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# **BASELINE ASSESSMENT REPORT ON CHALLENGES, MENTAL HEALTH AMONG LGBTIQ+ POPULATION**

**SEPTEMBER, 2024**

**Baseline Assessment Report**  
**Challenges, Mental Health**  
**Among LGBT+ Population**

September, 2024

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On behalf of research team

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## **Executive summary**

### **Background**

LGBT+ people in Cambodia are facing lots of challenges in family, community and society as a whole. Young LGBT+ people, in particular, are vulnerable to rejection by their families and stigmatization in the workplace, school and community. The impact of violence on the basis of LGBT+ status is profound, adversely affecting mental and physical health and overall well-being. HACC/TPO is in preparation to implement a project: Increasing access to care and proper space for expression of LGBT + People. The project aims to support and strengthen LGBT+ rights and mental health within existing national MSM/TG and young key populations networks. The project targets four provinces: Battambang, Kampong Cham, Takeo and Sihanouk Ville. This baseline assessment will assist HACC/TPO to design their project implementation.

### **Assessment objectives**

The assessment objectives include to (1) map social services in supporting LGBT+ people; (2) highlight key problems and issues among LGBT+ people on proper space for expression, stigma, and discrimination, access to health, rights; (3) conduct capacity needs assessment among the LGBT+ people and what priorities as needed especially related the mental health topics; and (4) set the baseline data and target intervention for the project to be supported and covered.

### **Methods**

The assessment used a mixed method, quantitative and qualitative methods. The quantitative component was a survey of LGBT+ people in the four target provinces. The qualitative component used in-depth interviews (IDIs) with LGBT+ people and key informants that include mental health managers from the four provincial health department (PHD) and NGO/CSO staff who have worked in the target provinces.

### **Findings**

#### Quantitative findings

Data collection started from 15-25 August, 2024 and there were 219 respondents (66 from Battambang, 53 from Takeo, 52 from Kampong Cham and 48 from Preah Sihanouk) who participated in the survey. The majority of respondents (85%, n=186) were biological male and only 15% (n=33) were biological female. Regarding gender identity, 47% (n=104) self-described as men/boy, 37% (n=81) as transwomen/girls, 8% (n=17) as women/girls, 7% (n=16) as transmen/boy, and only 0.5% (n=1) as a non-binary person. Over half (53%, n=117) reported that they were gay, 15% (n=32) were lesbian, almost 32% (n=69) were bisexual and one reported to be in another category. Only one biological

female among 69 respondents reported to be bisexual. Respondents reported they hid their gender identity due to fear of being assaulted (35%, n=77), threatened (28%, n=60), harassed (30%, n=64), rejected (40.4%, n=88). Respondents who described themselves as men/boy were hiding their gender identity the most due to fears of being assaulted, threatened, harassed and rejected. Significantly higher proportions of respondents aged between 18-25 years, compared to other age groups, who hid their identity due to the fears of being assaulted, threatened, harassed and rejected. Over the last 12 months, 54% (n=119) reported that they experienced discrimination, 21% (n=45) experienced offensive, threatening, insulting or violent gestures in person and via social media (Facebook, Telegram, Messenger), and over 8% (n=18) experienced physical or sexual attacks.

The majority (89%, n=189) of respondents experienced some levels of depression in the past two weeks with over 2% (n=5) reporting severe depression. There was no significant difference in the proportion of respondents of different gender identity who reported some level of depression in the last two weeks: 94% (n=16) for TGM, 91% (n=72) for TGW, 89% (n=90) for men/boy, and 73% (n=11) for women/girl. Almost half of them (48%, n=101) experienced minimal anxiety, 38% (n=79) mild anxiety, 11% (n=23) moderate anxiety and over 3% (n=7) with severe anxiety. Thirty five percent (n=79) ever thought to harm themselves and 41% (n=32) of them ever harmed themselves with 55% (n=17) being TGW, followed by men/boy (29%, n=9). Thirty two percent (n=70) ever thought about committing suicide and over 21% (n=15) ever committed suicide.

The majority (98%, n=214) of respondents believed that LGBT+ people needed mental health support with 66% (n=143) answering 'strongly believe'. But, 91% (n=200) of them never sought mental health service and only 9% (n=19) of them ever sought mental health services. The majority (71%) of them did not know about the mental health service available to them, 20% reported that the service was available from public hospitals, 10% from CSOs/NGOs and 5% from health center. About 7% of them reported the service available from community network and 8% from private clinics/medical cabinets.

### Qualitative findings

There were 23 LGBT+ people providing in-depth interviews (IDIs). IDIs were also conducted for mental health manager at the provincial health department (PHD) in the four target provinces and 15 staff from CSOs/NGOs who provided services related to mental health in the four target provinces.

There were mixed pictures expressed by respondents regarding hiding their gender identity due to fears of being assaulted, threatened, harassed and rejected. Some respondents did not hide their gender identity and some did. Situations that LGBT+ people hide their gender identity include travelling outside their village or area, unacceptance by family members such as fathers, rejection at working, shamefulness etc. Discrimination in different forms against LGBT+ people appeared prevail.

*Some people make me very upset by saying 'a man of cooking oil'. They refer to man who have sex with man using cooking oil. Gay-MSM, BTB*

Rejection and violence during work were also reported such as in KTV, wedding makeup or applying for job. They were rejected because of their LGBT+ status.

*I was expelled from a wedding ceremony because the parents of the bride did not want me to do make-up for her. They were afraid that it would bring bad luck to their children and family if I made up their bride..... Gay-MSM, Kg Cham*

The stressful moment of LGBT+ people was the time they had to decide to open their gender identity but they forced themselves to hide it. It was mentally tense as they were afraid of rejection, shamefulness, discrimination and other issues.

*I was not satisfying myself and it seemed that I was living in two different bodies. I felt pity to myself. In 2014, I committed a suicide by taking sleeping medicines but I mother knew it and brought me to a hospital. Lesbian, Battambang*

It appeared that LGBT+ people who were unemployed or had no income were experiencing mental health issues. The issues were accelerated by their family members who kept complaining about them and viewing them useless and unhelpful to family. When asking how to deal with such mental health issues, it was common that they talked to their LGBT+ community so that they could have some release of mental distress while some practiced meditation or listen to monks at the pagoda.

*Yes, meeting is the place where they can express who they are. This is the only place LGTB+ people can show their true nature, enjoy communication with each other, and so release their stressfulness. Gay-MSM, Kg Cham*

Mental health service is available in the four provinces but limited to only primary level. The service can be sought from health centers where counselling and drugs are available. For a severe case, health center refers to a higher level of care such as referral hospitals and provincial hospital. The service is also available from NGOs/CBO such as TPO and EMDR where psychological therapy is provided. However, knowledge about and access to the services were very low among them.

## **Conclusion**

LGBT+ people are facing lots of challenges in their life though some of them appear well integrated into society. They are experiencing discrimination, assault, harassment, threatening, rejection and even physical and sexual violence. They are suffering from mental health issues such as depression and anxiety. They need supports to address their mental health and psychological problems. Mental health service is available in the four targeted provinces but it is limited to primary care level. LGBT+ people do not know about services available to them and they need support to access the services.

## **Recommendation**

The following are recommendations for the project planning and implementation.

- Form peer support groups for LGBT+ people
- Organize regular meeting of the peer support groups
- Select a group leader (OWs) for each peer support group to provide training in mental health and psychological supports so that they can provide peer counselling on mental health issues
- Provide training to the group leaders in mental health and psychological counselling
- Set up hotline to provide counselling support to LGBT+ people who need mental health counselling
- Set an online platform where LGBT+ people can access information about mental health and support
- Set up referral system to refer severe case to access mental health services
- Support LGBT+ people to receive vocational training to build up their skills to make living
- Provide counselling to family members of LGBT+ people who are experiencing their hardship in the family.
- Organize community-based education and campaigns to raise awareness about LGBT+ people rights to mitigate issues related discrimination, harassment or assaults against them.

## I. Background

The article 1 of the Universal Declaration of Human Rights states that ‘All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood.’<sup>1</sup> However, LGBT+ people (lesbian, gay, bisexual, transgender etc.) remain subjected to discrimination, stigma and inequality in all aspects in the society. The United Nations have documented around the world widespread issues among LGBT+ people that include stigma, discrimination, physical and psychological violence. Also documented are murder, assault, kidnapping, rape, sexual violence, as well as torture and ill-treatment in institutional and other setting.<sup>2</sup>

Cambodia is not privilege when it comes to these issues. LGBT+ people are facing lots of challenges in family, community and society as a whole.<sup>3</sup> There is still a great deal of internalized stigma and discrimination against LGBT+ people in the family, schools and the workplace, due to cultural and traditional norms and an ideological stereotypes of binary gender in society, and the absence of legal protections such as recognition of trans identity and same-sex marriage.<sup>4</sup> This legal discrimination or rejection has a direct impact on obtaining desired identity papers, accessing healthcare, adopting and forming a family, and mental health and well-being of LGBT+ people. Young people, in particular, are vulnerable to rejection by their families and stigmatization in the workplace, school and community. This discrimination and the homophobia lead to risk-taking behavior among LGBTQ+ people, more addictive behavior and anxiety disorders. A survey conducted in 2015 revealed that 63% of LGBT+ respondents reported that they experienced bullying during their time in school, and almost 94% of them felt the bullying was partly or entirely because of their status.<sup>5</sup> An informative study in late 2019 in Cambodia reported that children with diverse SOGIE faced with family denial/rejection, school bullying, physical violence and negative public portray. They had mental health problem due to the difficulties to access basic healthcare and other social services.<sup>6</sup>

The impact of violence on the basis of LGBT+ status is profound, adversely affecting mental and physical health and overall well-being, as well as education performance and attainment if they are children and youth.<sup>7</sup> Unfortunately, there are knowledge gaps among policy makers, community members and service providers including health professionals and civil society organizations (CSOs) about LGBT+ people and their

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<sup>1</sup> United Nation\_ Universal Declaration of Human Rights, <https://www.un.org/en/about-us/universal-declaration-of-human-rights>

<sup>2</sup> United Nations\_ Fight Racism: LGBTQI+ Free and Equal NOT Criminalized, <https://www.un.org/en/fight-racism/vulnerable-groups/lgbtqi-plus>

<sup>3</sup> TNS\_Research Report on Opinions, Attitudes and Behavior toward the LGBT Population in Cambodia - Commissioned by Rainbow Community Kampuchea

<sup>4</sup> Rainbow Community Kampuchea Organization (RoCK): Sexual Orientation, Gender Identity and Expression and Sex Characteristics (SOGIESC) Rights and Sexual Reproductive Health and Rights (SRHR) in Cambodia Universal Periodic Review (UPR) Mid-term report for the third UPR of the Kingdom of Cambodia (March, 2022)

<sup>5</sup> FACTSHEET – UPR 2018 – Cambodia 3rd CYCLE UNIVERSAL PERIODIC REVIEW Social discrimination against LGBTIQ people FACTSHEET – UPR 2018 – Cambodia SOGIESC-SRHR 3rd CYCLE UNIVERSAL PERIODIC REVIEW [Internet]. 2018. Available from: [https://ilga.org/downloads/SOGIESC\\_Advocacy\\_paper\\_CAMBODIA\\_UPR32.pdf](https://ilga.org/downloads/SOGIESC_Advocacy_paper_CAMBODIA_UPR32.pdf)

<sup>6</sup> DRAFT2\_Report SOGIESC rights Children Rights Cambodia\_(2d Draft by Consultants\_20191223\_RJH - clearn (002).

<sup>7</sup> UNISCO. OUT IN THE OPEN: Education sector responses to violence based on sexual orientation and gender identity/expression.



hardship. In particular, there is a lack of information and knowledge about the issues of LGBT+ people in the target provinces of the project. The information and knowledge of LGBT+ people are required to guide the project planning and implementation so that their challenges can be addressed to assure that they can enjoy their social equality and participate in the development of their country, which will ultimately contribute to achieving sustainable development goals of “Leaving No One Behind” by 2030 of the Royal Government of Cambodia.<sup>8</sup>

## **II. Objectives**

HACC in partnership with TPO and national network of MSM/TG and Young Key Populations awarded by the France Embassy to implement a project called the increasing access to care and proper space for expression of LGBT+ people in four provinces in Cambodia that include Takeo, Preah Sihanouk, Kampong Cham and Battambang. Before the project can start, it is required to conduct a baseline assessment with the following objectives:

1. To map social services in supporting LGBT+ people.
2. To highlight key problems and issues among LGBT+ people on proper space for expression, stigma, and discrimination, access to health, rights.
3. To conduct capacity needs assessment among the LGBT+ people and what priorities as needed especially related the mental health topics.
4. To set the baseline data and target intervention for the project to be supported and covered.

## **III. Assessment approaches**

A meeting between consultant team lead with key project staff (HACC & TPO) who manage and implement the project was held at HACC office. Key project documents were shared to consultant team lead for desk review and development of the inception report. After inception report was drafted and shared to HACC/TPO staff, another meeting was organized to review and discuss the inception report to assure that the assessment methods and tools can address the assessment objectives. After discussion on the draft version of the inception report, the consultant finalized the report by incorporating all comments and feedback from HACC/TPO experts. The final inception report, which was approved by HACC/TPO experts, included assessment method and sampling strategy, data collection tools and plan and field coordination for data collection.

## **IV. Methods**

The assessment used a mixed method, quantitative and qualitative methods, so as to address the assessment objectives as stated above. The quantitative component was a survey of LGBT+ people in the four target provinces of the project – Kampong Cham,

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<sup>8</sup> Ferri N. United nations general assembly. Int J Mar Coast Law. 2010;25(2):271–87.

Takeo, Battambang and Preah Sihanouk. The qualitative component used in-depth interviews (IDIs) with LGBT+ people and key informants that include NGO/CSO staff who have worked in the target provinces. Please have a look at the [Annex 1](#) for detailed methods.

## V. Findings

Data collection started from 15 – 25 August by using the survey questionnaire of LGBT+ people and IDIs with LGBT+ people and key informant interviews.

### 1. Survey of LGBT+ people

#### 1.1. Demographics of respondents

There were 219 respondents (66 from Battambang, 53 from Takeo, 52 from Kampong Cham and 48 from Preah Sihanouk) who participated in the quantitative survey (including 27 phone interviews due to their preference). Twenty-eight respondents were excluded due to various reasons that include refusal, under 18 years, not LGBT+ people or stopped being LGBT+ people, and unanswered phone call. Table 1 provides details about the background information of the 219 respondents who participated in the survey.

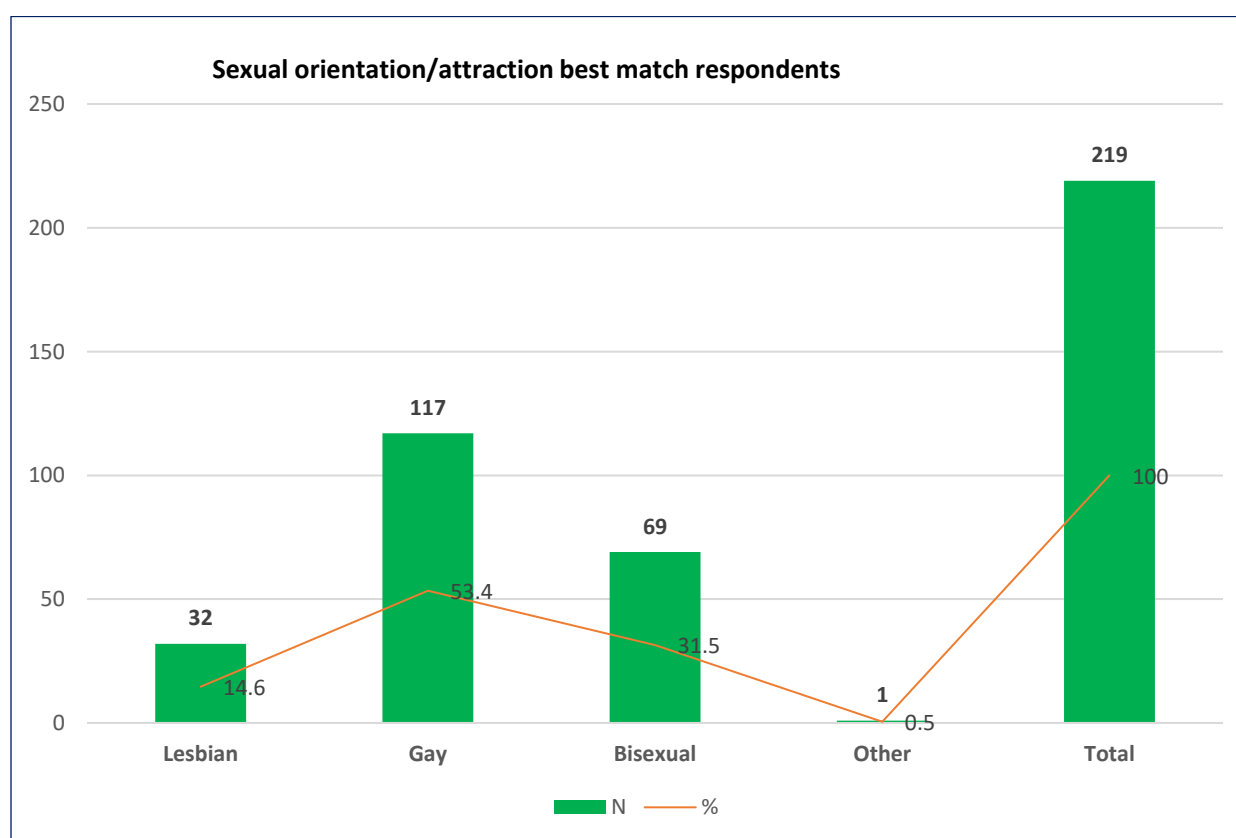
**Table 1: Demographic Information of respondents**

Demographic Information	Number	%
What sex were you assigned at birth?		
Male	186	85%
Female	33	15%
What is the highest level of education you have completed?		
No formal education	3	1%
Primary education	50	23%
Lower secondary education	67	31%
Upper secondary education	82	37%
College/university	16	7%
Where do you currently live?		
Provincial town	134	61%
District	85	39%
In terms of your civil status, are you		
Single	154	70%
Living with same-sex partner	54	25%
Living with different sex partner	4	2%
Divorced	5	2%
Separated	1	
Widowed	1	
How would you describe yourself?		
Woman/girl	17	8%
Man/boy	104	47%
Trans woman/girl	81	37%
Trans man/boy	16	7%
Non-binaries	1	0.46

Mean age of the respondents is 29 years (18 – 62 years). The majority (85%, n=186) of respondents are biological male and while only 15% (n=33) are biologically female. Sixty one percent (n=131) of respondents reside in provincial town and 39% (n=85) in district. The majority (70%, n=154) of respondents reported that they were single, 25% (n=54) currently living with same sex partners, about 2% (n=4) currently living with opposite sex partners. Regarding their gender identity, 47% (n=104) described themselves as men/boy, almost 37% (n=81) as transwomen/girls, 8% (n=17) as women/girls, 7% (n=16) as transmen/boy and one respondent reported as non-binary person.

Respondents were asked which group of sexual orientation/attraction they were in; 53% (n=117) reported that they were gay, 15% (n=32) were lesbian, almost 32% (n=69) were bisexual and one reported to be in another category. Only one biological female among 69 respondents reported to be bisexual.

**Figure 1: Sexual orientation/attraction best match respondents**



## 1.2. Hiding gender identity

Respondent were asked a series of question regarding hiding their gender identity due to fears of assault, threats, harassment and rejection. Table 2 below provides detailed information:

**Table 2: Frequency of hiding gender identity due to fears of being assaulted, threatened, harassed, and rejected**

	<b>Very rare</b>	<b>Rare</b>	<b>Normal</b>	<b>Frequent</b>	<b>Very frequent</b>
To what extent, do you hide your identity due to fear of being assaulted?*	48% (n=105)	17% (n=36)	10% (n=21)	19% (n=41)	7% (n=15)
To what extent, do you hide your identity due to fear of being threatened?*	51% (n=111)	22% (n=47)	9% (n=20)	14% (n=31)	4% 9
To what extent, do you hide your identity due to fear of being harassed?**	43% (n=93)	28% (n=60)	9% (n=19)	16% (n=35)	5% (n=10)
To what extent, do you hide your identity due to fear of being rejected?	39% (n=84)	21% (n=46)	11% (n=23)	21% (n=45)	9% (n=20)
*One respondent did not provide answer to the question. ** Two respondents did not provide answer to the question.					

For comparisons across different variables of interest, the answers of the above questions are recategorized into two categories “Yes” and “No”. The “Yes” category combines very frequently, frequently and normal answers<sup>9</sup> while the “No” category include very rare and rare answers. Respondents reported their hid their gender identity due to fear of being assaulted (35%, n=77), threatened (28%, n=60), harassed (30%, n=64), rejected (40.4%, n=88). Further analysis suggested that respondents who opened their identity as men/boy are significantly more likely to hide their identity due to the fears of being assaulted. There is no statistically significant difference between respondents currently living in provincial town and district regarding discrimination, harassment, threat and rejection.

**Table 3: Hiding gender identity due to fears of being assaulted, threatened, harassed, and rejected by current living address (provincial town vs district)**

	<b>Currently living in provincial town</b>		<b>Currently living in district</b>		<b>P value</b>
	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	
Respondents who hide their identity due to fears of being assaulted.	45	34%	32	38%	.57
Respondents who hide their identity due to fears of being threatened.	34	26%	26	31%	.42
Respondents who hide their identity due to fears of being harassed.	33	25%	31	37%	.07
Respondents who hide their identity due to fears of being rejected.	53	40%	35	41%	0.85

<sup>9</sup> For Normal category, meaning that a respondent could or could not hide their gender identity depending upon circumstances. Therefore, for this analysis it is considered hiding their identity.

Respondents who described themselves as men/boy were hiding the most their gender identities due to fears of being assaulted, threatened, harassed and rejected. Table 4 provides details about hiding their identity due to fears of being assaulted, threatened, harassed and rejected.

**Table 4: Hiding their identity due to fears of being assaulted, threatened, harassed and rejected by gender identity**

	<b>Women/Girl</b>	<b>Men/Boy</b>	<b>TGW</b>	<b>TGM</b>	<b>P value</b>
Respondents who hide their identity due to fears of being assaulted.	25% (n=4)	52% (n=54)	20% (n=16)	19% (n=3)	<0.05
Respondents who hide their identity due to fears of being threatened.	19% (n=3)	39% (n=41)	16% (n=13)	19% (n=3)	<0.05
Respondents who hide their identity due to fears of being harassed.	19% (n=3)	41% (n=42)	19% (n=15)	25% (n=4)	<0.05
Respondents who hide their identity due to fears of being rejected.	50% (n=8)	51% (n=59)	20% (n=16)	31% (n=5)	<0.05

Table 5 provides information about hiding identity due to fears of being assaulted, threatened, harassed and rejected by age groups. Data suggest that significantly higher proportions of respondents aged between 18-25 years, compared to other age groups, who hid their identity due to the fears of being assaulted, threatened, harassed and rejected.

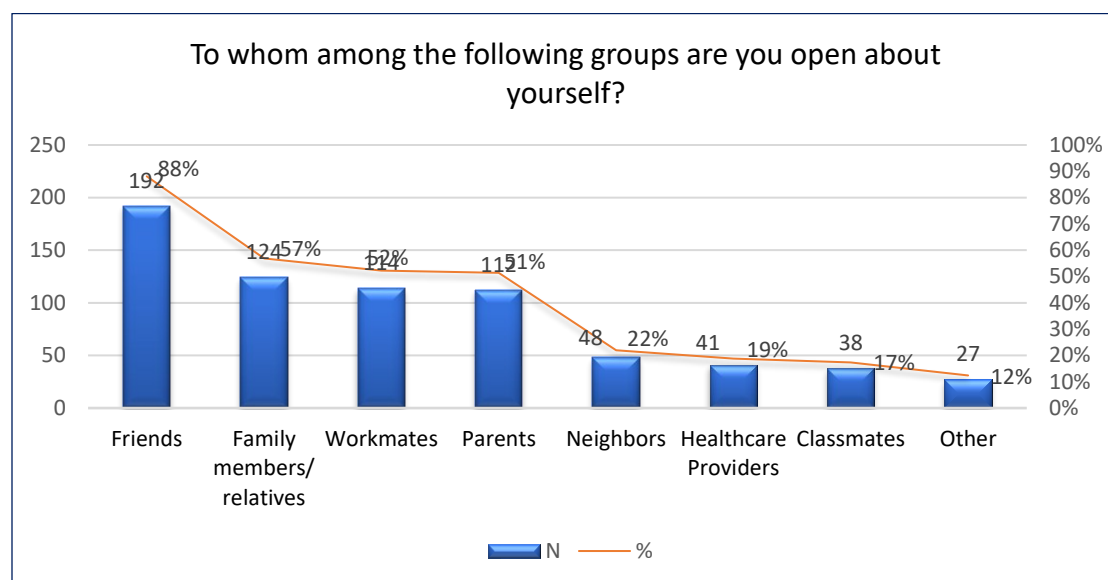
**Table 5: Hiding identity due to fears of being assaulted, threatened, harassed and rejected by age groups**

	<b>18-25 years</b>	<b>26-33 years</b>	<b>&gt;=34 years</b>	<b>P value</b>
Respondents who hide their identity due to fears of being assaulted.	50% (n=47)	20% (n=12)	28% (n=18)	<0.05
Respondents who hide their identity due to fears of being threatened.	38% (n=36)	15% (n=9)	23% (n=15)	<0.05
Respondents who hide their identity due to fears of being harassed.	40% (n=38)	18% (n=11)	24% (n=15)	<0.05
Respondents who hide their identity due to fears of being rejected.	51% (n=48)	38% (n=23)	27% (n=17)	<0.05

A question about opening gender identity was asked to the surveyed respondents. From the data analysis, it suggests that respondents opened themselves to friends, followed by

family members/relatives, classmates. Parents were most likely not to be the first persons respondents opened their gender identity to. The figure below provides details.

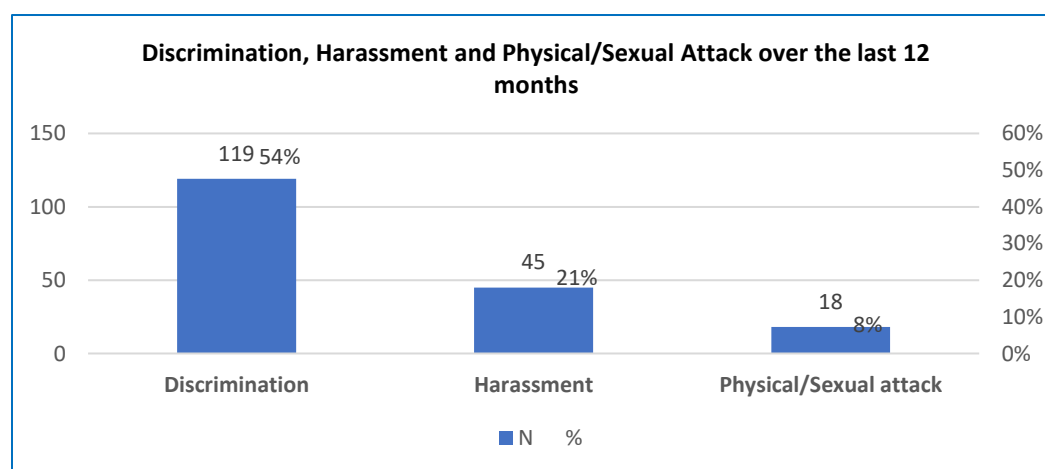
**Figure 2: Opening gender identity**



### 1.3. Discrimination, harassment, physical/sexual attack

A series of questions were asked to respondents regarding discrimination, harassment and physical/sexual attack. Over the last 12 months, 54% (n=119) reported that they experienced discrimination, 21% (n=45) experienced offensive, threatening, insulting or violent gestures in person and via social media (Facebook, Telegram, Messenger), and over 8% (n=18) experienced physical or sexual attacks.

**Figure 3: Respondents experiencing discrimination, harassment and physical/sexual attack in the last 12 months**



There is no significant difference in the proportion of respondents of different age groups who reported they experiences discrimination – 18-25 years (n=49, 54%), 26-33 years

(n=42, 25%) and =<34 years (n=29, 45%). Similarly, no significant difference in the proportion of respondents with different categories of self-defined identity is found to report about feeling of discrimination against in the last 12 months – women/girl (n=11, 69%), men/boy (n=47, 46%), TGW (n=49, 62%), TWM (n=11, 69%).

Of the 18 respondents who experienced physical or sexual attacks during the last 12 months, six reported that the last attack was sexually attacked while three of them did not want to say. Seven of them reported that the incidents affected their health and well-being moderately and severely. Table 6 below gives further information.

**Table 6: Type of the last attack on LGBT+ respondents during the last 12 months**

Type of attack	N	%
Physical attack	9	4%
Sexual attack	4	2%
Physical and sexual Attack	2	1%
Prefer not to say	3	1%

A question was asked to all respondents whether they reported any incidents, if any, to get helped. Only a small number of them reported the incidence to get helped and 28 of them did not report. Among those who reported, six respondents reported the incidents of physical/sexual attacks, four reported harassment incidence, three reported discrimination, and two selected other. The reasons for not reporting the incidence include selfcare (n=12), minor (n=6), fears of offender (n=6), unhelpful local authorities (n=3) and shame (n=3).

#### 1.4. Mental Health and Psychosocial Support

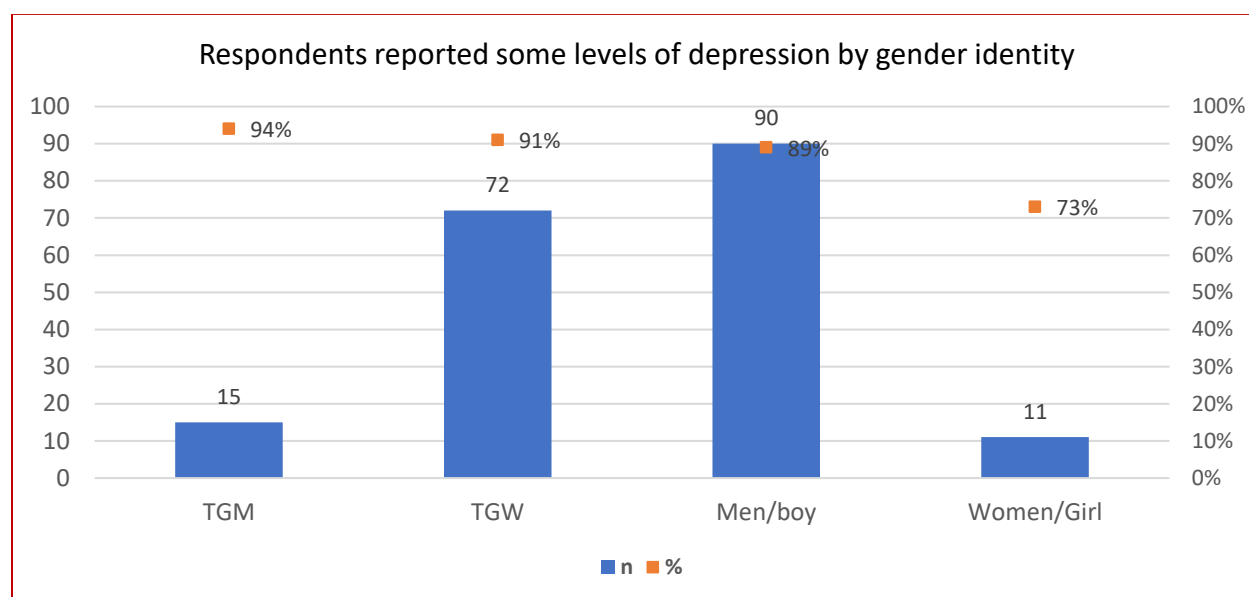
An assessment of mental and psychosocial health of the respondents was based on the WHO tools to measure depression and anxiety. The tool to assess depression is called PHQ-9 Patient Depression Questionnaire and the tool to assess anxiety is called GAD-7 Anxiety. There were 212 respondents who gave answer to the PHQ-9 questions. About 11% (n=23) of them reported 'no depression' while over 2% (n=5) reported severe depression in the last two weeks before the survey. The Table 7 below provides details about depression among the respondents.

**Table 7: Depression assessed among 212 surveyed respondents**

Level depression	n	%
No depression	23	11%
Minimal depression	60	28%
Mild depression	93	44%
Moderate depression	24	11%
Moderately severe depression	7	3%
Severe depression	5	2%

For comparison across different variables of interest, the levels of depression were categorized into two levels – No Depression and Depression. The depression level includes ‘minimal depression’, ‘mild depression’, ‘moderate depression’, ‘moderately severe depression’ and ‘severe depression’. Data analysis suggests that there is no significant difference in the proportion of respondents of different gender identity who reported some level of depression. Fifteen out of 16 TGM respondents reported some levels of depression in the last two weeks, followed by TGW (72 out of 79), men/boy (90 out of 101), and women/girl (11 out of 15). The graph below provides further information about depression by gender identity.

**Figure 4: Respondents experiencing depression in the last 2 weeks by gender identity**



Similarly, there is no significant difference in the proportion of depression among respondents who were currently living in provincial town, compared to district. Up to 89% (n=115) of respondents currently living in provincial town who reported some level of depression, which is the same proportion (89%, n=74) for those currently living in district.

There were 210 respondents who scored their anxiety questions. Forty eight percent (n=101) reported minimal anxiety, 38% (n=79) reported mild anxiety, 11% (n=23) moderate anxiety and over 3% (n=7) with severe anxiety. The Table 8 below provides further information about level of anxiety among 210 respondents.

**Table 8: Anxiety assessed among 210 surveyed respondents**

Level anxiety	n	%
Minimal anxiety	101	48%
Mild anxiety	79	38%
Moderate anxiety	23	11%
Severe anxiety	7	3%



For comparisons across different variables of interests, levels of anxiety are grouped into two levels – minimal/mild anxiety and moderate/severe anxiety. Over 81% (n=105) of respondents currently living in provincial town reported minimal/mild anxiety, which is significantly lower than the 93% (n=75) of respondents currently living in district. Almost 19% (n=24) of respondents living in provincial town reported moderate/severe anxiety, which is significantly ( $P<0.05$ ) higher than 7% (n=6) of those living in district. There is no significant difference in minimal/mild anxiety among respondents of different gender identity – Women/Girl (n=12, 75%), Men/Boy (n=89, 89%), TGW (n=66, 85%), TGM (n=12, 80%). Table 9 below gives further information about level of anxiety by different gender identity.

**Table 9: Anxiety experienced by gender identity**

Gender Identity	Minimal/mild anxiety	Moderate/sever anxiety	Total
Women/girls	75% (n=12)	25% (n=4)	100% (n=16)
Men/boys	89% (n=89)	11% (n=11)	100% (n=100)
TGW	84% (n=66)	15% (n=12)	100% (n=78)
TGM	80% (n=12)	20% (n=3)	100% (n=15)

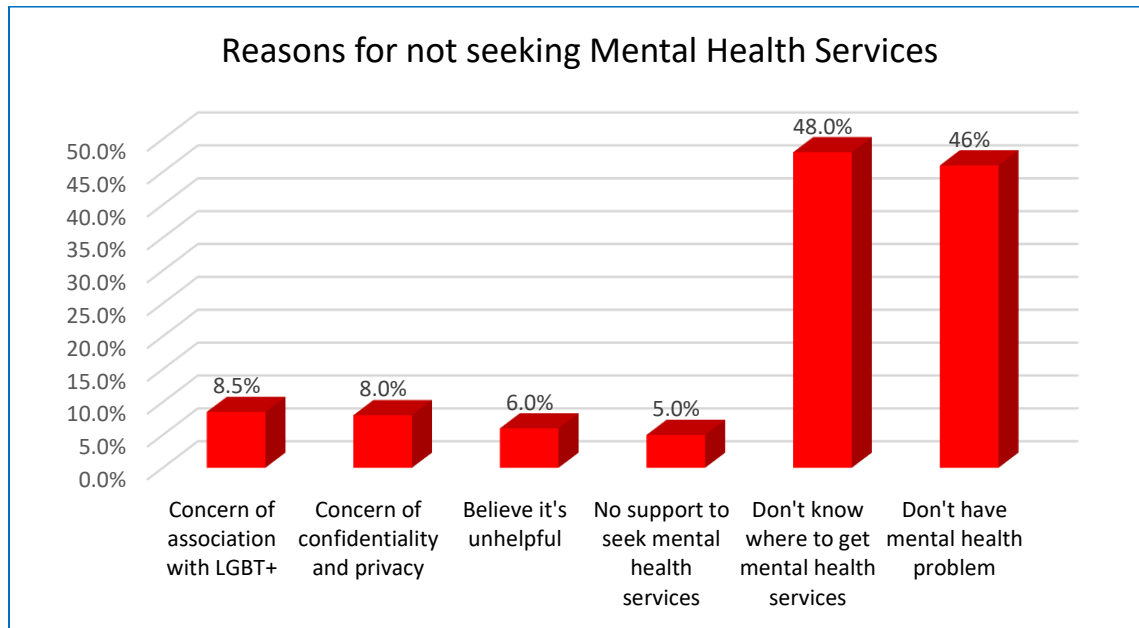
A general question was asked to all respondents related to thinking about harming themselves. The data revealed that 35% (n=79) ever thought to harm themselves and 41% (n=32) of them ever harmed themselves with 55% (n=17) being TGW, followed by men/boy (29%, n=9). Another question was asked to all respondents if they ever thought about committing suicide. The data revealed that 32% (n=70) ever thought about committing suicide and over 21% (n=15) ever committed suicide.

### 1.5. Mental and psychosocial health needs and available services

The majority (98%, n=214) of respondents believed that LGBT+ people need mental health support with 66% (n=143) answering 'strongly believe'. About 2% (n=4) of them said they did not know. The majority (91%, n=200) of respondents never sought mental health service. Only 9% (n=19) of respondents reported that they ever sought mental health services. Almost 56% (n=10) sought mental health services from public hospital, 39% (n=7) from civil society organization (CSOs) or NGOs and 22% (n=4) from private clinics and medical cabinets.

Each respondent was also asked for reasons for not seeking mental health services. Each respondent was allowed to chose more than one options. Almost half (48%) of them reported that they did not know where to get mental health services while 46% said they did not have mental health issues. The graph below presents the reasons for not seeking mental health services.

**Figure 5: Reasons for not seeking mental health services among respondents**



The majority (71%) of them did not know about the mental health service available to them, 20% reported that the service is available from public hospitals, 10% from CSOs/NGOs and 5% from health center. About 7% of them reported the service available from community network and 8% from private clinics/medical cabinets.

## 2. Qualitative findings

Qualitative in-depth interviews (IDIs) with a selected number of the surveyed respondents were conducted to explore information that could further explain the quantitative findings. Key informants were also interviewed to gain further knowledge about the issues under investigation. The questions were formulated around the survey questions. IDIs were conducted with 23 LGBT+ respondents, four mental health managers at PHD, xxxx with NGO/CBO.

	Girl/women	Men/Boy (MSM)	TGW	TGM	Bisexual	TOTAL
Battambang	1	2	2		1	6
Kampong Cham	1	2	2			5
Takeo	1	2	2		2	7
Preah Sihanouk	1	2	2			5
TOTAL	4	8	8		3	23

## 2.1. Hiding gender identity

Data from IDIs suggest that there are mixed pictures expressed by respondents regarding hiding their gender identity due to fears of being assaulted, threatened, harassed and rejected. Some respondents did not hide their gender identity as it has developed since they were young while other respondents did hide their identity. A number of respondents who open their identity reported they never hide their identity.

*I never hide my identity. My appearance is a woman because I always dress as a woman and I keep my hair long. I'm a woman. TGW working in a provincial department in SHV*

*I never hide my identity because I have been like this since I was young. When I was at school, I had short hair but I had only female friends. After school, I completely changed to a woman. I even had surgical procedures to become a woman. TGW, Battambang*

*I don't fear of anything. I am a woman and people here know that I'm living with a same-sex partner. In here [Takeo] here I open my gender identity to family members and also to family members of my [same-sex] partner. Lesbian, Takeo*

Some respondents expressed that they hid their identity in some situation but do not in other situation. A gay (MSM) who provided an interview in Takeo expressed that he hid his gender identity within his family and always refuse to acknowledge his identity to his parents when they suspected. This could be a reason for expelling himself from his family in Kampot to work in a restaurant in Takeo. Similarly, a lesbian hid her gender identity from his family members and relatives in Kratie and migrated to work in a restaurant in Steung Harv district, SHV, where she opened her identity to everyone. She is currently 21 years old and living with a same-sex partner. A bisexual gay provided an IDI in Takeo also hid his identity from his family but open it to his friends.

*I did not let my parents know my gender identity. No one knows my identity in Kratie. I felt it was shameful. But, here [in Steung Harv] I let everyone know my identity because I'm living my same-sex partner. Lesbian, Steung Harv, SHV*

*I did not let my parents or family know about my sexual attraction but I told some of my friends. Bisexual, Takeo*

Some respondents hid their identity through their physical appearance and clothing, especially when they traveled out of their village to different districts or remote areas. Some tried to hide their identity in family though hiding is hard.

*In my village, I do not hide my identity; but I hide my identity when I go to provincial town [Battambang provincial town]. I'm afraid gangsters assaulting me. It happened to me a couple of months ago when I came back from Krong Battambang, a group of young men shouted at me saying 'Ah Khteuy, where do you go?'. I was scaring because I was alone. Gay (TGW), BTB*

*When I ride my motor-bike to remote districts, I have to hide my identity because people may trouble me. It happened to me before. A group of young men*

*shouted at and called me 'Ah Khteuy' when I traveled from a district. Gay (MSM), Kg Cham*

## 2.2. Discrimination, harassment, physical/sexual attack

Similar to hiding the gender identity, data from IDIs present mixed pictures related to issues of discrimination, harassment and physical or sexual attacks. Some LGBT+ people experienced the issues and others did not. It appears those who were confident in the way they are and open to everyone felt that the issues related to discrimination, harassment or violence due to their gender identity are not now concerning. However, they mentioned that they were experiencing some forms of discrimination at the begging when they started opening their gender identity.

*Before they discriminated when I open my natural gender identity. My family and relatives did not agree but now they are ok. I'm now living with same-sex partner. Lesbian 2, Takeo*

*Now, it is OK. Before, people looked at me in a strange way and some laughed at me when they know I have same-sex partner. Lesbian, BTB*

*Yes, some of my friends bullied me when I told them about my gender identity; but now I don't have this problem at home or workplace. Gay (TGW), SHV*

One TGW who is an employer of an organization acknowledge that there were some forms of discrimination such staring or other body gestures that suggest discrimination against me or other LGBT+ people.

*I don't have any serious problems in my workplace or my village. But I believe some people still discriminate people with LGBT+ identity such as discriminating gesture or word. For example, some people stared at me when I conducted a meeting with them at the community. Gay-TGW, Kg Cham*

Though some LGBT+ interviewees did not experience discrimination or harassment, many other reported that discrimination against LGBT+ people appear prevail in different forms though it is likely to be less, compared to years ago. Most common form of discrimination was calling 'Khteuy' or 'Puok Phet Tibeï' and bullying them. In an IDI with an MSM in Takeo, he reported that there was an attempt from someone who tried to tell about him to others on social media that he was a gay. An MSM living in Battambang reported that people frequently say on purpose the words that really hurt him. They call him a person who used cooking oil, which mean using oil for anal sex with men.

*Some people make me very upset by saying 'a man of cooking oil'. They refer to man who have sex with man using cooking oil. Gay-MSM, BTB*

*Some of my friends started bullying me when they saw my gay partner hold me at the back. Bisexual gay, Takeo*

Some interviewees experienced rejection by family members, in work place and specific events. A TGW reported that his father always threatened him to change so that he could have a family. As it was impossible for him to change, he left the family to live and work

in Kampong Cham in a KTV where he faced rejection from his male clients who sought at him to stay away. Other interviewees reported similar rejection:

*I was expelled from a wedding ceremony because the parents of the bride did not want me to do make-up for her. They were afraid that it would bring bad luck to their children and family if I make up their bride. Since then, I hide my identity when I have to make up people in wedding events. Gay-MSM, Kg Cham*  
*I was very upset when I was looking for a waiter job in a restaurant. The lady appears fine with me but her husband sought to her saying that 'why do you need this type of people to work for us. He is neither a boy nor a girl.' My tears dropped and ran away from that restaurant. Gay-MSM, Takeo*

Physical violence was also reported by LGBT+ interviewees. One TGW in Kampong Cham reported that he was beaten by someone at the back of his head and he was unconscious when I travel back from a wedding party. Similarly, a TGW who worked in a KTV in Takeo reported that his client slapped him in the face in a KTV room and ordered her to get out of the room. Another MSM in Battambang also reported that he came into arguments with his neighbors who used very bad words to hurt me as a gay. He was beaten by three persons from one neighboring family.

*A people from a family over there beaten me. His child aged about 14-15 years called me Pou Khteuy. I just told their parents to educate their child; but they were upset and called me A Khteuy. I was very upset and came into argument with them. Gay-MSM, BTB*

Other issue observed during IDIs suggests that some LGBT+ bearing internalized stigma. They acknowledge that they were different from other people in their village, commune or society while some viewed that they did not do good in the last life. This was a reason they were living with LGBT+ status. They view themselves lower than straight people and it was hard to compete with straight people for job. They perceived that their LGBT+ status have brought them problem by making them different from binary people.

*No one gives me job when I want to work as a construction worker or a restaurant because I am not a straight person. MSM, BTB*  
*They [business people] could pay me a little because they did not want people like me [neither a man nor a girl] to work for them. TGW, Takeo*  
*I know my gender identity and they [recruiters] would not accept me to work there [casino in Sihanouk Ville]. Now, they prefer girls, unlike before. TGW, Steung Harv*

A question was asked to every interviewee about seeking help as a result of discrimination, harassment and physical or sexual violence. Only a few of interviewees reported that they sought help when they experience such issues; and they did not receive any support. A TGW who provided an IDI in Takeo reported an incidence to her manager. She worked in a KTV and her clients insulted her and ordered her to get away. But her manager just told her to get away from his clients and no further action. Similarly, an MSM

in Battambang reported that he had an argument with neighbors who insulted him using very bad words including Ah Kheuty. He reported to the police post; but it was not helpful.

*I was upset with people who assaulted me using very bad words such as 'Ah Kheuty'. I had argument with some of them and I reported to police post in this commune; but the police did nothing. MSM, BTB*

Some interviewees mentioned that they did not know to whom they would report while some felt that it was a normal phenomenon when people sought at them using the word 'Ah Kheuty'. They believed that this was a minor problem and the word 'Kheuty' was commonly used by community for people with non-binary gender like them. Reporting this minor incidence would be wasteful.

*It is normal to me when people call me 'Kheuty. I don't report it because it would be wasteful of my time. TWG 2, BTB*

*I was slapped at the back of my head by unknow person when I came back from wedding embellishment in a district. I did not report the incidence I just drove my motor-bike away. TGW, Kg Cham*

### 2.3. Mental and psychosocial health

The issues related to mental and psychosocial health were discussed with interviewees. Some of them described that they did not have any mental problem. Their life was fine and they had job or small business to support their living. But many of them mentioned about some forms of the issues. Trying to hide their LGBT+ status could harm their mental wellbeing as they tried to get away from their fact, making them depressed or even committing suicide. They had an issue to accept themselves as they knew that they were different from other straight people; and opening their gender identity to everyone was very mentally tense at the beginning.

*It was very hard for me and I was so stressful when I tried to hide my gender identity. I felt very shameful and afraid that my parents and family would not accept it. Lesbian, Sihanouk Ville*

*Hiding my gender identity was very stressful because I had to resist against myself. After I opened it and every one knew who I am, I felt very released. Gay-MSM, Battambang*

A lesbian who has lived with same-sex partner for over 10 years in Battambang provincial town and now opened her identity to everyone described her history that she was very depressed and committed suicide when she tried to hide her gender identity.

*I was not satisfying myself and it seemed that I was living in two different bodies. I felt pity to myself. In 2014, I committed a suicide by taking sleeping medicines but I mother knew it and brought me to a hospital. Lesbian, Battambang*

Some interviewees were facing financial issues during the interview with them as they did not have a job and living without income. They have been devalued by their family members and they perceived that they were useless for the family. They were facing double problems – no income and uselessness under their LGBT+ status. They also thought about suicide or harm themselves.

*I have been deceived by my partner (same-sex partner) and now I'm broke. No one wants to talk to me even my family members. I could not borrow money from friends, even just a small amount of money (10000-20000 riels). Now my family think I am useless and insult me for living with Khteuy. I want to die. TGW, Battambang*

*I don't have a job now and I don't have money. When I could make income, my family accepted me. But now they insult me and want me to stop being Khteuy so that I can work as a man in a construction. TGW, Steung Harv*

*After they rejected me from the makeup of their bride, I was so depressed and shameful. I thought about committing suicide but I tried to do meditation and think about good future. My friends also encouraged me to think good. So, I was ok. Gay, Kg Cham*

One MSM living in a district in Battambang thought about suicide. He was so depressed because his family members thought he was useless. He was unemployed, lived without income and had to provide care support to his old mother.

*I'm so stressful as my mother is old and sick and I don't have money to support her. I planned to commit suicide. I walk to a big tree in the rice field over there; but I sat under the tree for a long time and thought that no one could help my mother if I die. I came back home. MSM, BTB*

## 2.4. Mental health service availability and access to services

Questions regarding mental health service availability and access to the services were asked to every LGBT+ interviewee and key informants who are staff from PHD and NGOs working in the four target provinces. The data from IDIs suggest that service availability was limited. In the four provinces, some health centers provide counselling and drugs and refer severe cases to referral hospitals and provincial hospital where drugs are available. Reversely, hospitals refer to professional staff from NGOs/CBO such as TPO to provide psychological counselling to complicated cases. In addition, knowledge about and access to the services were very low among interviewees.

Only one of the interviewees could mention where mental health services were available as she visited the place frequently for other health conditions. She was a lesbian living with same sex partner and experienced some forms of mental health problems. She described that she could not sleep because she had a lot of issues. She had also problems with her gastrointestinal and urinary tracts. She visited a private clinic to see a doctor and collect medicines for her sleep. But she was not sure about mental services in other place such as hospitals or health centers. Other interviewees did not know mental

health services they could access. When asking how to deal with such mental health issues, it was common that they talked to their LGBT+ community so that they could have some release of mental tense.

*When I meet with my friends (MSM/TGW friends), I was happy. But at home, I was very lonely, stressful and do nothing. TGW, BTB*

This can be confirmed through direct observation during interview. They were happy to talk to one other and they smiled. It seems that meeting with their peers creates a happiness for them. This was also confirmed by interviewees.

*Yes, meeting is the place where they can express who they are. This is the only place LGTB+ people can show their true nature, enjoy communication with each other, and so release their stressfulness. MSM, Kg Cham*  
*If I have some people listen to me like you are doing, that's would be great. I feel more relief and less stressful. Bisexual guy 1, Takeo*

One interviewee mentioned that now he visited pagoda near his home, seeing buddha stories in the pagoda and listen to the monks. Sometimes, he cleans the pagoda with old people. These could heal temporarily his mental distress from day to day.

*I go to pagoda over there, sitting under the tree, seeing painting, listening to the monks and sometimes cleaning up the pagoda. These help me reduce my stress a lot. MSM, BTB*

Discussion with staff from PHD and NGOs suggest that primary service for mental health were available in some health centers, referral and provincial hospitals. In Kampong Cham province, more health centers have been trained in mental health to provide services. More mental services were available in Battambang from both public, private and non-public clinics run by NGO.

*We have only primary services for mental health, not comprehensive. We don't have mental health specialist. Health centers provides some counselling. If a case is severe, it would be referred to provincial hospital. Mental Health Manager, PHD, BTB*

*We have 38 sites that provide mental health services including 31 health centers. They were trained to provide mental health services. We plan to train 20 more sites (18 health centers and two referral hospitals). Mental Health Manager, Kg Cham*

*We have only 3 health centers with doctors working there and provincial hospital that provide mental health services. At provincial hospital, we have only OPD services. Health center provide counselling and treatment as well. We want to scale up the services to all the 17 health centers in the province. Mental Health Manager, PHD, SHV*



### 3. Discussion

This assessment tries to collect baseline data/information for the project titled ‘Increasing access to care and proper space for expression of LGBT + People for LGBT’. The project aims to support and strengthen LGBT+ rights and mental health within existing national MSM/TG and young key populations networks. The assessment was carried out by an experienced team in close collaboration with key project staff from HACC/TPO and field support staff during data collection in the Battambang, Kampong Cham, Takeo and Sihanouk Ville. This baseline assessment tries to address the project objectives (1) to map social services in supporting LGBT+ people; (2) to highlight key problems and issues among LGBT+ people on proper space for expression, stigma, and discrimination, access to health, rights; (3) to conduct capacity needs assessment among the LGBT+ people and what priorities as needed especially related the mental health topics; and (4) to set the baseline data and target intervention for the project to be supported and covered. The assessment was conducted using a survey and qualitative IDIs with LGBT+ people who opened their gender identity and key informants in the target provinces.

Findings from the survey reveal that LGBT+ people are facing many problems from internalized stigma to discrimination, assault, threatening, harassment and violence though some of them are living without these troubling them. The survey found out that 35% (n=77) hide their gender identity due to fear of being assaulted, 28% (n=60) hide their gender identity due to fears of being threatened, 30% (n=64) due to fears of being harassed and 40% (n=88) due to fears of being rejected. Qualitative IDIs confirm these evidences.

*I was expelled from a wedding ceremony because the parents of the bride did not want me to do make-up for her. They were afraid that it would bring bad luck to their children and family if I make up their bride. Since then, I hide my identity when I join my team to make up people in wedding events. Gay-MSM, Kg Cham*

Over half (54%, n=119) of respondents experienced discrimination, 21% (n=45) experienced offensive, threatening, insulting or violent gestures in person and via social media (Facebook, Telegram, Messenger), and over 8% (n=18) experienced physical or sexual attacks over the last 12 months. Cambodia remain a conservative society when it comes to the gender norm though it starts to observe diverse gender identities through social media or in-person. This norm defines that a man must be masculine and a woman must be feminine. A man must like and be sexually attracted to a woman and vice versa. This is an important reason that any ones who do not conform this stereotypical gender norm and expectation are subjected to stigma, discrimination, assault and even violence.<sup>10</sup> Studies from other countries in the region also reported that gender non-conforming behaviors drove violence against LGBT+ people.<sup>11</sup> As discrimination, assault, harassment or physical/sexual violence are the current issues LGBT+ are facing, the safe space of expression is narrow. Community-based educations and campaigns may help to mitigate these issues towards LGBT+ people. Whenever discrimination or negative

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<sup>10</sup> CCHR, December 2010: Coming Out in the Kingdom - Lesbian, Gay, Bisexual and Transgender People in Cambodia.

<sup>11</sup> UNESCO, 2018: School-related violence and bullying on the basis of Sexual Orientation and Gender Identity or Expression (SOGIE): Synthesis Report on China, the Philippines, Thailand and Viet Nam

image portrayed by community are reduced, the safe space of expression among LGBT+ people will be enlarged. The survey highlights that respondents who self-identify themselves as men/boy are significantly more likely to be discriminated, assaulted, threatened and harassed, compared to other identity categories (Table 4). Also, respondents with younger age (18-25) are significantly more likely to be subjected to these issues as reported in the Table 5. This age group is important because those who hide their identity have to decide to open the gender identity. Such a new experience can be subjected to discrimination or assaults within their family or from their friends. Only 8% (n=18) of respondents reported physical or sexual attack during the last 12 months. This experience is driven by their non-conforming gender as reported by a gay in Battambang who had an argument with his neighbors and turn to violence. A gay in Takeo who worked in KTV also experience physical attack from his clients who rejected him to provide services. These findings are similar to the findings by the Rainbow Community Kampuchea some year ago, which suggested that LGBT+ people are facing lots of challenges in family, community and society as a whole.<sup>12</sup>

The prevalence of mental health problems is high as almost 90% (n=189) experience depression with about 5% (n=12) experiencing severe depression. No difference in the prevalence of mental health problems is found across different gender identity categories. The prevalence of mental health problem is the same (89%) regardless current living address. The prevalence of anxiety is also high with over 50% of respondents having mild to severe anxiety. Out of 218 respondents, 35% (n=79) ever thought about harming themselves and 41% (n=32) did harm themselves. The data revealed that 32% (n=70) ever thought about committing suicide and over 21% (n=15) ever committed suicide.

Qualitative interviews with respondents suggest that respondents had severe mental health problem when they were unemployed and living without income to support themselves and family. Frequently, non-binary gender identity is to blame by their family members. They became useless, bear internalized stigma and are subjected to complaining or rejecting by their family members.

*I don't have a job now and I don't have money. When I could make income, my family accepted me. But now they insult me and want to stop being Khteuy so that I can work as a man in a construction. TGW, Steung Harv*

While the majority (98%, n=214) of respondents believed that LGBT+ people need mental health support, only about 9% (n=19) of respondents reported that they ever sought mental health services. The majority (71%) of them do not know about the mental health service available to them. Twenty percent reported that the service is available from public hospitals, 10% from CSOs/NGOs and 5% from health center. About 7% of them reported the service available from community network and 8% from private clinics/medical cabinets. Data from IDIs with PHD mental health program managers and staff from NGO suggest that mental health services are available from all province hospitals, some health centers, private hospitals/clinics or from NGO. However, the services are primary level.

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<sup>12</sup> TNS\_ Research Report on Opinions, Attitudes and Behavior toward the LGBT Population in Cambodia - Commissioned by Rainbow Community Kampuchea

Services from health centers are only counselling with some symptomatic medicines and referral to referral hospital. Service provided by CSOs/NGOs are only counselling and referral to referral hospital. Respondents used meditation, calling friends or meeting with their peers to address their stressful events. Through direct observation during field work to collect data, peer meeting is the time they enjoy talking to each other, sharing their concerns and getting supports for the mental problem. Meeting with peers is a place where LGBT+ people can safely express their true nature. Peer support groups of LGBT+ people should be formed and the group meeting should be organized regularly.

#### 4. Conclusion

LGBT+ people are facing lots of challenges in their life though some of them appear to be well integrated into society. They face discrimination, assault, harassment, threatening, rejection and even physical and sexual violence. They are suffering from mental health issues such as depression and anxiety. They need supports to address their mental health and psychological problems. Mental health service is available in the four targeted provinces but it is limited to primary care level. LGBT+ people do not know about services available to them and they need support to access the services.

#### 5. Recommendation

The following are recommendations for the project planning and implementation. These recommendations are based on the findings from this assessment.

- Form peer support groups for LGBT+ people
- Organize regular meeting of the peer support groups
- Select a group leader (OWs) for each peer support group to provide training in mental health and psychological supports so that they can provide peer counselling on mental health issues
- Provide training to the group leaders in mental health and psychological counselling
- Set up hotline to provide counselling support to LGBT+ people who need mental health counselling
- Set an online platform where LGBT+ people can access information about mental health and support
- Set up referral system to refer severe case to access mental health services
- Support LGBT+ people to receive vocational training to build up their skills to make living
- Provide counselling to family members of LGBT+ people who are experiencing their hardship in the family.
- Organize community-based education and campaigns to raise awareness about LGBT+ people rights to mitigate issues related discrimination, harassment or assaults against them.

## 6. Limitation

It is usual that surveys and researches have their limitations. Therefore, it is advised to consider limitation when interpreting the assessment results. The limitation includes:

- The assessment provides information about perceptions based on words of participants rather than their actions. They may not have always answered truthfully.
- LGBT people may have perceived what is generally considered as a socially unacceptable behavior, practice or attitude, which may bias to themselves or their community but may not reflect the social fact of the current setting.
- They may hold internalized stigma due to their strong perception of conservative tradition and custom of sex-conforming society;
- The recruitment of LGBT people is not random, so it is difficult to assure whether the geographic representation of the sample, which may not reflect actual population distribution.
- Only LGBT+ people who open their gender identity participate in the assessment; so, this report does not give any information of LGBT+ people who hide their gender identity.
- Number of lesbians was small; so, it is hard to ensure a representative sample of this sub-population group in the survey.

## VI. Project Indicators and baseline

The following are selected indicators to be used to monitor the progress of the project implementation.

No.	Indicators	Baseline
1	% LGBT+ people who hide their gender identity due to fears of being assaulted	35%
2	% LGBT+ people who hide their gender identity due to fears of being threatened	28%
3	% LGBT+ people who hide their gender identity due to fears of being harassed	30%
4	% LGBT+ people who hide their gender identity due to fears of being rejected	40%
5	% of LGBT+ people who experienced discrimination in the last 12 months	54%
6	% of LGBT+ people who experienced harassment in the last 12 months	21%
7	% of LGBT+ people who experienced physical/sexual attack in the last 12 months	8%
8	% LGBT+ people who report some forms of depression in the last two weeks	89%
9	% LGBT+ people who report some forms of moderate and severe anxiety in the last two weeks	14%

10	% of LGBT+ people who know about the mental health service available to them in their provinces	29%
11	% of LGBT+ people who seek the mental health services	9%
12	Number of peer support groups formed for LGBT+ people	0
13	Number of OW/LGBTB+ people trained in mental and psychological health	0
14	Number of LGBT+ people who access mental and psychological health services in health center	0
15	Number of LGBT+ people who access mental and psychological health services in referral hospital	0
16	Number of LGBT+ people who access mental and psychological health services in NGO-run services	0
17	Number of community people attending education sessions on the issues of LGBT+ people and mental health	0
18	Number of meeting of peer support groups	0
19	Number of training organized for target groups	0
20	Number of community-based campaign to raise awareness about the issues of LGBT+ people and their rights to reduce stigma and discrimination	0

## VII. Mental health service mapping

### Public Sector

Mental health services are available from all health center, referral hospitals (CPA1, CPA2 and CPA3) in the four target provinces. According to mental health manager at PHD, all public health facilities have been trained in mental health counseling and support to patients by the department of mental health and drug use of the Ministry of Health. Some of them received additional training from partners NGOs such as TPO and EMDR. However, the services are primary level.

### NGO/CSO

There are a number of NGOs/CSOs that provide primary mental health service through counseling (without using drugs) to patients. If patients need treatment by using drug, the patients will be referred to referral hospitals.

1. Kampong Cham
  - TPO is located in Chamkar Leu referral hospital and five health centers
2. Takeo
  - EMDR is located in Kirivong referral hospital and four health centers
3. Preah Sihanouk
  - There is no NGO support in mental health service
4. Battambang
 

There are many CSOs/NGOs working Battambang; but there are a few of them that provide some form of primary mental health counselling as listed in table below.

No	Name	Contact	Activity	Target group	Target province
1	EMDR Association CAMBODIA	Head Office: #126, St. 12BT, Phum Sansom Kosal, Sangkat Boeung Tompun, Khan Meanchey, Phnom Penh, Cambodia. Tel: 089 968678 Email: <a href="mailto:info@emdr cambodia.org">info@emdr cambodia.org</a> Website: <a href="https://emdr cambodia.org/">https://emdr cambodia.org/</a>	<ul style="list-style-type: none"> <li>- Treating people with unresolved psychological trauma</li> <li>- Providing training in mental health issues</li> <li>- Conducting research in mental health</li> </ul>	General population	<ul style="list-style-type: none"> <li>- Phnom Penh</li> <li>- Takeo (Kirivong)</li> <li>- Kampong Chhnang (Kampong Tralach)</li> <li>- Siem Reap (Sotre Nikum)</li> </ul>
2	Banteay Srey Organization	Head Office: #19B, Street 145, Khann Chamcar Mon, Phnom Penh Tel: 011 798 078 Battambang Office: #Street 516, Battambang City, Cambodia Tel: 099 649 854 Website: <a href="https://banteaysrei.info/">https://banteaysrei.info/</a>	<ul style="list-style-type: none"> <li>- Primary mental health counselling</li> <li>- Legal support</li> <li>- Safe house support</li> </ul>	Women and Children victims of violence including gender-based violence (GBV)	<ul style="list-style-type: none"> <li>- Phnom Penh</li> <li>- Siem Reap</li> <li>- Battambang</li> </ul>
3	Mother's Heart Organization	Head Office Address: House 508 Street 24BT, Phnom Penh, Cambodia Website: <a href="https://www.mothersheartcambodia.org/how-we-help">https://www.mothersheartcambodia.org/how-we-help</a> Tele: 012 60 23 84 Battambang Office	<ul style="list-style-type: none"> <li>- Crisis Pregnancy Counselling</li> <li>- Pregnancy Support Program</li> <li>- Mental health counseling (case by case) by working closely with TPO</li> </ul>	<ul style="list-style-type: none"> <li>- Pregnant women</li> <li>- Others (case by case)</li> </ul>	Battambang

		Address: 35RW+GF6, Borei Rd, Krong Battambang Tele: 012258506	- Refer clients to health center and referral hospitals for further care and treatment		
4	M'lup Russey Organization	Head Office: # 4F-5F, St. 26BT, Thnout Chrum Village, Sangkat Boeng Tumpun, Khan Meanchey, Phnom Penh, Cambodia. Tel: 078 222 660 / 078 222 661 Battambang Office: # 376, St. 203, Group 6, Rumchek Buon village, Sangkat Ratanak, Battambang City, Battambang Province, Cambodia. Tel: 077 943 565 / 086 538 045 / 0 97 408 0545 Website: <a href="https://mluprussey.org/">https://mluprussey.org/</a>	- Primary counselling on mental health issues - Referral to higher level	Children and family	- Phnom Penh - Battambang
5	HOLT	Office Battambang: 35WR+H5H, Tuol Ta Ek, Krong Battambang Tel: 012462107 Website: <a href="https://www.holtinternational.org/cambodia/">https://www.holtinternational.org/cambodia/</a>	- Primary counselling on mental health issues - Referral to higher level	Children and family	- Phnom Penh - Battambang

6	SOS Children's Village	Head Office: #44Bis, St. 334, Sangkat Boeung Keng Kang I, Khan Chamkar Mon, Phnom Penh, Cambodia Tel : 023 219 190	- Primary mental health counselling through education, family and community - Referral	Children and family	- Battambang - Other provinces
7	TPO	Head Office: #2-4, Oknha Vaing Road (St 1952), Sangkat Phnom Penh Thmey, Khan Sen Sok, PO Box 1124, Phnom Penh, Cambodia Battambang Office: Group 27, Chamkarsamrong1 Village, Sangkat Chamkarsamrong, Battambang town, Battambang Province Tel: 078 777 432 Website: <a href="https://tpocambodia.org/">https://tpocambodia.org/</a>	- Counselling - Referral	General population	- Phnom Penh - Battambang - Kampong Cham - Tbong Khmum
8	Health Age Cambodia	Head Office: House No 390, Group 27 Chrey Kaong Village, Sla Kaet Commune, Battambang City/Province Tel: 053 953 797 Website: <a href="https://www.helpagecambodia.org/">https://www.helpagecambodia.org/</a>	- Support old people through Older People Association based in community - Provide health education including primary counselling	Old people	- Phnom Penh - Battambang - Bantey Meanchey - Siem Reap - Prey Veng - Svay Rieng - Tbong Khmum



9	Child Protection Unit	Battambang Office: Tel: 092232337 Website: <a href="https://childprotectionunit.org/">https://childprotectionunit.org/</a>	<ul style="list-style-type: none"> <li>- Investigation for child victim</li> <li>- Primary counselling</li> </ul>	Child victims and their family	<ul style="list-style-type: none"> <li>- Pursat</li> <li>- Battambang</li> <li>- Pailin</li> <li>- Banteay Meanchey</li> <li>- Odor Meanchey</li> <li>- Siem Reap</li> </ul>
10	HAGAR	Head Office: #354i, Sreet 518, Group 3, Toul Kok Village, Sangkat Toul Sangke, Khan Russey Keo, Phnom Penh. Battambang Office: Address: # Damnak Lung Village, Sangkat Watkor, Battambang, Cambodia Tel: Mobile: 092 63 2289/088 4611333 Website: <a href="https://hagarinternational.org/cambodia/">https://hagarinternational.org/cambodia/</a>	<ul style="list-style-type: none"> <li>- Family basic support</li> <li>- Primary counselling (office &amp; community)</li> </ul>	General population	<ul style="list-style-type: none"> <li>- Battambang</li> </ul>
11	La Maison du Sourire	Battambang Office: Anhchannh Village, Sangkat Ochar, Battambang city Tel: 012242058	<ul style="list-style-type: none"> <li>- Psychological counselling for individuals, group and family</li> <li>- Assess mental health status and IQ test</li> <li>- Psychological treatment</li> <li>- Training mental health and psychological education</li> </ul>	General population	<ul style="list-style-type: none"> <li>- Battambang</li> </ul>

## Annex 1: Detailed Survey Method

### Methods

The assessment used a mixed method research, quantitative and qualitative methods, so as to address the assessment objectives as stated above. The quantitative component was a survey of LGBT+ people in the four target provinces of the project – Kampong Cham, Takeo, Battambang and Krong Preah Sihanouk. The qualitative component used in-depth interviews (IDIs) with LGBT+ people and key informant interviews that include NGO/CSO staff who have worked to provide support to LGBT+ people. Please have a look at the Annex 1 for detailed methods.

### Quantitative component

The quantitative method is a cross-sectional survey of LGBT people to assess problems and issues of proper space for expression, stigma, and discrimination, access to health, rights and capacity need assessment to identify priorities related to their mental health.

#### Participants

The participants for quantitative survey are LGBT people who are between 18-65 years old, living in the four target provinces – Takeo, Preah Sihanouk, Kampong Cham and Battambang.

#### Sample size

As the population size of LGBT is unknown, the sample size for the survey is estimated based on following formula:<sup>13</sup>

$$n_0 = \frac{Z^2 pq}{e^2}$$

Where  $n_0$  is the sample size,  $Z$  is the abscissa of the normal curve with a value of 1.96;  $p$ : prevalence rate of the problems under investigation set at 0.5 to achieve the maximum sample size,  $q = 1-p$ . It is supposed that a 95% confidence level with a  $\pm 5\%$  precision ( $e$ ) is desired. Based on this assumption, the estimated sample size is 385. Due to limited budget and time constraint, the sample size is reduced to 160-200, depending upon coordination of HACC during data collection.

#### Participant selection

Selection of LGBT+ people for the survey is based on a non-probability sampling strategy due to the invisibility of the LGBT community. The consultant team will work with CSOs and LGBT+ community network such as Rainbow Community Kampuchea (Rock) or

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<sup>13</sup> University of Florida: Determining of Sample Size by Glenn D. Israel

MHC organization to identify LGBT+ respondents. A convenient and snowball sampling will be used identify the LGBT+ participants.

### Sample allocation

Equal allocation of sample size will be applied for the four provinces. This mean that 40-50 LGBT participants will be recruited from Takeo, Preah Sihanouk, Kampong Cham and Battambang. However, this equal allocation can be changed to proportional allocation to the population size, depending upon the number of LGBT people available during data collection. For example, number of LGBT people in Takeo may be small and while Battambang and Sihanouk Ville province house much more LGBT people.

### Recruitment and training of data collectors

Experienced data collectors will be recruited and trained to use data collection tools and ODK platform for data collection (Kobo Humanitarian). There will be a one-day training for data collectors. The training will include two data collection managers. The training will cover the survey background, objectives, location, tools, sampling, participant recruitment strategy, logistics, data quality, data collection plan and research ethics including administration of informed consent.

### Survey questionnaire

Survey questionnaire focuses on the topics that can respond to the assessment objectives. The topics include proper space for expression, stigma, and discrimination, harassment and violence, access to health, rights and social protection, health needs and priorities; and issues related to mental health. Demographic information will also be collected including age, living address, work, education and identity.

The survey questionnaire is developed based on questionnaire developed and used by European Union Agency for Fundamental Rights.<sup>14</sup> The questionnaire was also adapted by the World Bank Group for online survey on the Experiences of LGBTI People in Southeastern Europe.<sup>15</sup> For the assessment of mental and psychosocial health, two measurement tools approved by WHO are used. They are the Patient Health Questionnaire 9 (PHQ-9) using nine measurements to assess depression conditions and the General Anxiety Disorder 7 (GAD-7) using seven measurements to assess anxiety. The questions about self-harm and suicide are also included as part of mental health measurement. See Appendix 1 for Survey Questionnaire.

## **Qualitative component**

Qualitative data will be collected from key informants using in-depth interviews (IDIs). They include, but not limit to, SCO staff who work to support LGBT, NGOs such as HACC network and TPO, RoCK organization, and national network of MSM/TG and Young Key Populations. IDIs will be conducted until data saturation, meaning the data can provide

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<sup>14</sup> European Union Agency for Fundamental Rights: A long way to go for LGBTI equality Questionnaire

<sup>15</sup> The World Bank Group: Online Survey Questionnaire on the Experiences of LGBTI People in Southeastern Europe

comprehensive picture of the problem under investigation. The purpose of IDIs with key informants is three folds (1) to identify and map services availabilities for LGBT people so that social services in supporting LGBT people; and (2) to explore their perception about issues or challenges that LGBT+ people are facing.

Interview guides are developed for interviewing LGBT people and key informants. The questions in the interview guide are formulated around issues under investigation of quantitative component as they will help explain and clarify the figures presented by the quantitative component. See Appendix 2 for interview guides.

## **Data collection approach**

### Logistic arrangement

The consultant team will discuss with HACC team to develop of realistic schedule for the full process of the assignment by the respecting the timeframe of the project. Field work to collect data will be arranged by the consultant team with support of HACC team.

### Data collection coordination

HACC will play a key role in coordinating data collection in the field. HACC will help identify key person of LGBT network through coordination with key partners such as LGBT network (Bandanh Chaktomuk (BC) and National Young Key Population - NYKP Network) and CSOs such as MHC and the RoCK that work closely with LGBT people. After key person (focal person) of LGBT people network are identified, the consultant team will coordinate with them to recruit LGBT people for interview.

## **Data Analysis**

### Quantitative data

The data collected from LGBT+ participants will be analyzed. Statistical analysis program, SPSS version 26, will be used if needed. Descriptive data analysis will be performed to provide an overall picture of the project achievement. If possible, comparative analysis using Chi Square statistics will be made to show the differences between key variables.

### Qualitative data

For qualitative data, thematic data analysis method will be used. The data will be reduced and grouped into informative themes that address the evaluation objectives. Computer assisted application may be used to facilitate the systematic process of qualitative data analysis.

## **Ethics and safeguarding approaches**

### Consultant team's commitment

We understand that HACC and TPO recognizes the personal dignity and rights of all LGTB+ people towards whom it has a special responsibility. We are happy to undergo relevant background checks, including police and reference checks. We will sign the

Code of Conduct of HACC or TOP (if any), which includes a section on Professional Behaviour Standards for the Protection of LGBT+ people, especially young LGBT+ people, as well as to abide by the safeguarding policies of the organization.

The consultant team members are professional with years of experiences to interview sensitive issues including issues related to LGBT+ people. All the steps of the survey from inception to interview and report will strictly follow ethical requirements by human research, especially when interviewing young LGBT+ people. The consultant team ensure ethical requirements are not violated. We will follow 'Do No Harm' principles and mitigate the risks. The consultant team will not force or threaten or deceive LGTB+ participants to participate in the interviews; but we respect their decision to reject or withdraw from the interviews without any consequences. The HACC/TPO project team must approve the inception report including data collection tools to ensure the rights of LGBT+ participants are safeguarded in the full process of the assessment before data collection can start.

### Informed Consent

Each LGBT+ participant will be informed about the purpose of the interview. The data collectors/Interviewers will use information sheet to provide information to them as part of administration of informed consent. An information sheet and informed consent will be developed in Khmer language as part of assessment plan and inception report. They will be allowed to ask questions to clarify any doubts or concerns. Verbal informed consent will be sought before the interview can start. This applies for both in-person and virtual structured interview with LGBT+ participants. [See Annex 4](#) for informed consent form,

### Confidentiality & privacy

All procedures from identification of LGBT+ participants to interviews and reporting will guarantee the protection of their confidentiality. All information given by the participants will be kept confidential. The interviews will be organized in Khmer in a safe and private location to ensure their privacy. The words that appear sensitive will be kept to a minimum during interviews with them. Interviews are expected to take approximately 30-45 minutes. Only authorized staff from HACC/TPO and consultant team can have access to audio recording and interview notes (if any). In addition, the following points will also be applied to safeguard confidentiality and privacy of participants:

- Participation in the interview is completely voluntary;
- Participants are free to withdraw from the assessment at any time;
- No names and personal identity will be collected during the interview or used in written documentation of the survey;
- Interview notes will be stored securely at HACC head office in Phnom Penh under lock and all audio recording will be pass-word protected. They will be destroyed in three years after the assessment.

### Benefits

LGBT+ participants who attend an in-person structured interview will receive a bar soap for their participation in the assessment. They will be informed that the results of the

assessment will be used to help HACC to design interventions to benefit their LGBT+ community.

#### Potential Risks

Due to the sensitive nature of possibly interviewing LGBT+ people, there may be psychological risks from participating in the assessment. To minimize this risk, the conversation will be organized in a private setting. Participants can refuse to answer any questions and they are free to leave at any time. Those who decide not to participate will not be identified. Those who participate in the interviews will remain confidential and will not be identified in the report or any publication. The tone of interviews will be kept neutral.

#### Protocol compliance

This evaluation will be executed in compliance with the Code of Conduct of Human Research for safeguarding LGBT+ participants, which will not be amended without prior approval by the organization.

## Appendix 1

### SURVEY QUESTIONNAIRE LGBT People

#### SECTION A. RESPONDENT BACKGROUND, DETAILS

Let's start with some questions about you. First, we will need to ask you about your age, your gender identity, your sexual orientation etc.

1. How old are you?.....Years (if <18 years old, STOP)

2. What sex were you assigned at birth?

[INFO: The sex assigned at birth is recorded in your birth certificate when you were born]

1 Female

2 Male

3 Other, please specify:.....

3. What is the highest level of education you have completed?

[SINGLE RESPONSE]

1 No formal education

2 Primary education

3 Lower secondary education

4 Upper secondary education

5 College/university

4. Where do you currently live?

[SINGLE RESPONSE]

1 Provincial town

2 District

3 Prefer not to say

4 Don't know

5. In terms of your civil status, are you:

[SINGLE RESPONSE]

1 Single

3 Married with same-sex partner

4 Married with different sex partner

5 Divorced

6 Separated

7 Widowed

8 Prefer not to say

6. How would you describe yourself?  
[SINGLE RESPONSE]

- 1 Woman / girl
- 2 Man / boy
- 3 Trans woman / girl
- 4 Trans man / boy
- 5 Non-binaries
- 6 Other

7. Which group best matches your sexual orientation. Select the answer that best matches your sexual orientation.  
[SINGLE RESPONSE]

- 1 Lesbian
- 2 Gay
- 3 Bisexual
- 4 Heterosexual/straight
- 5 Other
- 6 Don't know

8. Do you avoid expressing your gender (or your desired gender) through your physical appearance and clothing for fear of being assaulted, threatened or harassed?  
[SINGLE RESPONSE]

- 1 Never
- 2 Rarely
- 3 Often
- 4 Always
- 5 Don't know



9. To how many people among the following groups are you open about yourself (Lesbian, gay, transwoman, transman, bisexual etc.)?  
[SINGLE RESPONSE PER STATEMENT]

		None	A few	Most	All	Does not apply to me
<b>A</b>	Family members (other than your partner(s))	1	2	3	4	-777
<b>B</b>	Friends	1	2	3	4	-777
<b>C</b>	Neighbours	1	2	3	4	-777
<b>D</b>	Work colleagues	1	2	3	4	-777
<b>E</b>	Schoolmates / university co-students	1	2	3	4	-777
<b>F</b>	Medical staff / healthcare providers	1	2	3	4	-777

10. How do you feel being a LGBT person?
- 1 Proud
  - 2 Shameful
  - 3 Normal and accept yourself
  - 4 Sorry for yourself
  - 5 Blame yourself
  - 6 Hopeful
  - 7 Hopeless
  - 8 Angry
  - 9 Denial
  - 10 Confused
  - 11 I wish I could be straight
  - 12 I lack confidence due to my sexuality
  - 13 Other, specify.....

## SECTION B. SAFE ENVIRONMENT, DISCRIMINATION, HARASSMENT, PHYSICAL/SEXUAL ATTACK, RIGHTS

11. Do you avoid certain places or locations for fear of being assaulted, threatened or harassed?

[SINGLE RESPONSE]

- 1 Never
- 2 Rarely
- 3 Often
- 4 Always
- 5 Don't know

12. During the last 12 months, have you personally felt discriminated against?

[INFO: By discrimination we mean when somebody is treated less favourably than others because of ethnic origin, gender, gender identity, gender expression, sexual orientation, sex characteristics, race or skin colour, immigrant background or nationality, religion or belief, age, disability or for any other reason.]

[SINGLE RESPONSE]

- 1 Yes
- 2 No
- 3 Don't know

13. In the last 12 months, has somebody done any of the following things to you for any reason?

[MULTIPLE RESPONSE, EXCEPT IF CATEGORY G IS SELECTED]

		Selected	Not selected
<b>A</b>	Made offensive or threatening in person by violence gesture, insulting	1	2
<b>E</b>	Made offensive or threatening on social media such as Facebook, messenger or Telegram etc.	1	2
<b>G</b>	None of the above happened to me	1	2

14. During the last 12 months, how many times have you been physically or sexually attacked at home or elsewhere (street, on public transport, at your workplace, etc.) for any reason?  
[SINGLE RESPONSE]

0 Never [GO TO Q17]  
1 Once  
2 Twice  
3 3-5  
4 6-10  
5 More than 10 times  
6 All the time  
7 Prefer not to say [GO TO Q17]  
8 Don't know [GO TO Q17]

15. Thinking about the LAST physical or sexual attack, what happened to you?  
[SINGLE RESPONSE]

1 Physical attack  
2 Sexual attack  
3 Physical and sexual attack  
4 Prefer not to say  
5 Don't know

16. How did this incident affect your health and well-being?  
Read all options and select all that apply  
[MULTIPLE RESPONSE, UNLESS G IS SELECTED]

		Selected	Not selected
<b>A</b>	I needed medical assistance or hospitalization	1	2
<b>B</b>	I became unable to work or stopped working	1	2
<b>C</b>	I was afraid to go out or visit places	1	2
<b>D</b>	I had psychological problems (e.g. depression or anxiety)	1	2
<b>E</b>	I faced financial problems	1	2
<b>F</b>	Other	1	2
<b>G</b>	It didn't have an impact on my health and well-being	1	2

17. Which of the following incidences did you report to get help?
- 1 Discrimination against you
  - 2 Harassment incidences (threatening, violence gesture, insulting in person or in social media)
  - 3 Physical or sexual violence
  - 4 Other
  - 5 No, I did not report [Skip next question]

17.1. If reported, did you report to any of the following organizations or institutions? Read all options and select all that apply  
[MULTIPLE RESPONSE, EXCEPT IF CATEGORY J ARE SELECTED]

		Selected	Not selected
<b>A</b>	Police	1	2
<b>B</b>	Local authorities	1	2
<b>C</b>	LGBT organization	1	2
<b>D</b>	Legal support organization	1	2
<b>E</b>	Hospital or other medical service	1	2
<b>F</b>	LGBT network	1	2
<b>G</b>	The media	1	2
<b>I</b>	Other	1	2
<b>J</b>	Don't know	1	2

17.2 Why did you not report it? Read all options and select all that apply  
[MULTIPLE RESPONSE, EXCEPT IF CATEGORY K IS SELECTED]

		Selected	Not selected
<b>A</b>	Took care of it myself	1	2
<b>B</b>	Too minor / not serious enough / never occurred to me	1	2
<b>C</b>	Did not think they would or could do anything	1	2
<b>D</b>	Do not trust the authorities	1	2
<b>E</b>	Fear of offender, fear of reprisals	1	2
<b>F</b>	Shame, embarrassment, didn't want anyone to know	1	2
<b>G</b>	Too emotionally upset to seek helps	1	2
<b>H</b>	Fear of bad reaction from the authorities because of my status	1	2
<b>I</b>	I was engaged in sex work	1	2
<b>J</b>	Other reason	1	2
<b>K</b>	None of the above	1	2

18. Do you agree with a statement that say 'All human beings are equal in dignity and rights'?

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

### SECTION C. Mental and Psychosocial Health

This section assesses mental health and psychosocial condition using two WHO approved measures – the Patient Health Questionnaire 9 (PHQ-9) and the General Anxiety Disorder 7 (GAD-7) – as well as questions about self-harm and suicide.

19. Over the last 2 weeks, how often have you been bothered by any of the following problems?

[SINGLE RESPONSE]

Give answers as 0 to 3, using this scale: 0=Not at all; 1=Several days; 2=More than half the days; 3=Nearly every day

		Not at all	Several days	More than half the days	Nearly every day
<b>1</b>	Little interest or pleasure in doing things	0	1	2	3
<b>2</b>	Feeling down, depressed, or hopeless	0	1	2	3
<b>3</b>	Trouble falling or staying asleep, or sleeping too much	0	1	2	3
<b>4</b>	Feeling tired or having little energy	0	1	2	3
<b>5</b>	Poor appetite or overeating	0	1	2	3
<b>6</b>	Feeling bad about yourself - or that you are a failure or have let yourself or your family down	0	1	2	3
<b>7</b>	Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
<b>8</b>	Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3

<b>9</b>	Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3
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20. Over the last two weeks, how often have you been bothered by the following problems?

[SINGLE RESPONSE]

Give answers as 0 to 3, using this scale: 0=Not at all; 1=Several days; 2=More than half the days; 3=Nearly every day

		Not at all	Several days	More than half the days	Nearly every day
<b>1</b>	Feeling nervous, anxious, or on edge	0	1	2	3
<b>2</b>	Not being able to stop or control worrying	0	1	2	3
<b>3</b>	Worrying too much about different things	0	1	2	3
<b>4</b>	Trouble relaxing	0	1	2	3
<b>5</b>	Being so restless that it is hard to sit still	0	1	2	3
<b>6</b>	Becoming easily annoyed or irritable	0	1	2	3
<b>7</b>	Feeling afraid, as if something awful might happen	0	1	2	3

21. Have you ever thought about harming yourself?

- 1 Yes
- 2 No
- 3 Prefer not to say
- 4 Don't know

22. If Yes, have you ever harmed yourself?

- 1 Yes
- 2 No
- 3 Prefer not to say
- 4 Don't know

23. Have you ever thought about committing suicide?

- 1 Yes
- 2 No
- 3 Prefer not to say
- 4 Don't know

23.1 If Yes, have you ever committed suicide?

- 1 Yes
- 2 No
- 3 Prefer not to say
- 4 Don't know

## **SECTION D. SERVICE AVAILABILITY AND ACCESS TO SERVICES**

24. Do you believe LGBT+ people need mental health support?

- 1 Strongly believe
- 2 Believe
- 3 Neither believe nor disbelieve
- 4 Disbelieve
- 5 Strong disbelieve

25. Do you know who in your province offer support or advice to people who have mental health problem?

[MULTIPLE RESPONSES, EXCEPT 7 IS SELECTED]

- 1 Public Hospital
- 2 Health Center
- 3 Private clinic/medical cabinet
- 4 Traditional healers
- 5 Civil society organizations
- 6 Other, specify:.....
- 7 Don't know

26. Have you ever sought mental health support?

- 1 Yes
- 2 No [GO TO Q26.2]
- 3 Don't know [GO TO Q26.2]

26.1 If Yes, from whom did you sought mental health support?

[MULTIPLE RESPONSES, EXCEPT 7 IS SELECTED]

- 1 Public Hospital
- 2 Health Center
- 3 Private clinic/medical cabinet
- 4 Traditional healers
- 5 Civil society organizations
- 6 Other, specify:.....
- 7 Don't know

26.2 If No, what are the reasons?

[MULTIPLE RESPONSES, EXCEPT 7 IS SELECTED]

- 1 Concern of association with LGBT+
- 2 Concern of confidentiality and privacy
- 3 Fear of discrimination by healthcare staff
- 4 Believe that it is not helpful
- 5 No support to access mental health service
- 6 Don't know where mental health services are available
- 7 Don't know



## **Appendix 2**

### **INTERVIEW GUIDE**

#### **LGBT People**

We are from HACC, a network of NGOs on health. We are working with TOP organization to implement a 3-year project. The project aims to support LGBT+ people to have better access to healthcare services, especially mental health support. Now, we are conducting a baseline assessment to understand the situation of LGBT+ people so that we can serve them better. So, I would like to have a short interview with you by asking some questions related to your challenges, difficulties, rights, mental health problems and access to mental health support.

1. First, I would like to start with Current living address. Where is your current living address?
2. Could you describe to yourself?
  - Lesbian, gay, bisexual, transwoman or transman
3. Please let me know how you were open about yourself to be Lesbian, gay, transwoman, transman, bisexual etc. How was your feeling?

Probing:

- To whom were you open first?
- Family members, parents, relatives?
- Friends?
- Reveal sexual orientation?

4. Let me know about your difficulties or challenges as you are.....

Probing:

- With family (expel from family, reaction of parents and family members, relatives etc..)
- Public
- Internalized stigma (low self-esteem, low status etc.) because of negative societal messages about their sexual orientation or gender identity, leading to feelings of self-doubt, shame, and low self-esteem
- Discrimination, harassment, violence (physical and sexual violence):
  - o By whom?
  - o Where? School, healthcare facility, open public space, shop etc.?

5. How to address these challenges?

Probing:

- Report problems/incidences to get help?
- To whom? Was it helpful?
- Why not report?

6. Now let talk a bit about your mental and psychosocial health. Let me know about your mental health?

Probing:

- Have you ever felt down, depressed, or hopeless?
- Feeling bad about yourself - or that you are a failure or have let yourself or your family down.
- Feeling nervous, anxious, or on edge
- Worrying too much about different things
- Ever thought about self-harm or suicide?
- When? Over the last two weeks? Why?

7. Tell me how do you address these problems?

Probing:

- Get help? From whom?
- Medication? From where?
- Traditional healers?
- Friend?
- CSO? What CSO?

8. Let me know about support available for people with mental health problems in your area?

Probing:

- Types of support
- NGOs/CSOs
- Public or private services

9. How do you think if mental health support available to you as well as to all LGBT people?

Probing:

- LGBT will use the services?
- What barriers that stop LGBT people from using mental health services?

10. Last question, please me know about your needs to support you or LGBT community. Such as livelihood support, legal support, mental health support etc..... List down the needs:

## **INTERVIEW GUIDE**

### **Key Stakeholders**

We are from HACC, an organization that coordinates ..... We are working with TOP organization to implement a 3-year project. The project aims to support LGBT+ people to have better access to healthcare services, especially mental health support. Now, we are conducting a baseline assessment to understand the situation of LGBT+ people so that we can serve them better. So, I would like to have a short interview with you by asking some questions related to them.

1. Please let me know about your overall impression of LGBT community?

Probing:

- Let me know about their challenges to your knowledge

2. Let me know about support available for LBGT people

Probing:

- Where is the available support?
- Who provides the support?
  - NGOs/CSOs
  - Public or private services
- Types of support
- Mental health supports

3. Let me know barriers/challenges to access supports such mental health services by LGBT people?

Probing:

- Discrimination
- Internalized stigma
- Fear of confidentiality and privacy

4. Last question, please me know about the needs of LGBT community to support them. Such as livelihood support, legal support, especially for mental health needs etc. List down the needs:

Probing:

- Counselling
- Peer support
- Medication
- Social support

## Appendix 3

### Informed Consent Form and Participant's agreement

Hello, my name is.....from HACC, a network of NGOs on health. We are working with TOP organization to implement a 3-year project. The project aims to support and strengthen LGBT+ Rights and mental health within existing national MSM/TG and young key populations networks. Now, we are conducting a baseline assessment to understand the situation of LGBT+ people so that we can serve them better. So, I would like to have a short interview with you by asking some questions related to your challenges, difficulties, rights, mental health problems and access to mental health support. There are no right or wrong answers. We just are looking for your honest opinion.

I would like to reassure you that your individual views and personal details are completely confidential. I will not ask or write your name or personal identities during the interview; so, no one can know what you talk to me. This is to protect your identity. What you have told me will be kept secret and confidential; and only me who know what you have said. No one can see my interview notes or audio records. All interview notes and audio records will be kept in safe and locked boxes. I would be very grateful if you could spend about 60 minutes of your valuable time with us.

1. Do you have any questions?
2. Do you agree to participate in this interview?  
☐ Yes  
☐ No **[terminate interview]**
3. Do you agree to have voice record?  
☐ Yes  
☐ No [Interviewer only take note]

I would like to certify that all information about this assessment is presented to participant and she/he has opportunity to ask questions. My signature below is to certify that the participant participates in this study and my tick box above certify his/her participation.

Signature of Interviewer \_\_\_\_\_

Name of Interviewer, hand writing \_\_\_\_\_

Date: \_\_\_\_\_

# **“Together for the better mental health care for the LGBTIQ+ population”**



This report is produced under the project titled “Increasing access to care and proper space for expression of LGBTIQ+ People”

The overall objective of this project is to build a supporting system for the LGBTIQ+ people regarding mental health and freedom to expression who they are. We aim to support our LGBTIQ+ community from mental health problems, to have a strong mental well-being, confidence, and self-esteem. To achieving this, we also need to raise more awareness about the LGBTIQ+ rights including the rights to access to mental health care with the public as well as with the local authorities.