

COVID-19-ის გავლენა  
ლგბტ(ქ)ი თემზე

IMPACT ASSESSMENT  
OF COVID PANDEMIC  
ON LGBT(Q)I COMMUNITY

# IMPACT OF COVID-19 PANDEMIC ON LGBT(Q) COMMUNITY IN GEORGIA

EKATERINE AGHDGOMELASHVILI

NATALIA MCHEDLISHVILI

TAMAR LAPERADZE

KETEVAN KHUTSISHVILI

WOMEN'S INITIATIVES SUPPORTING GROUP (WISG)

2022

Impact of COVID-19 Pandemic on LGBT(Q)I Community in Georgia (short version)  
Ekaterine Aghdgomelashvili

Qualitative study  
Natalia Mchedlishvili  
Tamar Laperadze  
Ketevan Khutsishvili

ISBN: 978-9941-8-4342-6  
© Women's Initiatives Supporting Group (WISG), 2022  
E-mail: [info@wisg.org](mailto:info@wisg.org)  
Tel.: (032) 224 01 03  
[www.wisg.org](http://www.wisg.org)

Translation: Mariam Paichadze, Gigla Gonashvili

Cover design: Magda Tsotskhalashvili  
Layout: Tornike Lortkipanidze  
Printed: Cezanne Ltd

No part of this publication may be used or reproduced in any manner whatsoever without written permission from WISG except in the case of brief quotations embodied in critical articles and reviews.

## Table of Content

|    |                                                                 |     |
|----|-----------------------------------------------------------------|-----|
| 1. | Introduction .....                                              | 4   |
| 2. | Short summary of the main results.....                          | 7   |
| 3. | Context/Overview of the situation.....                          | 17  |
|    | 3.1 The main challenges of the LGBT(Q)I community .....         | 17  |
|    | 3.2 Need for Research.....                                      | 23  |
|    | 3.3 Research Goals and Methodology .....                        | 25  |
| 4. | Results of Quantitative Research .....                          | 28  |
|    | 4.1 Socio-demographic characteristics of the participants ..... | 28  |
|    | 4.2 Socio-Economic Status and Housing .....                     | 33  |
|    | 4.3 Environment and Socialization.....                          | 54  |
|    | 4.4 Experience of violence and discrimination .....             | 80  |
|    | 4.5 Health and access to healthcare services .....              | 123 |
| 5. | Bibliography .....                                              | 134 |

# 1. Introduction

The pandemic caused by the novel coronavirus (COVID-19) has created an unprecedented crisis for the governments, health systems and societies, affecting the health, lives and livelihoods of millions of people worldwide.

In the early stage of the pandemic, due to the absence of a vaccine against COVID-19, international organizations (WHO, CDC, ECDC) came up with the recommendations that considered physical distancing as the effective way of containing and managing the yet unknown virus.<sup>1</sup> Following the given recommendations, the countries started to carry out the measures such as the closure of the educational institutions and switch to remote learning, prohibition of the mass and public gatherings, restricting certain economic activities, physical distancing and declaring the state of emergency, which included strict lockdowns and curfews.<sup>2</sup>

According to the International Monetary Fund, the "Great Lockdown" (Gopinath, 2020) has simultaneously weakened economic activity around the world, drastically reduced consumption of household produces, harmed the service sector, and caused serious damage to the labor market and international trade (IMF, 2020). As a result, numerous workplaces were lost and regular sources of income for households have depleted, creating a real threat of a sharp increase in poverty. The pandemic crisis in Georgia affected the service sector in particular, including the tourism industry, which makes up 74% of the country's economy. Although the scale of virus outbreak was initially quite small in the face of anti-pandemic restrictions imposed by the government, the country's economy was still damaged significantly. The indicators of poverty and unemployment have increased (Kakulia M. and Kapanadze N. 2020).

The crisis in the economic sphere has influenced various groups of the population unequally. In addition to the people employed in the service industry, who lost their jobs or had their incomes reduced due to anti-crisis measures, those involved in an informal economy or engaged in precarious labor, found themselves in a difficult situation too. They not only lost their incomes, but also the large majority of them were left out of the state assistance provided by the crisis management plan.<sup>3</sup>

---

<sup>1</sup> <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>;  
<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html>;  
[https://www.ecdc.europa.eu/sites/default/files/documents/novel-coronavirus-guidelines-non-pharmaceutical-measures\\_0.pdf](https://www.ecdc.europa.eu/sites/default/files/documents/novel-coronavirus-guidelines-non-pharmaceutical-measures_0.pdf)

<sup>2</sup> Report of Government of Georgia on measures against COVID-19.

<sup>3</sup> <https://osgf.ge/rogor-unda-daekhmaros-mtavroba-umushevrads-darchenilebs-rekomendaciebi/>

Besides the crisis in the healthcare and economic systems, the pandemic and related anti-crisis measures, such as physical distancing, mobility restriction, etc., have significantly changed the everyday life of the population, which in turn reflected (unproportionally) on the various aspects of the population welfare.

The short or long-term impact of the COVID-19 pandemic and anti-crisis measures on mental health is currently one of the key issues. Various factors, such as the fear of getting infected (Zhang et al., 2020; Makhashvili et al., 2020), self-isolation, disruption of daily rhythm and financial worries (Tull et al., 2020), loneliness and distress (Liu et al., 2020) and the problem regarding the accessibility of mental health services, are contributing to the worsening of mental health. Pandemic and social isolation have had an impact on social problems such as domestic violence. According to the experts, during the crises, including the pandemic, the violence against women tends to increase (WHO, 2020; UN women 2020a). Fear, stress and a worsened economic situation may become a provoking factor for a perpetrator of violence. During lockdown and self-isolation, a victim spends more time with a violent family member, which might make it difficult to escape the violence (for example, it might be impossible to be physically alone or call the police in case of violence).<sup>4</sup>

In April of 2020, the UN declared that “the crisis caused by COVID-19 has exacerbated the vulnerability of the least protected strata of society. This brings to the foreground the deep economic and social inequality and the inadequacy of health and social protection systems, which requires urgent attention within the framework of social healthcare”.<sup>5</sup>

A quick assessment of the policies carried out by various countries against the virus and its spread has shown that certain marginal groups, including the homeless, illegal migrants, sex workers, drug users and lesbian, gay, bisexual, transgender and intersex (LGBTI) persons, are among the most harmed by the COVID-19 pandemic [NLO, 2020a]. Already risky health and highly unreliable life conditions of these interconnected groups create the high risk of getting infected and dying from COVID-19, as well as of spreading it (Philips II et al., 2020). Furthermore, homo/bi/transphobic environments and attitudes in many countries are serious obstacles for the members of such groups when it comes to access to healthcare and other support services. Despite the high

---

<sup>4</sup> Rapid assessment of the situation in Georgia and statistics from the Ministry of Internal Affairs has not yet confirmed this assumption.

<sup>5</sup> United Nations. COVID-19 and human rights. We are all in this together. 2020 Available at: <https://unsdg.un.org/resources/covid-19-and-human-rights-we-are-all-together>

risk, these groups are rarely taken into consideration by the health, social and economic measures implemented by the governments in response to the pandemic.<sup>6</sup>

According to the preliminary assessment of the international organization working on LGBT(Q)I issues, in order to assess the impact of COVID-19 and anti-crisis measures on this group, it is important to consider the socio-economic conditions of the group members; their health and the accessibility of healthcare services; the impact of the social distancing and isolation on the group and dynamics of the violence and discrimination in the group (ILGA, 2020a).

The present research is of an applied character and aims to assess the impact of COVID-19 and anti-crisis measures on the LGBT(Q)I group while taking into consideration the following aspects: socio-economic, mental health and exposure to violence.

Results of the research and practical recommendations may be utilized to reduce the negative effects of COVID-19 and, at the same time, improve the conditions of LGBT(Q)I persons in the country.

Research results will be interesting for the local and international organizations working on LGBT(Q)I issues (and on related issues as well, such as the accessibility of healthcare, domestic violence, human rights, SOGI-based violence, etc.).

---

<sup>6</sup> Nobody Left Outside (NLO) initiative statement on COVID-19: EU and national government COVID-19 responses must reach everyone – including marginalized people. <https://nobodyleftoutside.eu/wp-content/uploads/NLO-statement-on-COVID-19.pdf>



## 2. Short summary of the main results

### **Impact of the temporary measures against the pandemic on the socio-economic conditions of LGBT(Q)I community members and on the diversification of their income sources**

The pandemic and temporary measures against it negatively impacted the socio-economic conditions of the community members. Regardless of the fact, whether they lived alone or with the family, during the COVID-19 pandemic almost all of them had to change their living conditions, including going back to their parents because of the financial difficulties, finding a cheaper flat, or on the contrary – moving out of parents' house due to problems related to coming out. The issue of a shelter, which, according to the experts working on the field, is one of the basic needs for the LGBT(Q)I community, turned out to be of particular importance during the pandemic. The members of the community, who were ostracized by the families and, at the same time, were left without an income, were not able to go back home or pay the rent. According to the quantitative component of the research, every tenth out of 211 respondents faced a housing problem (12.8%) and every third respondent found it difficult to pay rent (34.6%).

During the crisis, the cost of providing housing to community members, who were at risk of being left out, accounted for almost half of the humanitarian assistance, provided by community organizations. Services and programs that provide housing turned out to be the number one challenge for transgender people who were ostracized by their families. In-depth interviews with transgender women involved in sex work showed that, without rent subsidies, they would have to live on the streets.

According to the self-assessments of the group members, the share of respondents who assessed their economic situation as "very bad" increased almost three times (from 17.1% to 50.7%). Also the number of those who marked "good" or "very good" decreased at the same rate (from 20,4% to 7,6%). The share of the respondents who described their economic situation as „average" decreased, from 41.7% to 15.2%. Inequality within the group also increased dramatically. The situation has improved slightly after the lockdown, according to the self-assessment, although the trend of inequality increasing among the members of the group remained unchanged.

The pandemic has impacted Tbilisi and regions differently too. The economic situation of residents of Tbilisi, compared to the situation before the pandemic, has improved more than that of those living in regions.

The pandemic and related restrictions have had a severe impact on respondents involved in commercial sex work, for whom it was the only source of income. The



majority of them are not only in danger of losing their place of residence but also of starvation. Before the pandemic seven out of 23 respondents described their economic condition as good or very good, eight of them described it as average and the same number indicated that their economic condition was severe or extremely severe. During the lockdown, the economic condition of the participants changed dramatically. Seventeen out of 23 participants indicated answer "extremely severe", four of them – "severe" and only two indicated "average". After the lockdown, the distribution of responses remained the same – only one participant changed the answer and indicated "severe" instead of "extremely severe".

Comparison of data of the quantitative research in terms of place of employment shows that before the pandemic, respondents most often named as a place of employment a sector of business the most affected by the restrictions – dining/entertainment (restaurant, club, cafe), which, in turn, had a significant negative impact on the economic condition of the group members. Among the respondents who had paid jobs, those who were employed without a contract, turned out to be the most vulnerable.

68.1% of respondents, (N=113) who lost their jobs due to pandemic-related measures or whose employers were temporarily unable to pay salary, say that the employer did not interceded for them with the government so as they could claim the compensation/assistance. Overall, only a third or 31.9% (N=36) were able to receive assistance (three of these respondents received one-time assistance). In addition to the indifference of the employers, a significant part of respondents were left out of state assistance since most of them were employed informally/on a verbal agreement.

The median income of the participants (900 GEL) was reduced by three times during the lockdown (300 GEL). Currently, the median monthly income of respondents is lower than before the pandemic by 45% and is 500 GEL.

The pandemic affected the diversity of sources of income as well. Before the pandemic, wage labor, self-employment, and income from renting out property/deposit (including sex work) made up 58% of income sources, assistance from family, intimate partner or friends made up 33%, while the remaining 9% was distributed among state assistance, pension, and other sources. The situation changed dramatically during the lockdown: only 31.7% of the participants identified wage labor and self-employment as sources of income. The share of financial assistance provided by family members, intimate partners, or friends in total income increased from 33% to 56.3%. The share of state assistance increased from 1% to 6.2% as a result of assistance provided to citizens affected by the government-imposed restrictions. After the lockdown, part of the respondents was able to continue working, although the majority of them is still in need of financial assistance (the share of assistance from

family members/friends (46.6%), and the income from wage labor and renting out (47.2%) in total income is almost the same).

### **Impact of the pandemic and the measures against it on the experience of members of LGBT(Q)I community with their family members and intimate partners regarding violence**

Violence by family members remains a significant challenge for members of the LGBT(Q)I community. Almost three out of five respondents (59%, N=120) became victims of some form of violence from family members at least once. In the same period, more than half of respondents (53.6%, N=113) became victims of psychological violence more than once. For a significant number of the community members (45%, N=95), another challenge was the attempt of their family members to control their social contacts. During the last year, almost every fifth respondent (21.3%, N=45) became a victim of physical violence from family members at least once. Almost the same number of respondents (19.9%, N=42) were forced to get married “for purpose of their correction”; 38 respondents (18%) were forced to visit a doctor/psychologist “to be healed”.

Analysis of respondents who experienced violence, in terms of gender conformity, shows that cisgender participants are victims of psychological and economic violence from family members less often than gender-nonconforming respondents or those who describe themselves as “gender-neutral”.

Against the expectations of the experts, a comparison of the respondents who experienced domestic violence before the pandemic and since it, shows that, overall, the number of the respondents not only did not increase, but it has even decreased. These dynamics are mostly decided by the experience of LBQ and GBQ group members. As for the trans participants of the survey, the condition of the respondents who were experiencing violence did not change since the lockdown, and each of them is still suffers from psychological, physical, or other kinds of violence from family members.

More than a half of the respondents (55%, N=116) say that the pandemic did not have an impact on their relationships with family members; 27% (N=43) mentions that the relationship worsened partially (N=43, 20.4%) or dramatically (N=14, 6.6%); only 18% of the participants think that the situation improved partially (N=35, 16.6%) or dramatically (N=3, 1.4%).

The impact of the pandemic on the relationships with family members is assessed with average scores mostly by those respondents who have not been victims of violence from family members neither before the pandemic nor after it. Most optimistically inclined, who talk about the improvement of the relationship, are those who have not been under psychological pressure from family members during the last two years.

COVID-19 pandemic and anti-crisis measures overall had a negative impact on the quality of the relationship between intimate partners. Out of 177 respondents,<sup>7</sup> the majority (44%, N=78) say that the pandemic and anti-crisis measures have not had an impact on their relationships; 68 respondents (38.4%) say that the relationship has worsened dramatically or significantly. Only 8.4% of the answers indicate a positive impact. Six out of the remaining 177 respondents found it hard to assess the impact of the COVID-19 pandemic on the relationship with an intimate partner. Changes in the quality of a relationship are connected to the experience of violence. 22.4% (N=45) of those who during the last two years had/has an intimate partner, had become neither a victim of violence nor used the violence. Almost the third (N=63, 31.3%) was a victim of violence at least once; and the rest of the respondents (N=92, 45.8%) are in a relationship that involves mutual violence.

The respondents who have indicated positive changes are those who have a partner but have not been a victim of violence. Relationships worsened the most in the group where both sides were involved in the violence. In terms of impact on the relationship with a partner, it can be said that the pandemic in a way added brightness to the existing picture – relationships of those who were in conflict-free, harmonious relationships – have improved, but the relationships of those in abusive relationships have been worsened by the pandemic-related restrictions.

### **Impact of the pandemic and temporary measures on the social relationships and mental health of the LGBT(Q)I community members**

Due to the homophobic attitudes in Georgia and the low rate of openness of the group to internal social networks, external social networks have special significance. Despite the frequency of visits to social gatherings,<sup>8</sup> the majority of participants say that having no access to the spaces for socialization had a negative impact on their emotional state.

Measures against the spread of the pandemic significantly reduced already scarce opportunities for socialization for the community. After the lockdown, before the new wave of restrictions, which started at the end of October, the proportion of respondents who had not visited the club since the pandemic through November 2020, had risen from 18.5% to 54%. Nearly 70% of the respondents have not attended any

---

<sup>7</sup> Except for those 10 respondents who did not have a partner during the last two years, additionally, 24 of them indicated that they did not have a partner after the pandemic.

<sup>8</sup> Results of the focus group, as well as the data of quantitative research, showed that members of LBQ and GBQ groups have different strategies for socialization.

community meetings or social events since the start of the pandemic in March. The number of home visits also decreased by 18.1%.<sup>9</sup>

According to the data of quantitative research, the physical and mental health of the respondents, as well as their life satisfaction significantly worsened since the pandemic. The share of the respondents who assessed their physical condition negatively before the pandemic was only 7.1%. Since the beginning of the pandemic, the share of these respondents increased 2,5 times and reached 17.1%. The situation is the same regarding mental health as well: the share of those respondents who assessed their mental health negatively increased three times since the start of the pandemic (respectively, from 13.7% to 35.1%). The share of those respondents who became less satisfied with their lives increased even more dramatically – from 18% to 46%.

Quality of the relationship with the family members is connected with life satisfaction, as well as with the self-assessment of mental and physical conditions. Those who indicate that the relationship with the family members has improved, are also happier with their mental and physical health, as well with life.

Against the background of shortage of affirmative networks and relationships, the limitation of access to safe spaces for socialization has directly affected the mental health and life satisfaction of the participants. The data show that there is a strong correlation between the frequency of visits to the places for socialization and these two indicators.

High rates of depression and anxiety are connected to gender self-expression on the one hand (both indicators are much higher in genderqueer respondents than in the LGB group) and on the other hand, to experiences of violence and restricted access to safe spaces of socialization.<sup>10</sup>

---

<sup>9</sup> In addition, for the respondents whose family members are not aware of their sexual orientation/gender identity (30.5% of the respondents, N=63), lack of such personal space during the lockdown and social isolation makes it impossible to keep in touch with other members of the community or participate in a group meeting even online. Consequently, during the pandemic-related restrictions and anti-crisis measures, this aspect of housing conditions, which is related to personal space/physical isolation has become extremely important. Almost third of the respondents (31.3%) do not have the possibility of physical isolation/personal space. During the period of lockdown, the percentage of such respondents increased even more and reached 43.6%.

<sup>10</sup> Regardless of the reasons, such a high rate indicates that the demand for psychologist/psychiatrist services will rise in the future and it will be impossible to deal with this challenge solely with the resources of the community organizations.

## Needs created by COVID-19 and the response

While ranking the various needs that arose from pandemic-related restrictions, four out of five respondents named financial assistance (80.4%). Half of the survey participants (49.8%) had food shortages, almost the same amount (49.3%) indicated that they had problems with utility bills. More than a third of survey participants (34.6%) indicated that they had difficulty paying rent and needed assistance. In the first phase of the pandemic, access to means of protection from the virus was also problematic (33.2%). The income of the same number of the respondents wasn't enough to cover the communication expenses, which increased significantly and acquired the special importance during the lockdown and social isolation when, on the one hand, it became the only means for keeping in touch with the outside world and, on the other hand, unimpeded access to high speed Internet has become the essential need for online work/studying. 27% had problems with accessing medicaments.

Analysis of the answers shows that in most cases the assistance received from one source was not sufficient to fully meet the needs of the respondents. Only 12 (5.6%) neither needed nor received any assistance. Seventy five respondents (35.5%) indicated one source, while the remaining 124 (58.8%) received assistance from several sources.

In addition to state assistance programs, citizens spontaneously formed, through social networks, mutual support groups. One such group was created for the trans community involved in sex work. The money raised through donations was spent on various needs – partly it was spent on renting apartments and partly on buying food.

Community organizations actively started to study the needs of the community in February and already in early March they started to communicate with the government and foundations to mobilize resources.<sup>11</sup> The organizations together developed criteria to determine the severity of the conditions. In addition to direct financial assistance, community organizations covered all other needs within the limited resources available, coordinating the provision of assistance under a joint state-EU program.<sup>12</sup>

---

<sup>11</sup> It should be noted that participants of the focus groups assessed the forms of communication of the organizations about the assistance and said that they found it especially important and have appreciated highly the organizations the monitoring state of the community members. Namely, the practice of organizations that got in touch with the recipients themselves to inquire about their wellbeing.

<sup>12</sup> More details can be found in reports of the organizations.

Unlike the resources mobilized by community organizations, which, due to regulations imposed by foundations, could not be fully flexible and cover all the specific needs of the community members, mutual support groups had more freedom to meet community needs that were not met by the organizations and the state.

A table of needs and received assistance shows that in some cases, the respondents did not have a specific need, but still received assistance. That reveals drawbacks regarding distribution of allocated assistance during the pandemic.

If we exclude the assistance provided by the family and friends, a significant mismatch between the needs and assistance is most clearly visible on the example of subsidies for utility expenses.<sup>13</sup>

Overall, experts do not assess the government's crisis management plan as an effective response mechanism for the LGBT(Q)I community. They still do not see the social protection strategies or action plans that would be representative of the needs of the community.

It is important to note that some of the respondents were actively involved in mutual support groups: 29.9% of respondents were actively involved in sharing information; Almost every fifth (24.2%), at the early stage, volunteered physically and assisted charities and community organizations in distribution of products and other packages to both community members<sup>14</sup> and other vulnerable groups; Almost as many (24.6%) indicated that they were assisting financially specific individuals who had problems; Every tenth (10.5%) indicated that they transferred money to the accounts of spontaneously created mutual support groups; Two respondents also transferred money to the state fund against COVID-19. Participants of the focus group have also mentioned that during the pandemic they were involved in various solidarity events. The majority of them have an experience of giving temporary shelter to a community member left without a place to live.

---

<sup>13</sup> As for the aid provided by community organizations, at first, the aid was provided in the form of standardized packages, which included products and means of protection. Each package contained the same items, in the same amount, which cost the same. Later, the organizations contracted with stores to issue vouchers of a certain value to beneficiaries, allowing them to purchase products based on their personal needs, not exceeding a certain amount.

<sup>14</sup> Taking into consideration the need for keeping identity of aid recipients confidential, the involvement of community members in the process of aid provision was particularly important.

## Impact of the pandemic and temporary measures on the work of the organizations and their priorities

In face of the homophobic attitudes in the country, the organizations working on LGBT(Q)I issues are under enormous pressure. **“Protection of human rights, especially work on LBT issues is stressful and turbulent. There is a high risk of burnout as well as of physical danger. It is also difficult emotionally. Besides that, we should not overlook that the representatives of community organizations themselves are members of the community and queer activists. They are constantly working in an environment where societal, political and bureaucratic pressures come together.” (WISG).**

The high level of trust expressed by community members towards community organizations, as compared to other groups and government institutions, translates into higher expectations and demands towards them.<sup>15</sup> The quantitative research data show that, considering the given situation and the quality of relationships, people have higher expectations of moral/material support from external social networks (friends, LGBT(Q)I community members, community organizations) than from family members and relatives. At the same time, they are less aware the material capabilities of external social networks and they do not know if the agents themselves have the material resources to support them.<sup>16</sup> 62.1% of the respondents expect a community organization to give him/her financial assistance in times of the crisis (24.2% found it difficult to answer, 13.7% does not share this expectation); 81.5% expect moral support (6.8% found it difficult to answer, 11.7% are skeptical about it).

In-depth interviews with the representatives of the community organizations show that such expectations created new challenges for these organizations. Such humanitarian activities which are deployed by the organizations only in exceptional cases, are not their major profile. Therefore, the organizations were not ready for such challenges, neither financially nor in terms of human resources, and during the pandemic, they had to amend their strategies under force majeure, in order to respond

---

<sup>15</sup> Community organizations working on LGBTQ(I) issues have the highest level of trust – 7.88, compared to different institutions and groups. In addition to community organizations, the ombudsman institute and other human rights organizations (6.33 points each) were in the field of positive evaluation. Survey participants rated closely to average journalists (4.45). All other institutions have been assessed negatively.

<sup>16</sup> A group of transgender people, compared to other respondents, has the least expectation that they will receive material assistance from family members if needed. The responses show that, compared to others, the expectations of members of this group are primarily related to community organizations (even more than to friends and other members of the LGBTQ(I) community).



to the humanitarian crisis in the community. **"There is huge pressure on the non-governmental sector. Suddenly, the community members started to think that we are a humanitarian organization and we have to help them financially. I have an impression that the government basically handed this responsibility over to us and so we came under pressure."** ("Equality Movement").

Community organizations, whose resources were already scarce, had to shoulder a humanitarian mission as well. Budgets and programmatic goals of several planned projects were modified, and all available resources were directed for humanitarian support to the community. However, there were also many barriers among these opportunities. It was not easy to convince part of the donor organizations to agree to the proposed changes in the budget and activities, envisaged in the project proposals.

In parallel to the introduction of the humanitarian services, which is a new challenge for the community organizations, in terms of both financial and human resources, according to experts, it is now important to monitor the process and regularly update the needs assessment.

The demand for psychiatrist and psychologist services has increased unprecedentedly, in parallel with the demand for an emergency response to the humanitarian crisis. Mental health problems, accompanied by public stigma, are ignored politically. Under these conditions, community organizations had, once again, to provide continuous services to the community: **"We all feel fear, danger, we are afraid of tomorrow. Mental health services have not been available before and now they are not available at all"** (Identoba Youth (Batumi)).

The expert from WISG talks about the challenges of service providers: **"We immediately started to call the beneficiaries and studied the needs. We applied for the humanitarian grants and even though we asked for the urgent response grants, it was still late. Demand for services, especially for a psychologist, increased dramatically. As we started giving out humanitarian assistance, the demand was so high that our resources were barely enough for it."**<sup>17</sup>

In provision of mental health services, need for a remote interaction created an additional barrier: part of the community had limited access to communication, and another part, because of the living conditions, found it hard to physically isolate themselves in order to take a complete rehabilitation course safely: **"The more accessible psychological and psychiatric consultations become, the better, but the**

---

<sup>17</sup> It should be noted that the representatives of community organizations did not see this challenge in a solely negative light and that they consider it a step forward that, during the pandemic, they reached out to wider community – among applicants were not only those who used or still uses their services, but also those members of community who have never before asked them for help.

**obstacle is the lack of private space in order to talk. They are often in a small space together with perpetrators of violence. For these kinds of services intimate space is essential.”** (Identoba Youth (Batumi)). **“Nobody has a private room anymore. Many community members need support, but they cannot get it because there are around 20 people in the house and they cannot talk”.** (Temida).

It should be noted that remote work is a challenge for social workers too. **“Our work involves direct communication: one or two-hour-long interviews or therapy. Under the conditions of lockdown and restrictions, it's important to have a rule, which can regulate how one can interact with the beneficiaries when face-to-face interaction is not possible. Social workers say that they don't have skills, they don't know how to control the person's condition from a distance and they don't have the technical means either.”** (Georgian Association of Social Workers / GASW).

Experts also see the need for the expansion of support services geographically. Community services are mostly concentrated in Tbilisi and several other big cities. An expert representing Identoba Youth/Kutaisi sees the challenge with geographic reach, but the lack of resources makes it impossible to fully cover nearby villages and small towns. **“We have some access to youth. They come from Khoni, Tkibuli, Tskaltubo, from other nearby towns and villages as well, but these are singular cases – e.g. when somebody learns about us from a friend. It would be more interesting and important if we go to them.”**

Representatives of the organizations note not only the challenges, but the positive aspects as well, such as the coordinated work of community organizations in the period of crisis.

### 3. Context/Overview of the situation

#### 3.1 The main challenges of the LGBT(Q)I community

Some researchers believe that LGBT(Q)I community is especially vulnerable to economic inequality because homophobia and discrimination make it difficult for them to find a workplace with adequate working conditions. Therefore, most of them are employed in low-paid jobs or are engaged in the informal economy [Weiss, 2015]. This opinion is confirmed by several studies carried out in recent years, which looked at the inclusion of the LGBT(Q)I group in the economic development of the countries at a macro level [Budget M. at al., 2014, 2019]. There is also another point of view that looks at the issue from an intersectional perspective, emphasizing that inhomogeneity of the group doesn't allow the generalization of these findings (e.g. certain studies show that lesbian women on average earn more than heterosexual women, the annual average income of gay families is higher than that of heterosexual families; however, the annual income of the lesbian families is lower than that of heterosexual couples. This picture is also significantly influenced by race, education, etc.). Studies to date in Georgia that reflect the situation of LGBT(Q)I people are unrepresentative and it is less possible to generalize the results; however, we can speak of trends and specifics within the group itself, which can be corroborated by the data on cases of discrimination from the community organizations. E.g. the study conducted by WISG in 2018, shows that most members of the LGBT(Q)I community face problems at the hiring stage, especially gender-nonconforming members of the group [WISG, 2018].

**It is especially difficult for trans people to realize their right to employment.** This is directly related to the lack of a legal mechanism of gender and access to sex reassignment procedures.<sup>18</sup> Although the Georgian Labor Code prohibits discrimination based on sexual orientation and gender identity, such treatment is still very common. Trans people are unable to find employment due to stigma ingrained in the society and also because gender in their ID does not match their gender identity. In many cases, the only way to survive is to engage in the informal economy, including sex work, which of course implies poor working conditions, low earnings and the constant threat of violence.<sup>19</sup>

---

<sup>18</sup> Report on Georgia by Victor Madrigal-Borloz, UN independent expert on protection against violence and discrimination based on sexual orientation and gender identity: <https://wisg.org/ka/news/detail/247>

<sup>19</sup> Social workers find it particularly difficult to secure employment for transgender women as the trend shows. Despite many attempts, a specialist was rarely able to get members of this group employed successfully. „Most of the service recipients have a difficult socio-economic situation and do not have higher education. The vast majority of transgender women have lost

**The impact of COVID-19-related restrictions was more visible on members of the group engaged in the sex work** (including transgender women). Similar to other risky professions and to those engaged in the informal economy, the labor rights of sex workers are less protected. Many of them faced the risk of losing income due to declined demand for services, closure of workplaces and illness. People involved in sex industry do not have a regular income, cannot use paid sick leave or other benefits. Because of the existing stigma, they have less support from their family members and community. Lockdown and physical distancing were an additional challenge for sex workers during the pandemic, especially for sex workers engaged in sex that involves physical contact. The loss of income as a result of physical distancing requirement prevents them from work, which, has a more severe impact on their conditions and access to basic needs such as food, medical care, housing, etc., compared to other groups.

After the tragic events (one of the transgender sex workers tried to burn herself publicly to draw the society's attention to the crisis situation they found themselves due to pandemic and anti-crisis measures) and through the efforts of community organizations, the media too became interested in the conditions of transgender sex workers, and part of the society got involved actively in the charity event to support them financially.

According to the research conducted by Social Justice Center (formerly EMC) in 2019,<sup>20</sup> in which 320 members of the LGBT(Q)I community participated, most of the residents were employed in the service sector. 1/5 of the employed were working without a contract, based on a verbal agreement, and 50% had a fixed-term contract. Given the current situation, the impact of the economic crisis due to COVID-19 will be severe for the rest of the LGBT(Q)I community as well. Especially since employment in the informal sector reduces their chances to receive the assistance provided by the government's crisis management plan.<sup>21</sup>

**Intimate partner violence (IPV)** is the most common form of violence against women,<sup>22</sup> which severely affects the quality of women's lives. Both heterosexual and cisgender people experience violence from an intimate partner, as well as lesbian, bisexual,

---

contact with their families and do not have a solid support system, even friends. That's why they find it hard to find employment, to socialize and are forced to engage in commercial sex work". „Unrecognized Violence" WISG, Tbilisi, 2018.

<sup>20</sup>

[https://socialjustice.org.ge/uploads/products/pdf/Social\\_Exclusion\\_of\\_LGBTQ\\_Group\\_161212\\_8635.pdf](https://socialjustice.org.ge/uploads/products/pdf/Social_Exclusion_of_LGBTQ_Group_161212_8635.pdf)

<sup>21</sup> <https://stopcov.ge/en/Gegma>

<sup>22</sup> Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence, World Health Organization, 2013, page: 16.

transgender and intersex people. Domestic violence is a challenge not only for families of different-sex partners but also for families of same-sex partners.<sup>23</sup>

Although declaration and formalization of homosexual relationships in Georgia is limited in both social and legal contexts (there is no procedure to document civil partnership, due to homophobic attitudes, they often cannot rent an apartment as a couple, etc.), intimate partner violence<sup>24</sup> is one of the most invisible and widespread practices in the LGBT group (WISG,2018).<sup>25</sup> However, unlike heterosexual couples, due to the strong homophobic environment in society, only a small part of LGBT(Q)I people have the opportunity to receive emotional or other support from the family, relatives, or social environment in case of intimate partner violence.<sup>26</sup>

Under such indices of violence, restrictions such as social isolation and lockdown will affect the relationship with the intimate partner, as well as the dynamics of the violent relationship in couples while sharing housing.

**Members of the LGBT(Q)I group are particularly vulnerable to violence from family members,** which among other problems, increases the risk of suicide and homelessness among LGBT(Q)I youth. The dynamics of the research conducted in Georgia shows that the number of people who are "out" at least with one parent is increasing, but most of them choose not to disclose information about their sexual orientation to family members and relatives to avoid deterioration of relations. Under

---

<sup>23</sup> The Issue of Violence against Women in the European Union, European Union, 2016, page: 12.

<sup>24</sup> Heteronormativity, bisexuality and gender binarism, social myths and stereotypes about LGBTQ(I) people, society's attitude towards violence against women and domestic violence affect not only the institutional level and the attitude of the society towards the members of the group, but also the group itself. The narratives of the focus group participants and the comments collected as a part of the quantitative research show that women participating in the research, generally speaking, normalize violence between intimate partners. Moreover, many of them employed such violent practices towards their partners and do not consider it as violence.

<sup>25</sup> The survey conducted by WISG in 2018 found that 84.4% of respondents (N-256) had experienced physical, psychological, or sexual violence from an intimate partner during 2015-2018 at least once. Psychological violence is the most common form. The frequency of sexual violence and harassment is also high. 5.6% of the participants have been raped by an intimate partner in the last three years at least once; 15.3% have experienced an attempted to rape. 30.1% of respondents became victims of harassment. As for physical violence, 14.4% of participants of the survey experienced it once, 5.6% twice, and 13.4% were victims of permanent physical violence from an intimate partner.

<sup>26</sup> The research shows that only a small part of the parents is aware of their sexual orientation. Even fewer around them know about or has met personally with her/his partner. Moreover, taking into consideration the fact that the majority of family members reacted negatively to coming out and a large proportion of respondents also experienced violence from family members because of her/his sexual orientation/gender expression, the number of respondents who may have support from family members or relatives is extremely small.

such conditions, some of them may be vulnerable to social isolation [Klinenberg, 2016; Johnson & Amella, 2014].

The cause of violence from the family members is not always based on knowledge, it is enough to have a “suspicion” that she/he belongs to LGBT(Q)I group.

Many citizens lost their jobs and were left without an income because of COVID-19. Individuals who were living separately renting an apartment, including members of the LGBT(Q)I community, students and young people, had to return to their family houses. The experience of members of the LGBT community is particularly difficult in terms of family relationships and, usually, they move out separately because of unfriendly and sometimes violent attitudes. Being in the same space with the potential abusers also increases the risks of violence.

Lack of support from family members and the hostile, homophobic environment in society, connection to affirmative social networks and psychological or moral support from them is associated with less psychological distress [McConnell et al., 2018] and higher rates of well-being [Frost and Meyer, 2012]. Certain studies show that **the existence of support networks and contact with them plays role of a buffer, protecting from influence of stigma and depression and helping them to cope with suicidal ideas** [Kaniuka et al., 2019]. The studies confirm that connection to community organizations/members is an important resource for LGBT(Q)I people for coping with stress [Herek and Garnets, 2007; Frost and Meyer, 2012]. The need for self-isolation at home and distancing oneself from friends, partners and safe spaces of socialization may also cause distress.

Due to homo/trans/biphobic attitudes, members of the LGBT(Q)I community are limited to self-expression in public spaces. Their spaces for socialization mainly include friendly cafes, clubs, each other's homes and community organizations. Closure of the usual places for socialization due to COVID-19 restrictions, a strict requirement for social distance and self-isolation may affect the frequency and quality of communication between members of the community. The weakening of social support systems may also have an impact on their mental health on the one hand [McConnell et al., 2015; Snapp et al., 2015] and, on the other hand, on access to necessary services. Housing conditions (technical conditions, communication expenses, high-speed Internet and personal space) do not always allow to maintain secure relationships with other members of the community even online.<sup>27</sup>

Numerous studies show that **marginalization, stigma and minority stress, among other social and economic factors, have a significant impact on the general health and well-being of LGBT(Q)I people**, as well as their access to health services and

---

<sup>27</sup> In-depth interview with a social worker from WISG, December 18, 2020.

referrals to specialists. They „respond to such mistreatment by delaying services of medical care, or by concealing their sexual orientation and, as a result, may run the risk of being misdiagnosed... ..Homophobia, ignorance and fear hinder not only access to health care but also the examination process,<sup>28</sup> which enhances the cycle of mistreatment in the future.<sup>29</sup> The needs of the LGBT(Q)I community in terms of medical care have not been researched and studied, therefore, they are not reflected in the existing action plans and strategies in the field of healthcare.<sup>30</sup>

The survey conducted by WISG in 2015 also found that knowledge of healthcare providers about sexual orientation/gender identity/transgenderism, as well as knowledge about the healthcare needs of the LGBT(Q)I group, is relatively low. This situation, in turn, affects access to the highest standard of health for LGBT(Q)I people [WISG, 2015]. **On the one hand, the low competence and sensitivity of professionals about this issue, and, on the other hand, lack of trust from part of the group members, creates the situation, when the main burden of service delivery shifts to specialists working in community or partner organizations.** Selection of specialists while setting up a referral network and working with the primary health care specialists is a priority for the organizations.

Because of health system overload due to COVID-19, access to the services, important for and specific to LGBT(Q)I group, can be even more limited (e.g. access to sensitive psychological services (those who work with affirmative therapy techniques and are familiar with the specifics of the group), HIV testing and treatment, hormonal therapy, and other sex reassignment medical procedures for transgender people in transition, etc.).

The attitudes existing in the environment, are often internalized and manifested in self-rejection and hatred [Meyer IH, 2003]. The low self-esteem, stigma and discrimination that the members of the group experience, affect **the self-destructive and risky sexual behavior of LGBT(Q)I group members**, and increases the risk of infecting with STIs and HIV/AIDS.

According to international studies, the group's vulnerability to COVID-19 is influenced by high HIV prevalence statistics and usage of drugs and psychotropic drugs in the MSM group and group of gay men and transgender women engaged in sex work [Rodriguez-

---

<sup>28</sup> Dean L, et al., „Lesbian, Gay, Bisexual and Transgender People's Health: Findings and Problems", Journal of Gay and Lesbian Doctors' Association" (2000), 101. See also, Boucai MD, „Means for Legal Protection against Homophobia: Searching the Solution of the Problem in International Health Law", Journal of Gender and Law of Georgia 21, USA (2005).

<sup>29</sup> Guide to Health and Human Right Issues. „Open Society - Georgia", 2014.

<sup>30</sup> For example, Georgian Healthcare State Strategy for 2011-2015, which focuses on various vulnerable groups, does not take into account/recognize the needs of the LGBTQ(I) group, especially the social and trans-specific health needs of transgender people.



Seijas et al., 2020]. Studies in Georgia show that the prevalence of self-destructive behavior in a group affects physical health and causes immune system problems, as well as increases the risk of COVID-19 infection.

According to WISG's survey from 2018, 76.1% of 256 respondents have had sex with a regular partner with a different frequency in the last two years under the influence of alcohol, while 53% have had it with an accidental partner. 24.8% have had sex with a regular partner under influence of drugs, while 18.9% had sex with an accidental partner. On average, one out of ten respondents from the LB group have had sexual intercourse almost always under the influence of alcohol or drugs with a regular or accidental partner. 88% of the LB group are active tobacco users.<sup>31</sup> However, the ratio of male to female tobacco users in the general population is 11:1, while the ratio in the LGB group is almost the same – 88%<sup>32</sup> of LB group and 91.3% of GB group are active tobacco users<sup>33</sup>. The percentage of alcohol users in the LB group is 92.2%, which is higher than the prevalence of alcohol consumption in the whole country (78.5%) and almost equal to the rate of alcohol consumption in men in general (90.3%) [WISG, 2018].

The use of drugs and psychoactive substances in the sexual context is also widespread in MSM and GB populations, which makes them even more vulnerable to both physical and mental health issues. Risky sexual behavior on the one hand and environmental stigma and homophobia, on the other hand, the stress associated with drug use and the problems caused by drug use directly, also increase the risk of mental health problems [Equality Movement, 2020].

Even though the prevalence of HIV in the MSM population has not increased since 2015, this group is the most affected risk population in Georgia. This tendency is typical for many EU countries, as well as for most of the countries of Eastern Europe and Central Asia, where HIV epidemics is on rise among MSM. Sexual intercourse between men is still the leading way of HIV transmission in the EU, Eastern Europe and Central Asia. According to Eurasian Coalition on Male Health (ECOM), the prevalence of HIV

---

<sup>31</sup> Cf. According to the surveys conducted in Georgia, this index is 30.3%: 55.5% of men and 4.8% of women are tobacco users. In Tbilisi, where the ratio of tobacco consumption is the highest among the regions, this index is 36.6%.

<sup>32</sup> In the same age group (18-44), this index among women living in Tbilisi is 13% and it is the highest among the regions.

<sup>33</sup> There are no regular population surveys conducted in Georgia to assess the prevalence of health risk factors such as tobacco, alcohol and drug use, overweight, low physical activity, poor nutrition, etc. Therefore, for comparison, we used the results of a study of Risk Factors of Noncommunicable Diseases conducted by the National Center for Disease Control and Public Health in 2010. [http://www.who.int/chp/steps/2012\\_GeorgiaSTEPS\\_Report.pdf](http://www.who.int/chp/steps/2012_GeorgiaSTEPS_Report.pdf)

among MSM in Georgia is the highest among the countries studied in the region [Curatio Foundation, Tanadgoma, 2019].

The widespread prevalence of these self-destructive and risky behaviors in the group increases both the risk of catching COVID-19 and coping with it.

**Impact of COVID-19 on LGBT(Q)I people's mental health** is studied much less compared to other groups, although due to minority stress, as a population, members of the LGB group have a higher prevalence of mental health problems than heterosexuals [Meyer, 2003]. According to minority stress theory, this is explained by the influence of environmental stressors which are provoked by living in a hostile, homophobic environment and experiences of discrimination, violence and victimization [Frost et al., 2015; Meyer, 2013]. Expectedly, during COVID-19, LGBT(Q)I can experience additional stressors that are unique to the LGBT group and are associated with their sexual orientation and gender identity [Scott E.M. et al. 2021].

Apparently, the mental health situation, which is already aggravated in LGBT(Q)I group by violence and stigma, is likely to be aggravated by additional problems caused by the COVID-19 pandemic and anti-crisis measures, such as deteriorating economic conditions, social isolation, staying in relationships with a risk of violence for long periods, and with a lack of access to services.

After all, the experience of the community organizations themselves, which are the main service providers for the LGBT(Q)I community, is also important. On the one hand, they had to deal with the humanitarian crisis in which part of the group had found themselves, had to respond to the increased demand for services with the same number of employees and, on the other hand, they had to follow certain rules to adhere to general restrictions.

### 3.2 Need for Research

Since 2010, LGBT(Q)I community organizations periodically have been conducting the small-scale quantitative and qualitative studies, most of which are for internal use (e.g. how to increase coverage of specific groups, service satisfaction survey, etc.). Certain studies allow the organizations to plan and develop data-driven strategies while planning the organizations' activities and advocating for the specific issues at the governmental or international levels – to prepare reports on the state of LGBT(Q)I people, policy documents, and more. Organizations choose different strategies for their studies. E.g. Women's Initiatives Supporting Group, which is a feminist organization and prioritizes the LBT group, periodically researches violence and discrimination among members of the LBGTQ(I) group, taking into account the gender aspect. Despite the quantitative surveys not being representative (typically 150-250

respondents participate in the surveys), the regularity of this research (including qualitative ones) still allows identification certain trends [WISG 2012, 2014, 2018, 2021]. WISG has also conducted a study that examines public attitudes and especially attitudes towards LGBT(Q)I people and their legal status [WISG, 2016]. Another community organization, Equality Movement, is also conducting studies that cover LGBT(Q)I issues; however, because the organization is actively involved in The Global Fund's HIV prevention programs and is a member of Harm Reduction Network, most of its studies are focused on MSM population's behavior, their needs and access to services [Equality Movement, 2018, 2019]. It also conducts a variety of qualitative research within the group. The target group of support and psychological counseling center Tanadgoma also overlaps with the target group of community organizations – within HIV prevention framework Tanadgoma works with sex workers (including transgender women and members of GB who are involved in commercial sex work) and conducts research (including behavioral research with a biomarker component [Tanadgoma, 2014, 2018, 2019]), examines the needs of specific groups (e.g. women drug users involved in sex work [Tanadgoma, 2019]), etc. As for other organizations, Identoba Youth, which operates in Kutaisi and Batumi, has less experience in research, as well as the newly established organization Temida. In 2019, Social Justice Center (formerly EMC) has also conducted research among members of the LGBT(Q)I community to investigate socio-economic exclusion of the group [EMC, 2020].

In 2020, several so-called rapid assessments were performed on individual groups to assess the impact of COVID-19. The main aim of those was to provide primary data to the state and international organizations to reflect the interests of certain groups in the crisis management plan [e.g. UN Women, 2020b]. Last autumn work on a complete impact assessment of the government's anti-crisis measures started in the framework of UNDP's project (that includes impact on various groups – IDPs, socially vulnerable assistance, etc.). However, given the scope of work, the report will address the needs and problems of the group only superficially. The results of the report are not available yet.<sup>34</sup>

Thus, impact of COVID-19 and anti-crisis measures on LGBT(Q)I people living in Georgia has not been researched thoroughly, which made it necessary to carry out this study.

---

<sup>34</sup> To respond promptly to COVID-19, community organizations contacted community members who were already using the organizations' services, to identify their needs and react appropriately. However, this work is not structured and includes only registering needs. This information, as well as the specifics of how the organizations worked, will be presented in the final report of the research, as the research provides in-depth interviews with representatives of the community organizations as well.

### 3.3 Research Goals and Methodology

The research aims to assess the impact of COVID-19 and anti-crisis measures on socio-economic conditions, mental health and experiences of violence of LGBT(Q)I people.

The research answers the following questions:

- What kind of impact government's temporary measures against pandemic had on socio-economic conditions and diversification of income sources of LGBT(Q)I community members;
- How did pandemic-related restrictions affect social relations and mental health of LGBT(Q)I community members;
- How the pandemic and its countermeasures were reflected on the experiences of LGBT(Q)I community members in terms of violence and discrimination;
- How the temporary measures affected access to the essential services for the LGBT(Q)I community members;
- What kind of needs were identified during the pandemic among community members and how adequate was the response of community organizations and the government to these needs;
- How did the pandemic affect the work and priorities of community organizations?

**The object of the research:** Impact of COVID-19 pandemic and anti-crisis measures on members of LGBT(Q)I community in terms of the socio-economic conditions, mental health and experiences of violence. **The source of information** for the research was the members of the LGBT(Q)I community, representatives of the community organizations and experts of the field. The desk research also looked at the various assessment reports in Georgia regarding COVID-19 pandemic and anti-crisis measures, international documents and studies conducted in other countries.

Both quantitative and qualitative **methods** were used in the research: In particular, within the quantitative research, members of the LGBT(Q)I group were interviewed in three major cities of Georgia (Tbilisi, Batumi, Kutaisi).<sup>35</sup> The so-called "snowball method" was used for selection, which is a proven method to work with "invisible" and hard-to-reach groups, when true size of the population is unknown. The survey was conducted using a structured questionnaire through face-to-face interviews.<sup>36</sup>

---

<sup>35</sup> As experience has shown, the largest concentration of LGBTQ(I) people is in these three cities.

<sup>36</sup> Restrictions against the spread of pandemics also affected the process of the survey. Part of the interviews was conducted using the platform Zoom.

A qualitative component of the research included focus groups and in-depth interviews. Within the research 11 in-depth interviews with transgender women who are involved in sex work and have specific experience, two focus groups with representatives of LB and GB groups, and nine in-depth interviews with representatives of human rights organizations and experts of the field, were planned.

In addition, qualitative research, which was conducted using the method of focus groups (group discussions), supplemented quantitative research. In particular, the focus groups revealed indicators of a problem to be researched, that formed the basis of the quantitative research tool.

**Validity and limitations of the research:** In terms of validity, there are some dangers related to the forms of information collection, group specifics (which is highly sensitive to issues of anonymity/confidentiality), as well as the peculiarities of the research tools.

**Group specifics and issues of research ethics:** Due to specifics of the group, data confidentiality is a particularly important issue (that includes both, the status of the research participants – orientation/gender identity, as well as the information they share – such as experiences of violence). Members of the group have low trust in non-members of the group. Accordingly, interviewers were selected from community-based social workers, community officers, and "outreach workers", who are themselves members of the group or enjoy trust in the group to be researched. Due to the same peculiarity, the interviewers also were not allowed to interview a former or current intimate partner, as this could also affect the respondent's sincerity while speaking about the experience of violence from the intimate partner.

It is possible that the respondents were not sincere when answering some sensitive questions, or had difficulty retrieving information. Because of social stigma, respondents may be reluctant to share information about certain behaviors, such as intimate partner violence, involvement in commercial sex work, or they may indicate that they use drug and psychotropic substance less frequently than in reality, because of criminalization of this kind of behavior. Because the interviewers were selected from the trusted individuals for the target groups, the survey was confidential and personal identification data was not recorded, it is expected that this could have reduced the margin of error while answering the questions.

The focus group discussion was recorded with prior consent from the group members.

The questionnaires were accompanied by the text explaining the goal of the research, its specifics, and the terms of confidentiality.

**Tools for the research:** Among research instruments, to assess the economic situation and activity of the respondents, the criteria developed by Geostat, which is the subject

of criticism by individual experts, was used. It is considered ineffective for assessing the real situation with employment and unemployment.

In terms of mental health, we used the generalized anxiety disorder assessment (GAD-7) and depression screening (PHQ-9) scales. According to some researchers, the use of these scales requires prior validation in LGBT(Q)I group, because due to "minority stress" and gender dysphoria (among transgender and gender-nonconforming members) in the group, the rates on the scale will be higher than in the general population [Borgodna et al., 2018; 2021]. This peculiarity was taken into consideration when analyzing the data. In addition, the data can be used taking into account the internal proportions of the group, according to sex/gender identity/orientation, etc.

**The interview process:** The dangers and restrictions associated with the spread of pandemic have also affected the form of the interviews. Due to safety reasons, it was decided to conduct interviews through the Internet platform. This could have made a significant impact on the respondents' involvement in the survey (e.g. in some cases respondents did not have access to a high-speed Internet connection, did not have the necessary skills to work in the program, or did not have adequate living conditions (chance for secluding themselves during the interview). In such cases, interviewers could conduct a face-to-face interview in the organization's office, where safety measures were maintained as much as possible.

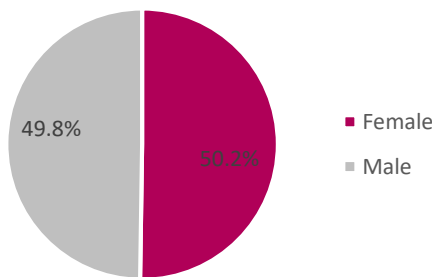
**Limitations:** Due to the specifics of the selection, it is impossible to generalize the results of the study on the entire target population.

## 4. Results of Quantitative Research

### 4.1. Socio-demographic characteristics of the participants

Out of 211 respondents of the survey, 106 (50.2%) indicated their sex assigned at birth as female, while 105 indicated it as male (49.8%).

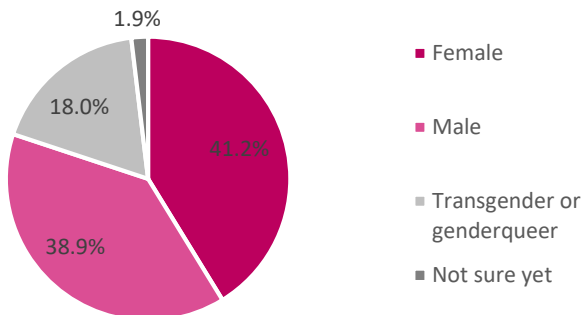
**Diagram #1. Distribution of the respondents according to the gender assigned at**



#### **birth (N=211)**

41.2% (N=87) of the respondents indicated their identity as female, 38.9% (N=82) – as male, 18% (N=9) – as transgender or genderqueer (N=29), while 1.9% (N=4) answered that they "are not sure yet".

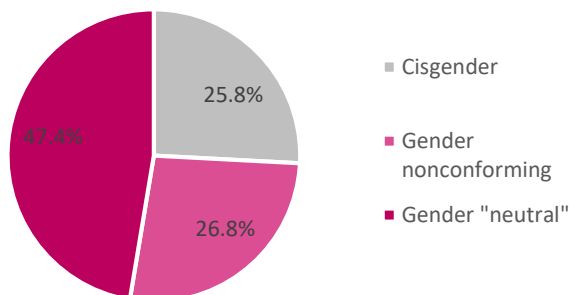
**Diagram #2. Distribution of the respondents according to gender identity (N=211)**





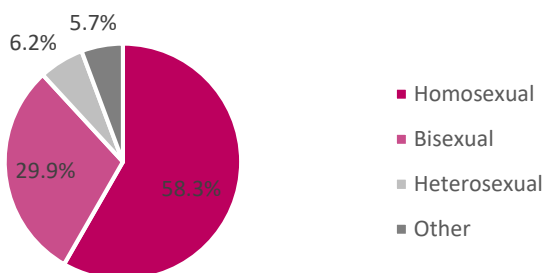
Almost half of the respondents (47.4%, N=99), describe their gender expression as gender-neutral ("neither feminine nor masculine enough" or "I am feminine and masculine at the same time"), a quarter (25.8%, N=54) describe it as cisgender, while other quarter (26.8%, N=56) as gender nonconforming.

**Diagram #3. Distribution of the respondents according to gender conformity (N=209)**



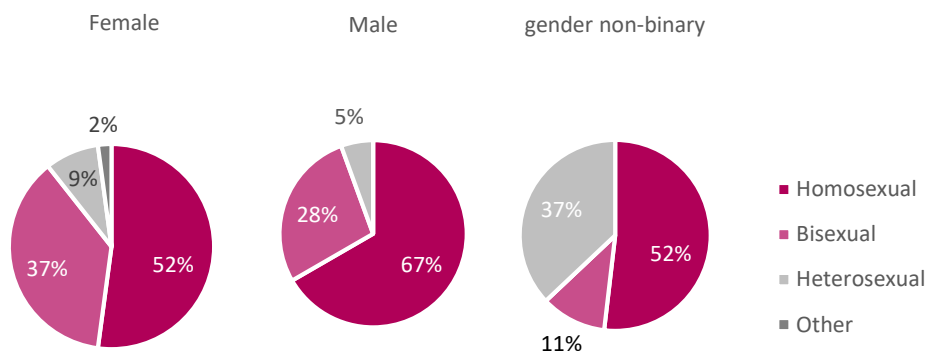
Almost 2/3 of the respondents (58.8%, N=124) identify themselves as homosexual, almost third (30.3%, N=64) as bisexual, 14 respondents (6.6%) described their sexual orientation as heterosexual.<sup>37</sup> The answer "other" was indicated by eight respondents (3.8%), one respondent (0.5%) found it difficult to answer the question. Accordingly, gays (33.3%, N=70) and lesbians (25.7%, N=34) are the most representative groups in the whole selection (N=211).

**Diagram # 1. Distribution of respondents according to sexual orientation (N=210)**



<sup>37</sup> Fourteen respondents, whose gender assigned at birth and their gender identity was different, indicated their sexual orientation as "heterosexual".

**Diagram # 2. Distribution of the respondents according to sexual orientation in terms of gender identity (N=210)**

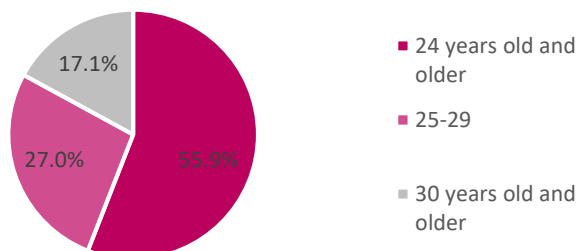


Distribution of respondents according to sexual orientation in terms of gender identity shows that men are more inclined to express their orientation as "homosexual" than women. 66.7% (N=70) of men consider themselves homosexuals, while in the case of women, only half of them identify themselves as lesbians (51.4%, N=54).<sup>38</sup>

The minimum age of the participants is 18 years, the maximum is 48. Median (24 years) and average ages (25 years) are almost the same. More than half of the participants are above 25 years (55.9%), almost a third (27%) are 25-29 years old. The remaining 17.1% is over 30 years old. However, the group of men in the survey is slightly "younger" (average age 24 years) than women (average age 26 years).

<sup>38</sup> Based on surveys conducted by WISG in 2012, 2014 and 2018, we can say that this trend is invariably the same in all our surveys.

**Diagram # 3. Distribution of the respondents according to age groups (N=211)**



58.8% of the respondents are residents of Tbilisi while the remaining 41.2% are distributed with different frequencies in six major cities of Georgia with an exemption of five respondents living in rural areas.

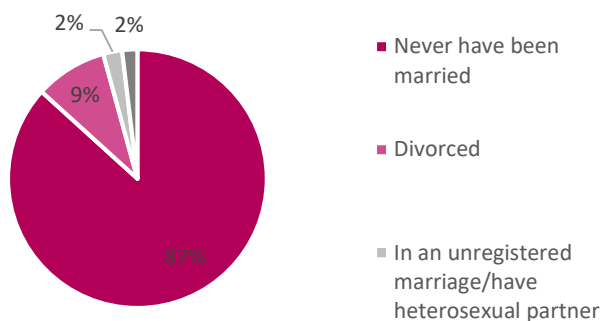
**Table # 1. Distribution of the respondents according to a place of residence (N=211)**

| City    | N   | %     |
|---------|-----|-------|
| Tbilisi | 124 | 58.8  |
| Batumi  | 36  | 17.1  |
| Kutaisi | 34  | 16.1  |
| Gori    | 8   | 3.8   |
| Zugdidi | 4   | 1.9   |
| Telavi  | 4   | 1.9   |
| Signagi | 1   | 0.5   |
| Total   | 211 | 100.0 |

The majority of the respondents (86.7%) have never been married, 9% are divorced,<sup>39</sup> 1.9% are in a heterosexual marriage and 2.4% are in an unregistered marriage/have a heterosexual partner.

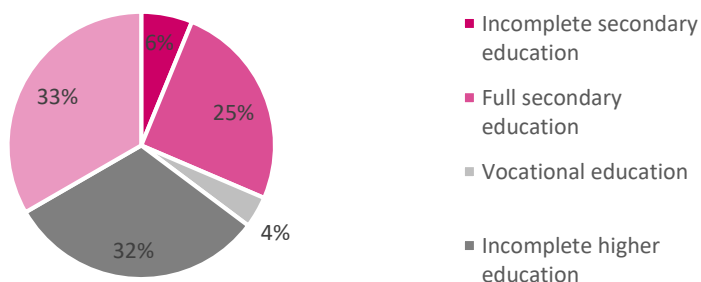
<sup>39</sup> Out of 19 respondents who indicated that they are divorced, 14 were women.

**Diagram # 4. Distribution of the respondents according to marital status (N=211)**



Most of the respondents (64.7%) have full or incomplete higher education; 25.2% of the respondents have full secondary education, while 3.8% have vocational education. Only 13 respondents (6.2%) have an incomplete secondary education.

**Diagram # 5. Distribution of the respondents according to a level of formal education (N=210)**



Twenty-three respondents out of 211 had been involved in commercial sex work during the past two years. Two of them are bisexual women, 6 – transgender women and 15 of them consider themselves as part of the GB group. Eight of them live in the regions, while 15 of them live in Tbilisi. Seven people live with their families, seven –

with friends, two – with intimate partners and seven of them indicated that they live alone.<sup>40</sup>

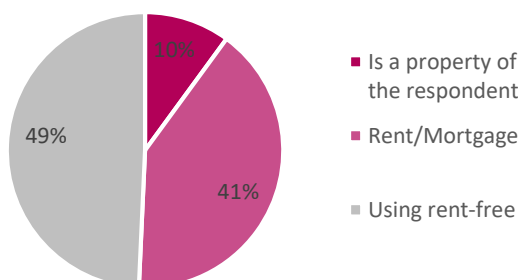
Among the participants of the survey, two have the status of persons with disabilities (PWDs), 13 are internally displaced persons (IDPs), 16 of them are on social welfare, 16 belong to ethnic minorities, while 10 – to religious minorities. Out of 16 participants of the survey, who have children, nine are single mothers.

## 4.2 Socio-Economic Status and Housing

### 4.2.1 Housing issues

40.7% of respondents pay rent or have mortgages; 10% own the space they live in, while almost half (49.3%) indicate that the place does not belong to them, but they do not pay for it (N=209).

**Diagram # 6. Distribution of the respondents according to housing ownership (N=209)**



42.2% of the participants of the survey indicated that they live with their parents and other family members; 17.5% share apartments with friends, 17.5% – with a partner (with or without children, 0.9% – with a child, without a partner, while 19.9% live alone (2.8% – other).

**Table # 2. Distribution of the respondents according to housing conditions**

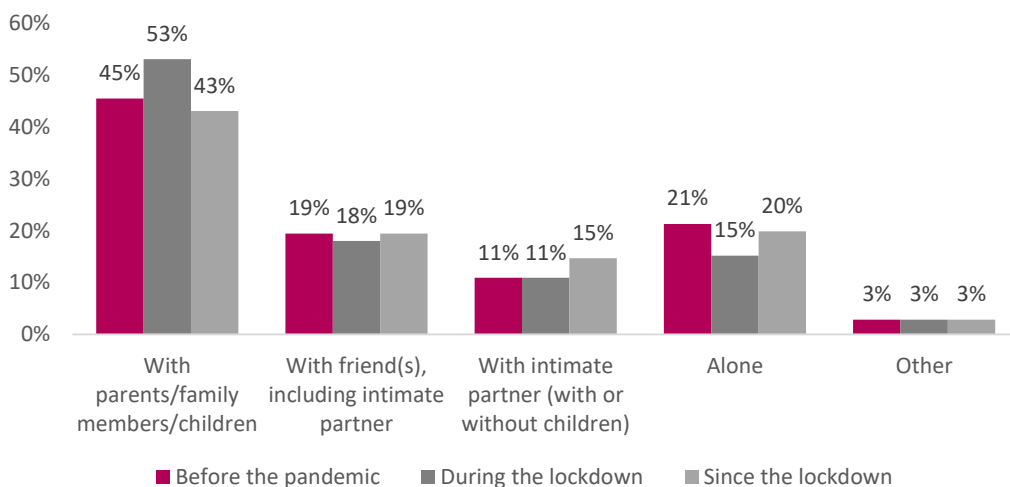
| Housing Conditions                   | N  | %     |
|--------------------------------------|----|-------|
| With parents/family members/children | 91 | 43.1% |

<sup>40</sup> Before the pandemic, nine respondents lived alone. During the lockdown, four of them had to change their homes – two of them moved in with family members, while another two were given shelter at friends' places.

|                                                  |            |                |
|--------------------------------------------------|------------|----------------|
| With friend(s), including intimate partner       | 41         | 19.4%          |
| With intimate partner (with or without children) | 31         | 14.7%          |
| Lives alone                                      | 42         | 19.9%          |
| Other                                            | 6          | 2.8%           |
| <b>Total</b>                                     | <b>211</b> | <b>100.00%</b> |

The dynamic of living conditions before the pandemic, during the lockdown and since the lockdown shows that during the lockdown 7.6% had to move in with their parents and other family members. The change occurred mainly at the expense of the respondents who lived alone before the pandemic. Since the lockdown, the situation changed once again – the number of respondents who, after the lockdown, decided to live with a partner instead of the family members, had increased slightly.<sup>41</sup>

**Diagram # 7. Impact of the pandemic on the distribution of respondents according to housing (N=209)**



During and after the lockdown, community organizations tried to transfer services to online (lawyer, social worker, psychologist, etc.), but for some respondents, lack of personal space in combination with lack of technical means and funds to pay for communication expenses, and poor Internet connection has created an additional

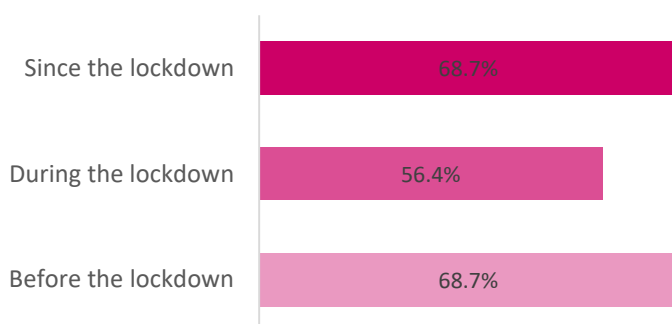
<sup>41</sup> One respondent who was homeless before the pandemic was provided with a shelter during the lockdown. She/he currently lives alone and pays rent.

barrier for the members of the group in terms of preserving confidentiality during the consultation and access to services.

In addition, lack of such personal space during the lockdown and social isolation makes it impossible for the respondents, whose family members are not aware of their sexual orientation/gender identity (30.5% of the respondents, N=63), to keep in touch with other members of the community or participate in a group meeting even online. Consequently, during the pandemic-related restrictions and anti-crisis measures, this aspect of housing conditions, which is related to personal space/physical isolation has become extremely important. Almost third of the respondents (31.3%) do not have the possibility of physical isolation/personal space. During the period of lockdown, the percentage of such respondents increased even more and reached 43.6%.

**Diagram #8. Impact of the pandemic on housing conditions of the respondents (N=211)**

*Q.A25.2 If necessary, to what extent do/did you have the personal space/possibility of physical isolation needed for online work/study or consultation?*



Study of the special needs, which arose as a result of aggravation of economic situation due to COVID-19 and anti-crisis measures, showed that almost one in ten respondents, that means 12.8% (N=27), faced a housing problem, while one in three respondents (34.6%, N=73) found it difficult to pay rent.

Out of the respondents who indicated that they had a housing problem (N=27), six did not receive assistance (three of them didn't know whom to address), among other 21, three were assisted by a community organization, 13 were sheltered by family members or relatives and five by friends. Out of 73 respondents who had housing problems, 27 indicated that did not address anyone despite their needs (14 of them did not know whom to address), 46 respondents received assistance from different sources (31 respondents received assistance from the community organizations, 12 respondents – from families, three of them indicated that friends and members of the

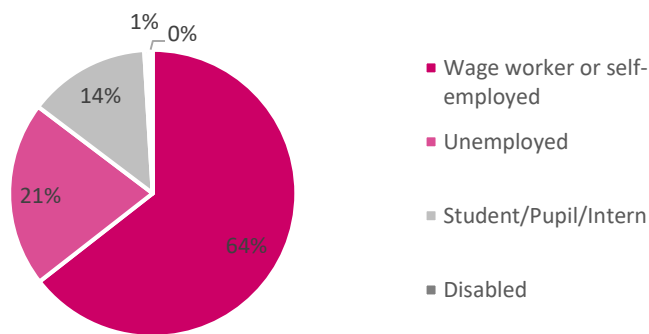


community helped them and two respondents indicated support groups formed during the crisis, charities and the church as a source of assistance).

#### 4.2.2 Employment, economic condition and income of the respondents

One-fifth of the respondents (20.9%) indicated "unemployed" in the survey.<sup>42</sup> More than 2/3 indicated that they are employed or self-employed (64.5%). 29 respondents (13.7%) are students. Two respondents answered accordingly, that they are "disabled" or "busy with household tasks".<sup>43</sup>

**Diagram #9. Distribution of the respondents according to employment status (N=211)**



17% of students and 37% of those respondents who consider themselves as employed (55 respondents in total) have two or more jobs.

Among them who consider themselves employed, half are employed in the private sector (50.7%, N=73), three respondents work in international organizations, while 21 work in the non-governmental sector (14.6%). 18 respondents consider themselves as self-employed (12.5%), 13 work in the public sector (9%), while 16 respondents find it difficult to indicate the form of organization they work for.

**Table # 3. Distribution of the respondents according to form of their workplace (N=144)**

|  | N | % |
|--|---|---|
|--|---|---|

<sup>42</sup> It should be noted that the assessments are based on a subjective perception of the respondents. E.g. out of 12 respondents who are mainly involved in sex work, five indicated themselves as unemployed, while seven – as self-employed. In addition, four more respondents have mentioned sex work as a source of additional income.

<sup>43</sup> Out of 29 students, three are working together with studies, while two are also involved in commercial sex work.

|                               |     |        |
|-------------------------------|-----|--------|
| Public sector                 | 13  | 9.0%   |
| Private sector                | 73  | 50.7%  |
| Non-governmental organization | 21  | 14.6%  |
| International organization    | 3   | 2.1%   |
| Self-employed                 | 18  | 12.5%  |
| Difficult to answer           | 16  | 11.1%  |
| Total                         | 144 | 100.0% |

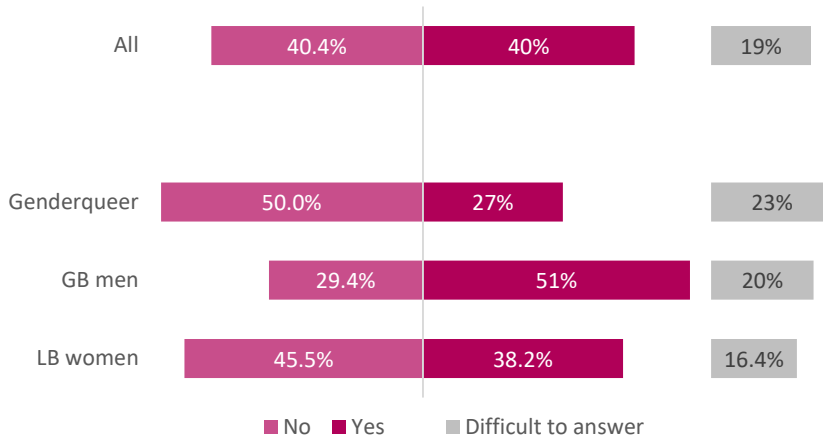
Out of 18 respondents who indicated "self-employed", only two are registered. Ten out of 73 respondents employed in the private sector find it difficult to answer whether the organization they work in is registered or not.

Four out of 100 employees can not use annual leave and paid sick leave in case of illness. Nearly one-fifth (18.1% and 18.4%) found it difficult to answer this question and only 55 out of 136 respondents gave an affirmative answer to this question.

Cross-tabulation analysis shows that GB men have better working conditions than LB women, transgender and queer respondents and they often give an affirmative answer to the last two questions – 51.1% of men can use annual paid leave, while only 38.2% of LB women are allowed to do so. Out of 11 transgender respondents, only three of them work where such benefit is provided.

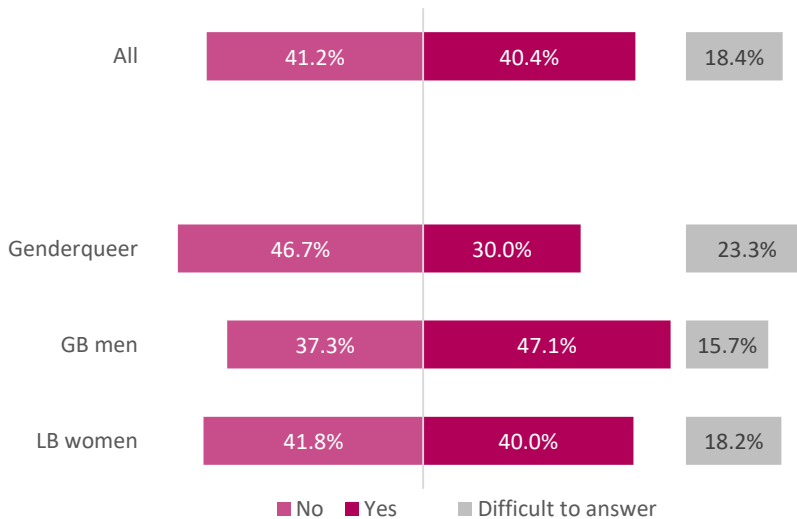
**Diagram # 10. Working conditions of the respondents (N=136)**

**Q.A21. Are you able to use paid sick leave?**



**Diagram # 11. Working conditions of the respondents (N=136)**

**Q.A20. Are you able to use annual paid leave?**



Regardless of employment status, 2/3 of the respondents are job seekers (66.8%, N=141). Among them, only 62 have indicated their status as "unemployed".<sup>44</sup> The remaining 79 respondents are employed or self-employed but are dissatisfied with the existing terms and conditions. The most popular answers (31%-31%) among the reasons for seeking a job was „I am currently unemployed" and „I am seeking the job with higher salary/need an additional source of income".<sup>45</sup>

**Table # 4. Distribution of answers of the respondents according to reasons for seeking a job (N=141)**

|                                                                           | N  | %     |
|---------------------------------------------------------------------------|----|-------|
| I am currently unemployed                                                 | 62 | 31.0% |
| Was searching for a job with a higher salary                              | 62 | 31.0% |
| Need more opportunities for career development/self-development           | 26 | 13.0% |
| Was searching for a job with less/more working hours than the current one | 11 | 5.5%  |
| Was not satisfied with working conditions (place, working hours)          | 11 | 5.5%  |
| The main work is temporary/seasonal                                       | 8  | 4.0%  |
| My current job does not match my profession                               | 7  | 3.5%  |
| Due to expected staff reduction                                           | 4  | 2.0%  |
| The working environment was discriminative                                | 4  | 2.0%  |
| The working environment was homophobic                                    | 3  | 1.5%  |
| Due to the expiration of the contract                                     | 2  | 1.0%  |

The respondents use different ways to seek a job. The most popular way is to seek vacant jobs through Internet (89.4%) and friends (83.7%), while the least popular way is to apply to employment agencies (7.8%).

---

<sup>44</sup> Thirty-nine of them are unemployed, 19 are students who seek a job, two are sex workers, who first indicated that they are self-employed, but then indicated „unemployment" as a reason for seeking a job. One of the respondents is now busy with household tasks, while one has indicated that they are „looking after a sick/elderly person".

<sup>45</sup> The respondents were able to choose more than one answer.

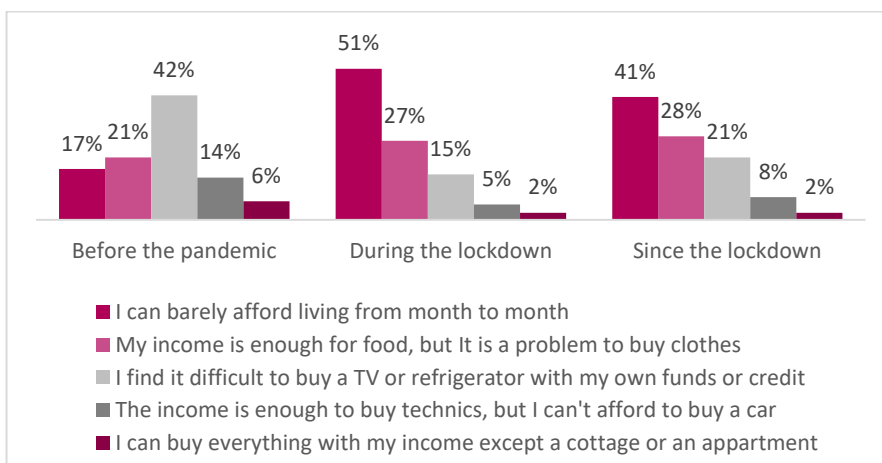
**Table # 5. Distribution of answers of the respondents according to ways of seeking a job (N=141)**

|                                                              | N  | %     |
|--------------------------------------------------------------|----|-------|
| Was seeking a job through the Internet and other means       | 62 | 31.0% |
| Was searching for information through friends                | 62 | 31.0% |
| Took a test, was interviewed, or took an exam                | 26 | 13.0% |
| Published announcements through the Internet and other means | 11 | 5.5%  |
| Addressed employment agencies                                | 11 | 5.5%  |

### Self-Assessment of Economic Situation

The dynamics of self-assessment of the economic situation in the context of the pandemic shows that the situation of the respondents changed dramatically during the lockdown. The share of respondents who assessed their economic situation as "very bad" increased almost three times (from 17.1% to 50.7%). The percentage of people who answered "bad" increased by 5.6%. The share of the respondents who described their economic situation as „average“ decreased dramatically (from 41.7% to 15.2%). Also the number of those who marked "good" or "very good" decreased almost three times (from 20.4% to 7.6%). Inequality within the group also increased dramatically. The situation has improved slightly after the lockdown, although the trend inequality of increasing within the group remained unchanged.

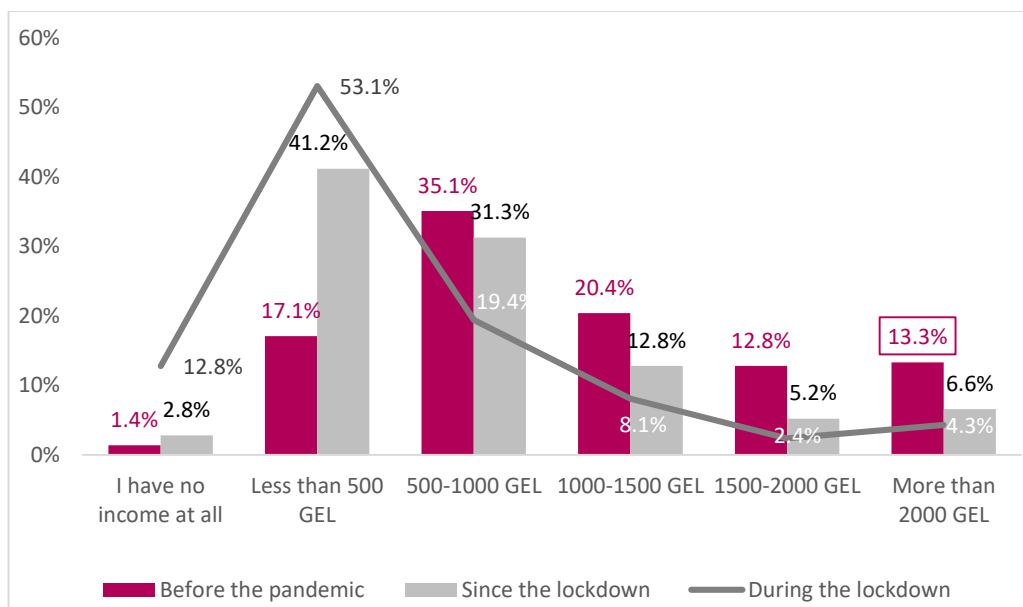
**Diagram # 12. Impact of the pandemic on self-assessment of the economic situation of respondents (N=211)**



Before the pandemic, according to the self-assessment of the respondents, the poverty rate among residents of Tbilisi was much lower than in rural areas and other cities. The share of the respondents who indicated their economic situation as extremely severe ("do not have enough money even for food") was twice lower in Tbilisi than in regions (respectively, 12.1% of respondents in Tbilisi and 24.1% in regions). The number of respondents who assessed their economic situation better than average, was disproportionally distributed between Tbilisi and the regions (Tbilisi – 26.6% and regions – 11.4%).

During the lockdown, the difference between the regions and Tbilisi was reduced to a minimum – during the lockdown, the share of respondents who rated their situation as extremely severe was 75.8% in Tbilisi and 79.3% in regions. Since the lockdown, the ratio between Tbilisi and the regions in terms of self-assessment of economic condition had changed once again – although the situation has deteriorated on both sides, the situation of respondents living in Tbilisi has improved more than that of those living in regions.

**Diagram # 16. Impact of the pandemic on the monthly income of the participants**



The pandemic and related restrictions have had a severe impact on the respondents involved in commercial sex work. Before the pandemic seven out of 23 respondents described their economic condition as good or very good, eight of them described it as

average and the same number indicated that their economic condition was severe or extremely severe. During the lockdown, the economic condition of the participants changed dramatically. Seventeen out of 23 participants indicated answer "extremely severe", four of them – "severe" and only two indicated "average". After the lockdown, the distribution of responses remained the same – only one participant changed the answer and indicated "severe" instead of "extremely severe".

### **Amount of income**

The median income of the participants (900 GEL) was reduced three times during the lockdown (300 GEL). Currently, the median monthly income of respondents is lower than before the pandemic by 45% and is 500 GEL.

Before the pandemic, the average monthly income of almost half of the respondents (46.4%) was over 1000 GEL. The number of the participants decreased to 15.2% during the lockdown and is 24.6% since the lockdown. During the lockdown, 18.2% of participants were left without income at all and 52.6% indicated their income was less than 500 GEL.

### **Main sources of income**

Most of the participants of the survey have more than one source of income (including extra work and assistance from parents/intimate partners/friends). However, the pandemic affected the diversification of sources of income as well.

Before the pandemic, wage labor, self-employment, and income from renting property/deposit (including sex work) made up 58% of income sources, assistance from family, intimate partner or friends made up 33%, while the remaining 9% was distributed among state assistance, pension, and other sources.

**Table # 6. Impact of the pandemic on diversification of monthly income of the participants (Part 1)**

| Name                                                                            | Before the pandemic |        | During the lockdown |         | Since the pandemic |         |
|---------------------------------------------------------------------------------|---------------------|--------|---------------------|---------|--------------------|---------|
|                                                                                 | N                   | %      | N                   | %       | N                  | %       |
| Income from wage labor                                                          | 338                 | 54.30% | 123                 | 29.40 % | 214                | 43.00 % |
| Assistance from family/intimate partner (including money transfers from abroad) | 153                 | 24.60% | 165                 | 39.38 % | 153                | 30.72 % |
| Assistance from friends, individuals, organizations                             | 52                  | 8.40%  | 71                  | 16.90 % | 69                 | 13.90 % |
| Borrowing money, savings                                                        | 39                  | 6.30%  | 13                  | 3.10%   | 17                 | 3.40%   |
| Income from renting property, interests from a deposit                          | 20                  | 3.20%  | 9                   | 2.10%   | 14                 | 2.80%   |
| Pensions, scholarships, social packages                                         | 11                  | 1.80%  | 11                  | 2.60%   | 10                 | 2.00%   |
| State assistance (subsistence allowance, unemployment subsidy, etc.)            | 6                   | 1.00%  | 27                  | 6.20%   | 14                 | 2.80%   |
| Income from selling the property                                                | 2                   | 0.30%  | 1                   | 0.20%   | 5                  | 1.00%   |
| Income from agriculture                                                         | 1                   | 0.20%  | 0                   | 0.00%   | 2                  | 0.40%   |
|                                                                                 | 622                 | 100%   | 419                 | 100.0 % | 498                | 100%    |

The situation changed dramatically during the lockdown: only 31.7% of the participants identified wage labor and self-employment as sources of income. The share of financial assistance, provided by family members, intimate partners or friends, in total income, increased from 33% to 56.3%. The share of state assistance has increased from 1% to 6.2%, as a result of assistance, provided to citizens affected by government-imposed restrictions.

After the lockdown, part of the respondents was able to continue working, although the majority of them is still in need of financial assistance (the share of assistance from family members/friends (46.6%), and the income from wage labor and renting out (47.2%) in total income is almost the same).



Among the respondents, who had paid jobs, those who were employed without a contract turned out to be the most vulnerable. Out of 44 respondents who had regular income based on a verbal agreement, for 31 it was the only source of income and not the additional one. The same was the case for 16 out of 56 respondents, who named irregular income from activities as a source of income based on a verbal agreement.

**Table # 7. Impact of the pandemic on diversification of monthly income of the participants (Part 2)**

| Name                                                                                           | Before the pandemic |        | During the lockdown |        | Since the lockdown |        |
|------------------------------------------------------------------------------------------------|---------------------|--------|---------------------|--------|--------------------|--------|
|                                                                                                | N                   | %      | N                   | %      | N                  | %      |
| Regular income from activities – monthly salary (based on a written employment contract)       | 119                 | 19.10% | 56                  | 13.40% | 87                 | 17.50% |
| Irregular income from activities – (honorarium, etc.) (based on a written employment contract) | 22                  | 3.50%  | 10                  | 2.40%  | 27                 | 5.40%  |
| Irregular income from activities – (honorarium, etc.) (based on a verbal agreement)            | 56                  | 9.00%  | 13                  | 3.10%  | 27                 | 5.40%  |
| Regular income from activities (hired based on verbal agreement)                               | 44                  | 7.10%  | 9                   | 2.10%  | 23                 | 4.60%  |
| Regular additional income from activities (e.g. tips)                                          | 44                  | 7.10%  | 1                   | 0.20%  | 10                 | 2.00%  |
| Self-employed (Unregistered)                                                                   | 23                  | 3,70%  | 13                  | 3,10%  | 19                 | 3.80%  |
| Self-employed (Registered)                                                                     | 13                  | 2.10%  | 7                   | 1.70%  | 8                  | 1.60%  |
| Sex work                                                                                       | 17                  | 2.70%  | 14                  | 3.30%  | 13                 | 2.60%  |

Comparison of data by place of employment shows that before the pandemic, respondents most often named as a place of employment a sector of business affected by the restrictions the most – dining/entertainment (restaurant, club, cafe), which, in turn, had a significant negative impact on the economic condition of the group members.

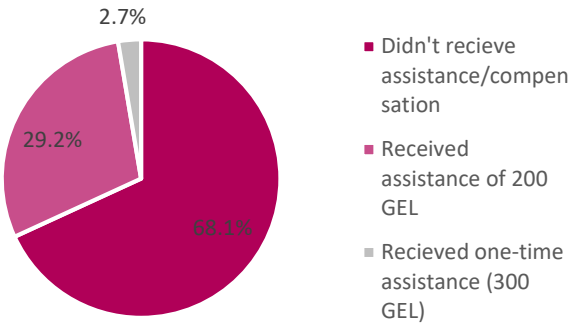
**Table # 8. Impact of the pandemic on the distribution of the respondents according to a place of employment**

| Place of employment                  | Before the pandemic |      | During the lockdown |      | Since the lockdown |      |
|--------------------------------------|---------------------|------|---------------------|------|--------------------|------|
|                                      | N                   | %    | N                   | %    | N                  | %    |
| Restaurant/cafe/club/hotel           | 75                  | 30%  | 2                   | 2%   | 27                 | 15%  |
| Office                               | 51                  | 21%  | 12                  | 10%  | 42                 | 23%  |
| Own apartment/place of residence     | 36                  | 15%  | 56                  | 47%  | 48                 | 26%  |
| Supermarket/store/kiosk              | 19                  | 8%   | 15                  | 13%  | 18                 | 10%  |
| Different places (mobile)            | 17                  | 7%   | 9                   | 8%   | 16                 | 9%   |
| Client's home                        | 12                  | 5%   | 6                   | 5%   | 7                  | 4%   |
| Fabric/factory/atelier/studio        | 8                   | 3%   | 3                   | 3%   | 7                  | 4%   |
| Medical facility                     | 5                   | 2%   | 1                   | 1%   | 1                  | 1%   |
| Casino                               | 5                   | 2%   | 0                   | 0%   | 0                  | 0%   |
| Fixed spot on the streets (sex work) | 4                   | 2%   | 5                   | 4%   | 5                  | 3%   |
| Educational institution              | 4                   | 2%   | 1                   | 1%   | 1                  | 1%   |
| Fixed street or market counter       | 2                   | 1%   | 1                   | 1%   | 3                  | 2%   |
| Door-to-door sales                   | 2                   | 1%   | 0                   | 0%   | 1                  | 1%   |
| Working in field/garden/farm         | 2                   | 1%   | 2                   | 2%   | 2                  | 1%   |
| Sports complex                       | 2                   | 1%   | 2                   | 2%   | 2                  | 1%   |
| Construction site                    | 1                   | 0%   | 2                   | 2%   | 2                  | 1%   |
| Transport (except for daily work)    | 1                   | 0%   | 0                   | 0%   | 1                  | 1%   |
| Media                                | 1                   | 0%   | 1                   | 1%   | 1                  | 1%   |
|                                      | 247                 | 100% | 118                 | 100% | 184                | 100% |

68.1% of respondents, (N=113) who lost their jobs due to pandemic-related measures or whose employers were temporarily unable to pay salary, say that the employer did not interceded for them with the government so as they could claim the compensation/assistance. Overall, only a third or 31.9% (N=36) were able to receive

assistance (three of these respondents received one-time assistance). In addition to the indifference of the employers, a significant part of respondents were left out of state assistance since most of them were employed informally/on a verbal agreement.

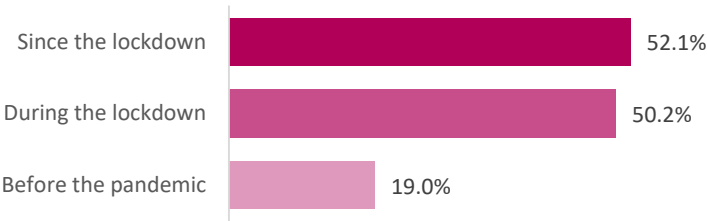
**Diagram # 13. Percentage distribution of state assistance/compensation recipients among the respondents (N=149)**



### Studying/working Online

Before the pandemic, only 19% of the respondents had to work/study online fulltime or part-time. During and since the lockdown, more than half of the respondents continue to study and work remotely.

**Diagram # 14. Impact of the pandemic on work/studies online**



At the same time, studying and working online have its challenges – ranging from technical support, to knowledge of relevant computer programs and to communication expenses.

**Table # 9. Impact of the pandemic on conditions required for online working/studying**

| Name | Before the pandemic | During the lockdown | Since the lockdown |
|------|---------------------|---------------------|--------------------|
|------|---------------------|---------------------|--------------------|

|                                                                  | N   | %     | N   | %     | N   | %     |
|------------------------------------------------------------------|-----|-------|-----|-------|-----|-------|
| Maintaining work-day routine (how the housework was distributed) | 141 | 66.8% | 141 | 66.8% | 128 | 60.7% |
| The possibility of physical isolation/personal space             | 137 | 64.9% | 137 | 64.9% | 138 | 65.4% |
| Technical means – the computer                                   | 144 | 68.2% | 144 | 68.2% | 138 | 65.4% |
| Technical means (software)                                       | 141 | 66.8% | 141 | 66.8% | 145 | 68.7% |
| Knowledge required to work with the computer programs            | 157 | 74.4% | 157 | 74.4% | 165 | 78.2% |
| High-speed Internet                                              | 169 | 80.1% | 169 | 80.1% | 164 | 77.7% |
| Communication expenses                                           | 183 | 86.7% | 183 | 86.7% | 171 | 81.0% |

In this respect, the pandemic did not have a significant impact on the situation of the respondents, however considering the future perspective, it's noteworthy that currently, 20% of the respondents have problems with communication expenses, 22.3% don't have access to high-speed Internet, 21.8% haven't got necessary knowledge to work with relevant computer programs. 35% don't have the technical means and space needed for physical isolation, while 39.3% found it problematic due to unequal distribution of housework.

As for the distribution of housework, this problem was mentioned more often by female respondents (44.3%), than by men (34.3%).<sup>46</sup> This trend is more pronounced in the regions: 62.2% of women living in the regions (twice as many as in Tbilisi – 31.1%) say that unequal distribution of housework affects their online work and studies.

Regarding Tbilisi/the regions, the rest of the data also differs, including access to high-speed Internet and technical means. Nowadays, high-speed Internet, necessary technical means and skills required to work with computer programs are important factors to access education, employment and services. Consequently, without a solution, this problem will deepen the inequality between Tbilisi and the regions in the future.

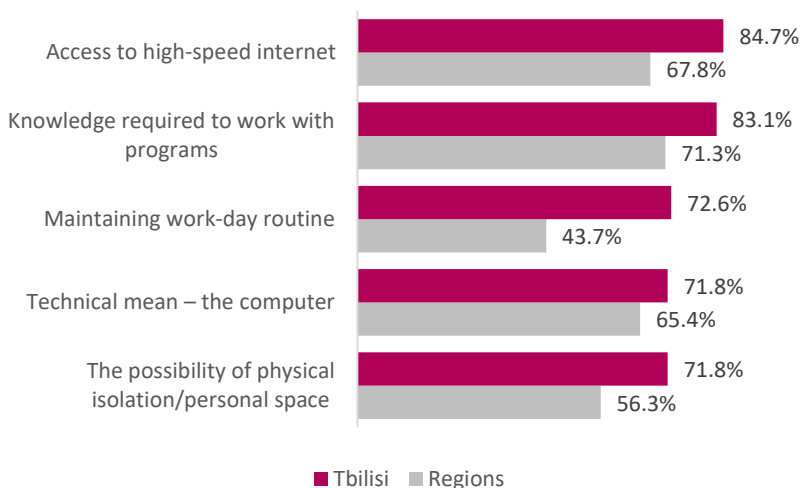
Considering these features is also important in terms of providing consulting services. Overall, respondents living in the regions have less access to both online work/studying, as well as online consultations compared to the ones living in Tbilisi.<sup>47</sup>

---

<sup>46</sup> During and since the lockdown, I had a hard time with housework, childcare, and work all together (q.32, female, bisexual, 36 years old, Batumi).

<sup>47</sup> During the lockdown, my phone was broken and I could not afford to buy a new one. I was using my mother's phone. I was unable to attend online lessons due to Internet problems (q.160).

**Diagram # 15. Distribution of respondents according to the conditions required for online work/studying in Tbilisi/regions**



### 4.2.3 Needs created by COVID-19 and reaction to them

The government's crisis management plan was broken into several stages and included three main components: caring for citizens and their social support, caring for the economy and supporting the business sector as well as strengthening the healthcare system and fight against the pandemic. On its turn, social support for citizens included measures such as:

a) Subsidizing utility bills (including a period of March-May).<sup>48</sup> Under this program, the government subsidized utility bills for those households, which consumed up to 200 kWh of electricity and 200 m<sup>3</sup> of gas monthly. Criteria for the assistance was the consumption of energy below the given thresholds.

<sup>48</sup> The second phase of a program, in the frames of which utility bills were subsidized, covered December-February 2020. Because the research lasted until December 2021, the assessment only refers to the first phase of the program.

b) Targeted social welfare for employed individuals who lost their job or were on unpaid leave following the outbreak of the coronavirus pandemic. The assistance was provided in a form of a monthly payment of 200 GEL for six months.<sup>49</sup>

d) Exemption of those employed on the basis on contract, who have kept their jobs and salaries, from income tax (salaries up to 750 GEL were completely exempt from the income tax, from the salary in the amount of up to 1500 GEL only 750 GEL was excepted, while the rest was taxed normally. Such benefits did not apply to those whose salary exceeded 1500 GEL).<sup>50</sup>

e) One-time assistance of 300 GEL (93 USD) was envisaged for the self-employed if they provided proof that they had lost their income.<sup>51</sup>

The state aid programs also envisaged special measures to assist groups who already were among recipients of various benefits such as pensions and allowances.

In addition to the state aid programs, citizens spontaneously formed mutual support groups through social networks. Some of them were focused on helping specific groups. One such group was created for the trans community involved in sex work. The money raised through donations was spent on various needs – partly it was spent on renting apartments and partly on buying food.

Community organizations actively started to study the needs of the community in February and already in early March started to communicate with the government and foundations to mobilize resources. The organizations together developed criteria to determine the severity of the conditions. In addition to direct financial assistance, community organizations covered all other needs within the limited resources available, coordinating the provision of assistance under a joint state-EU program.<sup>52</sup>

Unlike the resources mobilized by community organizations, which due to regulations imposed by the foundations, could not be fully flexible and cover all the specific needs of the community members, mutual support groups had more freedom to meet community needs that were not met by the organizations and the state.

As self-assessment of the economic conditions, employment and income of the respondents before, during and after the pandemic, until November 2020 (when fieldwork was carried out) showed, the economic condition of the survey participants worsened dramatically. Consequently, it is not surprising that while ranking the various

---

<sup>49</sup> It was the employer who was expected to update the relevant database for assistance monthly; therefore, whether an employee would receive the compensation largely depended on the goodwill of an employer.

<sup>50</sup> Taxes were reimbursed to employers, so it was up to them to decide how to use this refund.

<sup>51</sup> It was not specified how self-employed, who were not registered, could prove the lost income.

<sup>52</sup> More details can be found in the reports of the organizations.

needs that arose from pandemic-related restrictions, four out of five respondents named financial assistance (80.4%). Half of the survey participants (49.8%) had food shortages, almost the same amount (49.3%) indicated that they had problems with utility bills. More than a third of survey participants (34.6%) indicated that they had difficulty paying rent and needed assistance. In the first phase of the pandemic, access to means of protection from the virus was also problematic (33.2%). The income of the same number of the respondents wasn't enough to cover the communication expenses, which increased significantly and acquired the special importance during the lockdown and social isolation when, on the one hand, it became the only means for keeping in touch with the outside world and, on the other hand, unimpeded access to high speed Internet became the essential need for online working/studying. 27% had problems with accessing medicaments. Measures against the spread of the pandemic also included restricting and putting public transportation on standstill for a certain period. For those who did not own a car, the only means of transportation was a taxi, which was an unaffordable luxury for community members not just during the economic crisis, which accompanied the pandemic, but before the pandemic as well.<sup>53</sup> The need for transportation expenses, according to which one in five (22.8%) indicated that they required it, can be explained based on the above-mentioned information. About one in ten respondents had housing problems (12.8%).

The analysis of the responses showed that out of 211, only 12 (5.6%) neither needed nor received any assistance. 75 respondents (35.5%) indicated one source, while the remaining 124 (58.8%) received assistance from several sources, which means that in most cases the assistance received from one source was not sufficient to fully meet the needs of the respondents.

In addition to naming the sources of income, respondents were also asked to rate the received assistance on a scale of 1 to 5 according to the relevance of the assistance to their needs. Overall, except for the food and financial assistance received from the government, which had a negative rating, the participants rated the assistance with average or above-average scores. Assessments of the participants showed that they rated as the least effective financial assistance provided by the government (N=34, Mean=2.00). The frequency of mentions too points to the ineffectiveness of financial assistance from the government – for the respondents in crisis, the main sources of financial assistance turned out to be family members (N=74) and friends (N=48).

***Table #10. Assessment of the assistance received, according to sources.***

---

<sup>53</sup> 38% of community members described their economic situation before the pandemic as "extremely severe" or "severe" (money is barely enough for food – 17.1% and money is enough for food, but we cannot afford to buy clothes – 20.9%).

| Please rate how adequate (enough) was the assistance you received on a scale from 1 to 5 (1 - wasn't enough at all, 5 - was quite enough) | State | Community organization | Family members/relatives | Employer | Friends/community members | Charity organizations/ support groups | Church |
|-------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------|--------------------------|----------|---------------------------|---------------------------------------|--------|
|                                                                                                                                           |       | 4.26                   | 4.55                     | 5        | 3.67                      | 4                                     | 4      |
| Apartment rent                                                                                                                            | 2.83  | 4.19                   | 4.06                     |          | 4                         | 3.5                                   | 3      |
| Food products                                                                                                                             | 3.66  | 3.78                   | 5                        |          | 4                         | 4                                     |        |
| Utility bills                                                                                                                             | 3     | 4.03                   | 4.64                     | 4        | 4.8                       | 4.27                                  |        |
| Hygiene items                                                                                                                             | 2     | 4.38                   | 3.68                     | 3.75     | 3.79                      | 3.67                                  |        |
| Financial assistance                                                                                                                      | 3.86  | 4.2                    | 3.92                     | 5        | 5                         | 3                                     |        |
| Medications                                                                                                                               |       | 4.5                    | 3.91                     | 3.56     | 4.4                       |                                       |        |
| Transportation expenses                                                                                                                   |       | 4.15                   | 4.12                     |          | 4.43                      |                                       |        |
| Communication expenses                                                                                                                    |       | 4.33                   | 4.23                     |          | 4.23                      |                                       |        |
| Providing with housing                                                                                                                    |       |                        |                          |          |                           |                                       |        |

Despite the involvement of different actors, the **responses from the respondents who were in need of assistance** showed that some of them were left out from the assistance programs or not all their needs were met.

**Table # 71. Percentage distribution of the respondents according to the needs that arose from the crisis and the assistance received**

|                      | Needed / Have not received |        | Needed / Received |        | Did not need / Received |       | Did not need / Haven't Received |       |
|----------------------|----------------------------|--------|-------------------|--------|-------------------------|-------|---------------------------------|-------|
|                      | N                          | %      | N                 | %      | N                       | %     | N                               | %     |
| Financial assistance | 48                         | 22.75% | 122               | 57.82% | 0                       | 0.0%  | 41                              | 19.4% |
| Food products        | 24                         | 11.4%  | 81                | 38.4%  | 12                      | 5.7%  | 94                              | 44.5% |
| Utility bills        | 10                         | 4.7%   | 94                | 44.5%  | 54                      | 25.6% | 53                              | 25.1% |



|                                    |    |       |    |       |    |       |     |       |
|------------------------------------|----|-------|----|-------|----|-------|-----|-------|
| Communication expenses             | 33 | 15.6% | 43 | 20.4% | 0  | 0.0%  | 135 | 64.0% |
| Apartment rent                     | 27 | 12.8% | 46 | 21.8% | 0  | 0.0%  | 138 | 65.4% |
| Means of protection from the virus | 30 | 14.2% | 40 | 19.0% | 21 | 10.0% | 120 | 56.9% |
| Medications                        | 20 | 9.5%  | 37 | 17.5% | 0  | 0.0%  | 154 | 73.0% |
| Transportation expenses            | 18 | 8.5%  | 30 | 14.2% | 8  | 3.8%  | 155 | 73.5% |
| Providing with housing             | 6  | 2.8%  | 21 | 10.0% | 0  | 0.0%  | 184 | 87.2% |

A table of needs and received assistance shows that in some cases, the respondents did not have a specific need, but still received assistance. That reveals drawbacks regarding distribution of allocated assistance during the pandemic and its inefficiency.

Nine respondents indicated that family members helped them with food and each respondent named the government, community organization and friend as a source of assistance, which was not essential.

Out of 134 respondents who were included in the program of state subsidies, 54 indicated that they did not need their utility expenses to be paid, while 10 respondents who needed it, have not received it and 14 respondents did not meet the requirements of the program and turned to other sources for help (organizations and friends).

Out of 21, who did not need, but received the means of protection from the virus, each of them identified the employer and the government as a source, while five named family members and 14 – the community organizations.

Eight respondents indicated that they did not need, but received assistance for transportation expenses. Three of them named the employer as a source and five named family members.

If we exclude the assistance provided by the family and friends, a significant mismatch between the needs and assistance is most clearly visible on the example of subsidies for utility expenses.<sup>54</sup> Almost every second respondent (55%, N=117) indicated that

---

<sup>54</sup> As for the aid provided by the community organizations, at first, the aid was provided in form of standardized packages, which included products and means of protection. Each package contained the same items, in the same amount, which cost the same. Later, the organizations contracted with stores to issue vouchers of a certain value to beneficiaries, allowing them to purchase products based on their personal needs, not exceeding a certain amount.

they had been burdened with some kind of financial liabilities in the last two years, before the pandemic. Among them, 35 had only interest-free loans from individuals, 29 respondents had both interest-free and interest-bearing loans, and 53 had interest-bearing loans from individuals or financial institutions.

During the lockdown, another 72 respondents had to borrowed money (53 – interest-free loans from individuals, 11 – interest-bearing loans, while eight respondents had to take interest-bearing loans, along with the interest-free ones).

**Table # 82. Impact of the pandemic on financial liabilities of the respondents**

| Financial liabilities                                     | Before the pandemic |     | During the lockdown |     | Since the lockdown |     |
|-----------------------------------------------------------|---------------------|-----|---------------------|-----|--------------------|-----|
|                                                           | N                   | %   | N                   | %   | N                  | %   |
| An interest-free loan from an individual                  | 64                  | 30% | 61                  | 29% | 56                 | 27% |
| An interest-bearing loan from an individual               | 5                   | 2%  | 2                   | 1%  | 4                  | 2%  |
| An interest-bearing loan from a microfinance organization | 20                  | 9%  | 6                   | 3%  | 3                  | 1%  |
| An interest-bearing loan from a bank                      | 71                  | 34% | 12                  | 6%  | 22                 | 10% |

Part of the respondents during the pandemic had problems with the restructuring of bank loans and payment of the interest. Eleven participants stated that "the bank rescheduled the loan, but increased the amount to be repaid" (see Table #14).

**Table # 93. The impact of the pandemic on terms of payment of bank loanss (N=71)**

|                                                                      | Yes |       |
|----------------------------------------------------------------------|-----|-------|
|                                                                      | N   | %     |
| Have you faced any problems with the loan payments?                  | 30  | 42.3% |
| Have you faced any problems with rescheduling the loan payments?     | 17  | 23.9% |
| Have you asked the bank to reschedule loan payments/freeze interest? | 29  | 40.8% |
| Has the bank satisfied your request?                                 | 23  | 39.7% |

Analysis of needs and accessibility showed that in the face of the anxiety caused by the COVID-19 pandemic, the demand on the services of a psychologist was the highest. Due to the problems related to COVID-19, almost half of the respondents (N=100, 47.5%) needed the services of a psychologist. Out of them, 57 didn't receive it (38 didn't apply for it, 4 didn't know where to receive such service, while 13 mentioned that the service wasn't available for them). Thirty-one out of 43 respondents used the services of the community organization, while 12 addressed other service providers. Fifty-one respondents noted that they needed the services of a social worker. Thirty-four among them received the service, 10 did not apply and four did not know about the service.

**Table # 104. Distribution of respondents according to the needs and receipt of services in times of crises created during the pandemic (N=211)**

| Name of the service               | Needed, but have not received |       | Needed and received |       | Did not need |       |
|-----------------------------------|-------------------------------|-------|---------------------|-------|--------------|-------|
|                                   | N                             | %     | N                   | %     | N            | %     |
| Lawyer services                   | 10                            | 4.7%  | 7                   | 3.3%  | 194          | 91.9% |
| Help from a psychologist          | 57                            | 27.0% | 43                  | 20.4% | 111          | 52.6% |
| The assistance of a social worker | 14                            | 6.6%  | 37                  | 17.5% | 160          | 75.8% |
| COVID-19 testing                  | 15                            | 7.1%  | 75                  | 35.5% | 121          | 57.3% |
| Transfer to a fever center        | 2                             | 0.9%  | 20                  | 9.5%  | 189          | 89.6% |

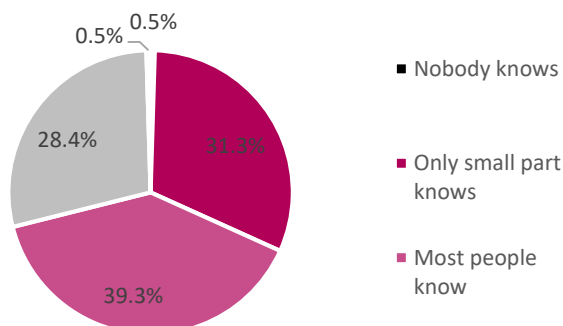
## 4.3 Environment and Socialization

### 4.3.1 Coming out

Survey participants were asked what part of their environment knew about their sexual orientation and gender identity.

Most of the survey participants indicate that a large part of their environment knows about their identity (39.3%), while about 28.4% say that everyone or almost everyone from the people important for them knows. Third of the respondents (31.4%) indicated that only a small part of surrounding people knows about their identity. Among 211 participants of the survey, there was only one respondent whose orientation/identity was unknown to anyone. Another respondent found it difficult to answer the question.

**Diagram # 16. Distribution of the respondents according to coming out (N=211)**



Responses of the participants differ in Tbilisi/regions: more people know about the orientation and identity of the respondents in Tbilisi than in regions. 76.45% of respondents living in Tbilisi say that most or almost all people know, while the share of such respondents among the residents of the regions is a little over a half – 56.3%.

### **Understanding of the identity and age of coming out**

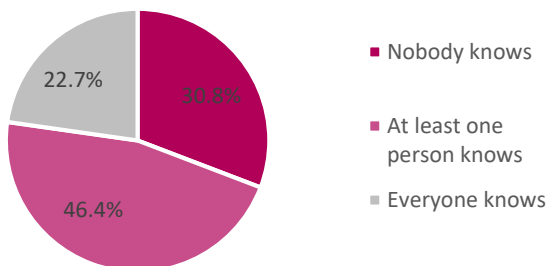
In the block of coming out the following three questions were about the age of coming out: a) At what age did they first time identify themselves as part of the LGBT(Q)I group; b) At what age did they become convinced of their sexual identity and c) At what age did they reveal information about their sexual orientation/gender identity to another person. The corresponding median age was distributed as follows: the age when you felt that you were gay/lesbian/bisexual/trans – 13 years; Age when you became sure about your identity – 16 years and age of the first coming out – 17 years.

The answers to a question at what age the respondents realized their sexual orientation/gender identity, was distributed differently within the groups: about third of lesbian and gay respondents (respectively, 33.3% and 34.8%) say that their age was under 10, when they felt their "difference", while only 14.3% of bisexual people say the same.

According to the responses of survey participants, the process of self-convincing takes three years on average (according to the respondents, this interval is much shorter for trans people). The next step in realizing and recognizing your sexuality is coming out with other people.

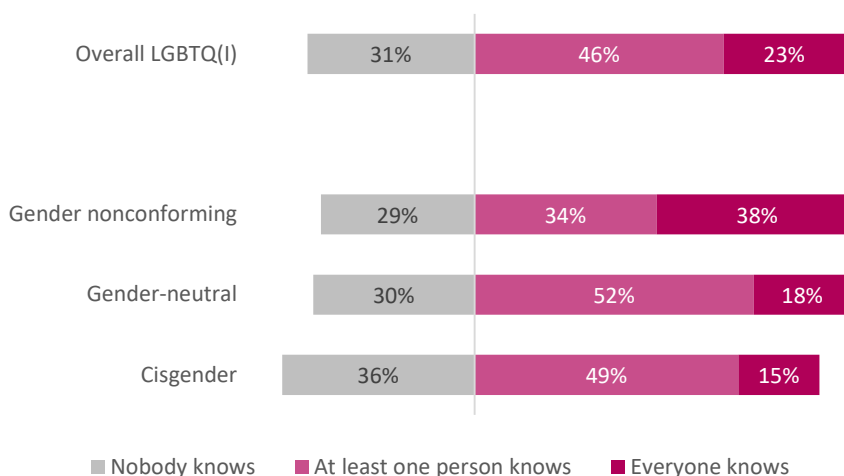
The family members of almost third (30.8%) of respondents know nothing about their orientation. Almost half of the survey participants (46.4%) say that at least one member of the family knows about their identity, while all members of the family know about it in case of 22.7% of the respondents.

**Diagram # 21. Distribution of the respondents according to coming out with family members (N=211)**



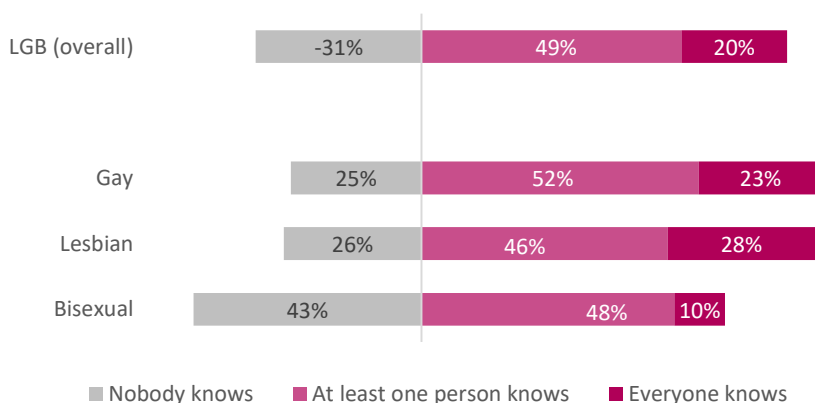
The respondents who indicate their gender expression as gender nonconforming show a tendency to be more open with family members (37.5%) than cisgenders (15.1%) and gender-neutral respondents.

**Diagram # 17. Distribution of the respondents according to coming out in terms of gender expression (N=211)**



Among LGB respondents, bisexuals are the most hidden group. A quarter of lesbian and gay respondents (respectively, 25.95% and 24.6%) say that no one from their family knows about their orientation, while the number of such respondents among bisexuals is 42.9%. Only one in 10 bisexuals is open to all family members, while the share of such respondents among lesbians and gays is respectively, 27.8% and 23.2%.

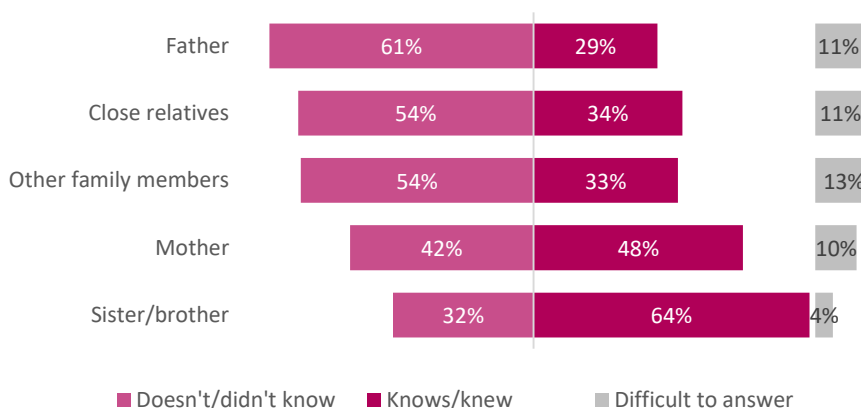
**Diagram # 18. Distribution of the respondents according to coming out in terms of sexual orientation (N=211)**



63.5% of the respondents say that their siblings know about their identity. Nealy half indicates that the mother is aware of his/her identity (48.3%). A third of the

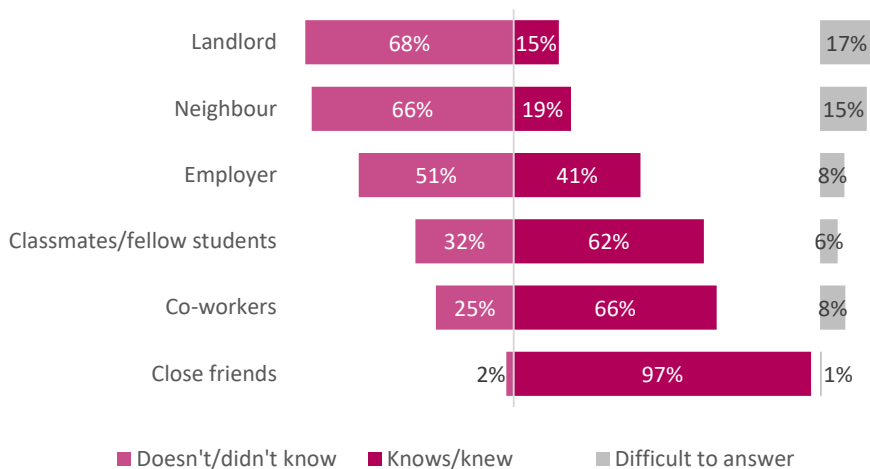
respondents are open with other family members and close relatives (33.3% and 34.3%). Fathers are most rarely named among the family members who know about the identity (28.6%).

**Diagram # 19. Distribution of the respondents according to coming out in a family (N=211)**



From external social networks, friends are prominent leaders – 97.1% of the respondents say that friends know about them. Almost the same number of the respondents are open with classmates/fellow students as with co-workers and colleagues (62.1% and 66.3%, respectively). A smaller amount (41.4%) than in the case of co-workers says that the employer knows about their orientation/identity. The survey participants are least open with neighbors and landlords (18.7% and 14.7%, respectively).

**Diagram # 20. Distribution of the respondents according to coming out with members of external social networks (N=211)**

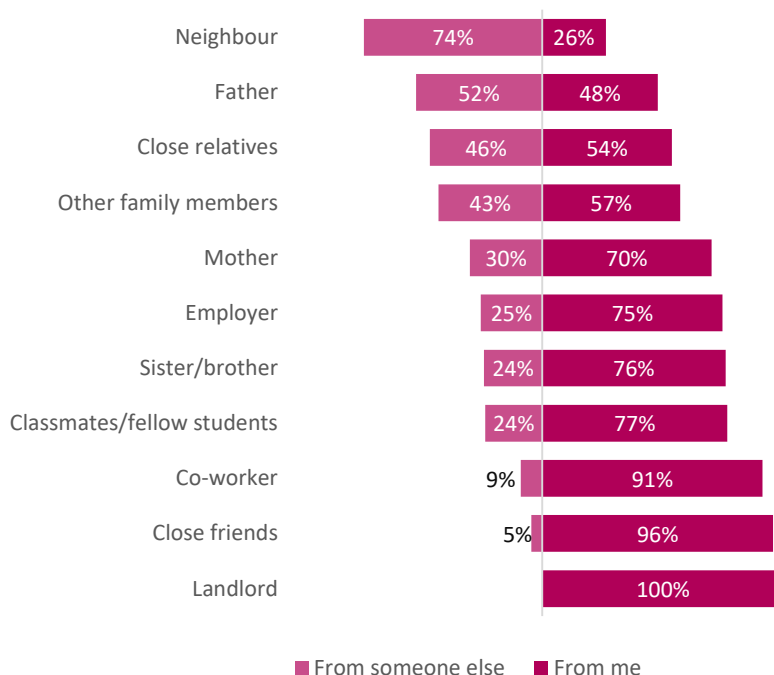


All in all, except with friends, bisexual and cisgender people, compared to other members, have the same tendency with members of external social networks as with family members and are less "out". This can be explained by a higher level of biphobia in society (attitudinal research shows that society has more negative attitudes towards bisexuals than towards homosexuals). As for gender expression, due to widespread stereotypes, a large part of society associates homosexual orientation (especially in case of men) with gender nonconformity. Such people, unlike cisgenders or those respondents who characterize themselves as gender-neutral, find it difficult to "hide" their orientation/identity even if they wish to do so.

The fact that someone from their environment knows about the orientation/identity of LGBT(Q)I people, doesn't mean that the members of the group were initiators of coming out themselves. In some cases, information about their identity is based on stereotypical assessments of society and could be spreading against their will. As the diagram below shows, LGBT(Q)I people are rarely the source of information themselves when it comes to neighbors, fathers, relatives and other members of the family, while with external social networks, such as friends and colleagues, employers and classmates, respondents take initiative in their hands.



**Diagram # 21. Distribution of the respondents according to the sources of coming out**



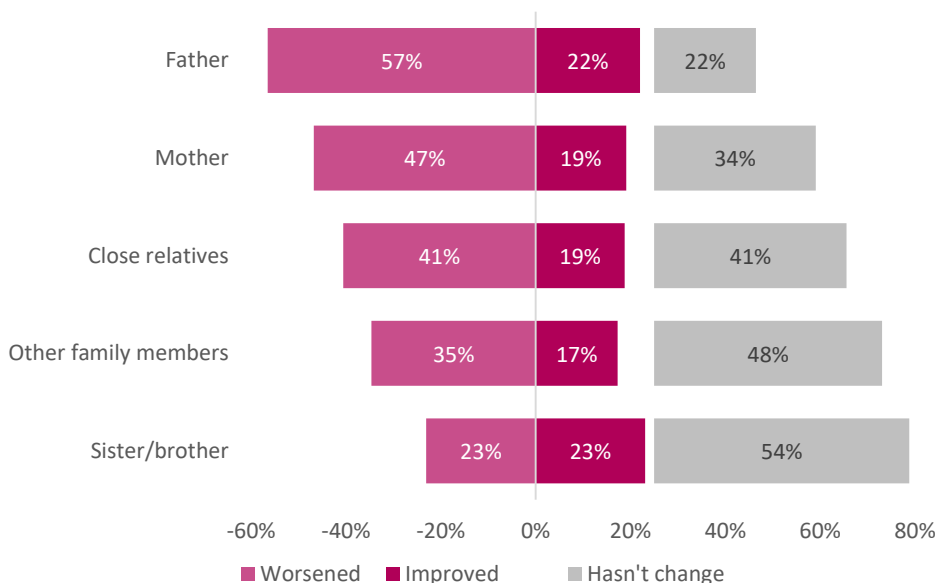
Within the LGB group, bisexual people are the initiators of coming out with their parents/siblings more, than gays and lesbians, which can be explained by the "invisibility" of bisexuality. Supposedly, unlike lesbian/gay respondents, bisexual behavior can be more easily be "hidden" from family members if desired. The same is true about cisgender respondents – due to stereotypes, families are less "suspicious" about their behavior, and people in their immediate environment are less able to "identify" them as members of the LGBT(Q)I group without their desire.

Coming out with friends is different from coming out with family members or relatives. They can choose friends, or break up with them, but they don't have the same opportunity with the family members (Cain, 1991, p. 349).

48% of the survey participants are open at least with one parent. A third of them say that coming out had a significant impact on their relationship with parents. Nearly half of the respondents (48.6%) say that coming out had worsened their relationship with their mother, a third (34%) had been able to maintain an existing relationship, while 19.1% indicated that their relationship with their mother had become closer after coming out. The relationship with the father shows a predominantly deteriorating

tendency (56%), the relationship had not changed for 41.3% and only one respondent says that the relationship has improved. As the responses show, coming out had the least impact in the internal social circle on the relationship with the siblings (53.7%) and respondents were able to maintain the existing relationships. 23.1% of the remaining 46.2% indicate the relationship has worsened, while on the contrary, 23.1% say that their relationship has improved since coming out.

**Diagram # 22. Impact of coming out on the relationships with family members**



However, the research shows that reactions and relationships with parents are also influenced by how they learn about it. The reactions of the parents are relatively more positive when coming out is voluntary and they find out about it from the respondents themselves and not from others.

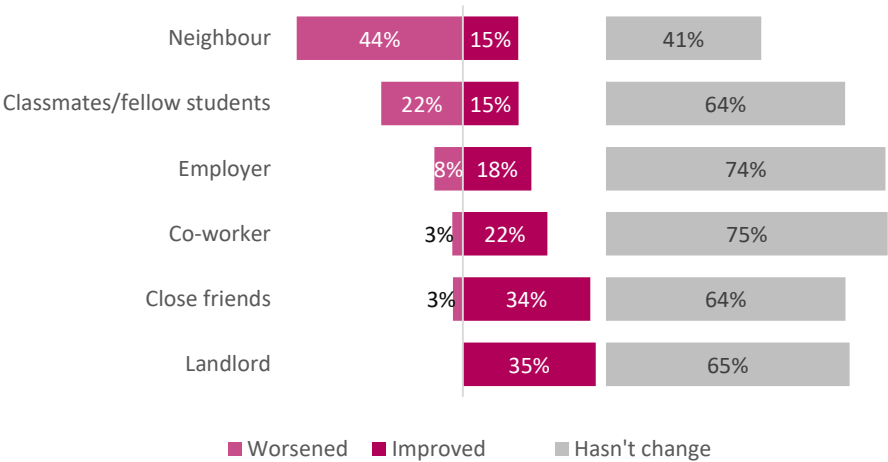
As for the external social circle, only five out of 205 respondents (2.6%) indicate that the friends had a negative reaction to their coming out. 2/3 of the respondents (63.6%) say that it had not affected their relationships with friends and 33.8% say that their relationship had become closer.

The reactions of the classmates are more differentiated – as in case of friends, 2/3 indicate that coming out had not affected their relationships with classmates/fellow students. However, unlike friends, almost eight times more respondents had a negative experience with classmates/fellow students. The reaction from employees and employers is more restrained – 3/4 of the respondents (74.8% and 74.2%) indicate

that their relationships have not changed after coming out. Moreover, relationships have become closer in 22.4% in the case of co-workers and 18.2% – in the case of employers (more than in case of classmates/fellow students).

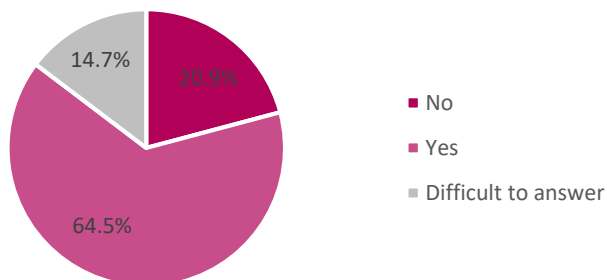
From the external social groups, neighbors are the most negatively disposed group. 44.1% of the respondents indicate that their relationships worsened with neighbors since they became aware of their orientation/identity. Nearly as many didn't change their relationship (41.25) and only 14.7% of the survey participants indicated that the relationship has improved. Interestingly, whenin rentinbg apartments, only 17 (14.7%) out of 116 survey participants are open with their landlords and all of them revealed their orientation/identity themselves. It should be noted that none of them indicated that their relationship has worsened after that. Out of 17 cases, 11 indicated that coming out didn't affect their relationship, while six indicated that coming out had further improved the quality of their relationship. It should be noted, that most of these respondents are trans people.

**Diagram # 23. Impact of coming out on the relationships with external social networks**



Despite negative/positive experiences with coming out, 2/3 (64.5%) of the respondents agree that coming out contributes to reducing homophobia in society. 14.7% find it difficult to answer and every fifth (20.9%) do not share this opinion.

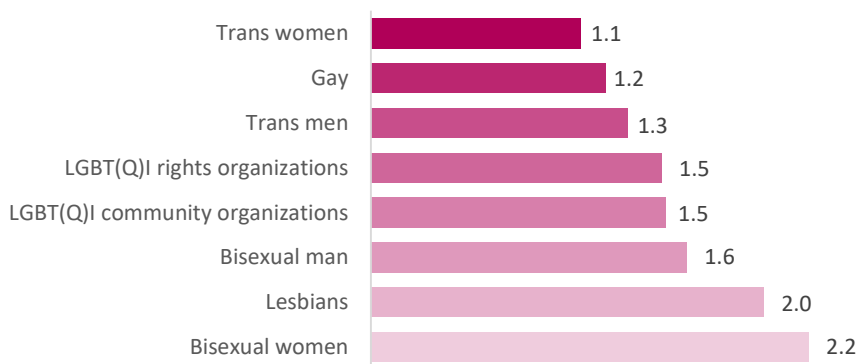
**Diagram # 24. Distribution of respondents according to the assessment of impact of coming out on homophobia (N=211)**



### 4.3.2 Assessment of the environment

The participants of the survey were asked to assess the attitudes of the society towards LGBT(Q)I people, human rights activists and community organizations. Overall, the research found that the environment was hostile towards the members of the LGBT(Q)I community, as well as towards human rights activists and community organizations – all variables were found in the negative evaluation field.<sup>55</sup>

**Diagram # 25. Percentage distribution of respondents according to the attitude of the society towards LGBT(Q)I people (N=211)**



<sup>55</sup> The answers were assessed using a 5-point Likert scale (min. 1 point, max. 5 points). The data is counted on a 5-point scale, where 5 means "very positive" and 1 – "very negative". The neutral point of the scale is 3; Answers above 3 correspond to a positive evaluation field and data below 3, correspond to a negative evaluation field.

According to the respondents, society shows the least acceptance towards trans women (Mean=1.08) and gay men (Mean=1.20). The survey participants believe that LB women face less negative attitudes (Mean=2.01 and 2.24) compared to other members of the group. Interestingly, according to the research of public attitudes, in Georgia, unlike other countries, negative attitudes towards lesbians are as strong as towards gays, while attitudes towards bisexuals are more negative than towards homosexuals.<sup>56</sup> Considering this, the assessment of the study participants, which does not coincide with real attitudes in the society, may be due to the invisibility of violence against lesbians and bisexuals or because negative attitudes towards lesbians and bisexuals are manifested at lesser extent in behavior or discriminatory attitudes.

Women participants of the research assess public attitudes toward individual members of the group more negatively than men.

### **Safe environment and defense strategies**

To avoid negative attitudes from the society, discrimination, or violence, LGBT(Q)I people often have to give up their desirable self-expression, control their behavior and appearance in public, sometimes they are even forced to change their homes to avoid violators.

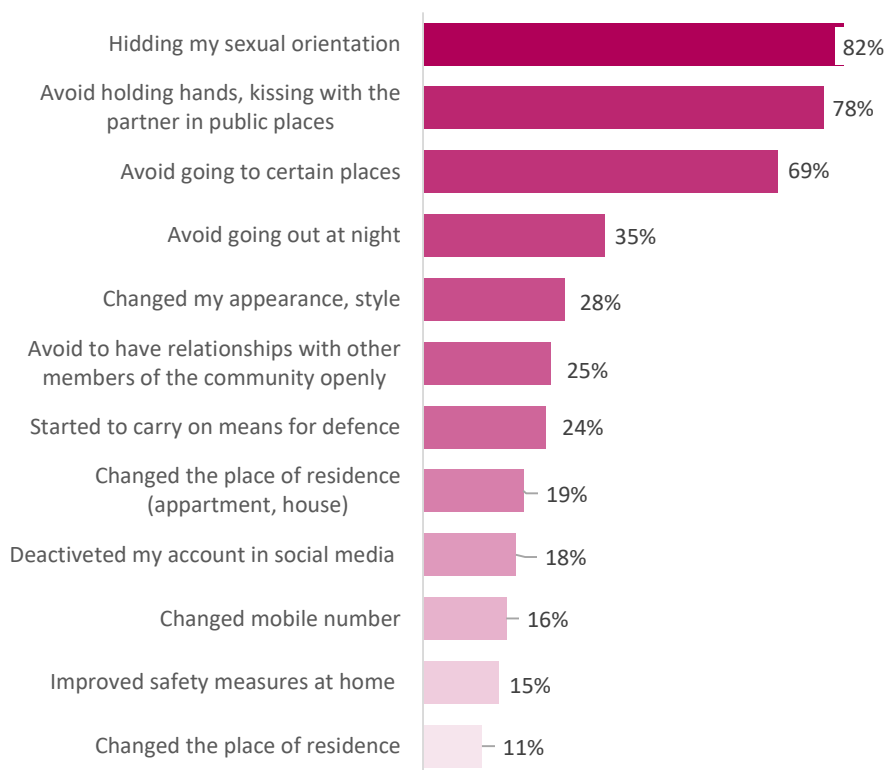
During the last two years, four out of five respondents found themselves at least once in a situation where they had to hide their sexual orientation (81.5%). Approximately 3/4 (77.7%) of the respondents avoided holding hands with their partners in certain places. More than a third (35.1%), due to fear of an attack, generally avoid going out at night. 27.5% say that in the last two years they needed to change their appearance at least once to avoid violence. One out of four respondents (24.6%) generally avoids open communication with other members of the community. Almost the same number say that they constantly carry a pepper spray or electric shock for defense (23.7%).

After 2018, one-fifth of the respondents (19.4%) had to change their place of residence, 18% had to deactivate their account on Facebook or other social media platforms or change their mobile number (16.1%), while 24 respondents (11.4%) had to leave not only the apartment, but even a city.

---

<sup>56</sup> From Prejudice to Equality: Study of Societal Attitudes, Knowledge and Information Regarding the LGBT Community and their Rights in Georgia“, WISG, 2016.

**Diagram # 26. Distribution of the respondents according to defense strategies to avoid violence (N=211)**



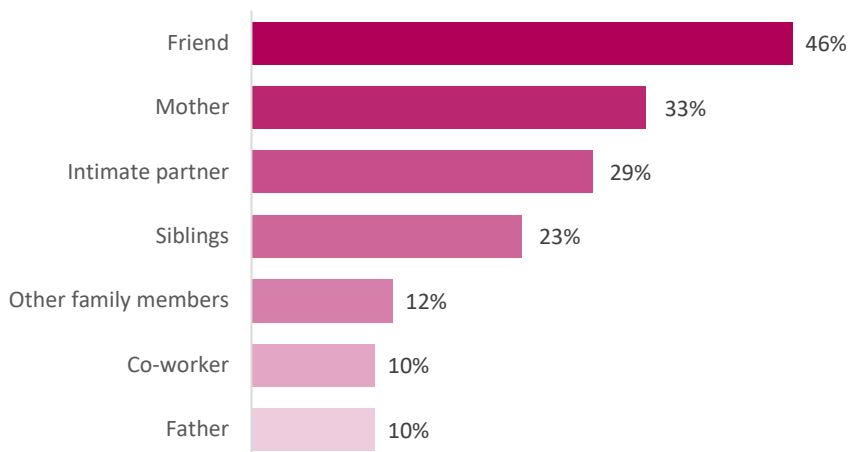
This picture underlines, once again, the importance and need for safe spaces for members of the LGBT(Q)I group.

### **4.3.3 Impact of homo/bi/transphobic environment on the people around members of LGBT(Q)I group**

According to widespread belief, the negative public attitudes often manifested in bullying, mocking, psychological or physical violence, are directed only against the members LGBT(Q)I community. However, the experience shows that their friends, family members and supporters are often victims of bullying, harassment, mocking, or psychological violence from the side of the third parties. Community organizations also reported cases where family members of the community members (including under-

age members) were victims of ostracism only because of public appearance or identification in the media. Of course, this is an additional barrier for the community members to be involved in community activities or be open publicly. 45.8% of the respondents say that their friend/friends have been bullied and harassed by a third party at least once in the last two years because of the respondent's sexual orientation/gender identity. Nearly third said that their mother or intimate partner had been the victim of psychological pressure and abuse (33.3% and 28.9%, respectively). Every fifth respondent (22.9%) indicated that their siblings had become a target for homophobes and one in ten reported harassment of a co-worker (10.4%), father (10.4%), and other family members (11.9%)

**Diagram # 27. Impact of homo/bi/transphobic environment on the people around members of LGBT(Q)I group**



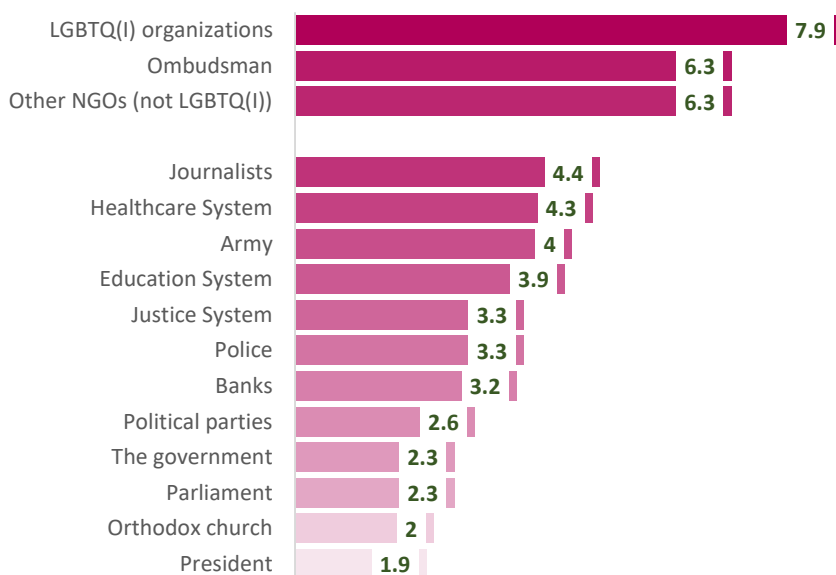
It should be noted that unlike members of the LGBT(Q)I group, their family members, relatives, or co-workers, despite their attitudes towards the respondent, are less equipped with relevant knowledge about sexual orientation/gender identity, which would have helped them to communicate properly with their opponents. Depending on the age of understanding their own orientation/gender identity, community members can choose to socialize with those more who accept them for who they are. The older generation, who have had an intensive relationship with members of the social networks formed over many years, and already have a certain position and social status, are more vulnerable to attacks from their social environment. Certainly, the target of the hatred in homo/bi/transphobic groups are not only members of the community, but also their family members and supporters.

### 4.3.4 Trust in institutions

Public opinion polls conducted in Georgia in recent years show that public trust in non-governmental organizations is quite low. Among the reasons, experts point out the low involvement of citizens in the NGO activities, the mismatch between priorities of the society and agendas of NGOs, which in turn, is often tailored to the priorities of donor organizations and not to local needs, lack of visibility and inefficiency of communication strategies with the society. The situation is aggravated even more by the unhealthy, polarized political environment in the country, the intensive anti-Western rhetoric and the intense criticism of the activities of NGOs by the government.

Interestingly, the assessments of LGBT(Q)I members show the opposite picture – community organizations working on LGBT(Q)I issues have the highest level of trust – 7.88%, compared to different institutions and groups.<sup>57</sup>

**Diagram # 28. Trust in institutions (sample)**



In addition to community organizations, the ombudsman institute and other human rights organizations (6.33 points each) were in the field of positive evaluation. Survey participants rated closely to average journalists (4.45). All other institutions (including the police and justice system, which, in turn, have a negative impact on the rate of

<sup>57</sup> The rating was based on a 10-point Likert scale, where 1 refers to "I do not trust at all" and 10 – "I completely trust".



them being addressed in case of hate crimes and incidents, as well as allegations of discrimination) have been assessed negatively.<sup>58</sup> Even fewer respondents express trust in the government, parliament and president.

The high level of trust expressed by community members towards community organizations is also supported by the expectations towards them. Such a high level of trust is an important social capital for the organization, but this issue should be considered against the background of the high level of homophobia and lack of affirmative networks in the country, exclusion of LGBT(Q)I issues from the institutional level and low involvement of community members in organizations. An in-depth study of bonding and bridging characteristics of social capital among LGBT(Q)I people may help community organizations develop more long-term and effective strategies in both communicating with members as well as full integration of the issues in the agenda of state and civic institutions.

### **Involvement of community members in times of crisis**

It is important to note that some of the respondents were actively involved in mutual support groups: 29.9% of respondents were actively involved in sharing information; Almost every fifth (24.2%), at the early stage, volunteered physically and assisted charities and community organizations in distribution of products and other packages to both community members<sup>59</sup> and other vulnerable groups. Almost as many (24.6%) indicated that they were assisting financially specific individuals who were having problems; Every tenth (10.5%) indicated that they transferred money to the account of spontaneously created mutual support groups; Two respondents also transferred money to state fund against COVID-19.<sup>60</sup>

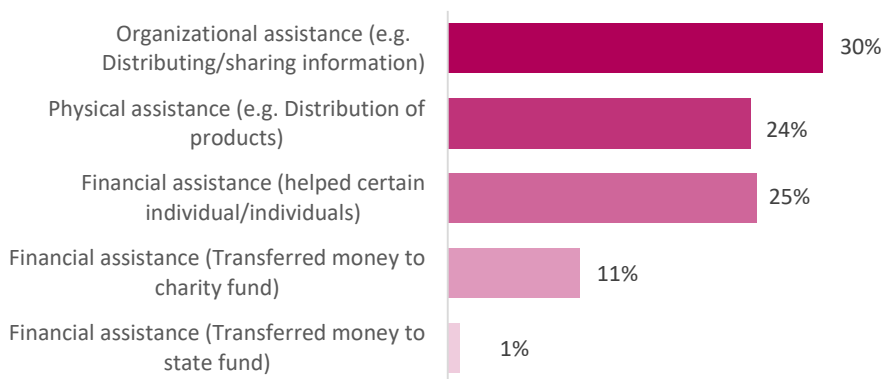
---

<sup>58</sup> The results of the survey in terms of expressing trust in institutions and groups more or less replicated the results of a survey conducted in 2019 by the Social Justice Center (formerly EMC).

<sup>59</sup> Taking into consideration the need for keeping identity of aid recipients confidential, the involvement of community members in the process of aid provision was particularly important.

<sup>60</sup> In the answer "other", two respondents indicated that they fed homeless animals on the streets during the lockdown.

**Diagram # 29. Involvement of the respondents in informal activities against COVID-19 (N=211)**



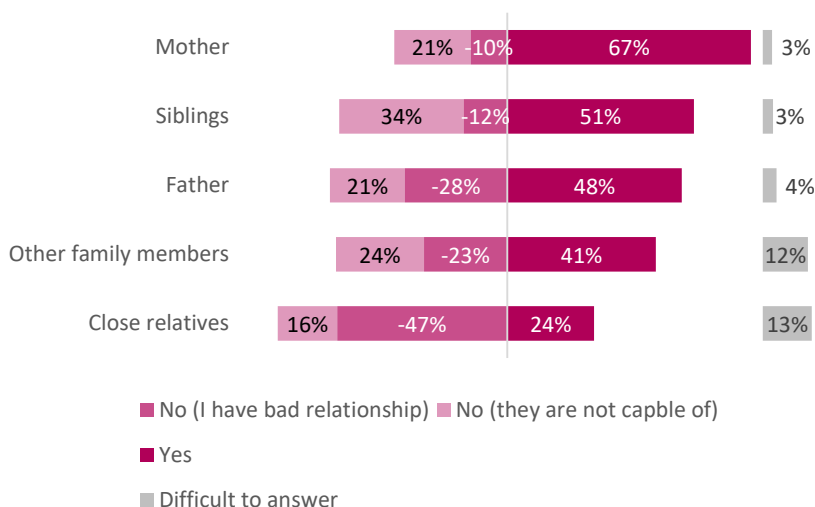
#### **4.3.5 Resources of emotional and material support**

Experience of coming out, the reactions of family members and close people is important not only in cases of violence and discrimination, but also in the context of COVID-19 pandemic, when moral or material support from close people becomes especially important. Due to the impact pandemic-related restrictions on employment and economic conditions, some young people who lived independently, had to temporarily return to their families. The percentage of respondents who needed to return to their families for economic or safety reasons and were unable to do so was small (the quality of relationship during this cohabitation is another issue).

Given the current situation and the quality of the relationship, 65% of the respondents can receive material support from the mother, 37.6% from the father and 43.7% from the siblings (this index would probably be higher, but in many cases, respondents indicated that the material conditions of their family members did not allow them to do so).

**Diagram # 30. Resources of material and moral support (%)**

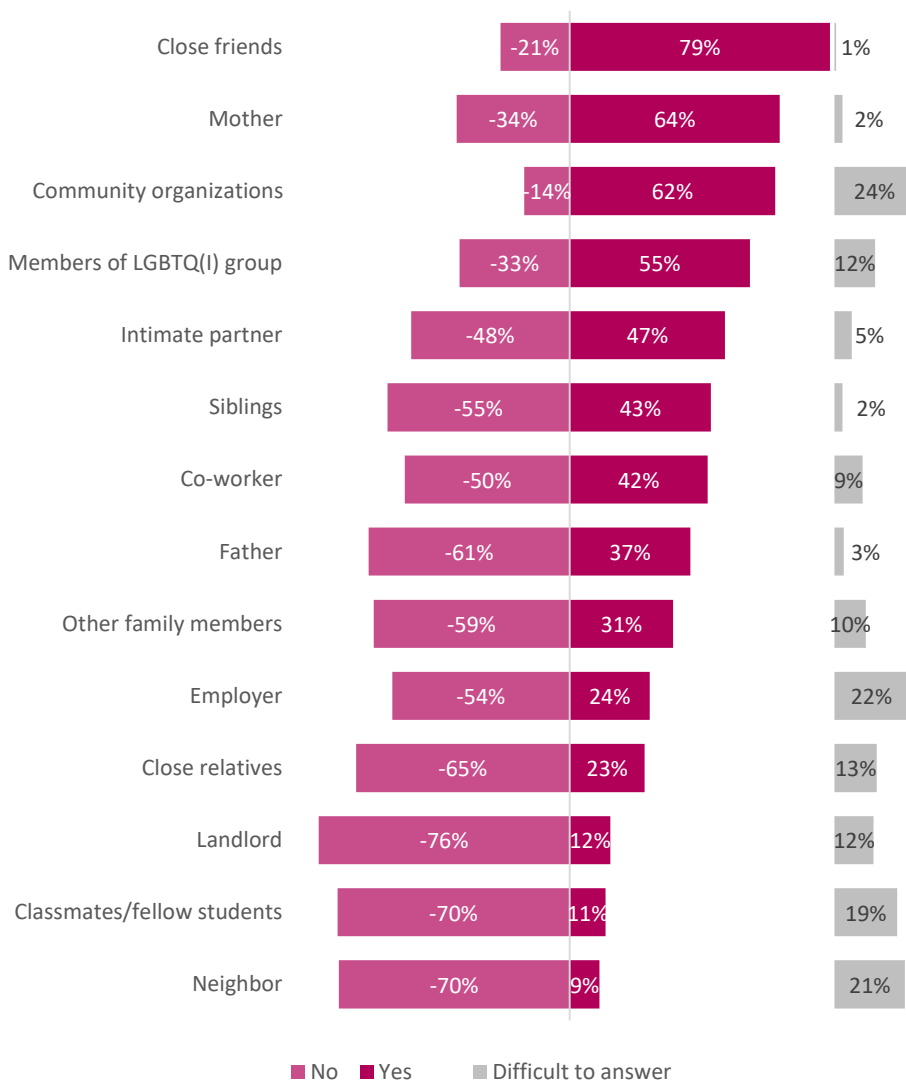
*Q5. In general, based on the quality of the relationship with the people listed below and their economic/financial capabilities, can you use their support in case of need/crisis?*



The distribution of the responses showed that except for mother (63.5%), who is an exception from the family/close circle and whose position is GB group is considered by high expectations of mother, more than a half of the respondents hope to get help from friends (78.7%), community organizations (62.1%) and members of LGBT(Q)I community (54.5%).

**Diagram # 31. Resources of material and moral support (%)**

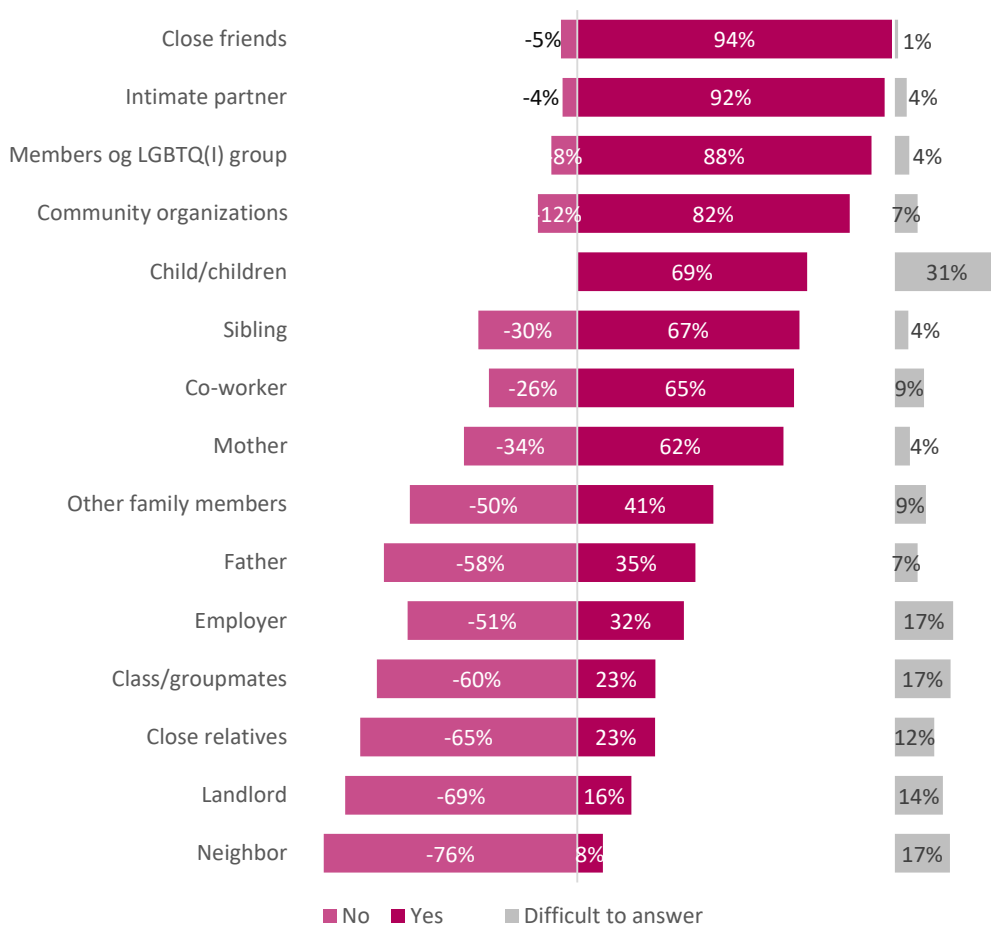
*Q5. In general, based on the quality of the relationship with the people listed below and their economic/financial capabilities, can you use their support in case of need/crisis?*



The order changes when respondents talk about moral support in times of crisis. The mother occupies only the eighth position (61.7%), while when it comes to moral support, siblings (65.5%) and children (68.8%), who have limited material resources, become more important in terms of emotional resources.

**Diagram # 32. Resources of material and moral support**

**Q5. In general, based on the quality of the relationship with the people listed below, can you use their moral support in case of need/crisis?**



They can receive material support from neighbors, classmates, close relatives. Friends (80.2%), intimate partner (72.3%), mother (66.7%), community organizations (63.9%),

co-workers (59.5%) and members of the LGBT(Q)I community are those, from which the respondents mostly expect to receive support if needed. However, at the same time, they are less certain about the material capabilities of external social networks and they do not know if the agents themselves have the material resources to support them.

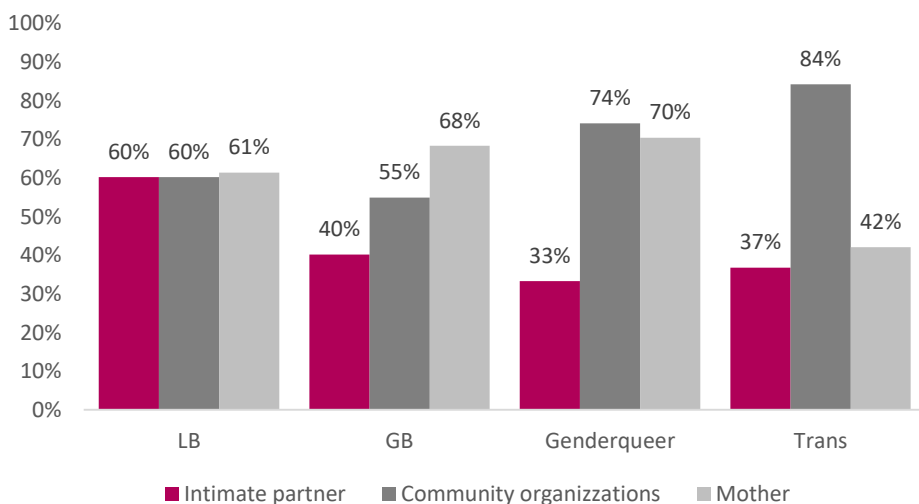
As for moral support, the highest expectations are towards friends, intimate partners, the members of the LGBT(Q)I group and community organizations.

Analysis of the data in terms of orientation and identities shows that there are significant differences between the expectations.

A group of transgender people, compared to other respondents, have the least expectation that they will receive material assistance from family members if needed. The responses show that, compared to others, the expectations of members of this group are primarily related to community organizations (even more than to friends and other members of the LGBT(Q)I community).

There is also a significant difference between the LB group and other participants in terms of expectations towards an intimate partner: 68.7% of LB women say that, if necessary, their intimate partners will support them financially, while only 40.2% of GB group members say the same.

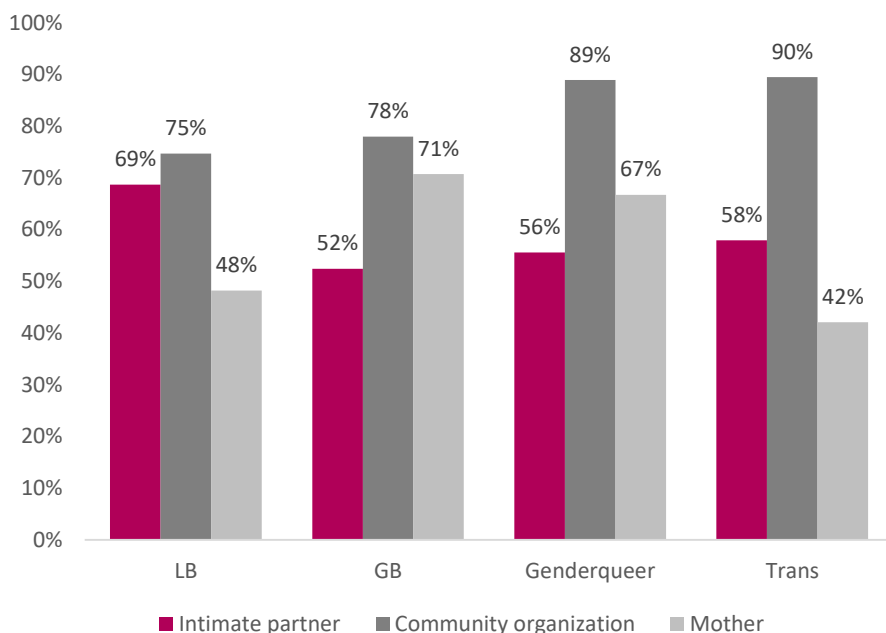
**Diagram #33. Resources of material support in terms of orientation and identity (%)**



Interestingly, this tendency is maintained even in the case of moral support expectations – 68.7% of LB women can receive moral and emotional support from a

partner, while the number of such respondents among the GB group is 52.4%. It should be noted that the mother is significant emotional support in times of crisis for 70.8% of the GB group, while such respondents in LB women are only 48.2%.

**Diagram #34. Resources of material support in terms of orientation and identity (%)**



Among the participants of the survey, in the LB group, more relationships are based on moral and material responsibility between intimate partners than it is the case with the rest of the participants. In the GB group, such expectations are more towards the mother. The ranking of the responses by group shows that in terms of both emotional and material support, a mother for the GB group occupies the same position as the intimate partner for the LB group and vice versa.

As for the expectation of material support from the community organization, here we can also see the significant difference between community members. Transgender and genderqueer respondents mostly expect moral and material support from community organizations rather than from other social networks.

Overall, the analysis of the respondents shows that in terms of both material and emotional support, expectations are much higher from "external" social networks (friends, community members, community organizations) and intimate partners than from family members and relatives.

### 4.3.6 Spaces for socialization

Due to the homophobic attitudes in Georgia and the low rate of openness of the group to internal social networks, external social networks have special significance.

In addition to virtual ones, spaces for socialization mainly include friendly cafes, bars, clubs, each other's homes and community organizations.

Before the pandemic, if not consider the Internet, which is the most popular space for relationships, most often the respondents named home visits to friends and visits to LGBT(Q)I friendly bars and clubs, the number of which has significantly increased in the last few years. 51.7% of the respondents visit a friend at least once a week (39% invite friends to their homes<sup>61</sup>), almost as many (50.7%) meet other members of the community at friendly cafes and bars. Against this background, the number of community members who attend weekly meetings by community organizations (17.6%) and special events is low (15.6%).<sup>62</sup> As for red-light districts, which is a very specific place, only a small part of the respondents visit them.

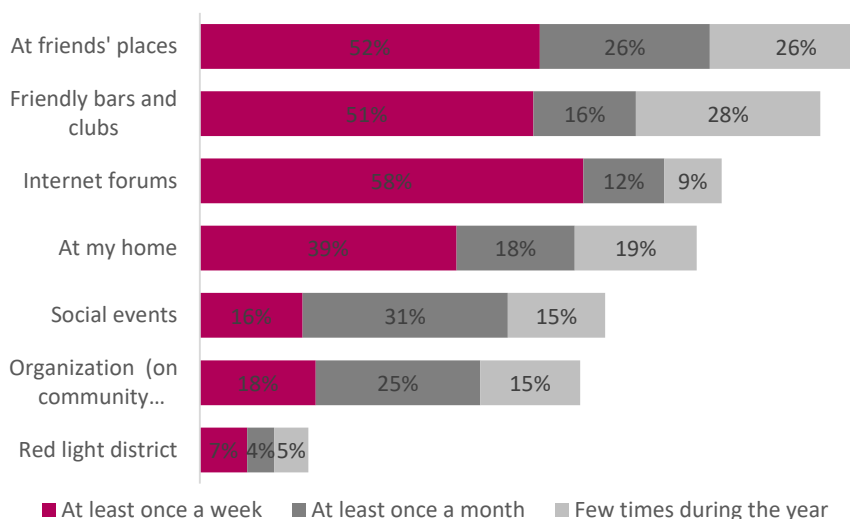
---

<sup>61</sup> It should be noted that in the comments, part of the respondents pointed out the barriers that prevent them from inviting friends home. The main reasons the respondents named were coming out and the negative attitude of their family members.

<sup>62</sup> This figure is also influenced by policies of the community organizations – in parallel with the number of friendly spaces increasing, the organizations no longer feel the need to organize community meetings and events with the same frequency as they did years ago, when offices of community organizations were almost the only safe spaces for community members.



**Diagram # 35. Ranking of spaces for socialization according to the frequency of visits (N=211)**



Among the reasons why respondents use less any of the above-mentioned spaces to interact with community members, a rather vague answer "I do not want to" prevails. In rare cases, respondents cite lack of finances or geographical inaccessibility as a barrier.

The popularity of socialization and spaces in the LGBT(Q)I community varies in terms of socio-demographic indicators.

Analysis of the responses in Tbilisi/regions shows that there is a significant difference between the frequency of visits to LGBT(Q)I friendly clubs and use of Internet space. The percentage of respondents who visit friendly cafes and bars weekly is higher among the residents of Tbilisi (54%) than in regions (46%). In terms of using websites and forums, this form of communication is also used more often in Tbilisi (65.3%) than in regions (48.3%). This can be explained by the lack of proper infrastructure in the regions and the problems with high-speed Internet access.

Analysis of the responses in terms of gender and orientation shows that LB women less enjoy "traditional" places of socialization of community members than a group of GB men.

**Table # 115. Frequency of using spaces of socialization in LB/GB groups**

|                                          | Never |       | Once or twice a year |       | At least once a month |       | At least once a week |       |
|------------------------------------------|-------|-------|----------------------|-------|-----------------------|-------|----------------------|-------|
|                                          | LB    | GB    | LB                   | GB    | LB                    | GB    | LB                   | GB    |
| Friendly bars and clubs                  | 22.9% | 9.8%  | 16.9%                | 15.9% | 18.1%                 | 13.4% | 42.2%                | 61.0% |
| The organization (on community meetings) | 39.2% | 23.8% | 25.3%                | 28.8% | 20.3%                 | 33.8% | 15.2%                | 13.8% |
| Social events/closed parties             | 32.1% | 21.0% | 34.6%                | 18.5% | 20.5%                 | 43.2% | 12.8%                | 17.3% |
| At home                                  | 20.8% | 23.8% | 19.5%                | 13.8% | 18.2%                 | 17.5% | 41.6%                | 45.0% |
| At friends' places                       | 8.4%  | 6.2%  | 10.8%                | 13.6% | 25.3%                 | 29.6% | 55.4%                | 50.6% |
| Internet forums                          | 31.3% | 18.3% | 7.2%                 | 6.1%  | 13.3%                 | 11.0% | 48.2%                | 64.6% |
| Red light district                       | 86.8% | 80.3% | 7.9%                 | 10.5% | 2.6%                  | 2.6%  | 2.6%                 | 6.6%  |

Among LB women, the number of those who never visit LGBT(Q)-friendly bars and cafes (22.9%) is almost twice higher than in the GB group (9.8%). Compared to the GB group, women are less active in the Internet space as well. Nearly a third (31.3%) of women surveyed say that they have never used this means of communication, while the number of such respondents among GB men is only 18.3%. The percentage of respondents who never attend social events is almost twice lower among GB men compared to LB women (21% and 32.1%, respectively). As for home visits, there is a significant difference between female/male respondents. Along with "cultural memory" (the gendered culture of socialization in general), this may be because united

queer spaces are less tailored to the needs of women. We think that this issue, which was revealed as a trend, needs a separate in-depth study.<sup>63</sup>

An important component of the pandemic and the measures against it is the closure of spaces for socialization, the strict requirements of physical distancing, and self-isolation, which may affect the frequency and quality of communication with another member of the LGBT(Q)I community. The weakening of social support may also have an impact on their mental health on the one hand [McConnell et al., 2015; Snapp et al., 2015], and on the access to necessary services from another. As we have mentioned above, housing conditions (technical conditions, communication expenses, high-speed Internet and space for isolation) do not always allow to maintain a secure relationship with other members of the community even online.<sup>64</sup>

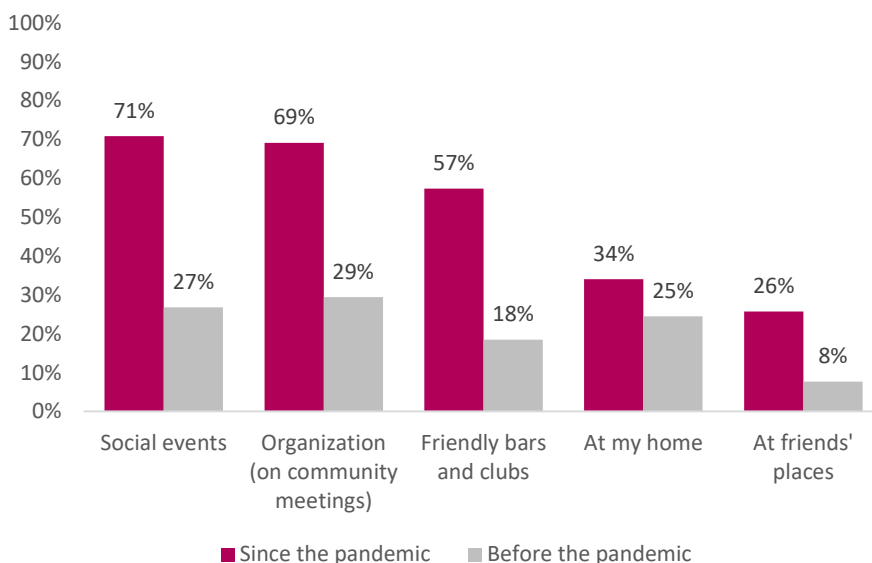
The research tool included questions about places of socialization both before and since the pandemic. Comparison of the data showed that measures against the spread of the pandemic significantly reduced already scarce opportunities for socialization for the community.

---

<sup>63</sup> This opinion is also supported by the fact that the data is also gender-segregated, which corresponds to the size of the network – overall, LB women know fewer members of the community personally than GB men.

<sup>64</sup> In-depth interview with social worker of WISG, December 18, 2020.

**Diagram # 36. Impact of anti-pandemic restrictions and anti-crisis measures on the use of spaces of socialization (distribution of response "did not use")**



Given that, after the lockdown, before the new wave of restrictions, which started at the end of October, the share of respondents who hadn't visited the club since the pandemic in November 2020, grew from 18.5% to 54%. Nearly 70% of the respondents have not attended any community meetings or social events since the start of the pandemic in March. The number of home visits also decreased by 18.1%.

The need for self-isolation in homes and distancing oneself from friends, partners and safe spaces of socialization may also cause additional distress for group members.

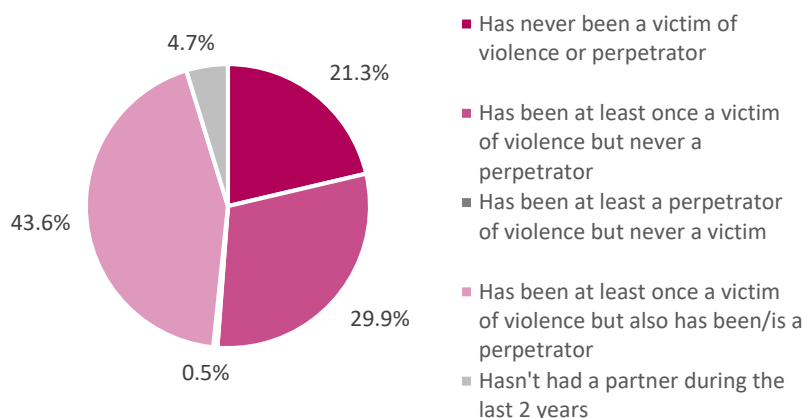
## 4.4 Experience of violence and discrimination

### 4.4.1 Intimate partner violence

During the last two years, 4.7% (N=10) of the survey participants have not had an intimate partner. 201 respondents out of 211 indicated that, since 2018, they have had/have an intimate partner.

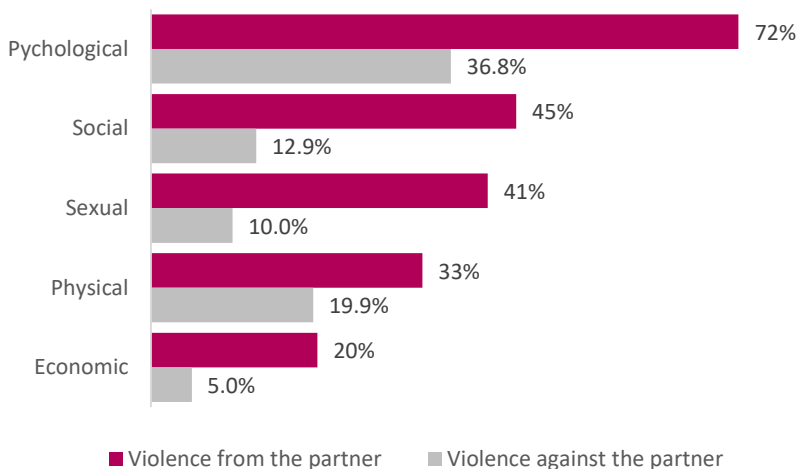
Among those, who during the last two years have had/have an intimate partner, 22,4% (N=45) have never been a victim or a perpetrator of violence. Almost a third (N=63, 31.3%) has been at least once a victim of violence, and the rest of the respondents (N=92, 45.8%) are in a relationship that is marked by mutual violence.

**Diagram # 42. Distribution of the respondents according to the experience of an abusive relationship (N=201)**



36.8% (N=74) of the interviewees have used psychological violence against a partner; almost every fifth (19.9%, N=40) has used physical violence against the partner; every tenth (N=20, 10%) has used sexual violence or harassed a partner; 5% (N=10) control the incomes of their partners; 13% (N=26) resort to various social isolation practices.

**Diagram # 43. Distribution of respondents according to the forms and experience of violence (N=201)**

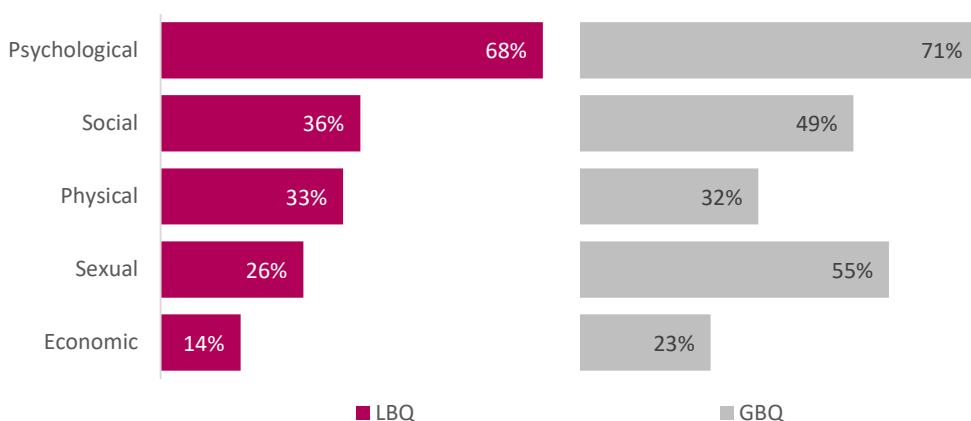


The most widespread form of violence is the psychological violence (72.1%, N=145); Almost half of the respondents (44.8%, N=90) say that the partner controls their social contacts and restricts their self-expression in some form or another; 41.3% (N=83) claim that they have been victims of sexual violence/harassment from a partner at least once; every third respondent (33.3%, N=67) is a victim of physical violence; every fifth (20.4%, N=41) is experiencing the economic violence.

As for the threat of coming out and blackmailing as a specific form of violence to keep the victim under control, 35 respondents (17.4%) mentioned that they have been victims of such manipulation at least once (including 14 respondents under constant blackmail); 19 respondents have been threatened by a partner with making the private correspondence/photos public.

The frequency and prevalence of the various forms of violence between intimate partners are also related to gender. GBQ group has at least twice more respondents who have experienced violence/harassment from a partner (55,3%) than the LBQ group (25,5%). In comparison to the LBQ group, GBQ has also a high percentage of respondents who have experienced economic violence and social isolation.

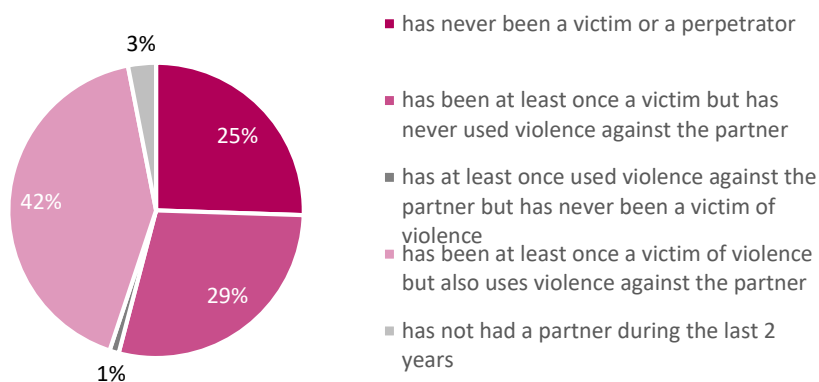
**Diagram # 44. Distribution of the respondents according to the experience and form of violence from an intimate partner in LBQ and GBQ groups**



### LBQ women

Among the LBQ women participating in the survey (N=98), three respondents said that they have not had an intimate partner during the last two years; four of them (N=25, 25.5%) has a partner but has never been a victim of violence; one respondent is himself/herself a perpetrator of violence and 28.6% (N=28) have experienced violence from a partner in some kind of form at least once; 41.8% (N=41) both experience violence from a partner and resort to violent practices.

**Diagram # 45. Experience of an abusive relationship between intimate partners in LBQ group (N=98)**



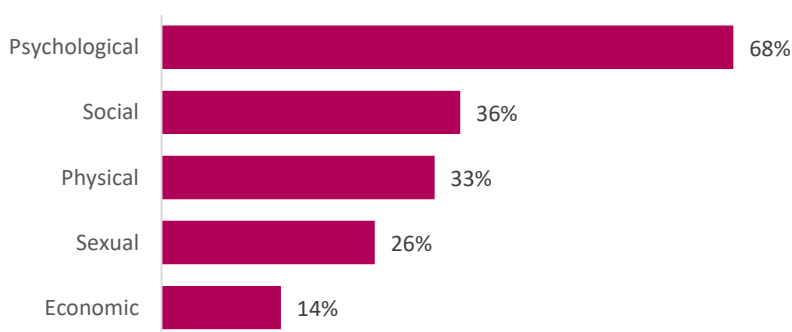
During the last two years, a third of the LBQ women – 32.7% (N=32), have experienced physical violence from an intimate partner at least once; furthermore, 16 of them experienced it only once, three of them only twice and 11 are permanently experiencing physical violence. Six respondents say that physical violence involved a weapon.

Every fourth (25.5%, N=25) says that he/she has been a victim of sexual violence or harassment from a partner. Furthermore, 11 of them say that the partner has “forced them to have a sexual practice that made them feel insulted”, eight participants were not allowed to observe safety rules during sex, one was infected with STI and 17 respondents were forced to have sexual intercourse against their will. Five respondents out of 17 say that this kind of practice is permanent.

14.3% (N=14) of the LBQ women survey participants have experienced economic violence. Six participants say that a partner has threatened him/her with kicking out of the house; partner forbids having a job or income-generating activities to the same number of respondents; five of them say that a partner takes away their income against their will.

35.7% (N=35) have an experience of social isolation. Almost every fifth respondent (N=23, 23.5%) says that her partner controls her appearance/style (16 of them indicate that this behavior is regular. Almost the same number of participants (N=22, 22.4%) is restricted in contacts with other community members (19 of them say that this restriction is permanent); 13 participants are obstructed by a partner to have contact with friends.

**Diagram # 46. Experience of an abusive relationship with an intimate partner in LBQ group (N=98)**



The most widespread form of violence is psychological/emotional violence. Every respondent who has an experience of physical, sexual, economic violence, or social



isolation, is at the same time, without an exception, a victim of psychological violence. Seven out of 10 LBQ women participants (68.4%, N=67) have been at least once a victim of psychological violence from their partner. More than half (52%, N=51) says that during the last two years partner has insulted her at least once, or she/he behaved in such a way that made a respondent have a negative idea about herself. Other widespread forms of psychological violence are „humiliating and insulting in front of other people“ (N=38, 38.8%) and „refuse to have a relationship to manipulate“ (N=36, 36.7%). Twelve respondents were threatened with a *coming out*, 11 were blackmailed by publishing the photos documenting their private correspondence/relationship. Almost every fourth (24.5%) has received a letter containing threats and every fifth is forced by a partner to hide her orientation (N=20, 20.4%). Only one respondent indicates that she has never been a victim of violence from the partner but she herself often threatens the partner with ending the relationship in order to manipulate him/her.

**Table # 16. Experience and frequency of violence from an intimate partner in LBQ group**

|                                                                                        | once |       | twice |       | Three and more times |       |
|----------------------------------------------------------------------------------------|------|-------|-------|-------|----------------------|-------|
|                                                                                        | N    | %     | N     | %     | N                    | %     |
| <b>Physical violence</b>                                                               |      |       |       |       |                      |       |
| Has used physical violence                                                             | 16   | 16.3% | 3     | 3.1%  | 1                    | 11.2% |
| Has threatened to use or used a gun/cold weapon against you                            | 2    | 2.0%  | 1     | 1.0%  | 3                    | 3.1%  |
| <b>Sexual violence/harassment</b>                                                      |      |       |       |       |                      |       |
| Has forced you to have a sexual practice that made you feel insulted                   | 4    | 4.1%  | 6     | 6.1%  | 1                    | 1.0%  |
| Has refused to have safe sex with you                                                  | 2    | 2.0%  | 4     | 4.1%  | 2                    | 2.0%  |
| Has infected you with STI/HIV                                                          | 1    | 1.0%  | 0     | 0.0%  | 0                    | 0.0%  |
| Has forced you to have sexual intercourse against your will                            | 3    | 3.1%  | 9     | 9.2%  | 5                    | 5.1%  |
| <b>Psychological violence</b>                                                          |      |       |       |       |                      |       |
| Has insulted or treated you in a way that made you have a negative idea about yourself | 8    | 8.2%  | 5     | 5.1%  | 3                    | 38.8% |
| Has insulted or humiliated you in front of other people                                | 7    | 7.1%  | 6     | 6.1%  | 2                    | 25.5% |
| Refused to have a relationship or ignore you for manipulation                          | 5    | 5.1%  | 11    | 11.2% | 2                    | 20.4% |

|                                                               |   |       |   |       |    |       |
|---------------------------------------------------------------|---|-------|---|-------|----|-------|
| Has destroyed or damaged the objects important for you        | 5 | 5.1 % | 3 | 3.1 % | 3  | 3.1%  |
| Has threatened you to harm a person dear to you               | 4 | 4.1 % | 1 | 1.0 % | 3  | 3.1%  |
| Was blackmailing you with a forced "coming out"               | 4 | 4.1 % | 3 | 3.1 % | 5  | 5.1%  |
| Threatened you to publish your intimate correspondence/photos | 4 | 4.1 % | 3 | 3.1 % | 3  | 3.1%  |
| Sent you letters/emails containing hate and threats           | 5 | 5.1 % | 3 | 3.1 % | 16 | 16.3% |
| Made insulting comments about you on the Internet             | 0 | 0.0 % | 0 | 0.0 % | 4  | 4.1%  |
| Forced you to hide your orientation/identity from the others  | 1 | 1.0 % | 2 | 2.0 % | 7  | 17.3% |

#### **Economic violence**

|                                                              |   |       |   |       |   |      |
|--------------------------------------------------------------|---|-------|---|-------|---|------|
| Threatened you or forced you to move out                     | 6 | 6.1 % | 0 | 0.0 % | 0 | 0.0% |
| Forbade you to have a job or an income-generating activities | 3 | 3.1 % | 2 | 2.0 % | 2 | 2.0% |
| Took away income from you against your will                  | 2 | 2.0 % | 0 | 0.0 % | 4 | 4.1% |

#### **Social isolation**

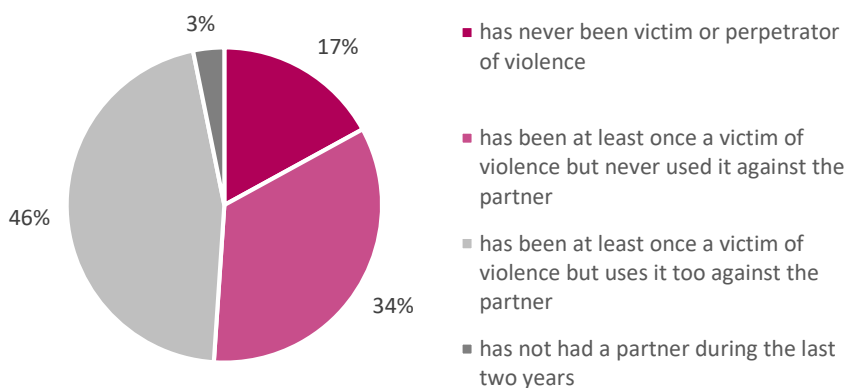
|                                                           |   |       |   |       |    |       |
|-----------------------------------------------------------|---|-------|---|-------|----|-------|
| Was controlling your appearance/ style                    | 3 | 3.1 % | 2 | 2.0 % | 18 | 18,4% |
| Forbade you to have contact with family members/relatives | 0 | 0.0 % | 0 | 0.0 % | 1  | 1,0%  |
| Forbade you to have contact with LGBT(Q)I community       | 2 | 2.0 % | 1 | 1.0 % | 9  | 19,4% |
| Forbade you to have contact with friends                  | 0 | 0.0 % | 2 | 2.0 % | 11 | 11,2% |

41.8% (N=41) of LBQ respondents experience violence from a partner and use it too. Especially high is the number of those respondents who use physical violence against a partner 23.5% (N=23); Eight of them use it permanently.

#### **GBQ Men**

Out of 94 respondents, who identify themselves with the GBQ group, three respondents have not had an intimate partner during the last two years; 16 respondents (17%) have/had a partner, but have never been a victim of violence; more than a third of the respondents (N=32, 34%) has experienced some form of violence from a partner at least once; 43 respondents (45.7%) both experienced violence from a partner and use it against a partner.

**Diagram # 47. Experience of an abusive relationship between intimate partners (N=94)**



Almost every third of the respondents of the GBQ group (N=30, 31.9%) has been a victim of physical violence from an intimate partner at least once. Furthermore, eight of them – three and more times.

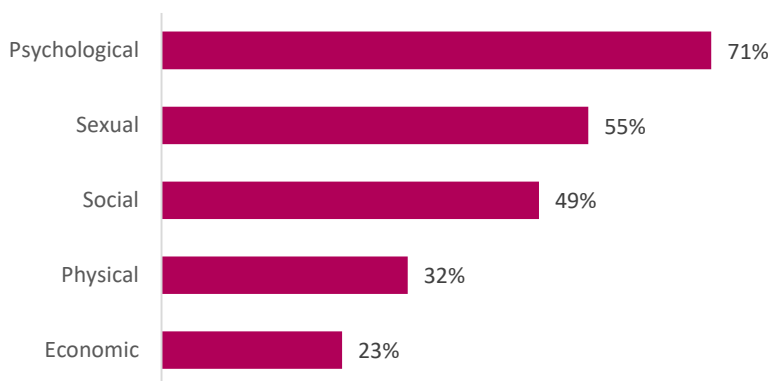
Out of all participants, GBQ group members suffer most from frequent sexual violence and harassment from an intimate partner – more than half of the respondents (55.3%, N=55) have been a victim of sexual violence or harassment from a partner at least once. A quarter of participants (26.6%, N=25) says that a partner „forced them to have a sexual practice that made them feel insulted“ at least once; 28 (29.8%) were not allowed to observe safety rules during sex; 16 of them got infected with STI; More than a third (N=33, 35.1%) found themselves in a situation where a partner forced them to have sexual intercourse against their will. Furthermore, 12 respondents say that such practice was permanent.

Two out of three GBQ members have at least once experienced psychological violence from a partner (71.3%, N=67); every fifth (21.3%, N=20) is a victim of blackmailing; more than a third (31.9%, N=31) have at least once received letters containing threats; 20 respondents were forced by a partner to hide their orientation from the others.

23.4% (N=22) of GBQ men participants have at least once experienced economic violence. Eight participants say that a partner threatened with kicking out from the house or forced him to move out; in comparison to the LBQ group, twice more participants (N=14) say that a partner forbade them to work or have an income-generating activity; five of them say that a partner regularly takes away income from them against their will.

Practices related to the social isolation of a partner are more common in the GBQ group than in LBQ – 48.9% (N=46) of the GBQ respondents experienced this practice. Twenty-six respondents (27.7%) say that a partner controls their appearance/ style (furthermore, 15 of them indicate that such behavior is regular). Thirty-seven participants (39.4%) say that a partner restricts their contact with other community members; 17 of them experience the same problem in relation to friends.

**Diagram # 48. Experience of an abusive relationship with an intimate partner in the GBQ group (N=94)**



**Table # 17. Experience and frequency of violence from an intimate partner in GBQ group**

|                                                                      | Once |       | Twice |      | Three and more times |       |
|----------------------------------------------------------------------|------|-------|-------|------|----------------------|-------|
|                                                                      | N    | %     | N     | %    | N                    | %     |
| <b>Physical violence</b>                                             |      |       |       |      |                      |       |
| Has used physical violence                                           | 11   | 11.7% | 4     | 4.3% | 8                    | 8,5%  |
| Has threatened to use or used against you a gun/cold weapon          | 5    | 5.3%  | 3     | 3.2% | 1                    | 1.1%  |
| <b>Sexual violence/harassment</b>                                    |      |       |       |      |                      |       |
| Has forced you to have a sexual practice that made you feel insulted | 13   | 13.8% | 7     | 7.4% | 5                    | 5.3%  |
| Has refused to have safe sex with you                                | 12   | 12.8% | 5     | 5.3% | 11                   | 11.7% |
| Has infected you with STI/HIV                                        | 15   | 16.0% | 0     | 0.0% | 1                    | 1.1%  |
| Has forced you to have sexual intercourse against your will          | 16   | 17.0% | 5     | 5.3% | 12                   | 12.8% |

### Psychological violence

|                                                                                        |    |       |    |       |    |       |
|----------------------------------------------------------------------------------------|----|-------|----|-------|----|-------|
| Has insulted or treated you in a way that made you have a negative idea about yourself | 19 | 20.2% | 11 | 11.7% | 17 | 18.1% |
| Has insulted or humiliated you in front of other people                                | 16 | 17.0% | 1  | 1.1%  | 8  | 8.5%  |
| Refused to have a relationship or ignore you for manipulation                          | 4  | 4.3%  | 8  | 8.5%  | 19 | 20.2% |
| Has destroyed or damaged the objects important for you                                 | 9  | 9.6%  | 4  | 4.3%  | 7  | 7.4%  |
| Has threatened you to harm a person dear to you                                        | 5  | 5.3%  | 2  | 2.1%  | 3  | 3.2%  |
| Was blackmailing you with a forced "coming out"                                        | 9  | 9.6%  | 4  | 4.3%  | 7  | 7.4%  |
| Threatened you to publish your intimate correspondence/photos                          | 8  | 8.5%  | 0  | 0.0%  | 7  | 7.4%  |
| Sent you letters/emails containing hate and threats                                    | 7  | 7.4%  | 7  | 7.4%  | 16 | 17.0% |
| Made insulting comments about you on the Internet                                      | 5  | 5.3%  | 2  | 2.1%  | 5  | 5.3%  |
| Forced you to hide your orientation/identity from the others                           | 3  | 3.2%  | 4  | 4.3%  | 13 | 13.8% |

### Economic violence

|                                                              |   |      |   |      |   |      |
|--------------------------------------------------------------|---|------|---|------|---|------|
| Threatened you or forced you to move out                     | 5 | 5.3% | 2 | 2.1% | 1 | 1.1% |
| Forbade you to have a job or an income-generating activities | 5 | 5.3% | 3 | 3.2% | 6 | 6.4% |
| Took away income from you against your will                  | 1 | 1.1% | 2 | 2.1% | 2 | 2.1% |

### Social isolation

|                                                           |   |      |   |      |    |       |
|-----------------------------------------------------------|---|------|---|------|----|-------|
| Was controlling your appearance/ style                    | 6 | 6.4% | 3 | 3.2% | 17 | 18.1% |
| Forbade you to have contact with family members/relatives | 0 | 0.0% | 1 | 1.1% | 0  | 0.0%  |
| Forbade you to have contact with LGBT(Q)I community       | 8 | 8.5% | 7 | 7.4% | 22 | 23.4% |
| Forbade you to have contact with friends                  | 3 | 3.2% | 7 | 7.4% | 7  | 7.4%  |

17% (N=16) of the GBQ group respondents say that they have used physical violence against a partner themselves; 36.2% have used psychological violence and 13.8% (N=13) have used sexual violence or harassment against a partner.

### Transgender respondents

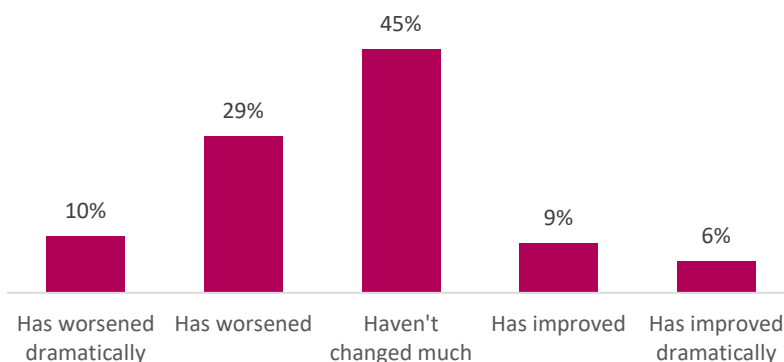
Among the transgender respondents, four have not had an intimate partner during the last two years; four have not been a victim of violence; three respondents experienced violence at least once; eight participants have indicated that they have used violent practices themselves as well.

Five participants mentioned that they have experienced physical violence; 11 have experienced psychological violence; six have been at least once a victim of sexual violence and harassment; five have been a victim of economic violence; nine respondents indicated that a partner has tried to isolate them socially from friends, community or family members at least once.

### Impact of COVID-19 on the relationship with an intimate partner

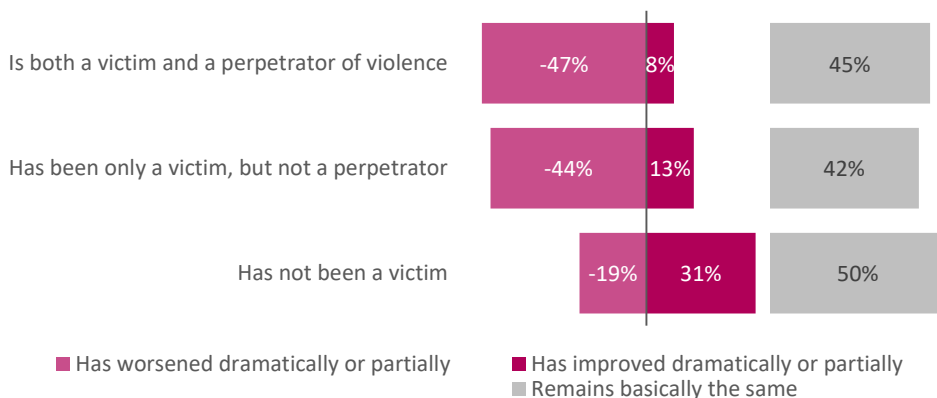
COVID-19 pandemic and anti-crisis measures related to it had a negative impact on the quality of a relationship between intimate partners. Except for those 10 respondents, who have not had a partner during the last two years, 24 respondents have indicated that they have not had a partner since the pandemic. Six out of the remaining 177 respondents found it hard to assess the impact of the COVID-19 pandemic on the relationship with an intimate partner. Seventy-eight participants (45.3%) say that the pandemic and anti-crisis measures have not had an impact on their relationships; 68 respondents (39.5%) say that the relationship has worsened dramatically or significantly. Only 15.1% of the answers indicate a positive impact.

**Diagram # 49. Impact of the pandemic on the relationship between intimate partners**



Changes in the quality of a relationship are connected to the experience of violence: the respondents who have indicated positive changes are those who have a partner but have not been a victim of violence (Mean=3,24). It can be said that in terms of the impact on the relationships with a partner, the pandemic in a way added brightness to the existing picture – relationships of those who were in conflict-free, harmonious relationships – have improved, but the relationships of those in abusive relationships have been worsened by the pandemic-related restrictions.

**Diagram # 50. Impact of the pandemic on the relationship with an intimate partner in terms of experience of violence**



#### 4.4.2. Violence from family members

To get out of trouble (to avoid both open conflict attitudes and constant control over personal space and behavior), it is vitally important for a number of the community members to live separately, independently from their family members.<sup>65</sup> 14.2% of the respondents are threatened by family members with kicking out of house or they are forced to move out. Out of 30 respondents, who have had this experience before the pandemic, a third mentions that they are pressured regularly.

<sup>65</sup> It is relevant to note that, as the interviews with the representatives of the organization show, the finances that were allocated for the needs of the community members during the pandemic, were mostly spent on paying the rent.

Despite the experience of violence, a third of respondents (33%, N=77), before the pandemic as well as during the lockdown, lived with parents and other family members, and even since the lockdown keep living with the family. Twenty five respondents, who lived with friends or alone before the pandemic, were forced to change their place of residence and go back to the family.<sup>66</sup> Then of them, left the family right after the lockdown but others stayed with their families. Three respondents lived separately from their families during the lockdown. Considering the experience of violence from family members in the past and the incomes and employment of those respondents during the pandemic who went back to their families and stayed there even after the lockdown, it is safe to assume that a financial factor has played a role in their decisions.

During the lockdown, 7.6% of the respondents had to move in with their parents and other family members. The change occurred mainly at the expense of respondents who lived alone or with friends before the pandemic. After the end of the lockdown, this picture changed once again. During the survey, 43.4% of the participants were living with parents and other family members.

### **Experience of violence**

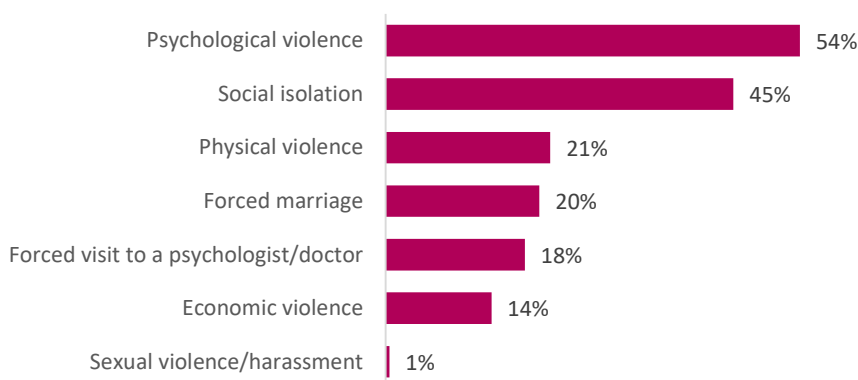
During the last two years, 59% (N=120) of the respondents have been victims of some form of violence from family members at least once.

### ***Diagram # 51. Distribution of the respondents according to the forms and experience of violence from family members (N=211)***

---

<sup>66</sup> One of them was a transgender person, who before the pandemic was involved in commercial sex work; three of them were self-employed and had an irregular income; 21 had a regular, paid job. Only four respondents out of 25 have mentioned that they had a source of income during the lockdown.





Psychological violence was mentioned by most respondents as a form of violence (53.6%, N=113). For a significant number of the community members (45%, N=95), another challenge was the attempt of their family members to control their social contacts. During the last year, almost every fifth (21.3%, N=45) respondent has been a victim of physical violence from family members at least once. Almost the same number of respondents (19.9%, N=42) were forced to get married “for purpose of their correction”; Thirty-eight respondents (18%) were forced to visit a doctor/psychologist “to be healed”.<sup>67</sup>

The experience and the forms of the violence differs in terms of age.<sup>68</sup> Among study participants, who belong to the age group under 24, the share of respondents with

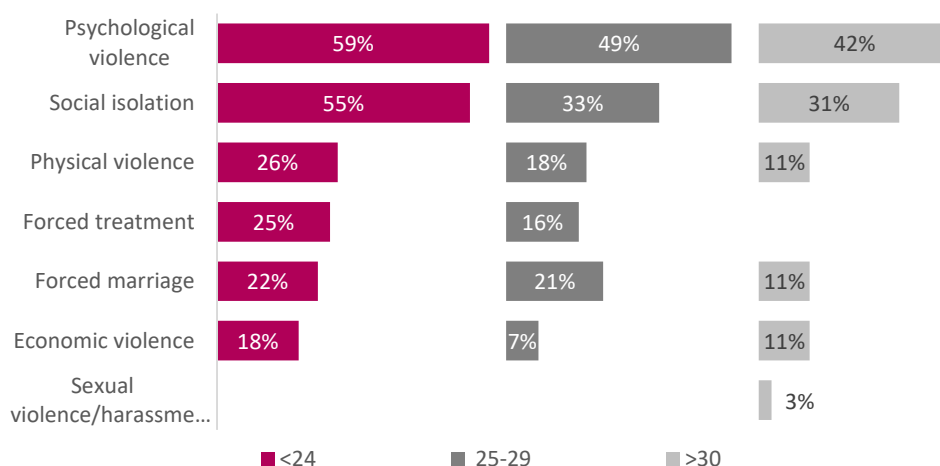
---

<sup>67</sup> Gender nonconforming respondents are forced to undertake a “treatment” most often – every fourth of them (25%, N=14) has the experience of forced treatment.

<sup>68</sup> In terms of forms and frequency of the violence, there are no statistically significant differences across the regions, and nor between LGQ and GBQ groups.

experience of violence, as well as frequency of violence is higher than among respondents in age groups 25-19 and >30.

**Diagram # 52. Distribution of the respondents according to the experience and forms of violence from family members in different age groups (N=211)**



In case of intimate partner violence, compared to other forms of violence, the share of the respondents who have had an experience of psychological violence is much higher in all three groups (respectively, <24 – 59.3%, N=70; in the age group of 25-29, almost half has had this experience – 49.1% (N=28); Among the respondents, who are older than 30, 41.7% of the participants (N=15) have had an experience of psychological violence during the last two years).

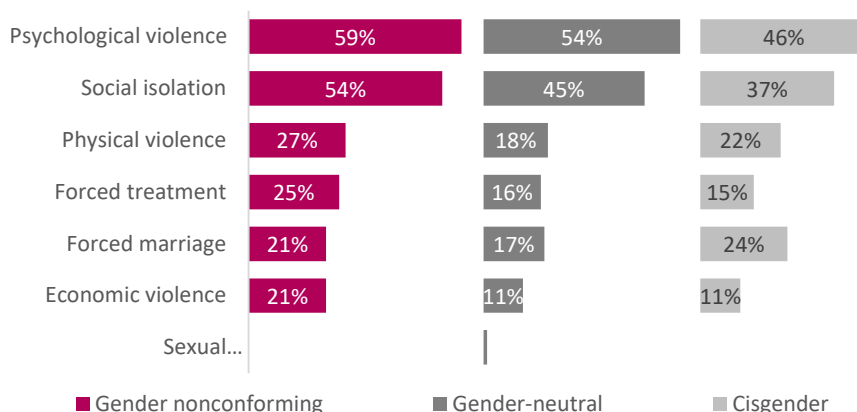
If the share of respondents with an experience of certain forms of violence decreases with the age (e.g. physical violence, forced marriage with the purpose of „correction“ or forcing visit to a doctor for „healing“), social control from family members is on the second position amongst various forms of violence in all age groups. In the age group under 24, more than half of respondents have had this experience – 55.1%, N=65; in 25-29 and >30 age groups, every third has this experience (respectively, 33.3%, N=19, and 30.6%, N=11).

Besides the age, whether a respondent lives with family members or not, is not a factor when it comes to the experience and frequency of these two forms of violence (psychological violence and control of social contacts) from family members.

Analysis of respondents who experienced violence, in terms of gender conformity shows that cisgender participants are less often victims of psychological and economic violence from family members than gender-nonconforming respondents or those who

describe themselves as "gender-neutral".<sup>69</sup> The situation is the same concerning the practices of social isolation – family members control less appearance and contacts with friends and community members of cisgender respondents than in case of "gender-neutral" and gender-nonconforming respondents.<sup>70</sup>

**Diagram # 53. Distribution of respondents according to the experience and forms of violence from family members in terms of gender expression (N=211)**



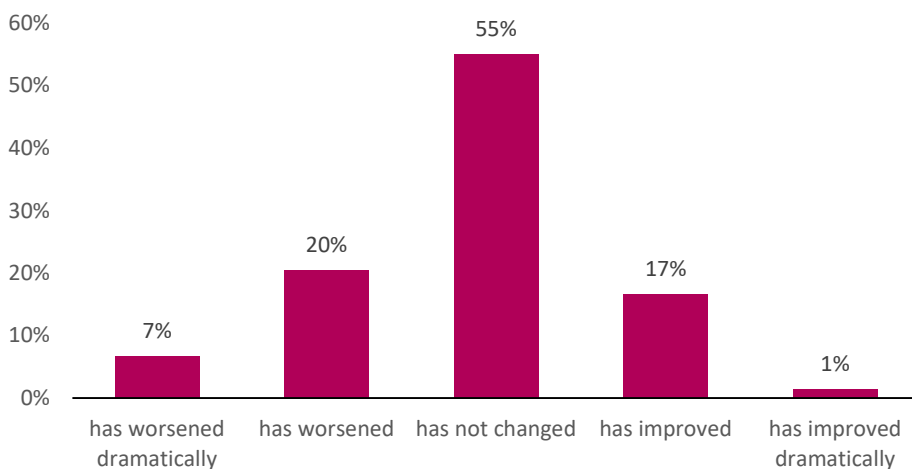
Compared to the GB group, LB women happen to face specific forms of violence connected to social control more often, and it is permanent: every third LB respondent (33.7%) says that the family members control her appearance and clothing style; every fifth (21.7%) notes that the family members intervene in friendships (in this case, not with community members) or try to end them.

Against our expectations, more than a half of the respondents – 55% (N=116), say that the pandemic did not have an impact on their relationships with family members; 27% (N=43) mentions that the relationship worsened partially (N=43, 20.4%) or dramatically (N=14, 6.6%); only 18% of the participants think that the situation improved partially (N=35, 16.6%) or dramatically (N=3, 1.4%).

<sup>69</sup> Therefore: only 45.3% (N=24) of cisgender respondents experienced psychological violence, whereas 58.9% (N=33) of gender-nonconforming respondents and 56% (N=56) of "gender-neutral" group members have experienced psychological violence and pressure of some form from family members at least once.

<sup>70</sup> Therefore: 35.8% (N=19) of cisgender respondents have this experience, whereas more than a half of gender-nonconforming respondents 53.6% (N=30) and 46% (N=46) of gender-neutral respondents mention the same experience.

**Diagram # 54. Impact of the pandemic-related restrictions and measures on the relationship with family members (N=211)**

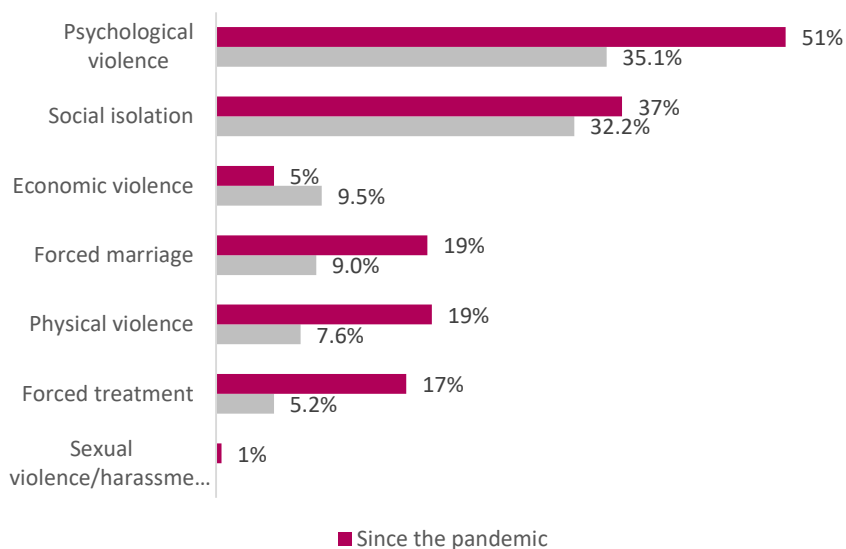


The impact of the pandemic on the relationships with family members is assessed with average scores mostly by those respondents who have not been victims of violence from family members neither before the pandemic nor after it. Most optimistically inclined, who talks about the improvement of the relationship, are those who have not been under psychological pressure from family members during the last two years. Similarly to the case of violence from an intimate partner, the pandemic has emphasized the already existing differences – the situation of those, who had an experience of abusive relationships, has worsened after the pandemic; those who did not have an experience of violence and pressure from family members before the pandemic, or those who described such incidents as rather exceptional (that it took place only once), are more inclined to assess the impact of the pandemic on relationships with average or higher scores.

It is not only the frequency of the violence the respondents experienced that is important to assess the impact on the relationship, but also its form – be that the psychological violence or the social control from family members.

Comparison of the respondents, who had experienced violence before and since the pandemic, also shows that, overall, the number of respondents who were experiencing violence from family members not only did not increase but, unexpectedly, even decreased.

**Diagram # 55. The ratio of the respondents who were experiencing violence in the family before and since the pandemic**



**Table # 18. Experience and frequency of violence from family members since the pandemic (N=211)**

|                                                                                        | Once |      | Twice |      | Three and more times |       | Never |        |
|----------------------------------------------------------------------------------------|------|------|-------|------|----------------------|-------|-------|--------|
|                                                                                        | N    | %    | N     | %    | N                    | %     | N     | %      |
| <b>Physical violence</b>                                                               |      |      |       |      |                      |       |       |        |
| Has used physical violence                                                             | 17   | 8.1% | 7     | 3.3% | 14                   | 6.6%  | 173   | 82.0%  |
| Has threatened to use or used a gun/cold weapon against you                            | 5    | 2.4% | 2     | 0.9% | 5                    | 2.4%  | 199   | 94.3%  |
| <b>Sexual violence/harassment</b>                                                      |      |      |       |      |                      |       |       |        |
| Has touched intimate parts of your body against your will                              | 1    | 0.5% | 0     | 0.0% | 0                    | 0.0%  | 210   | 99.5%  |
| Has forced you to touch his/her intimate parts of the body                             | 0    | 0.0% | 0     | 0.0% | 0                    | 0.0%  | 211   | 100.0% |
| Has forced or tried to have sexual intercourse with you                                | 0    | 0.0% | 0     | 0.0% | 0                    | 0.0%  | 211   | 100.0% |
| <b>Psychological violence</b>                                                          |      |      |       |      |                      |       |       |        |
| Has insulted or treated you in a way that made you have a negative idea about yourself | 14   | 6.6% | 7     | 3.3% | 53                   | 25.1% | 137   | 64.9%  |
| Has insulted or humiliated you in front of other people                                | 7    | 3.3% | 10    | 4.7% | 44                   | 20.9% | 150   | 71.1%  |
| Refused to have a relationship or ignored you for manipulation                         | 4    | 1.9% | 6     | 2.8% | 34                   | 16.1% | 167   | 79.1%  |
| Has destroyed or damaged the objects important for you                                 | 13   | 6.2% | 5     | 2.4% | 12                   | 5.7%  | 181   | 85.8%  |
| Has threatened to harm a person dear to you                                            | 6    | 2.8% | 6     | 2.8% | 5                    | 2.4%  | 194   | 91.9%  |

|                                                                      |    |      |   |      |    |       |     |       |
|----------------------------------------------------------------------|----|------|---|------|----|-------|-----|-------|
| Was blackmailing you with a forced “coming out”                      | 5  | 2.4% | 2 | 0.9% | 4  | 1.9%  | 200 | 94.8% |
| Sent you letters/emails containing hateful comments and threats      | 10 | 4.7% | 3 | 1.4% | 13 | 6.2%  | 185 | 87.7% |
| Made insulting comments about you on the Internet                    | 2  | 0.9% | 0 | 0.0% | 1  | 0.5%  | 208 | 98.6% |
| Threatened you or forced you to move out                             | 9  | 4.3% | 5 | 2.4% | 40 | 19.0% | 157 | 74.4% |
| <b>Economic violence</b>                                             |    |      |   |      |    |       |     |       |
| Threatened or forced to leave the house/apartment                    | 16 | 7.6% | 4 | 1.9% | 10 | 4.7%  | 181 | 85.8% |
| Forbade you to have a job or income-generating activities            | 8  | 3.8% | 3 | 1.4% | 10 | 4.7%  | 190 | 90.0% |
| Took away income from you against your will                          | 0  | 0.0% | 1 | 0.5% | 5  | 2.4%  | 205 | 97.2% |
| <b>Social Isolation</b>                                              |    |      |   |      |    |       |     |       |
| Was controlling your appearance/ style                               | 2  | 0.9% | 6 | 2.8% | 66 | 31.3% | 137 | 64.9% |
| Forbade you to have contact with family members/relatives            | 4  | 1.9% | 1 | 0.5% | 13 | 6.2%  | 193 | 91.5% |
| Forbade you to have contact with LGBT(Q)I community                  | 6  | 2.8% | 3 | 1.4% | 55 | 26.1% | 147 | 69.7% |
| Forbade you to have contact with friends                             | 4  | 1.9% | 2 | 0.9% | 33 | 15.6% | 172 | 81.5% |
| Forced you to marry with the purpose of „correction”                 | 11 | 5.2% | 3 | 1.4% | 26 | 12.3% | 171 | 81.0% |
| Forced you to go to a psychologist/doctor to „heal from orientation” | 14 | 6.6% | 2 | 0.9% | 20 | 9.5%  | 175 | 82.9% |

**Table # 19. Experience and frequency of violence from family members since the pandemic (N=211)**

|                                                                                        | Once |      | Twice |      | Three and more times |       | Never |        |
|----------------------------------------------------------------------------------------|------|------|-------|------|----------------------|-------|-------|--------|
|                                                                                        | N    | %    | N     | %    | N                    | %     | N     | %      |
| <b>Physical violence</b>                                                               |      |      |       |      |                      |       |       |        |
| Has used physical violence                                                             | 4    | 1.9% | 1     | 0.5% | 6                    | 2.8%  | 200   | 94.8%  |
| Has threatened to use or used a gun/cold weapon against you                            | 1    | 0.5% | 2     | 0.9% | 3                    | 1.4%  | 205   | 97.2%  |
| <b>Sexual violence/harassment</b>                                                      |      |      |       |      |                      |       |       |        |
| Has touched intimate parts of your body against your will                              | 0    | 0.0% | 0     | 0.0% | 0                    | 0.0%  | 211   | 100.0% |
| Has forced you to touch his/her intimate parts of the body                             | 0    | 0.0% | 0     | 0.0% | 0                    | 0.0%  | 211   | 100.0% |
| Has forced or tried to have sexual intercourse with you                                | 0    | 0.0% | 0     | 0.0% | 0                    | 0.0%  | 211   | 100.0% |
| <b>Psychological violence</b>                                                          |      |      |       |      |                      |       |       |        |
| Has insulted or treated you in a way that made you have a negative idea about yourself | 7    | 3.3% | 5     | 2.4% | 32                   | 15.2% | 167   | 79.1%  |
| Has insulted or humiliated you in front of other people                                | 8    | 3.8% | 7     | 3.3% | 23                   | 10.9% | 173   | 82.0%  |
| Refused to have a relationship or ignored you for manipulation                         | 7    | 3.3% | 4     | 1.9% | 15                   | 7.1%  | 185   | 87.7%  |
| Has destroyed or damaged the objects important for you                                 | 5    | 2.4% | 3     | 1.4% | 5                    | 2.4%  | 198   | 93.8%  |
| Has threatened to harm a person dear to you                                            | 3    | 1.4% | 2     | 0.9% | 2                    | 0.9%  | 204   | 96.7%  |
| Was blackmailing you with a forced “coming out”                                        | 4    | 1.9% | 0     | 0.0% | 3                    | 1.4%  | 204   | 96.7%  |
| Sent you letters/emails containing hateful comments and threats                        | 3    | 1.4% | 3     | 1.4% | 5                    | 2.4%  | 200   | 94.8%  |
| Made insulting comments about you on the Internet                                      | 1    | 0.5% | 0     | 0.0% | 0                    | 0.0%  | 210   | 99.5%  |



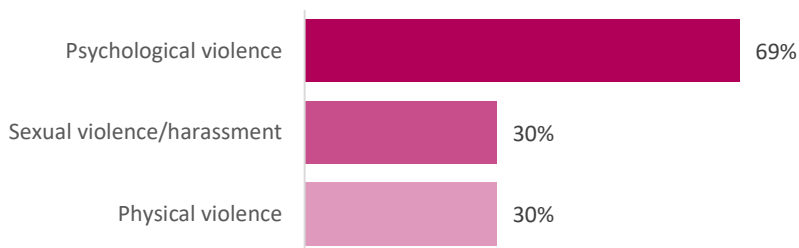
|                                                                      |   |      |   |      |    |       |     |       |
|----------------------------------------------------------------------|---|------|---|------|----|-------|-----|-------|
| Threatened you or forced you to move out                             | 3 | 1.4% | 5 | 2.4% | 29 | 13.7% | 174 | 82.5% |
| <b>Economic violence</b>                                             |   |      |   |      |    |       |     |       |
| Threatened or forced to leave the house/apartment                    | 3 | 1.4% | 0 | 0.0% | 9  | 4.3%  | 199 | 94.3% |
| Forbade you to have a job or income-generating activities            | 3 | 1.4% | 0 | 0.0% | 7  | 3.3%  | 201 | 95.3% |
| Took away income from you against your will                          | 2 | 0.9% | 1 | 0.5% | 3  | 1.4%  | 205 | 97.2% |
| <b>Social Isolation</b>                                              |   |      |   |      |    |       |     |       |
| Was controlling your appearance/ style                               | 6 | 2.8% | 6 | 2.8% | 41 | 19.4% | 158 | 74.9% |
| Forbade you to have contact with family members/relatives            | 0 | 0.0% | 1 | 0.5% | 8  | 3.8%  | 202 | 95.7% |
| Forbade you to have contact with LGBT(Q)I community                  | 2 | 0.9% | 6 | 2.8% | 38 | 18.0% | 165 | 78.2% |
| Forbade you to have contact with friends                             | 1 | 0.5% | 3 | 1.4% | 12 | 5.7%  | 195 | 92.4% |
| Forced you to marry with the purpose of „correction"                 | 1 | 0.5% | 3 | 1.4% | 15 | 7.1%  | 192 | 91.0% |
| Forced you to go to a psychologist/doctor to „heal from orientation" | 2 | 0.9% | 1 | 0.5% | 8  | 3.8%  | 200 | 94.8% |

From the point of view of the experience of the whole group, the least change is to be seen in the social isolation practices. This kind of dynamics is mostly due to the experience of LBQ and GBQ group members. As for the transgender survey participants, the situation of the respondents who have violent experiences did not change even after the pandemic and each of them is still experiencing physical, psychological, or other forms of violence.

#### 4.4.3. Hate crime

During the last two years, 7 out of 10 respondents have been a victim of hate crime (N=155, 73.5%) at least once. Among them, every third has been a victim of physical and sexual violence or harassment (N=147, 30.3%); 68.7% (N=145) have been a victim of psychological violence.

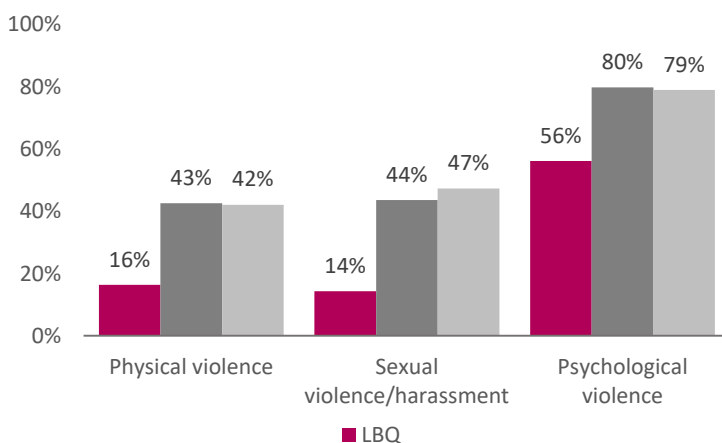
**Diagram # 56. Distribution of the respondents according to the experiences and forms of hate-motivated violence (N=155)**



Male respondents were victims of physical violence more often than those who indicate their sex assigned at birth as female.

The share of the respondents who experienced of physical violence among GBQ and transgender respondents (respectively, 42.6% and 42.1%) is 2,5 times more than among LBQ respondents (16.3%).

**Diagram # 57. Distribution of the respondents according to the experiences and forms of hate-motivated violence/incident in LBQ/GBQ and transgender respondents (N=155)**



The share of male respondents who experienced sexual violence is three times more than in the female group. In addition, the share of the respondents who have experienced violence/harassment decreases with the age.

The same goes for psychological violence. 55.6% of the LBQ women have experienced psychological violence from a third person, whereas in GBQ and transgender groups eight out of 10 had this experience.<sup>71</sup>

**Table # 20. Percentage distribution of respondents according to the experience and forms of hate crime/incident in LBQ/GBQ/Transgender groups**

|                                                             | LBQ |     | GBQ |        | Transgender |     |
|-------------------------------------------------------------|-----|-----|-----|--------|-------------|-----|
|                                                             | N   | %   | N   | %      | N           | %   |
| <b>Physical violence</b>                                    |     |     |     |        |             |     |
| Has used physical violence                                  | 13  | 13% | 37  | 39.40% | 8           | 42% |
| Has threatened to use or used a gun/cold weapon against you | 7   | 7%  | 19  | 20.20% | 6           | 32% |
| <b>Sexual violence/harassment</b>                           |     |     |     |        |             |     |
| Has touched intimate parts of your body against your will   | 13  | 13% | 33  | 35.10% | 9           | 47% |
| Has forced you to touch his/her intimate parts of the body  | 3   | 3%  | 19  | 20.20% | 4           | 21% |
| Infected you with STI/HIV                                   | 0   | 0%  | 4   | 4.30%  | 1           | 5%  |
| Tried to have sexual intercourse with you under a threat    | 8   | 8%  | 21  | 22.30% | 5           | 26% |
| Had sexual intercourse with you when you were drunk         | 1   | 1%  | 14  | 14.90% | 3           | 16% |
| <b>Psychological violence</b>                               |     |     |     |        |             |     |
| Made insulting or humiliating comments about you            | 45  | 46% | 63  | 67.00% | 11          | 58% |
| Asked you annoying questions about your private life        | 41  | 42% | 56  | 59.60% | 12          | 63% |
| Destroying or damaged items belonging to you                | 2   | 2%  | 15  | 16.00% | 5           | 26% |
| Threatened to harm a person dear to you                     | 9   | 9%  | 11  | 11.70% | 1           | 5%  |
| Was blackmailing you with a forced "coming out"             | 13  | 13% | 21  | 22.30% | 6           | 32% |

---

<sup>71</sup> Among LBQ women respondents, the share of those who have experienced violence from an intimate partner is higher than that of those who have this experience from a third person. The situation is the opposite in GBQ and transgender groups – they become a victim of violence from a third-person more often than from an intimate partner.

|                                                                 |   |    |    |        |    |     |
|-----------------------------------------------------------------|---|----|----|--------|----|-----|
| Sent you letters/emails containing hateful comments and threats | 8 | 8% | 28 | 29.80% | 10 | 53% |
| Made insulting comments about you on the Internet               | 7 | 7% | 26 | 27.70% | 11 | 58% |

Sixteen out of 23 respondents involved in commercial sex work have been at least once a victim of physical violence from a third person; 14 were victims of sexual harassment and violence and 21 – of psychological violence from a third person.

### Place of a violence

A place of violence indicated by the respondents most frequently is "a street/park or other public places" (21%, N=49). Internet/social networks, place of employment, educational institutions and own place of residence or its vicinity come up with almost equal frequency (respectively, N=37, 15.9%; N=32, 13.7% and N=28, 12%).

**Table # 21. Ranging of the places of hate crime according to the frequency of answers**

|                                                             | N  | %     |
|-------------------------------------------------------------|----|-------|
| Street/park or another public place                         | 49 | 21.0% |
| Internet/social networks                                    | 37 | 15.9% |
| Educational institution/place of employment or its vicinity | 32 | 13.7% |
| Your place of residence or its vicinity                     | 28 | 12.0% |
| LGBT bar/club or its vicinity                               | 21 | 9.0%  |
| Place/house of residence of another person                  | 18 | 7.7%  |
| Restaurant/club/clinic/supermarket/bank...                  | 14 | 6.0%  |
| Other                                                       | 12 | 5.2%  |
| Public transport                                            | 8  | 3.4%  |
| Red light district                                          | 8  | 3.4%  |
| Office of LGBTI organization or its vicinity                | 6  | 2.6%  |

Answers differ in terms of sex/identity. Transgender respondents are most often assaulted in "internet/social networks" (25%). For these respondents, places where they live and their vicinity are dangerous and potential places for an assault as well as "street and places of public gathering".

### Strategies for avoiding the violence

Different experiences are reflected in the defense strategies against violence. 24% and 26% of the transgender and GBQ respondents mention that they had to delete or change their social network accounts; the answer "improved safety measures at

home” is indicated by a larger share of transgender respondents (26%) than by GBQ (16%) or LBQ (11%) respondents. In order to protect themselves from a potential attacker, 42% of transgender respondents carry with them certain measures for self-defense (for comparison, GBQ – 19%, LBQ – 24%).

Compared to LBQ women, GBQ and transgender respondents most frequently mention "avoiding walking in certain places" as a strategy for avoiding violence (respectively, GBQ – 76%, transgender respondents – 84% and LBQ – 59%). In comparison to LBQ women, the GBQ group has twice more respondents who are forced to change their clothing or hairstyle for the sake of personal safety (LBQ – 18%, GBQ – 37%).

**Table # 22. Experience of the strategies for avoiding the violence in LBQ/GBQ/Transgender respondents**

|                                                                    | LBQ |              | GBQ |              | Transgender |              |
|--------------------------------------------------------------------|-----|--------------|-----|--------------|-------------|--------------|
|                                                                    | N   | %            | N   | %            | N           | %            |
| I have avoided walking in certain places                           | 58  | <b>59.2%</b> | 71  | <b>75.5%</b> | 16          | <b>84.2%</b> |
| I prefer not to go out at night                                    | 38  | 38.8%        | 29  | 30.9%        | 7           | 36.8%        |
| I have improved safety measures at home                            | 11  | 11.2%        | 15  | 16.0%        | 5           | <b>26.3%</b> |
| I carry self-defense items (e.g. pepper stray, electroshock)       | 24  | 24.5%        | 18  | 19.1%        | 8           | <b>42.1%</b> |
| I have changed my appearance/ style, hairstyle                     | 18  | <b>18.4%</b> | 35  | <b>37.2%</b> | 5           | <b>26.3%</b> |
| I have changed my mobile phone number                              | 16  | 16.3%        | 15  | 16.0%        | 3           | 15.8%        |
| I have deactivated my account on Facebook or other social networks | 10  | 10.2%        | 23  | 24.5%        | 5           | 26.3%        |
| I have hidden/am hiding my sexual orientation                      | 78  | <b>79.6%</b> | 82  | <b>87.2%</b> | 12          | <b>63.2%</b> |
| I avoid holding hands or kissing with a partner in public places   | 68  | <b>69.4%</b> | 81  | <b>86.2%</b> | 15          | <b>78.9%</b> |
| I avoid being in contact with LGBTI community members openly       | 17  | <b>17.3%</b> | 28  | <b>29.8%</b> | 7           | <b>36.8%</b> |
| I have changed my place of residence (apartment, house)            | 16  | <b>16.3%</b> | 19  | <b>20.2%</b> | 6           | <b>31.6%</b> |
| I have changed my place of residence (city, village)               | 9   | <b>9.2%</b>  | 11  | <b>11.7%</b> | 4           | <b>21.1%</b> |

Most frequently, respondents named as perpetrators of violence unknown persons, strangers – more than a half of the cases of physical violence, damaging items, threats, blackmailing and assaults on the Internet involve unknown persons. As for the frequency of cases, community members (experience of sexual harassment and violence from other community members is frequent) take the second position. As for the forms of violence, the most frequently named ones are "insulting, humiliating comments" and "annoying questions about private life, which make one feel insulted" – these questions come from neighbors, coworkers, classmates/fellow students and those are the most widespread forms of psychological violence.

**Table # 23. Percentage distribution of respondents according to the experience and the identity of the perpetrator of violence in cases of hate crime/incident**

| Who were the perpetrators of violence who committed a violent act against you?                              | Neighbor | Coworker | Classmate/fellow student | Client or patient | A member of an extremist group | A group of teenagers |
|-------------------------------------------------------------------------------------------------------------|----------|----------|--------------------------|-------------------|--------------------------------|----------------------|
| Has used physical violence                                                                                  | 8.5%     | 4.2%     | 5.6%                     | 4.2%              | 2.8%                           | 5.6%                 |
| Threatened to use or used a gun/cold weapon against you                                                     | 3.3%     |          |                          | 10.0%             | 3.3%                           |                      |
| Touched your private parts against your will                                                                | 3.3%     | 5.0%     | 3.3%                     | 5.0%              |                                |                      |
| Forced you to touch his/her private parts                                                                   | 3.8%     |          |                          | 7.7%              |                                |                      |
| Infected you with STD/HIV                                                                                   |          |          |                          |                   |                                |                      |
| Tried to have sexual intercourse with you under a threat                                                    | 3.1%     |          | 6.3%                     | 6.3%              |                                |                      |
| Had sexual intercourse with you when you were drunk or in such a state that you could not put up resistance | 4.8%     |          | 4.8%                     | 4.8%              |                                |                      |
| Made insulting comments about you                                                                           | 8.5%     | 5.7%     | 7.4%                     | 4.0%              | 4.0%                           | 12.5%                |
| Asked annoying questions about your life which made you feel insulted                                       | 11.3%    | 13.8%    | 11.9%                    | 3.8%              | 1.3%                           | 7.5%                 |
| Destroyed or damaged object(s) belonging to you                                                             | 5.0%     |          |                          | 5.0%              |                                | 5.0%                 |

|                                                                            |       |      |       |      |      |      |
|----------------------------------------------------------------------------|-------|------|-------|------|------|------|
| Threatened to harm a person dear to you                                    | 11.1% |      | 5.6%  |      |      | 5.6% |
| Blackmailed you with a forced “coming out” (or publicized the information) | 13.3% |      | 10.0% | 3.3% | 3.3% |      |
| Sent you letters/emails containing hate and threats                        |       | 2.0% | 6.0%  | 2.0% | 8.0% | 4.0% |
| Made insulting comments about you on the Internet                          |       |      | 8.6%  | 1.7% | 8.6% | 3.4% |

| Who were the perpetrators of violence who committed a violent act against you?                              | Police officer | Security guard | Another public person | A person unknown to me | LGBT(Q)I community member |
|-------------------------------------------------------------------------------------------------------------|----------------|----------------|-----------------------|------------------------|---------------------------|
| Has used physical violence                                                                                  | 4.2%           | 1.4%           | 4.2%                  | 47.9%                  | 11.3%                     |
| Threatened to use or used a gun/cold weapon against you                                                     |                |                | 6.7%                  | 66.7%                  | 10.0%                     |
| Touched your private parts against your will                                                                |                |                | 5.0%                  | 46.7%                  | 31.7%                     |
| Forced you to touch his/her private parts                                                                   |                |                | 3.8%                  | 50.0%                  | 34.6%                     |
| Infected you with STD/HIV                                                                                   |                |                |                       | 20.0%                  | 80.0%                     |
| Tried to have sexual intercourse with you under a threat                                                    | 3.1%           |                | 3.1%                  | 56.3%                  | 21.9%                     |
| Had sexual intercourse with you when you were drunk or in such a state that you could not put up resistance |                |                |                       | 28.6%                  | 57.1%                     |
| Made insulting comments about you                                                                           | 6.3%           | 2.8%           | 5.1%                  | 35.8%                  | 8.0%                      |
| Asked annoying questions about your life which made you feel insulted                                       | 5.6%           | 1.9%           | 3.1%                  | 29.4%                  | 10.6%                     |
| Destroyed or damaged object(s) belonging to you                                                             |                |                |                       | 55.0%                  | 30.0%                     |
| Threatened to harm a person dear to you                                                                     |                | 5.6%           |                       | 55.6%                  | 16.7%                     |
| Blackmailed you with a forced “coming out” (or publicized the information)                                  |                |                |                       | 50.0%                  | 20.0%                     |
| Sent you letters/emails containing hate and threats                                                         |                |                | 4.0%                  | 50.0%                  | 24.0%                     |
| Made insulting comments about you on the Internet                                                           | 1.7%           |                | 1.7%                  | 50.0%                  | 24.1%                     |

The share of the respondents who experienced physical violence or sexual harassment (31.5% and 28.7%) is higher among the residents of Tbilisi (among the residents of Tbilisi, every third (33,9%) says that he/she has had experienced it in the last two years; as for the regions, every fourth has had this experience – 25.4%). Yet, in the case of psychological violence, there is no difference between the respondents living in Tbilisi and regions (respectively, 68.5% and 69%).



#### 4.4.4. Needs of the victims of violence and reporting

##### **Diagram # 58. Needs of the victims of violence**

**Q. V1. Have you ever needed the following service/support because of the experienced violence during the last two years?**



Almost three out of five respondents (58.3%, N=123) say that he/she needed help from a psychologist to cope with the consequences of the violence. Thirty-seven out of 123 knew where to get this service, but did not ask for help; 14 did not have access to it; four respondents did not know about the service. More than half of the respondents in need used this service (55%, N=68); 52 of them received it from a community organization.

In terms of demand on services, second and third positions were occupied by the services from a social worker and a lawyer. Almost a third of the victims say that they needed help from a lawyer and a social worker (respectively, 30.8% and 29.4%); yet, when it comes to asking for help, their behavior is significantly different. Out of 62 respondents who required help from a lawyer, only five addressed the community organization (25 answered that they knew whom to address but did not do so; 28 said that the service wasn't accessible; four didn't know about it), whereas the social worker service was used by 50 respondents out of 65 (47 of them received the service from a community organization); 12 answered that they didn't ask for help, for two it wasn't accessible, and one did not know about it. Such different behaviors might be due to the problem of accessibility of certain services (e.g., lawyer service) in the regions. Because of limited funding, community organizations based in regions find it hard to create/keep the professional services and often they ask for help from the NGOs in the capital city.

A fifth of the victims of the violence needed help from a doctor (21.3%, N=45). Four out of five were able to use the service (N=35).

Thirty-nine respondents claimed that they would use the resource of support groups for violence victims, but they did not know about such services. Because of the violent experience, 27 respondents needed a shelter. Three received help from a community organization, five found other resources, four did not ask for help, and the others did not know where to get this service. The domestic violence hotline was used by only two respondents out of 24. Seven knew about it, but did not use it; 15 respondents said that they did not know about this service. Thirteen needed help from an addictionologist. Four of them received help (three of them were directed from the organization, one found the resource elsewhere).

**Table # 24. Needs and reporting of the violence victims according to the forms of service (N=155)**

|                                            | Needed it but didn't receive it             |       |                                 |       |                                         |       |                     |       | Total |        | Needed it and received it     |       |           |       | Total |       |
|--------------------------------------------|---------------------------------------------|-------|---------------------------------|-------|-----------------------------------------|-------|---------------------|-------|-------|--------|-------------------------------|-------|-----------|-------|-------|-------|
|                                            | Knew where to get it but did not ask for it |       | Did not know about this service |       | There is no such service in the country |       | Had no access to it |       |       |        | In the community organization |       | Elsewhere |       |       |       |
|                                            | N                                           | %     | N                               | %     | N                                       | %     | N                   | %     | N     | %      | N                             | %     | N         | %     | N     | %     |
| Lawyer's service                           | 25                                          | 40.3% | 0                               | 0.0%  | 4                                       | 6.5%  | 28                  | 45.2% | 57    | 91.9%  | 5                             | 8.1%  | 0         | 0.0%  | 5     | 8.1%  |
| Psychologist's service                     | 37                                          | 30.1% | 3                               | 2.4%  | 1                                       | 0.8%  | 14                  | 11.4% | 55    | 44.7%  | 52                            | 42.3% | 16        | 13.0% | 68    | 55.3% |
| Social worker's service                    | 12                                          | 18.5% | 2                               | 3.1%  | 0                                       | 0.0%  | 1                   | 1.5%  | 15    | 23.1%  | 47                            | 72.3% | 3         | 4.6%  | 50    | 76.9% |
| Medical service                            | 8                                           | 17.8% | 0                               | 0.0%  | 0                                       | 0.0%  | 2                   | 4.4%  | 10    | 22.2%  | 11                            | 24.4% | 24        | 53.3% | 35    | 77.8% |
| Support groups for the victims of violence | 3                                           | 7.7%  | 18                              | 46.2% | 15                                      | 38.5% | 3                   | 7.7%  | 39    | 100.0% | 0                             | 0.0%  | 0         | 0.0%  | 0     | 0.0%  |
| Shelter                                    | 4                                           | 14.8% | 9                               | 33.3% | 3                                       | 11.1% | 3                   | 11.1% | 19    | 70.4%  | 3                             | 11.1% | 5         | 18.5% | 8     | 29.6% |
| Domestic violence hotline                  | 7                                           | 29.2% | 15                              | 62.5% | 0                                       | 0.0%  | 0                   | 0.0%  | 22    | 91.7%  | 2                             | 8.3%  | 0         | 0.0%  | 2     | 8.3%  |
| Addictionologist                           | 4                                           | 30.8% | 3                               | 23.1% | 1                                       | 7.7%  | 1                   | 7.7%  | 9     | 69.2%  | 3                             | 23.1% | 1         | 7.7%  | 4     | 30.8% |

## Reaction to the violence

**Every fifth respondent who experienced intimate partner violence** (N=155) prefers to remain silent and tells nobody about it (21.4%, N=34), while 24.5% (N=38) tells only a friend about it. It should be noted that the survey participants are less open to other members of the community than to friends – respectively, 74.8% and 46.5%. LBQ women respondents, compared to the GBQ group, tell friends or other community members less often about it.<sup>72</sup> The given trend is probably also influenced by the fact that, in most cases, the victim and the perpetrator both belong to the same social group and, therefore, it might be that the victim has low expectations of unconditional moral and emotional support.

The number of the respondents, who can talk about it with family members/relatives, is quite small – only 12.3% (N=19) of the violence victims have talked about these issues with family members. Due to the strong homophobic attitudes in society, compared to heterosexual couples, only a small number of the LGBT(Q)I people have a chance to receive emotional or other kinds of support from the family members, relatives, or social microenvironment. The survey shows that, according to the responses of the respondents, the orientation of almost a third (30.8%) is unknown for family members. Furthermore, if taken into account that after the coming out, for the majority of the respondents the relationships with the family members have worsened, in individual cases a large number of the respondents experience violence from their family members as well because of expressing their sexual orientation/gender. As a result, the number of those respondents who hope to have support from family members/relatives is very small.

**Table # 25. Reaction to intimate partner violence in LBQ/GBQ and transgender respondents**

|                                            | LBQ   | GBQ   | Transgender | All          |
|--------------------------------------------|-------|-------|-------------|--------------|
| (Told) a friend                            | 70.0% | 79.7% | 72.7%       | <b>74.8%</b> |
| A family member or a relative              | 15.7% | 8.1%  | 18.2%       | <b>12.3%</b> |
| Another member of the LGBT(Q)I community   | 38.6% | 48.6% | 81.8%       | <b>46.5%</b> |
| Representative of a community organization | 18.6% | 20.3% | 45.5%       | <b>21.3%</b> |
| Ombudsman                                  | 1.4%  | 0.0%  | 0.0%        | <b>0.6%</b>  |
| Police                                     | 7.1%  | 5.4%  | 18.2%       | <b>7.1%</b>  |

---

<sup>72</sup> Only 38.6% of LBQ women have talked about the violence from an intimate partner with the community members, and with a friend – 70%, whereas in the GBQ group 48,6% have talked about it with other community members and 79.7% – with friends.

Compared to intimate partner violence, respondents find it much easier to talk about the **experience of domestic violence**. 89.9% (N=107) of the victims of violence from the side of family members have shared this experience with at least one person. The most trustworthy group seems to be friends – four out of every five victims (77.9%) have told a friend about a violent experience. More than a half (52.5%) have shared this experience with an intimate partner; 44.3% talk about these problems with other members of the community. Every third respondent has asked for help from a family member/relative and a representative of the community organization. Only nine respondents (7.4%) have addressed police for help; the ombudsman was addressed only once.

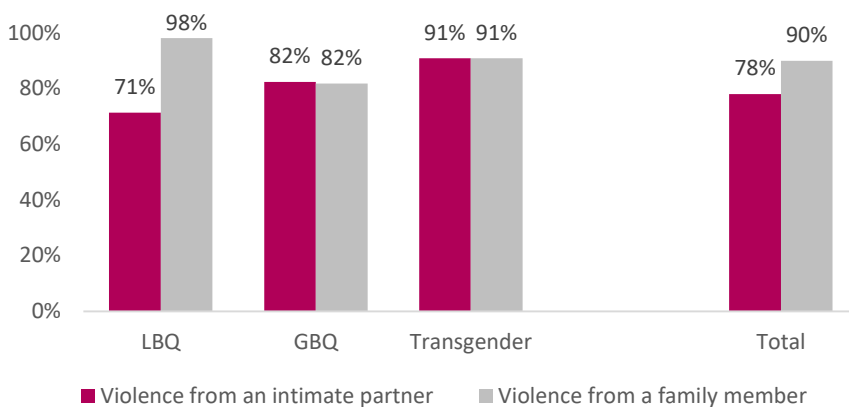
**Table # 26. Reaction to the violence from the family members in LBQ/GBQ and transgender respondents**

|                                          | LBQ   | GBQ   | Transgender | All   |
|------------------------------------------|-------|-------|-------------|-------|
| (Told) an intimate partner               | 67.9% | 39.7% | 45.5%       | 52.5% |
| A friend                                 | 81.1% | 74.1% | 81.8%       | 77.9% |
| A family member or a relative            | 37.7% | 32.8% | 18.2%       | 33.6% |
| Another member of the LGBT(Q)I community | 41.5% | 48.3% | 36.4%       | 44.3% |
| Representative of community organization | 30.2% | 32.8% | 45.5%       | 32.8% |
| Ombudsman                                | 1.9%  | 0.0%  | 0.0%        | 0.8%  |
| Police                                   | 11.3% | 1.7%  | 18.2%       | 7.4%  |

Members of the GBQ group speak about the negative experience of violence with others less often (in case of intimate partner violence the answer „told nobody“ was indicated by 21% and by 17.6% in the cases of violence from the side of family members); yet, the percentage of the respondents who tell somebody about the cases of violence or react to them is more or less the same. The difference is obvious in the case of LBQ women: out of 52 LBQ group respondents who have experienced violence from family members, only one has not told anyone about it, whereas in the case of intimate partner violence, 28.6% prefer to remain silent.

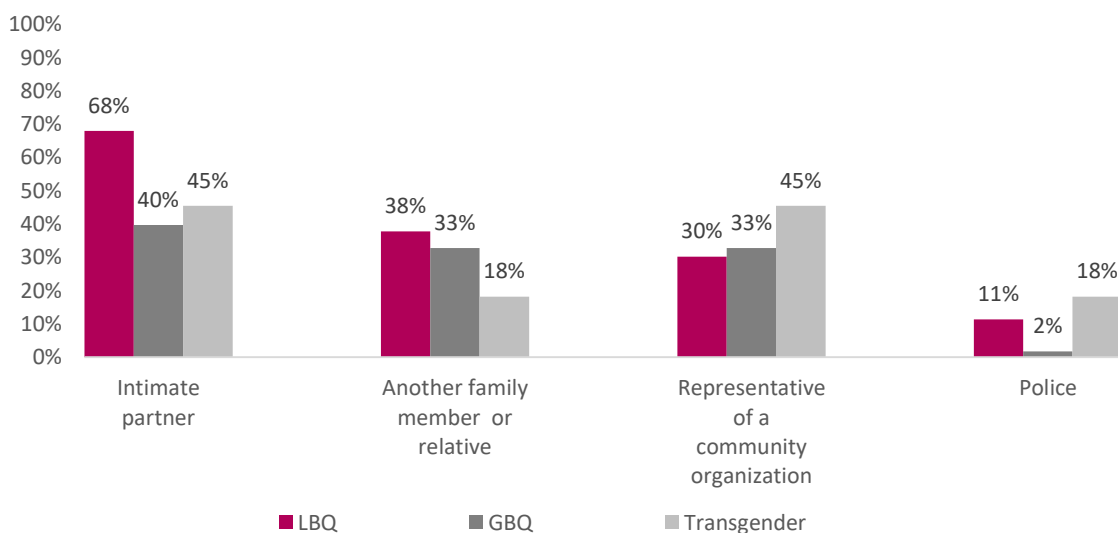
Members of the GBQ group can talk about these two types of violence more or less in the same measure, while for the LBQ women intimate partner violence remains a taboo topic.

**Diagram # 59. Reaction to the incidents of intimate partner violence and to the violence from the family member (Distribution of the answer „have not told anyone“ in LBQ/GBQ and transgender respondents)**



The second significant difference is related to the openness to the intimate partner in terms of gender: 67.9% (N=36) has shared this experience with an intimate partner, whereas only 39.7% (N=20) of the GBQ group has have done the same. LBQ group members and transgender people more frequently report to the police in cases of violence from the side of family members than GBQ group members.

**Diagram # 60. Reaction to the incidents of violence from the side of family members in LBQ/GBQ and transgender respondents**



Compared to intimate partner violence, the number of those respondents who can talk about domestic violence with other family members or relatives is three times higher (34.5%, N=41); more victims of domestic violence ask for help from the organization than in the cases of intimate partner violence.

Out of 155 respondents who were victims of intimate partner violence, 33 respondents asked the organization for help. Eleven addressed the police for help,<sup>73</sup> one asked the ombudsman for it. Out of 120 respondents who were victims of domestic violence, 39 respondents asked the organization for help; nine asked help from the police,<sup>74</sup> one – from the ombudsman.

As with other forms of violence, friends are the most trusted ones. 87.2% of the **hate crime** victims say that they shared information about the incident with a friend. Slightly more than half say they have talked about it with an intimate partner. Only 30.8% share this experience with other members of the community – three times less than with intimate partners and domestic violence. Studies show that hate-motivated crime, by its very nature,<sup>75</sup> has a severe psychological effect not only on the victim, but also on other members of the community. A low percentage of those who share information may be explained by an attempt to protect other members of the group from the effects of secondary trauma.

The situation is opposite for reporting to the community organizations: intimate partner violence is reported the least frequently, while hate crime is reported most frequently.

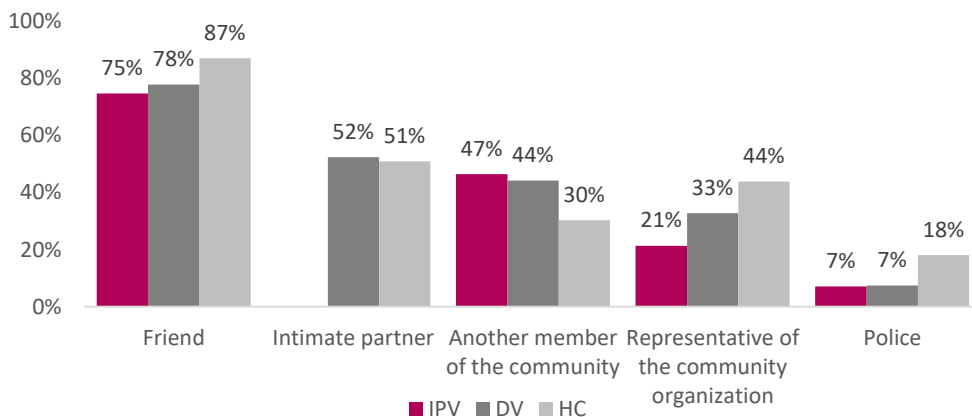
---

<sup>73</sup> All eleven respondents are victims of both physical and psychological violence.

<sup>74</sup> All respondents are victims of both physical and psychological violence.

<sup>75</sup> Such crime is directed not only towards the victim, but also towards the entire group.

**Diagram # 61. The difference in reactions to the experience of intimate partner violence, domestic violence and hate crime/incident**



In the cases of intimate partner violence, one of the reasons most frequently named is the "the incident not being serious" (56.7%). The second position is occupied by the answer „I did not want anyone to know about it“– 25.3%.

As in the case of intimate partner violence, for the domestic violence "the incident not being serious" is indicated as the reason for not reporting it (41.7%). The second position is occupied by the answer „I did not want anyone to know about it“ – 20.5%. A number of the respondents who mentioned „shame, embarrassment“ as the reason is three times more compared to intimate partner violence. Also, the answer "their actions are not effective" comes up more often (11.2%).

In the cases of violence motivated by hatred, the most widespread reason for not reporting the crime to anybody is the incident not considered serious (49.5%). In terms of frequency, „I did not want anyone to know about it“ comes up the second – 17.7%. 8% decided not to report about it because of shame or embarrassment.



**Table # 27. Distribution of reasons why the respondents avoid reporting on the cases/incidents of violence**

|                                               | DV           | IPV          | HC           |
|-----------------------------------------------|--------------|--------------|--------------|
| 1 Fear of the attacker or revenge             | 1.0%         | 0.6%         | 1.3%         |
| 2 Somebody made me change my mind             | 3.3%         | 0.6%         | 1.3%         |
| 3 Shame, embarrassment                        | <b>12.0%</b> | 4.0%         | 8.0%         |
| 4 I thought that it was my fault              | 0.2%         | 1.2%         | 1.8%         |
| 5 I did not want anyone to know about it      | <b>20.5%</b> | <b>25.3%</b> | <b>17.7%</b> |
| 6 Nobody would believe me                     | 1.2%         | 0.4%         | 1.1%         |
| 7 Their actions are not effective             | 11.2%        | 3.6%         | 5.4%         |
| 8 I was scared of the homophobic reaction     | 2.1%         | 1.6%         | 2.5%         |
| 9 I did not want to do a coming out with them | 2.7%         | <b>4.6%</b>  | <b>5.9%</b>  |
| 10 Incident was not serious                   | <b>41.7%</b> | <b>56.7%</b> | <b>49.5%</b> |
| Other                                         | 4.1%         | 1.3%         | 5.7%         |

Compared to the previous years, the answers – „I did not want to do a coming out with them“ and „I was afraid of the homophobic reaction from them“ comes up more often regarding family members (respectively, N=26, 19.1% and N=7, 5.1%) than with ombudsman (respectively, N=1, 0.7% and N=2, 1.3%) or the police (three respondents for each answer – 1.3%).

The most common answers to the main reasons for not addressing the police are: „incident was not serious“ 41.1% (N=44), „their actions are not effective“ – 20.6% (N=22) and „I did not want anyone to know about it“ – 12.1% (N=13). It should be noted that, compared to the previous years, the share of the answers about the fear of coming out and the homophobic reaction significantly decreased.

For the ombudsman, three most commonly named reasons for not addressing are the same, however, their distribution is different: „incident was not serious“ – 47.4% (N=54), „their actions are not effective“ – 15% (N=17) and „I did not want anyone to know about it“ – 12.1% (N=13).

The first three reasons for not addressing to the community organization are differently ranged: „ineffective“ is substituted by „shame, embarrassment“: „incident was not serious“ – 46.1% (N=35), „I did not want anyone to know about it“ – 22.4% (N=17) and „shame, embarrassment“ – 15.8% (N=12).<sup>76</sup>

---

<sup>76</sup> In terms of renting, the first three reasons (with different distributions) are the same in cases of intimate partner, friend, community members and community organization.

The Answer – „I didn't want anyone to know about it“ is most frequently used regarding relatives and family members, while " the incident was not serious" is most often used with the ombudsman.

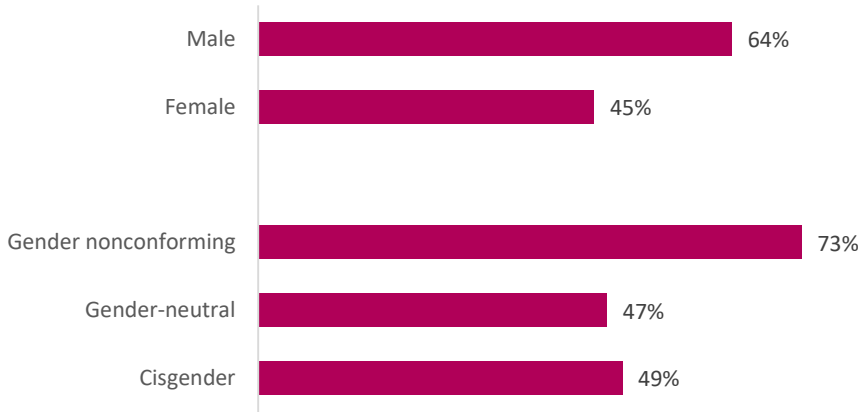
#### **4.4.5. Discrimination**

More than a half of 211 survey participants (N=115, 54.5%) have been a victim of discrimination in the spheres of employment, education, healthcare or service during the last two years at least once.

Experience of discrimination is connected to the sex and gender expression of the respondents. Male respondents more frequently experience discrimination than female ones. Six out of 10 male respondents (63.8%, N=67) have been victims of discrimination during the last two years, while the percentage of the female respondents with this experience is only 45.3% (N=28).

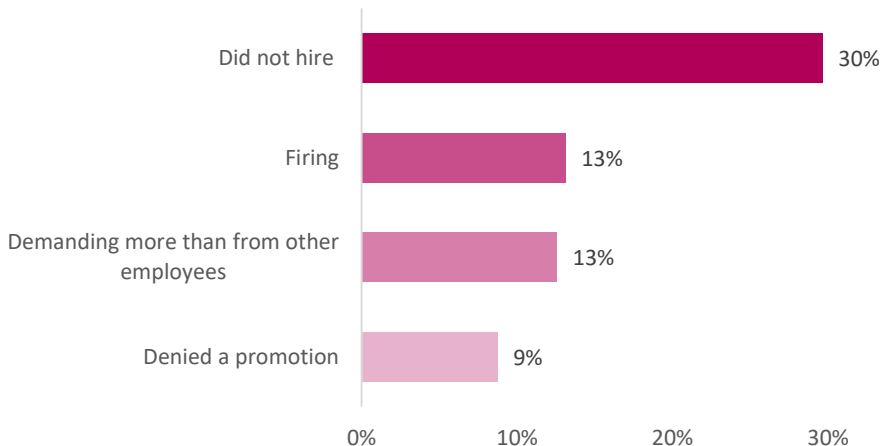
The connection between the experience of discrimination and gender expression is even more obvious. Of the sex-related characteristics of the respondent, gender nonconformity is the one that makes the group members more vulnerable to discrimination. Seven out of 10 gender-nonconforming respondents have been victims of discrimination at least once in the last two years (73.2%), whereas among cisgender and gender-neutral respondents only five out of 10 respondents have this experience (respectively, 47% and 49,1%); transgender respondents represent an exceptional group – 16 out of 19 transgender respondents are victims of discrimination.

**Diagram # 62. Experience of discrimination in terms of biological sex and gender expression (N=211)**



A third of the respondents (32.7%, N=69) have experienced discrimination in the employment sector at least once in the last two years. 59 of them (26.9%) have been rejected by the employer at least once because they belonged to the LGBT(Q)I group or the employer was suspicious about it, and 26 (13.1%) were fired because of it. Eighteen respondents (8.7%) were denied a promotion; employers demanded more than from other employees in case of 25 respondents (12.6%).

**Diagram # 63. Experience of discrimination in the employment sector (N=211)**



The employment sector is most "hostile" for gender-nonconforming respondents.<sup>77</sup> Every second respondent has experienced discrimination in the employment sector at least once (N=29, 51.8%). Compared to the respondents who characterized their gender expression as cisgender or gender-neutral, gender-nonconforming respondents have twice more risk to be rejected by the employer or being fired from work: most vulnerable are the gender-nonconforming male individuals and, among them, transgender group members.

The respondents, who studied in an educational institution during the last two years (143 respondents), were asked to share their experience of discrimination in the education sector. They were given three questions to assess their experience: not letting them attend a class/lecture; demanding more from them than from other students and forcing them to quit the educational institution.

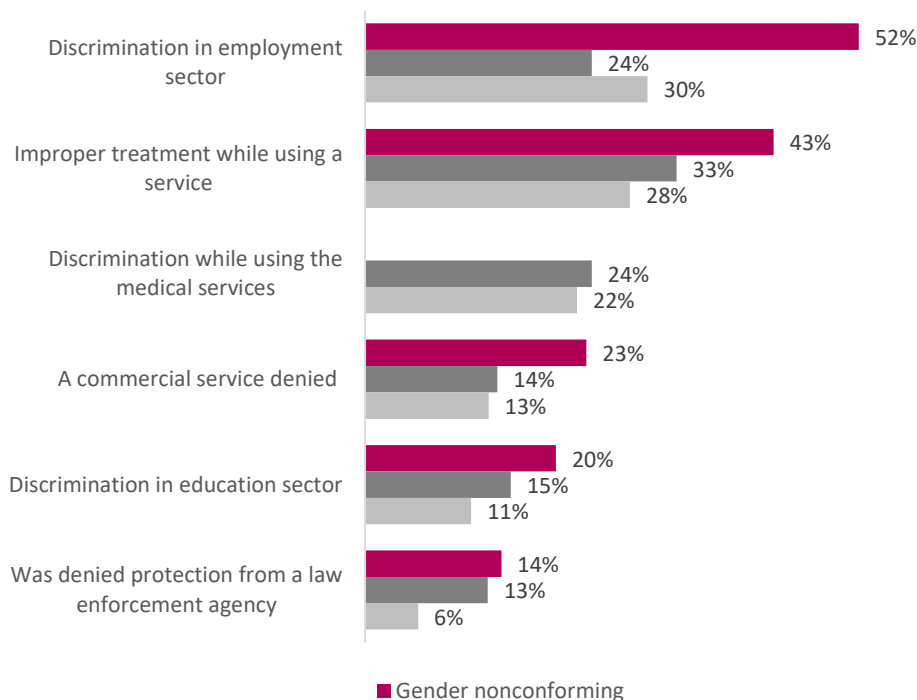
Six out of 143 respondents have indicated that they were forced to quit the educational institution; 11 respondents were not allowed to attend a class/lecture; 19 respondents say that they demanded more from them than from other students/pupils.

In terms of frequency of the discrimination, discriminatory treatment while using a certain service is the most frequent form of discrimination after the discrimination in the employment sector. Almost every third respondent (34.1%, N=72) has been at least once a victim of such treatment. Just as in the case of other discrimination forms, the sex and gender expression of the respondents are important predictors of the discrimination experience.

---

<sup>77</sup> Gender, level of formal education, orientation and other characteristics do not show the relevant relationship with experience of discrimination in the sector of employment.

**Diagram # 64. Discrimination experience in various sectors in terms of gender expression (N=211)**



### Place of discrimination

The survey participants were asked to recall the serious cases of discrimination in the last two years<sup>78</sup> and, therefore, describe places and strategies which were used as a response to the discrimination. The survey shows that LGBT(Q)I group members experience discrimination most frequently while using a service. Consequently, among the most frequently named places were the places such as cafés, bars, restaurants, supermarkets, clinics, banks and others (overall 38.2% of cases). The second position goes to a workplace (26.7%) and the third – to a street/park or a public place (13.9%).

<sup>78</sup> It was possible to choose more than one answer.

**Table # 28. Place of discrimination**

|                                                     | <b>N</b> | <b>%</b> |
|-----------------------------------------------------|----------|----------|
| Café, bar, restaurant, supermarket, clinic, bank... | 63       | 38.2%    |
| Workplace                                           | 44       | 26.7%    |
| Street/park or another public place                 | 23       | 13.9%    |
| Educational institution                             | 13       | 7.9%     |
| Public transport                                    | 10       | 6.1%     |
| Internet/social networks                            | 8        | 4.8%     |
| Red light district                                  | 1        | 0.6%     |
| Police                                              | 1        | 0.6%     |
| House/apartment                                     | 1        | 0.6%     |
| Church                                              | 1        | 0.6%     |
| Total                                               | 165      | 100.0%   |

### **Reporting rate**

It should be noted that in the cases of discrimination reporting rate is very low not only to the court and ombudsman, but also to the human rights organizations as well. On average, one out of five respondents (19.1%, N=22), who were victims of discrimination, are ready to continue fight for their rights.

Nineteen out of the above-mentioned 22 respondents, applied to LGBT(Q)I organization for legal consultation. Yet, it doesn't mean automatically that, after the case is documented, the victims are ready to continue fight for their rights. Only in three cases out of these 19, the organizations were able by consent of the victim bring the case to the court or to the ombudsman. Overall, only three respondents applied to court and ombudsman and only one of them used all the means to defend her rights<sup>79</sup> – she addressed the ombudsman, the court and also used the resources of NGOs. The other two respondents, who mentioned that in response to the discrimination they went to the court or the ombudsman, used the lawyer's service of the LGBT(Q)I organization. In the case of three respondents, in addition to LGBT (NGO)

---

<sup>79</sup> (Q.99, 24-year-old, lesbian. Due to her open position on sexuality and publicly made anti-homophobic statements, she is often a victim of violence and harassment. Despite multiple experiences of discrimination, she actively fights for her rights and uses all the possibilities at her disposal).

organizations, other NGOs were involved in the management of the case, which is a common practice among human rights organizations. One respondent directly addressed the police about the fact of discrimination, two tried to restore their rights with the help of another human rights organization. Despite the low index of appeal for help and the trust in ombudsman institution, there is a clear need for community organizations as advocates in the fight for rights.

### **Need of services**

The consequences and impact of discrimination are different and, besides the legal support, a victim might need a social worker or even a consultation with a psychologist.

Out of 115 victims of discrimination, only two say that they did not need a lawyer service. Despite the awareness of the need, only 18.3% addressed a lawyer, which is a very low index. Out of 92 respondents, who needed but did not use it, the majority (N=80) knew where to get the service, but did not want to involve a lawyer. Eight respondents say that they did not know about the service; four had no access to it because of certain reasons (all of them live in regions); 11 respondents needed help from a doctor, three of them did not use it, four of them got the needed service.

Just as in the case of experience of violence, the most demanded service is the one from the psychologist. Almost half of the victims say that, in the last two years, they needed the help of a psychologist due to discriminatory treatment (46.9%). Half of them asked the organization for help or received it from another source (22.6%); another half did not/could not use the service (23.5%). Out of those 27 respondents who did not use the service, the majority knew where to get it, but did not ask for it. The others had no access to it because of a certain reason.

In terms of need, social worker services are on the second position – 27% of the victims of discrimination needed help from a social worker (N=31). Compared to other services, consultations with a social worker were used more often – 20 out of 31 received the needed service; Nine of them knew where to get it but did not use it; two of them did not know about it.

**Table # 29. Needs of the discrimination victims and asking for help according to the forms of service (N=115)**

|                           | I needed it but haven't received it |       | I needed it and received it |       | I didn't need it |       |
|---------------------------|-------------------------------------|-------|-----------------------------|-------|------------------|-------|
|                           | N                                   | %     | N                           | %     | N                | %     |
| Lawyer's service          | 92                                  | 80.0% | 21                          | 18.3% | 2                | 1.7%  |
| Help from a doctor        | 4                                   | 3.5%  | 7                           | 6.1%  | 104              | 90.4% |
| Help from a psychologist  | 27                                  | 23.5% | 26                          | 22.6% | 62               | 53.9% |
| Help from a social worker | 11                                  | 9.6%  | 20                          | 17.4% | 84               | 73.0% |
| Shelter                   | 6                                   | 5.2%  | 2                           | 1.7%  | 107              | 93.0% |

Results of the survey show that those among them who used the necessary services, in most cases, used resources of the community organization (except for the doctor and a shelter, since the organizations can not yet afford these services). As for the psychologist, six out of 26 used the services outside of the organization; the others used the service of the organization.

It should be noted that applying to LGBT(Q)I or other human rights organizations in case of discrimination, was not related to the lack of trust in the organizations or ombudsman institution (this is also verified by the fact that out of 22 cases when the victims decided to fight for their rights, in 19 cases they addressed a community organization for help). Trust for the police and justice system is equally low among those who asked or did not ask for help or simply have never been a victim of discrimination.

Thus, the reason for the low rate of reporting on discrimination cases should be the subject of additional research for community organizations.

## **4.5 Health and access to healthcare services**

### **4.5.1. Self-assessment of mental and physical health**

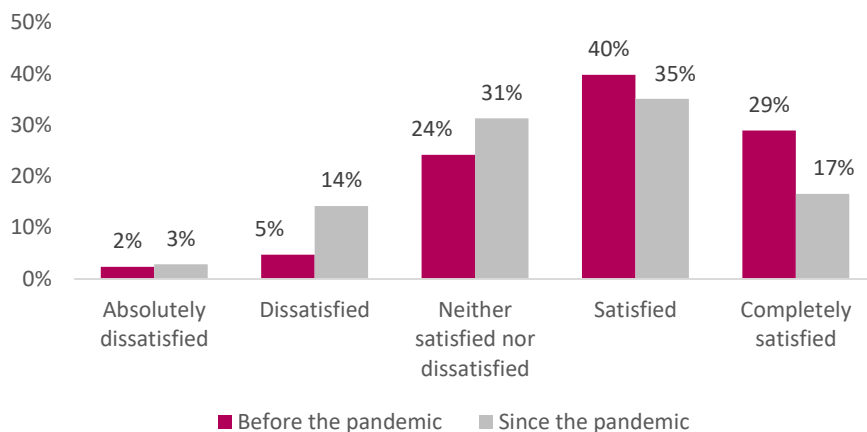
The survey participants were asked to assess their physical and mental health before the COVID-19 pandemic and since it. According to the assessment of the majority of group members, their mental, physical health, as well as their satisfaction with life, has worsened significantly since the pandemic.

The share of the respondents who assessed their physical condition negatively before the pandemic was only 7.1%. Since the beginning of the pandemic, the percentage of these respondents increased 2,5 times and reached 17.1%. The situation is the same



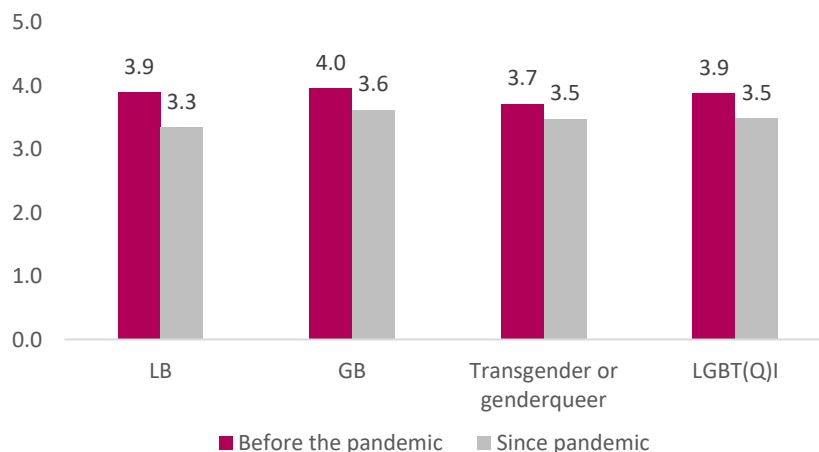
regarding mental health as well: the share of those respondents who assessed their mental health negatively increased three times since the start of the pandemic (respectively, from 13.7% to 35.1%). The percentage of those respondents who became less satisfied with their lives increased even more dramatically – from 18% to 46%.

**Diagram # 65. Impact of the pandemic on the self-assessment of physical health (N=211)**



Furthermore, it should be noted that, in terms of physical health, members of the LB group assess the change of their condition more negatively than GB men or transgender/genderqueer participants.

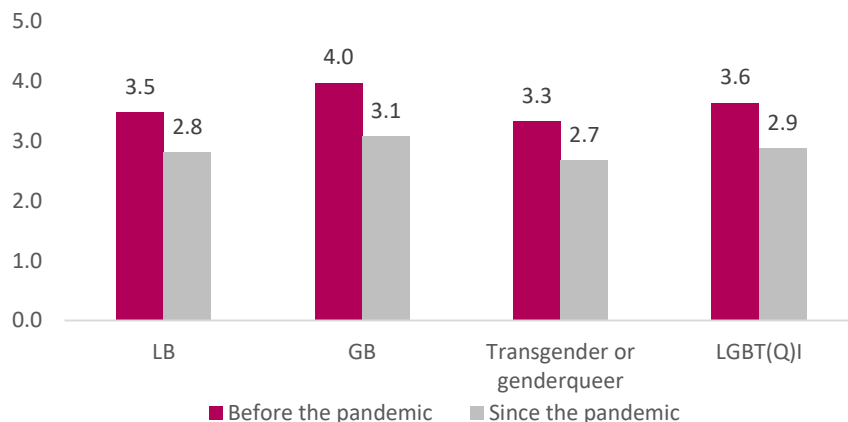
**Diagram # 66. Impact of the pandemic on the self-assessment of physical health according to orientation and gender identity (N=211)**



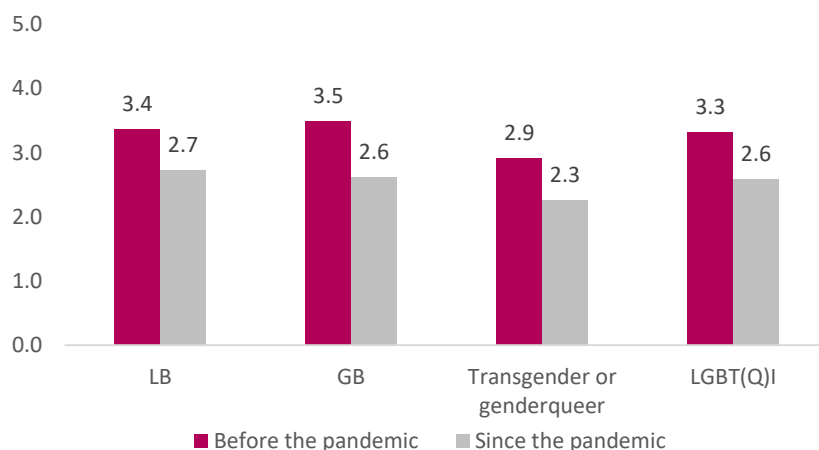
Almost a third of the participants (N=63, 30.3%) indicate that they have a chronic disease. Every fourth of them (N=16, 25%) does not have access to the necessary medication and treatment.

As for mental health and life satisfaction, the impact of the pandemic is most clearly seen in the self-assessment of the GB group.

**Diagram # 67. Impact of the pandemic on the self-assessment of the mental health according to orientation and gender identity (N=211)**



**Diagram # 68. Impact of the pandemic on the self-assessment of life satisfaction according to orientation and gender identity (N=211)**



Self-assessment of the condition shows the strongest relation of the pandemic with the possibilities of socialization. In comparison to LB and TQ groups, the GB group had

a higher index of socialization before the pandemic. Therefore, imposed restrictions on certain places for socialization affected this very group the most, and this explains the dissatisfied self-assessment of the condition in the GB group.

Only a small number of the respondents say that their conditions improved since the pandemic, they feel healthier and are more satisfied with life than before. 6.6% of the participants say that physically they feel healthier now than before the pandemic; every tenth is more satisfied with his/her life (10,4%); almost the same number of them says that he/she feels psychologically better now (9%).<sup>80</sup>

On the whole, 36% of the participants say that, since the pandemic, their physical health worsened; Six out of ten respondents (61.1%) say that their mental health worsened after the start of the pandemic. Pandemic and results of the fight against it have shown itself in the satisfaction with life – more than half (55.5%) are now less satisfied with life than before the pandemic.

**Table # 30. Impact of the pandemic on the self-assessment of the physical and mental health and life satisfaction (N=211)**

|                   | Has worsened |       | Did not change |       | Has improved |       |
|-------------------|--------------|-------|----------------|-------|--------------|-------|
|                   | N            | %     | N              | %     | N            | %     |
| Physical health   | 76           | 36.0% | 121            | 57.3% | 14           | 6.6%  |
| Mental health     | 129          | 61.1% | 63             | 29.9% | 19           | 9.0%  |
| Life satisfaction | 117          | 55.5% | 72             | 34.1% | 22           | 10.4% |

Transgender and genderqueer respondents were and are less satisfied with life and with their physical and mental health than LB women and GB men; yet, after the pandemic, this difference is no longer statistically important.

Quality of the relationship with family members is connected with life satisfaction, as well as with the self-assessment of mental and physical conditions. Those who indicate that the relationship with family members has improved, are also happier with their mental and physical health as well as with life (especially against the background of restricted possibilities of socialization).

Satisfaction with mental health is equally related to improved relationships with an intimate partner as well as with family members during the pandemic.

---

<sup>80</sup> Life satisfaction is related to the change in financial income before the pandemic and after it. The higher the difference between the pre-pandemic and post-pandemic incomes (the more income a respondent gets), the higher his/her the satisfaction with life is.

#### 4.5.2. Self-destructive and risky sexual behavior

Attitudes existing in the environment are often internalized and expressed in self-rejection and self-hatred, which, on their part, influence the self-destructive and risky sexual behavior of LGBT(Q)I group members.<sup>81</sup>

Despite being nonrepresentative, surveys made in Georgia in the last years show clearly the trend of self-destructive and risky sexual behavior in LGBT(Q)I group members.

Before the pandemic, 80.1% of the respondents used tobacco with a varied regularity.<sup>82</sup> Among them, 12.8% smoked irregularly or in exceptional cases; 67.3% were regular users of tobacco (51.2% - up to 1 pack a day; 16.1% - more than 1 pack). Comparison of the answers about the tobacco use before the pandemic and since it shows that the situation changed only slightly – the percentage of the regular users of tobacco dropped to 63%, but the number of non-smokers did not increase.<sup>83</sup>

**Table # 31. Frequency of the tobacco use in terms of gender (N=211)**

|                                          | Female |       | Male |       |
|------------------------------------------|--------|-------|------|-------|
|                                          | N      | %     | N    | %     |
| Do not smoke                             | 21     | 19.8% | 21   | 20.0% |
| Smoke rarely/irregularly                 | 17     | 16.0% | 19   | 18.1% |
| Smoke regularly (one pack a day or more) | 68     | 64.2% | 65   | 61.9% |
| Total                                    | 106    | 100%  | 105  | 100%  |

Before the pandemic, 84.4% of the respondents consumed alcohol with a varied regularity.<sup>84</sup> After the pandemic, the number dropped to 76.9%. The change occurred

---

<sup>81</sup> According to the international surveys, high statistics of the HIV and usage of the drug and psychotropic substances in MSM group and gay men involved in sex work, as well as in transgender women, influence the vulnerability of the group to the COVID-19 [Rodriguez-Seijas at al., 2020]. Surveys made in the last years in Georgia show that self-destructive behaviors are quite widespread in the group; yet, the given survey was not sufficient to verify the hypothesis about the risks of getting infected with COVID-19.

<sup>82</sup> According to the national tobacco survey (TNS, 2019), currently, 30.7% of the population uses tobacco. 55.5% among them are men, 7.8% – women.

<sup>83</sup> It is noteworthy that, in the whole population, the ratio of men and women smokers is approximately 7:1 (55.5% of men and 7.8% of women are tobacco users), whereas, according to the answers from the respondents, the distribution between sexes among study participants is almost even (respectively, 81.2% and 80%).

<sup>84</sup> As well as in the case of tobacco usage, the ratio of alcohol users in the LGBT(Q)I group in terms of sex significantly differs from that of the population in general. 84.7% of female respondents and 84.7% of GBQ men used alcohol before the pandemic.

basically at the expense of those respondents who consumed alcohol every day or several times per week.

**Table # 32. Impact of the pandemic on the frequency of the alcohol consumption (N=211)**

|                                                                      | Before the pandemic |         | Since the pandemic |         |
|----------------------------------------------------------------------|---------------------|---------|--------------------|---------|
|                                                                      | N                   | %       | N                  | %       |
| I consumed/consume it rarely                                         | 33                  | 15.64%  | 53                 | 25.12%  |
| I consume it very rarely in small quantities (once or twice a month) | 80                  | 37.91%  | 92                 | 43.60%  |
| Every week                                                           | 53                  | 25.12%  | 32                 | 15.17%  |
| Every day                                                            | 45                  | 21.33%  | 34                 | 16.11%  |
| Total                                                                | 211                 | 100.00% | 211                | 100.00% |

According to the answers of the respondents, before the pandemic, marijuana was the most frequently used substance compared to other drugs and psychotropic substances.

**Table # 33. Impact of the pandemic on the frequency of usage of drugs and psychotropic substances (N=211)**

|                                      | Marijuana |      | Club drugs |      | Heavy drugs |      | Psychotropic substances |       |
|--------------------------------------|-----------|------|------------|------|-------------|------|-------------------------|-------|
|                                      | N         | %    | N          | %    | N           | %    | N                       | %     |
| Never used                           | 59        | 28,0 | 141        | 66.8 | 190         | 90.5 | 177                     | 84.3  |
| Were using, but quit                 | 15        | 7.1  | 9          | 4.3  | 5           | 2.4  | 11                      | 5.2   |
| Use it rarely (in exceptional cases) | 66        | 31.3 | 42         | 19.9 | 11          | 5.2  | 11                      | 5.2   |
| Use it from time to time             | 44        | 20.9 | 13         | 6.2  | 3           | 1.4  | 6                       | 2.9   |
| Use it regularly                     | 27        | 12.8 | 6          | 2.8  | 1           | 0.5  | 5                       | 2.4   |
| Total                                | 211       | 100  | 211        | 100  | 210         | 100  | 210                     | 100.0 |

Before the pandemic, 64.9% used marijuana with a varied regularity. Almost a third (28%) answered that they have never used it; 7.1% say that they used it before but quit.

After the pandemic, the frequency of marijuana use decreased (only 53.5% use marijuana with a varied regularity) at the expense of those respondents who rarely, in exceptional cases, use this practice. The number of those, who used marijuana irregularly or regularly, decreased insignificantly (by 1.4%).

Analysis of the impact of the pandemic-related restrictions on the use of marijuana shows that the changes took place mostly in the group who lived together with their parents and who probably used marijuana, like other drugs, outside of home – in various places for socialization, including a friend's place.

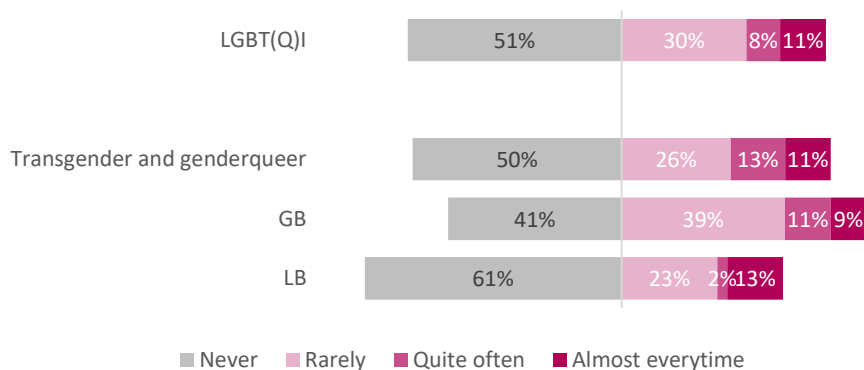
Almost a third of respondents (28.9%) used club drugs with a varied regularity before the pandemic.

Before and also since the pandemic, the correlation between the visits to clubs and parties, on the one hand, and the use of marijuana and club drugs, on the other hand, is higher in those respondents who live with parents, than in those who live alone or with a partner or a friend.

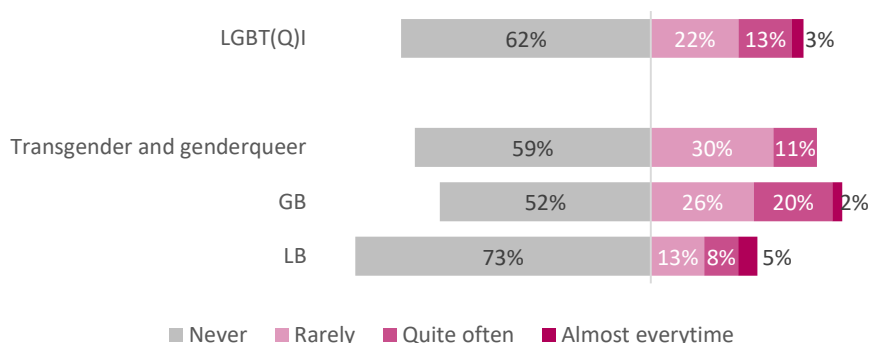
Compared to other participants of the quantitative survey, transgender people use alcohol, drugs, or psychotropic substances least frequently. Pandemic did not affect this trend – transgender respondents still use alcohol and drugs least frequently; the most frequent users of those are the respondents who indicated their gender identity with the following answers: "I have not found out yet", „I find it difficult to answer“, etc.

Almost half of the respondents (48.8%) say that they experienced sexual contact with an accidental partner under the influence of alcohol; 37.9% have the same experience under the influence of drugs.

**Diagram # 69. Frequency of the sexual contact with an accidental partner under the influence of alcohol (N=211)**



**Diagram # 70. Frequency of the sexual contact with an accidental partner under the influence of drugs (N=211)**



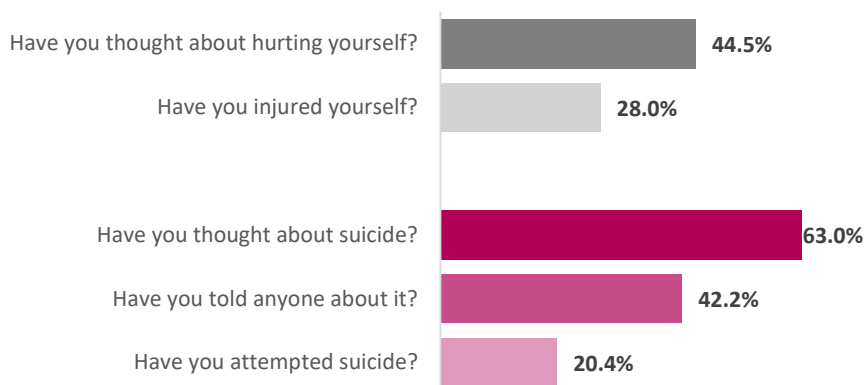
LBQ women show more caution while having contact with an accidental partner than GBQ men. 58.2% of LBQ women never had sex with an accidental partner under the influence of alcohol, and 70.4% never had it under the influence of drugs (in comparison, 41.5% of GBQ men never had sex with an accidental partner under the influence of alcohol, 51.1% – under the influence of drugs). Research data do not provide sufficient grounds for generalizing its results; yet, in contrast to the LBQ group, a high index of sexual violence/harassment in the GBQ community is related to sexual contact with an accidental partner under the influence of alcohol.

The majority of self-destructive behaviors (except for the use of heavy drugs and psychotropic substances, which were mentioned by a very few participants) were connected to the frequency of visiting “friendly clubs”. The more frequently a

respondent visits such places for socialization, the higher is the frequency of the consumption of alcohol, usage of tobacco, marijuana, and club drugs.

44.5% (N=94) of the respondents have thought about self-injury; 28% (N=59) have done that at least once in the last two years. Almost 2/3 of the participants (63%, N=133) have thought about suicide at least once and every fifth (20.4%, N=43) has attempted suicide at least once.

**Diagram # 71. About the self-injury and suicide (N=211)**



An almost equal number of LB and GB group members indicated that they have thought about suicide (respectively, 59% and 57.3%), but in the GB group, the percentage of the individuals who have attempted suicide (23.2%) is almost 1,5 times higher than in LB group (14.5%). Among the respondents, transgender and genderqueer respondents turned out to be more vulnerable ones and think more often about self-injury and suicide than LB and GB group members (see, table # 35). Out of the respondents, who identify themselves as transgender and genderqueer, four out of five have thought about suicide and every fourth has attempted it at least once in the last two years.



**Table # 34. Suicide and Self-injury (N=211)**

|                                           | LB (N=83) |       | GB (N=82) |       | Transgender and genderqueer (N=46) |       | LGBT(Q)I (N=211) |       |
|-------------------------------------------|-----------|-------|-----------|-------|------------------------------------|-------|------------------|-------|
| Have you thought about injuring yourself? | 38        | 45.8% | 29        | 35.4% | 27                                 | 58.7% | 94               | 44.5% |
| Have you injured yourself?                | 30        | 36.1% | 11        | 13.4% | 18                                 | 39.1% | 59               | 28.0% |
| Have you thought about suicide?           | 49        | 59.0% | 47        | 57.3% | 37                                 | 80.4% | 133              | 63.0% |
| Have you told anyone about it?            | 29        | 34.9% | 34        | 41.5% | 26                                 | 56.5% | 89               | 42.2% |
| Have you attempted suicide?               | 12        | 14.5% | 19        | 23.2% | 12                                 | 26.1% | 43               | 20.4% |

For the assessment of depression and anxiety, scales of a generalized anxiety disorder (GAD-7) and depression screening (PHQ-9) were used. Certain surveys show that, according to some researchers, the use of these scales require prior validation in LGBT(Q)I group, because due to "minority stress" and gender dysphoria (among transgender and gender-nonconforming members) in the group, the rates on the scale will be higher than in the general population [Borgodna et al., 2018; 2021]. Because of the research not being representative, it was not our goal to compare the data to the general population; yet the data turned out to be so differentiated within the group in terms of sexual identity and gender self-expression<sup>85</sup> that we found it problematic to evaluate the impact of the pandemic-induced changes on the indexes.<sup>86</sup> Despite the „reasons“, such a high rate indicates that the demand for psychologist/psychiatrist services will rise in the future and it will be impossible to deal with this challenge solely with the resources of the community organization.

---

<sup>85</sup> There is a much higher index of depression and anxiety in transgender and genderqueer respondents (especially in the group where the respondents have indicated answers „queer“ or „Haven't found out yet“) than in the LGB group.

<sup>86</sup> In the LGB group separately, indicators of depression and anxiety show a certain correlation between the self-assessment of the economic state, change of the relationship quality with a partner during the pandemic, the experience of discrimination and violence (from an intimate partner, as well as from the family members), on the one hand, and the frequency of the visits to the spaces of socialization, on the other.

**Table # 35 PHQ-9 Index in terms of gender identity**

|       | LB women | GB men | trans and genderqueer persons | Total  |
|-------|----------|--------|-------------------------------|--------|
| 0-4   | 10.8%    | 15.9%  | 4.3%                          | 11.4%  |
| 5 -9  | 21.7%    | 22.0%  | 23.9%                         | 22.3%  |
| 10-14 | 31.3%    | 32.9%  | 21.7%                         | 29.9%  |
| 15-19 | 24.1%    | 24.4%  | 19.6%                         | 23.2%  |
| >20   | 12.0%    | 4.9%   | 30.4%                         | 13.3%  |
|       | 100.0%   | 100.0% | 100.0%                        | 100.0% |

**Table # 36 GAD-7 Index in terms of gender identity**

|       | LB women | GB men | trans and genderqueer persons | Total  |
|-------|----------|--------|-------------------------------|--------|
| 0-4   | 6.0%     | 20.7%  | 13.0%                         | 13.3%  |
| 5 -9  | 41.0%    | 37.8%  | 26.1%                         | 36.5%  |
| 10-14 | 34.9%    | 25.6%  | 32.6%                         | 30.8%  |
| >15   | 18.1%    | 15.9%  | 28.3%                         | 19.4%  |
|       | 100.0%   | 100.0% | 100.0%                        | 100.0% |

## 5. Bibliography

1. Aghdgomelashvili, E. (2016) From Prejudice to Equality: Study of societal attitudes, knowledge and information regarding the LGBT community and their rights. Tbilisi, Georgia: WISG.
2. Aghdgomelashvili, E., Gvianishvili N., Ratiani Ts., Todua T. (2015). Needs of Transgender persons in Healthcare, Policy paper. Tbilisi, Georgia. WISG.
3. Barrett, D. C., & Pollack, L. M. (2005). Whose gay community? Social class, sexual self-expression, and gay community involvement. *The Sociological Quarterly*, 46(3), 437–456. doi:10.1111/j.1533-8525.2005.00021.x
4. Borgogna, N. C., McDermott, R. C., Aita, S. L., & Kridel, M. M. (2019). Anxiety and depression across gender and sexual minorities: Implications for transgender, gender nonconforming, pansexual, demisexual, asexual, queer, and questioning individuals. *Psychology of Sexual Orientation and Gender Diversity*, 6(1), 54–63. doi: 10.1037/sgd0000306
5. Curation International Foundation and Center for Information and Counselling on Reproductive Health – Tanadgoma, (2019). HIV risk and prevention behaviors among Men who have Sex with Men in Tbilisi, Batumi and Kutaisi, Georgia. Bio-Behavioral Surveillance Survey.
6. Diakonidze A., Natsvlishvili V. (2020) Labor and social security during the new coronavirus pandemic. A package of recommendations for the Government of Georgia. Open Society Georgia Foundation.
7. EMC (2019). A study of social exclusion of the LGBTQ group in Georgia. Tbilisi, Georgia.
8. Equality Movement, 2020. The Georgia Chemsex Study: Chemsex and the use of psychoactive substances in a sexual context among men who have sex with men.
9. Gamarel KE, Reisner SL, Parsons JT, Golub SA. Association between socioeconomic position discrimination and psychological distress: findings from a community-based sample of gay and bisexual men in New York City. *Am J Public Health*. 2012;102(11):2094-2101. doi:10.2105/AJPH.2012.300668
10. Gato J., Barrientos J, Tasker F., Miscioscia M., Cerqueira-Santos E., Malmquist A., Seabra D., Leal D., Houghton M., Poli M., Gubello A., Miranda Ramos M., Guzmán M., Urzúa A., Ulloa F. & Wurm M. (2021) Psychosocial Effects of the COVID-19 Pandemic and Mental Health among LGBTQ+ Young Adults: A Cross-Cultural Comparison across Six Nations, *Journal of Homosexuality*, 68:4, 612-630, doi: 10.1080/00918369.2020.1868186

11. Gilbert S, Amella E, Edlund B., Nemeth L. Making the Move: A Mixed Research Integrative Review. *Healthcare* (Basel). 2015;3(3):757-774. Published 2015 Aug 26. doi:10.3390/healthcare3030757
12. Government of Georgia, 2020. Report on measures taken by the Georgian government against Covid-19. Available at: <https://stopcov.ge/Content/files/Government-- report.pdf>
13. Gvianishvili N. (2014). Situation of transgender people in Georgia. Tbilisi. WISG.
14. Hafeez H, Zeshan M, Tahir MA, Jahan N, Naveed S. Health Care Disparities Among Lesbian, Gay, Bisexual, and Transgender Youth: A Literature Review. *Cureus*. 2017;9(4):e1184. doi:10.7759/cureus.1184
15. Herek GM, Garnets LD. (2007) Sexual orientation and mental health. *Annual Review of Clinical Psychology*. 3:353–75. [https://doi.org/10.1016/j.HumanRightsCampaignFound,TheLivesandLivelihoodsofManyintheLGBTQCommunityareatRiskAmidstCOVID19Crisis\(2020\),https://www.hrc.org/resources/the-lives-and-livelihoods-of-many-in-the-lgbtqcommunity-are-at-risk-amidst](https://doi.org/10.1016/j.HumanRightsCampaignFound,TheLivesandLivelihoodsofManyintheLGBTQCommunityareatRiskAmidstCOVID19Crisis(2020),https://www.hrc.org/resources/the-lives-and-livelihoods-of-many-in-the-lgbtqcommunity-are-at-risk-amidst).
16. ILGA-Europe. COVID-19 and specific impact on LGBTI people and what authorities should be doing to mitigate impact. 2020a Available at: [https://www.ilga-europe.org/sites/default/files/COVID19%20\\_Impact%20LGBTI%20people.pdf](https://www.ilga-europe.org/sites/default/files/COVID19%20_Impact%20LGBTI%20people.pdf)
17. ILGA-Europe. COVID-19 impacts on LGBTI communities in Europe and Central Asia: A rapid assessment report. 2020c Available at: <https://www.ilga-europe.org/sites/default/files/covid19-lgbti-assessment-2020.pdf>
18. Kakulia M., Kapanadze N., (2020). Impact of Anti-Pandemic Restrictions and Government Anti-Crisis Measures on Employment, Incomes and the Poverty Level in Georgia. the Georgian Foundation for Strategic and International Studies.
19. Klinenberg E. Social Isolation, Loneliness, and Living Alone: Identifying the Risks for Public Health. *Am J Public Health*. 2016; 106(5): 786-787. doi:10.2105/AJPH.2016.303166
20. Lauren A. Bochicchio, Laurie A. Drabble, Ellen D.B. Riggle, Cat Munroe, Angie R. Wootton & Tonda L. Hughes (2021) Understanding Alcohol and Marijuana Use among Sexual Minority Women during the COVID-19 Pandemic: A Descriptive Phenomenological Study, *Journal of Homosexuality*, 68:4, 631-646, doi: 10.1080/00918369.2020.1868187
21. Lazarus JV, Baker L, Cascio M On behalf of the Nobody Left Outside initiative, et al Novel health systems service design checklist to improve healthcare access for marginalised, underserved communities in Europe. *BMJ Open* 2020; 10: e035621. doi: 10.1136/bmjopen-2019-035621

22. Lee Badgett M.V., Nezhad S., Waaldijk K., Rodgers Y. The Relationship between LGBT Inclusion and Economic Development: An Analysis of Emerging Economies. The Williams Institute. 2014
23. Makhashvili, N., Javakhishvili, J.D., Sturua, L. et al. The influence of concern about COVID-19 on mental health in the Republic of Georgia: a cross-sectional study. *Global Health* 16, 111 (2020). doi:10.1186/s12992-020-00641-9
24. McConnell, E. A., Janulis, P., Phillips, G., Truong, R., & Birkett, M. (2018). Multiple minority stress and LGBT community resilience among sexual minority men. *Psychology of Sexual Orientation and Gender Diversity*, 5(1), 1-12. doi:10.1037/sgd0000265
25. Meyer IH. Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychological Bulletin*. 2003;129(5):674-697. doi:10.1037/0033-2909.129.5.674
26. NLO briefing paper. COVID-19 in marginalised groups: challenges, actions and voices. Available at: <https://nobodyleftoutside.eu/wp-content/uploads/NLO-COVID-19-Briefing-paper-Final-August-2020-updated.pdf>
27. Gregory Phillips II, Dylan Felt, Megan M. Ruprecht, Xinzi Wang, Jiayi Xu, Esrea Pérez-Bill, Rocco M. Bagnarol, Jason Roth, Caleb W. Curry, and Lauren B. Beach. *LGBT Health*. Sep 2020.279-282.<http://doi.org/10.1089/lgbt.2020.0187>
28. Salerno, J. P., Williams, N. D., & Gattamorta, K. A. (2020). LGBTQ populations: Psychologically vulnerable communities in the COVID-19 pandemic. *Psychological Trauma: Theory, Research, Practice, and Policy*, 12(S1), S239-S242. doi:10.1037/tra0000837
29. Scott E.M., K.L. Wierenga, Dana M. Prince, Braveheart Gillani & Laura Janine Mintz (2021) Disproportionate Impact of the COVID-19 Pandemic on Perceived Social Support, Mental Health and Somatic Symptoms in Sexual and Gender Minority Populations, *Journal of Homosexuality*, 68:4, 577-591, doi: 10.1080/00918369.2020.1868184
30. Tull MT, Edmonds KA, Scamaldo KM, Richmond JR, Rose JP, Gratz KL. Psychological Outcomes Associated with Stay-at-Home Orders and the Perceived Impact of COVID-19 on Daily Life. *Psychiatry Res*. 2020;289:113098. doi:10.1016/j.psychres.2020.11309
31. Weiss M. and Hollibaugh A. Queer Precarity and the Myth, *New Labor Forum*, Vol. 24(3), 2015
32. WHO, COVID-19 and violence against women available at: <https://www.who.int/reproductivehealth/publications/emergencies/COVID-19-VAW-full-text.pdf>

33. WISG (2018). Situation of LGBT people in Georgia. Technical report.
34. Zhang J, Lu H, Zeng H, et al. The differential psychological distress of populations affected by the COVID-19 pandemic. *Brain Behavior Immun.* 2020; 87:49-50. doi:10.1016/j.bbi.2020.04.031
35. <https://unsdg.un.org/resources/covid-19-and-human-rights-we-are-all-together>
36. UN Women, COVID-19 and Ending Violence Against Women and Girls. Available at: <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/issue-brief-covid-19-and-ending-violence-against-women-and-girls-en.pdf?la=en&vs=5006>
37. UN Women. Rapid gender assessment of the COVID-19 situation in Georgia. Tbilisi, 2020. Available at: <https://georgia.unwomen.org/en/digital-library/publications/2020/08/rapid-gender-assessment-of-the-covid-19-situation-in-georgia>

Women's Initiative Support Group (WISG) is a feminist organization that aims to help building a society based on the principles of social justice, through women's empowerment and political participation.

Women's Initiatives Support Group works with the communities of lesbian and bisexual women, transgender and intersex people and women representing other marginalized groups.

WISG works in the following directions: **Advocacy** for the integration of women's and LGBTQI+ issues in politics; **Community empowerment** for social and political participation; **Creating publicly accessible critical knowledge** about gender and sexuality through research and art projects; **Developing culture/practice of intersectional queer feminist organizing**.

Women's Initiative Support Group is the author of the key studies and policy analysis on sexual orientation and gender identity in Georgia. Our research studies, shadow reports, policy documents, and information regarding other activities are available on the organization's official website: [www.wisg.org](http://www.wisg.org)



9 789941 843426 >