivity, having an intersectional approach is also extremely important:

"I think everything should be seen with an intersectional lens, because there are all kinds of queer people, and someone who is coming from working class might not be able to relate with a queer person belonging to elite class because they have an entirely different life."

There is also a need of qualified gender affirmative medical professionals. A participant who was a health care worker said:

"We have got GPs who get their degrees from abroad and in a lesser repressive environment, how is this (inclusive healthcare) something that they are not being taught?"

Educational Reforms

Educational reforms are vital and the importance of trauma informed and emotionally supportive educators were highlighted:

"I am teaching as much as possible to reach students so they can make the most of it because the problem we delivering as everyone cannot get it and as an educator that is our job that we have to make ourselves accessible so that is very much a priority of mine which I think is very trauma informed. But that would have been great at school just having one person whether that's for queerness on neurodivergence."

There is a huge need for parents to be more informed about queer issues and supporting their queer kids and even cis children. A participants highlighted the importance of it by saying:

"Resources should be available for neurotypical and/or cis people to even with parents of cis children. I mean we do see that in home economics departments of universities, they do have parenting courses but no one knows about them and I feel like we should really dig into it, but again it is not a one-person solution like the government needs to see that as a problem and they don't that is the problem."

Percentage of Different Codes Emerged From the Interviews

Figure 9 shows the percentages of codes that were emerged from the interviews that explored collective trauma and the support needs of queer community in Pakistan. The results showed that the most impact that collective trauma has is on the mental and emotional health within the queer community and also imbedded trauma responses, the top causes of collective trauma is violence and abuse and the top support need is community building and community support.

Figure 7
Percentage of Different Codes Emerged on Exploration of Collective Trauma & Support Needs of Queer Community in Pakistan
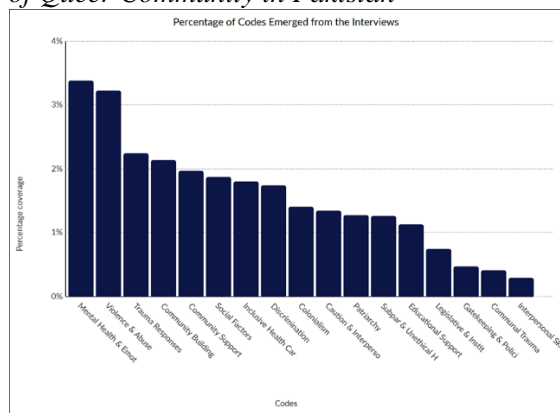
DISCUSSION

Collective trauma, according to studies, refers to psychological responses to a traumatic experience that affect a whole society. Since it's experienced by large respond of people, or an entire community, collective trauma's thought to be a special kind of traumatization (Somasundaram, 2014) that's passed down through generations (Masson & Smith, 2019). It is multi-faceted. Colonialism plays a significant role when it comes to trauma. Due to the colonial contact and because of its epistemological, cultural, mental, and physical brutality, it results in a particular kind of historical trauma (Hook, 2012). This research was in line with ours.

In addition to colonialism, researchers have also shown that patriarchy frequently causes group trauma. It's almost always at the hands of those who care deeply about us, believing that they are acting in our best interests. In order for us to fit in, they make us conform to what's deemed to be tolerable, in this case compulsory heteronormativity. They do this by attempting to control us, trying to train us for subservience, ingraining ideas concerning what's right and wrong in us, and trying to make our belonging depended on this (Kashtan, 2020). These studies support the findings of our investigation.

Numerous studies support the assertion that the queer community has been significantly impacted by collective trauma. For instance, many queer people must exercise caution. A lot of gay men, according to study, regulate their private and public personas out of concern for the repercussions of "finding," as well as through policing self and restricting their conduct (Kirby & Hay, 1997). Family's also often a place where violence can be created and perpetuated in disguise of heteronormativity (Braga et al., 2018). Literature also talks about the fact that Queer people's mental health can be significantly impacted by collective trauma. Due to past anti-queer attitudes and stigmatization of the LGBT community, studies assert that queer individuals have greater prevalence of mental problems than cisgender and heterosexual people (Bailey, 1999), such as affective disorders, substance use disorders, and are on a greater risk of suicide, (Cochran, 2001). Additionally, Queer people encounter external and internal pressures, minimal social support, an absence of self-care and poor boundaries, which is why their strong sense of duty to others may result in compassion fatigue along with feeling burned out, and perhaps even suicidal thoughts (Vaccaro & Mena, 2011). All of these things contribute towards developing trauma responses in order to survive. Regarding trauma reactions. Additionally, another of the trauma response that surfaced was internalized homophobia. Findings showed that the intensity of depressive as well as PTSD symptoms are both correlated with internalized homophobia (Gold & Marx, 2007).

Coming towards the social factors that contributes towards collective trauma Gatekeeping is one of the causes of collective trauma, whether it be in terms of gender expression, research, or health care. Despite research demonstrating that having access to the medical transition isn't only safer but also lowers trans patients' risk of committing suicide, these procedures are frequently subject to severe gatekeeping by health professionals as well as the medical experts (Tomson, 2018). The moral policing of queer communities is obviously present in our society (Thajib, 2017), and harming them because of

their gender and sexual orientation and nonconformity extends beyond hurtful statements in public areas and includes physical assault that can occasionally take the form of violence that is normalized (Butler, 2004).

The religious discourse is also fiercely guarded gatekept in Muslim communities like those in Pakistan. There are a number of variables that can be ascribed to religious demands and cis-hetero-patriarchal readings of the religious story and the Quran that lead to faith settings that have limited room for queer Muslims to live. If there're several interpretations, they aren't very widely recognized or applied to this specific circumstance. Additionally, the pathologization of trans identities is brought up (Mohammedali el al., 2022). Studies have looked into how certain fatwas from the Sunni & Shi'a tradition have contested the prevalent views on the obligations and rights of trans Muslims while also acknowledging the continued persecution and threat that somehow still exists within the larger community (Zaharin et al., 2020). However, studies of the Health & Quran that address the complicated identities of non-heterosexual as well as non-cisgender Muslims, are few and frequently appropriated by conservative and religious people who're determined to dehumanize those who don't conform to the cis-hetero-normative hetero- image of Muslims and Islam, even if it means disowning God's own creation, which is a crucial lesson we have been taught to refrain from doing (Mohammedali et al., 2022). The painful aspect of the anti-queer politics has also recently been made explicit by scholars. (Bockting et al., 2020). Due to discrimination several people flee their homes at a young age in order to seek sanctuary with other queer people since they are subjected to humiliation from friends and family (Khan, 2014).

In Pakistan, the majority of queer people have relatively minimal formal education, and because of their gender variance, companies frequently won't hire them. The small number of people who are successful in finding work underline how difficult it is to keep jobs due to frequent harassment by their coworkers and performative allyship (Khan, 2014; Abelson, 2019; Lubitow et al., 2017). These claims are also in-line with our study

Another institutional failure is that fact that healthcare professionals are unaware of the particular needs of this community, are stigmatized, and offer queer youth with subpar care as a result (Hafeez et al., 2017). Mental health practitioners are still using conversion therapy, even when it is well established that the outcomes of conversion therapy are not well supported by science (APA, 2018; Przeworski et al., 2021), and there's a plenty of data showing those who undergo it suffer significant harm, including elevated risk for anxiety, depression, and even suicide (Conine et al., 2022; Drescher, et al., 2016).

Coming to support needs, studies have looked at the fact that support from family, friends, and the community was a powerful predictor of favorable outcomes, including living circumstances, and queer people's self-esteem (Snapp et al., 2015). According to Testa et al. (2014), awareness and connections with other queer people, support networks within friends and family, positive perceptions of available help for suicidal thoughts, and worries about the suicide's potential effects on family and children were all identified as environmental factors that can prevent suicidal ideation (Moody et al., 2015).

CONCLUSION

The analysis of our data and the available literature has revealed that collective trauma is multi-faceted. A lot of it isn't only coming from violence and discrimination but also deeply rooted colonialism, classism, as well as a patriarchal and a hetero-centric society that has alienated queer individual in every aspect of their lives. From taking away a sense of community, deteriorating mental health, increased suicide risk and subpar health care (if not entirely a lack off) to emotional abuse, erasure and exclusion of queer people from the society, collective trauma is damaging. The impacts include caution, interpersonal difficulties, mental health and emotional difficulties which brings out trauma responses. Our findings showed that the causes of collective trauma are multifaceted. The gatekeeping and policing whether it is religious, moral or of gender expressions or interests, causes a lot of distress. Violence and discrimination add another layer of oppression and abuse. Parental abandonment, alienation, erasure, lack of social capital or lack of basic necessities are among some of the social causes. Subpar and unethical health care, both mental health and physical health puts queer people's lives at risk. Unprofessionalism,

breach of ethics, conversion therapy, binary approach to medical care by health care providers, lack of qualified queer affirmative health professionals is the biggest gap in health care when it comes to queer individuals. It is a matter of life and death that the heteronormative society and cis-gendered people so conveniently forget. Our study findings conform with previous studies that revealed that support needs are vital and not only on an individual level. Institutional and legal reforms are needed. Along with community building and community support, inclusive health care and educational reforms are also crucial. An intersectional, inclusive, queer affirmative approach to health care and community building is necessary.

Limitation and Study Forward

Though this study presents some stimulating findings, it is only a small scoping project. More extensive work should be done. A main limitation of the study was a relatively small sample, which is a common limitation of qualitative research. It could be argued that study limitation includes a lack of intersectionality because only educated and non-sex-worker queer individuals were included in this study, and it is important to acknowledge that even though all experiences are unique, class and privilege plays a significant role in how or a person experience. This study also has a wider range of sample, it would have been helpful to make it a bit more specific because some struggles and experiences are unique to some sexualities and gender identities.

Conflict of Interest and Ethical Standards

All the ethical standards were maintained. Due to the sensitivity of the topic, the confidentiality and anonymity of the participants were maintained and mental health counselling was offered to mitigate any emotional difficulties through the interviewing process.

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Author's Contribution

Nayab Imtiaz – primary author and researcher
Zohaib Ahmed – thesis supervision
Dr. Rafiq Dar – moral support and supervision

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