



*Eurasian Coalition
on Male Health*

**Study on the Attitudes of Staff of Key
Social Services of Five Countries
of Central and Eastern Europe
and Central Asia**

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INTRODUCTION

This study focuses on analyzing ways to facilitate access of LGBT people to quality medical, legal, and social services, while taking into account the insecurity and non-recognition of their fundamental civil rights, as well as extremely negative attitudes towards homosexuality.

In 2006, at the University of Gaja Mada (Indonesia), a group of specialized experts formulated the Yogyakarta Principles, based on the Universal Declaration of Human Rights, which constitute a universal guide to human rights in relation to sexual orientation and gender identity¹. The Yogyakarta Principles proclaim the right of persons of any sexual orientation and gender identity to the universal possession of all rights and freedoms in full, including equality and non-discrimination, as well as to independently determine their sexual orientation and gender identity: "Everyone has the right to exercise all rights and freedoms without discrimination on grounds of sexual orientation and gender identity"¹. Today, however, homophobia, hatred, fear, and prejudice towards representatives of the LGBT community, which run counter to international norms, as well as homonegativism as an emotional, moral, and intellectual rejection of homosexuality, reinforced by the condemnation and stigmatization of members of sexual minorities, has taken root in the post-Soviet region^{2,3}.

Homophobia, discrimination, gender-based stigma, as well as heterosexist and heterocentric policies and practices, contrary to democratic values and principles and dictated by discourse on the universality of traditional values and adherence to the patriarchy, contribute to discrimination towards and the social exclusion of people with homosexual behavior, constitute human rights violations, and provoke the development of institutionalized homophobia, expressed through the systematic discrimination of gay, bisexual, and transgender people in key spheres of life, such as education, medicine, employment, leisure, etc.

Since the end of the last century, sociological research has studied attitudes towards representatives of the LGBT community and has classified and systematized the factors connected to negative attitudes towards homosexuality. To date, the results of studies on attitudes toward homosexuality have statistically confirmed hypotheses that strong negative attitudes towards homosexuality are consistently due to strong religiosity, a lack of social contacts with representatives of the LGBT community, adherence to traditional gender roles, belief in the traditional ideology of family relations, as well as to an adherence to the philosophy of dogmatism⁴.

In post-Soviet countries, the negative attitude towards representatives of the LGBT community is also caused by traditional value orientations of the population and by the intense influence of prejudices. Sociological studies conducted in Armenia and Ukraine recorded a number of common factors, shaping the attitudes of the populations of post-Soviet countries towards LGBT people, including:

- the most tolerant attitude is demonstrated by respondents who have a positive experience of interaction with LGBT people (frequency of communication with LGBT people increases tolerance and reduces the influence of prejudices, and, subsequently, heterosexism);
- legal authoritarianism and religious fundamentalism predetermine intolerance and negative attitudes towards LGBT people;
- men are generally less tolerant towards the LGBT community than women;
- youth, given their lower levels of conservatism, have fewer prejudices about LGBT people⁵.

Sociological research has also recorded the consistent social rejection of the LGBT community, and the fixed negative attitudes of all demographic groups towards LGBT people. In addition, studies indicate that there is a general lack of sufficient knowledge about sexuality among respondents⁵.

The results of surveys conducted in the countries of Central and Eastern Europe and Central Asia show that stereotypes and myths about LGBT people are very popular and widespread among conservative communities, and lead to the conclusion that these populations are very intolerant of the public visibility of LGBT people, due to fears that homosexuality can spread and affect young people⁶. For example, 86% of Russians in 2013 expressed support for the law banning "propaganda of homosexuality." Comparing the results of public opinion polls in Russia from 1998 and 2012 demonstrates that society is dominated by an intolerant attitude that identifies homosexuality as "immoral and a bad habit"⁷. Experts believe that the historical and social context that produced a mystification of homosexuality in the USSR continues to dominate in post-Soviet societies today⁷. A survey conducted by the Russian Public Opinion Research Center in 2012 found that Russians have a much worse view of LGBT people in comparison to representatives of any other nationality, religion, social status, or people with other moral values: nearly half of the respondents (45%) stated that they experience negative emotions, feelings of antipathy, and stress towards people with a homosexual orientation.

The authoritarian nature of the population's value orientations has a negative impact on the attitude towards LGBT people, creating a predetermined homophobic worldview. According to the results of a survey conducted by the Pew Research Center, "Religion and Nationality in Central and Eastern Europe"⁸, conducted in 2015-6 in 18 countries of the region, conservative views on sexuality and gender are dominant, but not always caused by a high level of religiosity. In the majority of countries of Central and Eastern Europe, the prevailing view is that homosexuality should not be accepted by society. In 10 of the 18 countries covered by the study, young people between the ages of 18 and 34 were much less likely than adults to support society's rejection of homosexuality. Nevertheless, even among this group, the majority of respondents consider homosexuality to be "morally inadmissible," and only a relatively small number of respondents under the age of 35 support same-sex marriage. Homophobia is accompanied by a low level of public support for the legalization of same-sex marriage, particularly in Armenia (3% of respondents gave positive responses), Georgia (3%), Moldova (5%), and Ukraine (9%)⁸. Only 14% of Russians responded positively to the question: "How would you feel if gay marriages were allowed in Russia?", posed by the "Levada Center" in 2010⁹. Contemporary communities of Eastern Europe demonstrate heteronormativity and heterosexuality, while heterosexism is an institutional phenomenon, formed at both the legislative and social policy levels and in everyday life⁵. For example, Macedonia officially prohibited same-sex marriage, legally defining marriage exclusively as a union between one man and one woman¹⁰.

A study on the attitude towards LGBT citizens in Estonia, conducted by Turu-Uuringute AS, demonstrates a slow increase in the proportion of people who consider homosexuality acceptable. Between 2014 and 2017, the percentage of citizens of the country that accept homosexuality increased from 34% to 41%, while those holding the opposite opinion fell from 59% to 52%¹¹. The percentage of people who consider homosexuality acceptable within their family also grew: the percentage of people who answered that they would not treat their child worse if he or she adopted a different gender identity than what is considered traditional by society grew from 40% to 56%^{12,13,14}. In the Estonian Parliament, a heated discussion on the Law on partnerships is ongoing. In Armenia, 90% of respondents agreed that homosexuality should be outlawed; Armenian society is extremely intolerant towards LGBT people

(the percentage of non-acceptance ranges from 93% to 96%⁵. The problematic discourse about homosexuality is perceived by the majority of the population of post-Soviet countries as propaganda of same-sex relationships¹⁵. According to a survey conducted by Belarus' largest information portal, TUT.BY, only 16% of people responded positively to the question: "How do you feel about people with non-traditional sexual orientations?" Only a small part of the country's population supports the work of activists of the Belarusian LGBT community with regard to promoting equal rights, adoption, and the right to hold peaceful public events¹⁵.

The rejection of the minority by the majority predisposes LGBT people to isolation and discrimination. In Kyrgyzstan, transgender men and women are extremely isolated and marginalized. Transphobia is acute, with transgender people facing prejudice, aggression, and hostility from the general population, and discrimination from professionals to whom they turn for help. A significant level of transphobia exists, even among the LGBT community of the country¹⁶. Kyrgyz researchers note the problematic nature of emancipation and self-determination of LGBT people, and "the patriarchal family pressure on young members of the LGBT community." They identify the Kyrgyz LGBT community as "closed" and "invisible", limited in their freedom by the patriarchal traditions of the country, and unable to "openly express their problems and still rely on their government for the comprehensive protection of their rights"¹⁶. In contemporary Azerbaijan, the basic rights of LGBT people are violated at the family level, in educational and healthcare institutions, and in the police and army. "When transgender people are shown in the news, it is usually in connection with crimes related to the police. Priority is given to reports of hate crimes or murders of transsexual people. In most cases, detailed information about the crime is not reviewed carefully. The coverage of the events focuses instead on a discussion of the sexuality or the gender identity of the victim. The name of the victim, as indicated on their identification documents before their gender reassignment, is always made public"¹⁷.

The adoption by states of Eastern Europe of a number of international documents protecting citizens from any form of discrimination, and the recognition that all people are born free and equal in dignity and rights, do not, in practice, guarantee the observance of constitutional norms and do not directly result in legislation that would protect gay, lesbian, and transsexual people from incidents of violence and discrimination. The public's negative attitude towards homosexuality is directly related to violence, discrimination, and the creation of unequal opportunities for both LGBT people and their families.

Social hatred towards homosexual, bisexual, and transgender people in post-Soviet countries is a motivating basis for crimes directed against representatives of the LGBT community. A report on the results of monitoring of crimes based on homophobia and transphobia in Ukraine (2014-2016), developed by the NGO "Our World", which specializes in protecting the rights and freedoms and upholding the interests of the LGBT community, recorded 152 such incidents (in 2015) and 116 (for 9 months in 2016) that occurred in the country on the basis of sexual orientation and/or gender identity. The greatest number of cases of violations of LGBT rights occurred in the most populous regions in the east and south of the country: Dnepropetrovsk (48), Kharkov (31), Odessa (29), Donetsk (29) and Zaporizhia (22). The following types of violations were recorded: insults or verbal threats (185), disclosure of confidential information (106), physical violence without the use of weapons (103), extortion (76), and discrimination (denial of employment, refusal to provide services or rent housing, etc.) (42)¹⁸.

A report on the situation regarding the protection of the rights of LGBT people in Armenia, published in 2013 by the NGO "Public Information and the Need for Knowledge", focuses on numerous incidents of violations of the rights of LGBT people: physical violence, insults, harassment, threats, intimidation, blackmail, and inciting hatred¹⁹. According to the study

"Hate crimes and other hate-motivated incidents against LGBT people in Armenia," conducted by the human rights organization, Pink Armenia, together with the non-governmental organization Socioscop in 2016, 198 out of 200 respondents were victims or witnesses to hate crimes based on sexual orientation or gender identity. In the public consciousness, the LGBT community is identified as "one of the most marginalized and discriminated groups in Armenia"²⁰. The national report "Impact of LGBTI emigration on Armenia's economic performance" states that between 2011 and 2013, 6,000 Armenians left the country due to discrimination²¹.

The attitude of the authorities and political parties of post-Soviet countries towards the LGBTI community as a whole can be characterized as opportunistic manipulation or as a means of distancing from current problems, while opposition forces often resort to provocative and extremely negative attitudes and broadcast homophobic rhetoric²².

The stigmatization of LGBT people is multiplicative. "We all do it secretly. There are small communities where I feel safe, but at home and among other friends and relatives, I just cannot be who I am." "I am in love and I want to tell everyone about it. Isn't it beautiful? People should be happy for us, right? But no, no one is happy. They just want to kill us"²⁰. Representatives of the LGBT community are extremely vulnerable. They are not confident in themselves and their feelings, are limited in the recognition of their relationships, and hide their identity in anticipation of negative reactions from others. They constantly face homophobic attacks, do not have the opportunity to openly be themselves or reveal their sexual orientation, are punished for gender nonconformity, and are under the psychological pressure of homophobic propaganda. All of these factors contribute to higher rates of depression, nervous disorders, and suicide.

Studies illustrate that the rate of violence towards LGBT people is underestimated, and determining the frequency of such incidents is difficult due to the testimony of victims being overlooked, lack of analysis of the evidence base, and the inadequate work of law enforcement agencies. More than 75% of people who experienced hate-based violence in 2013 in the United Kingdom did not report the incidents to police. In the United States, only 45% of victims reported such incidents to the police, 32% of whom experienced hostile attitudes from law enforcement officials. In Georgia, 73% of LGBT victims did not turn to the police for help, while 46% of those reporting incidents were met with a hostile response from law enforcement officials. This information confirms the fact that police often refuse to investigate cases of violence against LGBT people, impose lax punishments on the perpetrators of such crimes, often express a reluctance to initiate preliminary investigations, use homophobic insults, and arrest other members of the community or the victim him- or herself²³. In the 75 countries that currently criminalize homosexuality, victims are unable to report violence against them due to the risk of arrest²³.

In its 2015 report on the fight against anti-LGBT violence, the UN states that "violence motivated by homophobia and transphobia is often particularly violent, and, in some cases, is characterized by a level of cruelty exceeding that of other hate crimes"²⁴. Researchers from Canada and the United States have indicated that people committing hate crimes against the LGBT community are more prone to a kind of violence manifesting itself in a more extreme form compared with other hate crimes²³.

Homophobia and social discrimination towards LGBT people is the main reason for the inadequate provision of health services. Representatives of the LGBT community postpone visits or avoid seeking medical, legal, or social assistance and services because of the "hostility" of the systems providing these services, as well as because of the lack of due public attention to the need to recognize and eliminate homophobia and stigma²⁵.

Constructive steps to counteract stigma and discrimination towards LGBT people on the basis of gender identity and sexual orientation are possible only when LGBT people are able to freely choose their gender identity, when insults to the dignity of LGBT people are eradicated, when their autonomy is respected, and when an absolute intolerance towards any form of discrimination is instilled in society. Only under such conditions can discussion begin about the creation of a safe living space for all people, regardless of their sexual orientation or gender identity.

LGBT people are victims of numerous types of medical violence, ranging from refusals to provide them with necessary treatment to forced medical procedures that violate human rights and have deadly consequences. In CEECA countries, there have been cases where medical institutions and their staff have refused to treat LGBTI people due to their sexual orientation or gender identity: in 2011-12, there were 115 such cases in Kazakhstan; in Armenia, two transgender people died from injuries resulting from a road accident, because doctors refused to treat them²⁶.

Today, there is a significant evidence base recording cases of discriminatory policies and practices regarding LGBT people in all spheres of society²⁷, as well as strategies for strengthening and improving tools for partnerships, cooperation, and service provision^{28,29,30}.

Despite recognition of the need to improve the availability of social services for lesbian, gay, bisexual, transgender, and intersex people, as well as of the unacceptability of stigma and discrimination on the basis of gender identity and sexual orientation, in practice, national healthcare and law enforcement systems fail to provide a tolerant attitude, and accessible and quality services to representatives of the LGBT community.

For example, the study "Monitoring human rights violations in the context of the access of MSM to basic HIV/AIDS prevention, treatment, care, and support services"³¹ (Ukraine) and "Overview of barriers preventing access to continuous HIV care for people living with HIV, TB patients, and key populations"³² (Azerbaijan, Belarus, Estonia, Kazakhstan, Kyrgyzstan, Russia, and Uzbekistan) confirm the presence of homophobia, stigma, alienation, and distancing from the social needs and interests of representatives of the LGBT community. This is typical for both society as a whole, and for key professional groups.

Common misconceptions, myths, and stereotypes among society about the lives and behaviors of LGBT people contribute to their marginalization, prevent their integration into society, and intensify the negative attitudes of representatives of social services towards this group. A key approach in the provision of social services to LGBT people should be the recognition of the need to prevent stigma and discrimination based on sexual orientation, gender identity, and gender characteristics. In turn, it is necessary that LGBT people cease to be seen only as interventions, by providing them with the opportunity for meaningful participation in the development of policies, aimed at strengthening local communities in the fields of education, law and order, and health, and by developing sexual and reproductive health programs that meet their specific needs (including hormonal therapy, sexual and reproductive health screening, testing and treatment for sexually transmitted infections, family planning services for various forms of families, etc.).

The prevalence of homophobia, stigma, and discrimination towards LGBT people dictates and cultivates negative attitudes towards representatives of this group on the part of professionals providing medical, legal, and social services. The number of specialists providing quality and "friendly" services to LGBT people is insufficient due to the lack of a specialized system of professional development, and, correspondingly, a time-tested

culture of providing relevant services. culture of providing relevant services. The specificities of working with representatives of the LGBT community result from the closed nature of the group, the need to expand targeted communication strategies, the constant monitoring of incidents of bias, stigma, and discrimination, as well as from the need for targeted resource support for best practices in maintaining and developing positive cooperation in the provision of services. The effectiveness of the work of service organizations providing services to LGBT people depends, first of all, on their professionalism and tolerance, their understanding of the specificities of this target group and its differentiated needs (for example, regarding people who have both homosexual and heterosexual relations). There are no standards for the provision of medical, legal, and social services to this target group. At the same time, deeply entrenched stereotypes and prejudices exist. The negative, and sometimes traumatic, experience of the LGBT community when turning to medical, legal, and social workers for assistance hinders the establishment of trustful relationships with these professionals. Effective assistance and provision of services to LGBT people require regular interventions to fill gaps in knowledge, improve skills, and to mentor those who can provide adequate information regarding the provision of services.

Monitoring the attitude towards LGBT people in the country context, comparing trends in the development of public opinion in relation to homosexuality, systemic knowledge about LGBTI communities themselves, focused on bio-behavioral research and oriented towards complex, descriptive, and analytical studies of subgroups of the community, such as MSM, lesbians, bisexual women, and transgender people, should all be bolstered by a study of the stigmatization of LGBT people that results in limited access to social and medical services and increases their risk of HIV infection. "Globally, the risk of HIV infection among gay men and men who have sex with men exceeds the average for the general adult population by 24 times, and for transgender people, the risk is 49 times as high"³³.

It is extremely important to ascertain systemic displays of discriminatory attitudes towards LGBT people among staff of key social services (health and social workers, as well as police) in order to further improve the institutional capacity of healthcare, social assistance, and law enforcement systems, and to improve the provision of technical assistance and capacity building within the framework of national and governmental initiatives for the development of appropriate, adequate mechanisms to eliminate human rights violations towards LGBT people.

Particularly relevant is the need for effective assistance in fulfilling the needs of LGBT people by building the capacity of institutions providing social services and by improving the quality, sustainability, and planning of these services³⁴. One of the indicators demonstrating whether quality services are being provided or not is the attitude towards LGBT people of the staff of various services. Indeed, a negative and prejudiced attitude towards LGBT people suggests that services for this group of people are unlikely to be provided at a high level (if they are being provided at all). Meanwhile, a positive attitude towards LGBT people is, if not proof, at least a pledge that staff of key social services will try to provide quality services to people regardless of their gender identity and sexual orientation.

Thus, the purpose of this investigation is to study the characteristics of the attitudes of staff of three key services in five CEECA countries (Armenia, Belarus, Georgia, Kyrgyzstan, and Macedonia) towards LGBT people, and to determine the factors influencing their attitudes. Such a study will prove or disprove the view that the employees of these services in these countries have a negative view of homosexuality in general and of LGBT people in particular, and, if necessary, will allow the development of recommendations regarding possible ways to improve attitudes towards LGBT people.

GLOSSARY

Attitude

predisposition (tendency) of the subject to perform a certain action; includes a predisposition to perceive, evaluate, understand, and, as a result, act in a certain way with respect to a given social object, phenomenon or process.

Data sample

a part of the overall aggregate, whose objects act as objects of observation. If a representative sample is planned, it is selected according to special rules, so that its characteristics reflect the basic properties of the general population.

Degree of social alienation

people's degree of socio-psychological acceptance of one another.

Degree of social distance

a concept that characterizes, first, the degree of social alienation of some people in relation to others, and, second, individuals' assessment of their position in society in comparison with others.

Dependent variable

a variable that changes when another variable (or variables) changes.

Discrimination

deliberate restriction of the rights of a part of the population, or of certain social groups on a specific basis (race, age, sex, nationality, religious beliefs, sexual orientation, health status, type of employment, etc.).

Field stage

the part of the study during which direct data collection is carried out by interviewing respondents.

Gatekeeper

a specialist in the social sector who first meets with the client, and thus controls his entry into the system of service provision. The main social spheres covered by this study are medicine, the social services sector, and the police.

Homosexuality

one type of human sexual orientation, defined as an emotional, romantic, erotic or sexual attraction only and exclusively to persons of the same sex. Homosexuality occurs in both men and women.

Independent variable (factor)

a variable whose presence and change affect the presence or change of other dependent variables.

LGBT

acronym designating lesbian, gay, bisexual, and trans people.*

Organizer of the sociological component of the study

in this case, the organizer is the Center for Social Expertise of the Institute of Sociology of the National Academy of Sciences of Ukraine.

Research client

in this case, the research client is the Eurasian Coalition on Male Health (ECOM).

Sexual orientation

one of the natural qualities of a human being, consisting of the orientation of the psychoemotional sphere of a person and his or her sexual needs towards representatives of exclusively the opposite biological sex (heterosexuality), exclusively the same biological sex (homosexuality), or towards both sexes (bisexuality).

Sociological research

a system of logical and sequential methodological, methodical, and organizational-technical procedures for obtaining scientific knowledge of a social phenomenon or process.

CONCLUSIONS

The goal of the study was to assess the attitude of representatives of three key services (professional groups: health and social workers, as well as police) towards LGBT people in five countries of Central and Eastern Europe and Central Asia (CEECA). The assessment evaluated two components: respondents' personal attitudes towards LGBT people and respondents' assessment of the attitudes of members of their professional group towards LGBT people. An analysis of the attitude towards homosexuality, as such, helps to form a preliminary view of the respondents' personal attitudes towards LGBT people. The results of the study showed that respondents from almost all professional groups held positive attitudes in all five CEECA countries covered by the study. Only police officers in Kyrgyzstan were an exception to this rule: they hold negative views of homosexuality as a phenomenon. It is also important to note that social workers tend to hold more positive views of LGBT people in comparison with health workers and the police, however, this conclusion is not true for every CEECA country.

The next component of the study was an assessment of personal attitudes of the target groups towards LGBT people. The degree of social distance consists of two components: the degree of social alienation towards LGBT people and an assessment by respondents of his or her position in society in comparison with the position of representatives of the LGBT community. The degree of social alienation with regard to LGBT respondents in all five CEECA countries was determined to be average or below average. Social workers demonstrate a lower degree of social alienation in comparison with medical workers and police officers, which is characteristic of all five CEECA countries. The police of Kyrgyzstan were the only group that has a high degree of social alienation in relation to LGBT people. As for the respondents' assessment of their own status in comparison with representatives of the LGBT community, the majority of representatives of professional groups in these countries see their position in society as the same as representatives of the LGBT community. The Kyrgyz police were the only group to assess their position in society as being higher than the position of representatives of the LGBT community.

The second component concerning personal attitudes towards LGBT people dealt with the willingness of respondents to accept the notion of equality between LGBT people and other citizens. It should be noted that respondents of all five CEECA countries and the majority of representatives of the professional groups generally support the idea of equal rights between representatives of the LGBT community and all other citizens. However, the willingness of respondents to accept the idea that same-sex couples should be allowed to marry and (or) adopt/raise children was low. Particularly low was their willingness to accept the idea that same-sex couples be allowed to adopt/raise children. Respondents held either an ambivalent position with respect to this right, or did not support this right at all. Only among social workers of Armenia, Georgia, Kyrgyzstan, and Macedonia was the percentage of those supporting the right to of same-sex couples to marry greater than the percentage of those against this right. Again, in comparison with the other professional groups of the CEECA countries, the Kyrgyz police showed the lowest level of agreement with the idea of equality between LGBT people and other citizens. They responded particularly negatively to the idea of allowing same-sex couples to marry or to adopt/raise children.

The next stage was an assessment by respondents of the attitude of representatives of their professional group towards LGBT people. Respondents from all five CEECA countries and the majority of professional groups displayed a neutral/indefinite attitude towards LGBT people. The Kyrgyz police tend to negatively assess the attitude of their professional group towards LGBT people.

The factors influencing personal attitudes towards LGBT people, common to all countries covered by the study, can be summarized as the following:

1. Affiliation with a professional group (to be more precise, the probability of being a health worker in comparison with being a social worker): the more likely that a respondent is a health worker, rather than a social worker, the more negative his or her personal attitude towards LGBT people will be.
2. The presence of representatives of the LGBT community among one's close associates: the higher the probability that a respondent has representatives of the LGBT community among his or her close associates, the more positive his or her personal attitude towards LGBT people will be.

It was not possible to single out factors, common to the majority of CEECA countries, influencing respondents' assessments of the attitude of their professional group towards LGBT people. There are two factors influencing respondents' assessments of the attitude of their professional group towards LGBT people that are common to two CEECA countries (Armenia and Belarus):

1. Age (the older the respondent, the more positively he assesses the attitude of his professional group towards LGBT people).
2. Work experience (the greater the work experience of the respondent, the more negatively he assesses the attitude of his professional group towards LGBT people).

In general, it should be noted that social workers have the most positive attitude towards LGBT people. The attitude of health workers are a bit more cautious, but still positive with respect to LGBT people. It can be assumed that this is largely due to the specifics of their work: more than half of the health and social workers surveyed provide HIV/STI counseling, and slightly less than half have had LGBT clients/patients seek assistance from them personally. Thus, the majority of the health and social workers covered by the study work with representatives of the LGBT community due to the specifics of their work. Police (particularly in Kyrgyzstan) have negative attitudes towards LGBT people. However, direct work with representatives of the LGBT community does not fall into the purview of their work.

RECOMMENDATIONS

The study showed that, in general, the attitude of staff of the three key services in all five CEECA countries towards LGBT people is positive. Nevertheless, there is one group (police of Kyrgyzstan) that demonstrates a negative attitude. Therefore, with respect to this group, it is necessary to raise awareness and conduct trainings on forming tolerant attitudes towards LGBT people.

The attitude of health workers towards LGBT people is not negative, but still more cautious than among social workers. Thus, for representatives of this group, it also makes sense to conduct trainings on the specifics of working with LGBT people.

The study showed the need for a deeper study of the attitudes of each of these professional groups towards LGBT people. In the future, during analysis of the attitudes of social and health workers towards LGBT people, attention should be paid not only to respondents with experience working with LGBT people, but also to those who do not have such experience. This will make it possible to know whether having experience working with representatives of the LGBT community actually affects the attitudes of respondents towards this group. The same is true for law enforcement officials: it is necessary to pay attention to those who did not encounter LGBT people in their work in order to determine the impact that having experience working with LGBT people has on respondents. In addition, it makes sense to conduct a second study on the attitude of police towards LGBT people in each of the five CEECA countries. Within the framework of this study, law enforcement officers were surveyed in only two countries (and the majority of these respondents were from the police of Kyrgyzstan), which does not make it possible to draw comprehensive conclusions about the attitudes of police towards LGBT people.

METHODOLOGICAL SECTION

The goal of the study was to assess the attitudes of staff of key social services (health workers, social workers, and police) in five countries of Central and Eastern Europe and Central Asia (Armenia, Belarus, Georgia, Kyrgyzstan, Macedonia) towards LGBT people.

Research tasks:

- Development of a protocol and research tools (for each group separately).
- Development of screening forms for representatives of each the three groups (health workers, social workers, and police) and instructions for interviewers.
- Data collection among key groups in five countries (750 respondents).
- Organizing and holding Skype trainings for interviewers in five countries.
- Translation of tools and instructions for interviewers into English.
- Development of an electronic form for processing data.
- Processing of information received, statistical analysis of data.
- Development of a technical report on the results of the study.
- Preparation of an analytical report with conclusions and recommendations.

The target groups of the study were representatives of key social services (health workers, social workers, and police) in Armenia, Belarus, Georgia, Kyrgyzstan, and Macedonia.

Research method: individual, face-to-face interviews.

Research hypotheses:

1. The attitude towards homosexuality as a phenomenon among respondents from the five CEEA countries is predominantly negative:

- the majority of respondents do not agree that homosexuality is a sexual orientation that has the same right to exist as heterosexuality does;
- the majority of respondents believe that homosexuality should not be accepted in society.

2. Social workers are more positive towards homosexuality than staff of healthcare and law enforcement institutions.

3. The degree of social distance in relation to the LGBT community is equally high for all CEECA countries surveyed:

- respondents are characterized by a high degree of social alienation in relation to representatives of the LGBT community;
- respondents tend to assess their position in society as much higher than the position of representatives of the LGBT community.

4. Degree of social distance in relation to LGBT people in all five CEECA countries depends on factors such as:

- sex;
- age;
- higher education level;
- religious affiliation;
- affiliation with a professional group;
- work experience;
- type of locality;
- presence of representatives of the LGBT community among close associates.

5. The majority of respondents in all five CEECA countries are not prepared to accept the idea of equal rights between representatives of the LGBT community and all other citizens:

- the majority of respondents tend to believe that gays and lesbians should not have the same rights as other citizens;
- the majority of respondents tend to believe that same-sex couples should not be allowed to marry;
- the majority of respondents tend to believe that same-sex couples should not be able to adopt/raise children.

6. The willingness to accept the idea of equality between representatives of the LGBT community and other citizens depends on the following factors:

- sex;
- age;

- higher education level;
- religious affiliation;
- affiliation with a professional group;
- work experience;
- type of locality;
- presence of representatives of the LGBT community among close associates.

7. Respondents in all of the surveyed countries negatively assess the attitude of representatives of their professional groups towards LGBT people.

8. The respondents' assessments of the attitudes of representatives of their professional groups towards LGBT people in the five countries depend on the following factors:

- sex;
- age;
- higher education level;
- religious affiliation;
- affiliation with a professional group;
- work experience;
- type of locality;
- presence of representatives of the LGBT community among close associates.

Variables

	Dependent variables	Type of scale
Attitude towards homosexuality	Understanding of homosexuality	Nominal
	Opinion about the acceptability of homosexuality in society	Nominal
Attitude towards LGBT people	Degree of social alienation in relation to: 1) gays; 2) lesbians; 3) bisexual men; 4) bisexual women; 5) trans* people.	Ordinal (Bogardus scale)
	Assessment of one's own position in society	Ordinal
	Assessment of the position of representatives of the LGBT community in society	Ordinal
Willingness to accept the idea of equality between LGBT people and other citizens	Degree of agreement with the idea of equal rights between representatives of the LGBT community and other citizens	Номинальная
	Opinion about the possibility of same-sex marriage	Nominal
	Opinion about the possibility of same-sex couples adopting/raising children	Nominal
One's assessment of representatives of one's professional group towards LGBT people		Nominal

Dependent variables	Type of scale
Country	Nominal
Sex	Nominal (binary)
Age	Metric
Higher education level	Nominal (binary)
Religious affiliation	Nominal
Affiliation with a professional group (police, health worker, social worker)	Nominal
Work experience	Metric
Type of locality	Ordinal
Presence of representatives of the LGBT community among close associates	Nominal
Provision of HIV/STI prevention counseling services for LGBT (only for social and health workers)	Nominal (binary)
Personal visits of representatives of the LGBT community to respondents' place of work (only for social and health workers)	Nominal

In addition, respondents were asked about their desire to participate in a repeat of this survey to be carried out in 2019, and, if they agreed, their contact details were recorded.

Analysis of variables

The following methods were used to test the hypotheses:

- analysis of two-dimensional and three-dimensional tables;
- cluster analysis;
- regression analysis (multi-linear regression);
- constructing confidence intervals (to test hypotheses about the percentages/medians regarding equality).

Collection of information (survey)

A sample of 750 respondents was planned (250 respondents in each group and 150 respondents in each country) (see Table 1).

Table 1
Distribution of the sample size (planned sample)

	Health workers	Social workers	Police	Total
Armenia	50	50	50	150
Belarus	50	50	50	150
Georgia	50	50	50	150
Kyrgyzstan	50	50	50	150
Macedonia	50	50	50	150
Total	250	250	250	750

Recruiting was carried out through NGOs participating in the implementation of ECOM's projects.

A total of 712 respondents were surveyed^{*}; law enforcement officials in Armenia, Belarus, and Georgia were not surveyed. For the distribution of the sample size see Table 2.

Table 2
Distribution of the sample size (actual sample)

	Health workers	Social workers	Police	Total
Armenia	73	57	0	130
Belarus	101	14	0	115
Georgia	70	59	0	129
Kyrgyzstan	100	69	80	249
Macedonia	49	28	12	89
Total	393	227	92	712

^{*} One of the conditions for inclusion in the study was having at least two years of work experience in the health or social services field, or in law enforcement. The work experience of respondents in these fields was identified using a screening questionnaire, and the question "How many years have you worked in medical institutions/non-governmental organizations/law enforcement agencies?" Only respondents with at least two years of work experience in these fields were selected. Only these respondents were included in further data analysis.

The survey was conducted using a specially designed electronic form. All interviewers were provided with instructions taking into account the specificities of each of the countries and target groups. Separate tools were developed for each of the target groups. A total of three questionnaires were developed for the survey: one for health workers, one for social workers, and one for police.

The tool was prepared in six languages: English, Russian, Armenian, Georgian, Kyrgyz, and Macedonian. The questionnaire included questions about the following: socio-demographic characteristics of the respondents; personal attitudes towards LGBT people; the attitudes of medical and social workers and police towards LGBT people, and the experience of service provision.

A screening questionnaire was developed for each target group of the study, on the basis of which a decision was made to include or not include respondents in the study.

Criteria for inclusion in the study

Respondents of the study were representatives of groups directly providing services to LGBT (medical and social workers), as well as those who first meet with clients to resolve their problems/provide counseling/clarify the circumstances of the situation (for police: patrols, investigations).

The main criteria for inclusion in the study included the following: no less than 2 years of work experience in the health or social services field or in law enforcement agencies; experience in working with the target group (LGBT people); work in low- and mid-level positions (heads of institutions could not participate in the study).

Ethical research standards

Ethical research standards. The project implementers and persons involved in processing the information were obliged with guaranteeing the confidentiality of the information received.

Before beginning work on the questionnaire, respondents had to verbally confirm their consent to participate in the study, which was then confirmed by the signature of the interviewer.

Participants were provided with explanations to any questions arising during the study. Potential respondents were also informed that their participation in the study was voluntary and that they could terminate their participation at any time.

It was also explained to participants that any information which they provide during the study would remain confidential (for example, data which could be used to identify a respondent would not be used, and only summary information would be used in the analytical report).

[The working group of the study](#) was comprised of representatives of ECOM and the Center for Social Expertise of the Institute of Sociology of the National Academy of Sciences of Ukraine. The working group:

- agreed upon the protocol, sampling, and research tools;
- approved the criteria for selecting respondents, the Skype training program for representatives of different countries, and the research tool.

Staff training

A Skype training on data collection was developed in order to train researchers in the five countries and to ensure the accuracy and reliability of the information collected. Staff members of the Center for Social Expertise were involved in developing and conducting the trainings.

The Skype training covered issues such as: the research methodology, the planned sample, possible problems/difficulties that could influence the study, reporting on the results of the study, etc.

Monitoring data quality

The regional supervisor in the survey country reported weekly to the field stage manager (about conducting interviews, the number of those surveyed, and successes or difficulties). As a result of the implementation of the field stage, each interviewer and regional manager prepared a technical report on the form provided by the field stage manager, where they could record difficulties encountered during the survey and how such difficulties were resolved.

In order to avoid errors at the data entry stage, formal-logical conditions, corresponding to the questionnaire were provided by the programmer by the development stage of the data input layouts. Data verification was carried out during the processing of the data array: the elimination of duplicate questionnaires, the addition of data from questionnaires missed during data entry, linear and cross-tabulation distribution of answers.

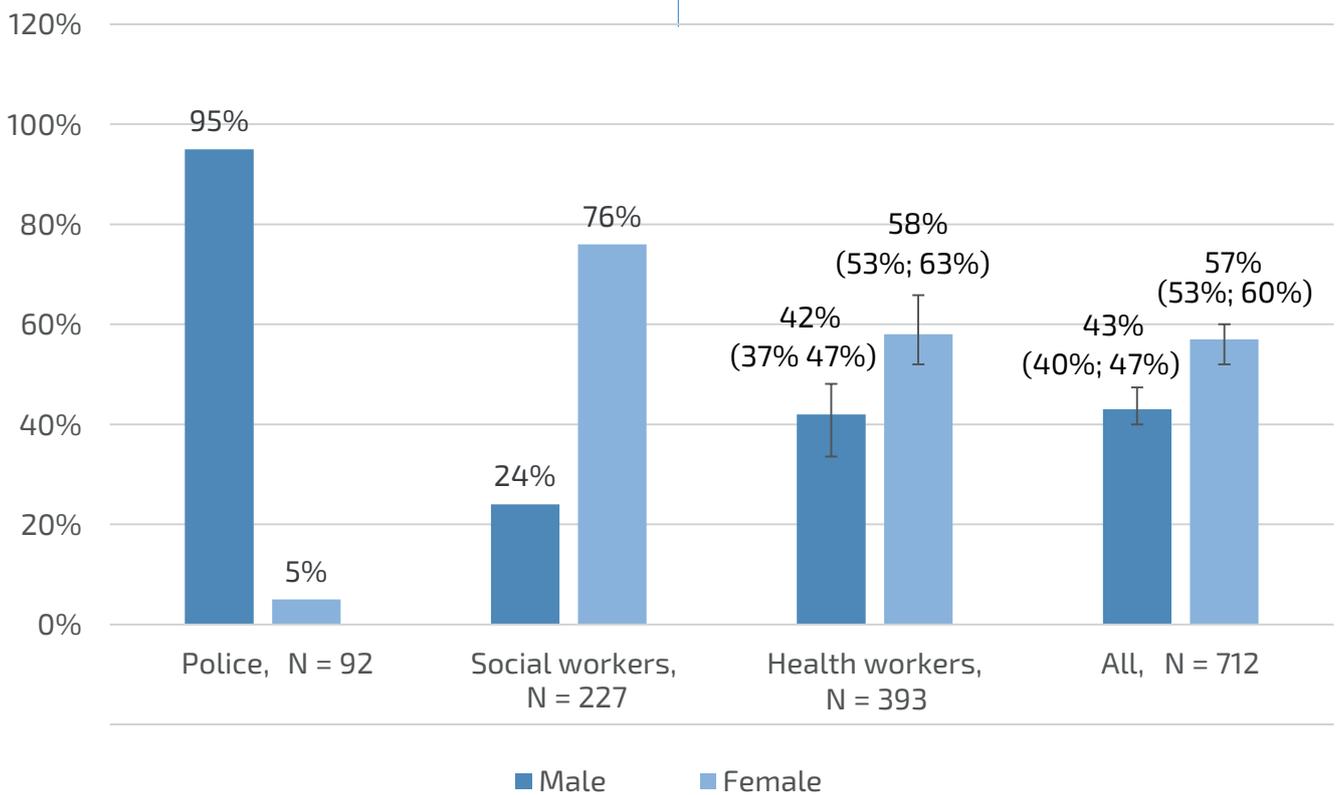
Data processing

The basis for interpreting the results was a statistical analysis of the array of data collected using the R program. A description of the data obtained was reworked into one-dimensional, two-dimensional, and multi-dimensional distributions of respondents' answers to the questionnaire questions according to the hypotheses put forward.

SECTION 1. Socio-demographical characteristics of the respondents

Before analyzing the attitudes of professional groups in the five CEECA countries towards LGBT people, the socio-demographical characteristics of the respondents were analyzed, including with regard to professional groups and countries. The first step was to analyze the distribution of respondents by sex.

Fig. 1
Sex of respondents (in total and broken down by professional group)



*The percentages in parentheses indicate a 95% confidence interval. Confidence intervals allow you to check whether the difference between percentages is statistically significant. If the confidence intervals do not overlap, then a difference between percentages exists, if they do overlap than there is no difference. The function `prop.test()` in R was used in all cases for constructing confidence intervals for percentages.

As seen in Fig. 1, the percentage of women respondents is slightly higher than the number of male respondents (57% and 43% respectively), as the confidence intervals for these percentages do not overlap. When broken down by professional groups, the percentage of women respondents among social workers is nearly 75%, while men account for the overwhelming majority of police officers (95%). Among health workers, the percentage of women is slightly higher than the percentage of men (58% and 42% respectively).

Table 1
Sex of respondents (in total and broken down by professional group):
country characteristics, %

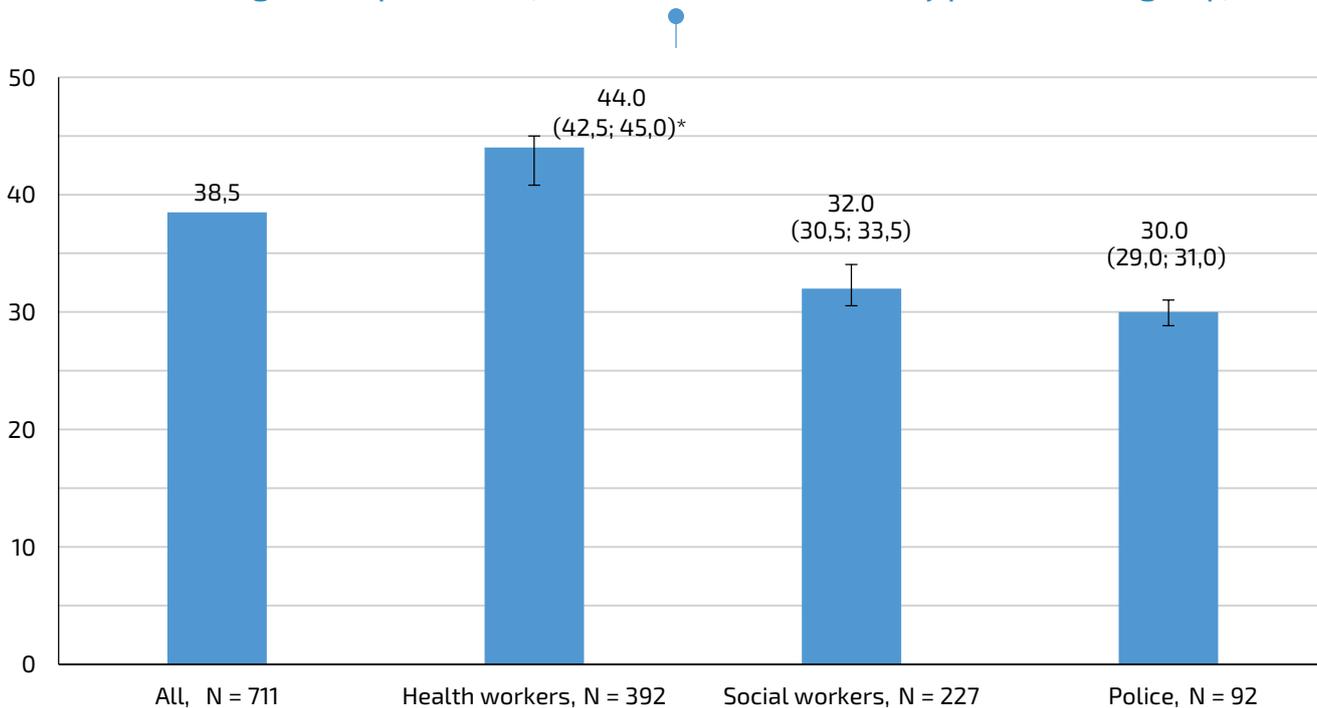
Country	Professional Group	Sex	
		Female	Male
Armenia	Total, N = 130	77 (69; 84)	23 (16; 31)
	Health workers, N = 73	74 (62; 83)	26 (17; 38)
	Social workers, N = 57	81	19
	Police, N = 0	-	-
Belarus	Total, N = 115	40 (31.1; 49.6) *	60 (50.4; 68.9)
	Health workers, N = 101	39 (29; 49)	61 (51; 71)
	Social workers, N = 14	50	50
	Police, N = 0	-	-
Georgia	Total, N = 129	73 (64; 80)	27 (20; 36)
	Health workers, N = 70	53 (41; 65)	47 (35; 59)
	Social workers, N = 59	97	3
	Police, N = 0	-	-
Kyrgyzstan	Total, N = 249	42 (36; 48)	58 (52; 64)
	Health workers, N = 100	63 (53; 72)	37 (28; 47)
	Social workers, N = 69	52	48
	Police, N = 80	6	94
Macedonia	Total, N = 89	67 (57; 77)	33 (23; 43)
	Health workers, N = 49	69 (54; 81)	31 (19; 46)
	Social workers, N = 28	93	7
	Police, N = 12	-	100

*The percentages in parentheses indicate a 95% confidence level, which was calculated in the same manner as in the previous case above. When encountering "controversial" moments, such as when rounding to an integer, it turns out that the confidence intervals overlap, and when rounding to tenths they do not, the boundaries of the confidence intervals are rounded to the tenth. The smaller the sample size, the wider the confidence interval for the percentage, and therefore, the less accurate the estimate. Therefore, for samples where $N < 50$, the logic for interpreting the confidence intervals (for both percentages and medians) will be as follows: if the confidence intervals do not overlap, then a difference between percentages/medians exists. If they overlap, there is no difference between percentages/medians, but the absence of differences could be due to a wide confidence interval (which means that it is necessary to further check the differences between percentages/medians using on a larger sample).

The following results were obtained regarding the gender distribution by country (see Table 1): in Armenia, Georgia, and Macedonia, the percentage of female respondents exceeds the percentage of male respondents, while in Belarus and Kyrgyzstan, a greater percentage of men were surveyed than women. In all five CEECA countries, a minimum of 50% of social worker respondents were women, while in Georgia this figure reached 97%. The overwhelming majority of police officers surveyed in Kyrgyzstan and Macedonia were men. Among the health workers surveyed in Armenia, Kyrgyzstan, and Macedonia, the percentage of women exceeded the percentage of men, while in Belarus, the percentage of men was greater than the percentage of women.

The Shapiro-Wilk Test was used to test the normal distribution of the "Age" variable, which showed that the variable does not have a normal distribution. Thus, the median was used as the average value.

Fig. 2
Median age of respondents (in total and broken down by professional group)



*The 95% confidence interval for the median is indicated in parentheses below the median value. The confidence interval shows whether the difference between medians is statistically significant. It is assumed that if the confidence intervals overlap, there is a difference between medians, and, in the opposite case, there is not. The median and its confidence interval were calculated using the function `wilcox.test()` in R, thereby activating the representation of the confidence interval for the median and the median itself. For all cases where the median was considered as the average value, the function `wilcox.test()` was used to calculate the median and 95% confidence intervals for the median.

The median age of all respondents was 38. The "oldest" professional group, in comparison with the other two, were health workers, while there was no difference between the median age of social workers and police officers (see Fig. 2).

Table 2
Median age of respondents (in total and broken down by professional group):
country characteristics

Country	Professional group	Age
Armenia	Total, N = 130	39.5
	Health workers, N = 73	46.0 (42.5; 49.5)
	Social workers, N = 57	30.0 (28.0; 33.0)
	Police, N = 0	-
Belarus	Total, N = 115	41.5
	Health workers, N = 101	41.5 (39.5; 43.0)
	Social workers, N = 14	42.5 (35.5; 46.0)
	Police, N = 0	-
Georgia	Total, N = 128	39.5
	Health workers, N = 69	47.0 (44.0; 50.5)
	Social workers, N = 59	31.5 (28.5; 33.5)
	Police, N = 0	-
Kyrgyzstan	Total, N = 249	36.0
	Health workers, N = 100	44.5 (43.0; 46.0)
	Social workers, N = 69	30.0 (27.5; 33.0)
	Police, N = 80	29.5 (28.5; 30.5)
Macedonia	Total, N = 89	39.0
	Health workers, N = 49	43.0 (40.0; 46.0)
	Social workers, N = 28	35.5 (33.0; 39.0)
	Police, N = 12	34.3 (31.0; 40.0)

An analysis of the country characteristics of the respondents' ages (see Table 2) gave the following results. The median age of all respondents ranged from 36 (Kyrgyzstan) to 41.5 (Belarus). The health workers surveyed in Armenia, Georgia, and Kyrgyzstan were the "oldest" group in comparison with social workers and police officers. In Belarus, the median age of health workers and social workers was the same. In Macedonia, health workers were older than social workers, however there was no difference in age between health workers and police officers (the reason for this was the small number of police officers surveyed, which resulted in a wider confidence interval, which in turn led to a less accurate estimate).

The next characteristic is the religious affiliation of respondents.

Table 3
 Religious affiliation of respondents (in total and broken down by professional group), %

Religious affiliation	Total, N = 711	Health workers, N = 392	Social workers, N = 227	Police, N = 92
Orthodoxy	40	42	47	10
Catholicism	6	4	11	1
One of the Protestant churches	1	1	1	-
Islam	21	10	16	82
Other	2	4	-	-
Religious, but no specific religious affiliation	7	10	4	3
Non-religious	23	29	21	3
Difficulty answering	-	-	-	1

A significant proportion of all respondents were Orthodox, Muslim, or non-religious. An analysis of each of the professional groups showed that 71% of health workers and 68% of social workers were Orthodox or non-religious. The overwhelming majority of police officers were Muslims (82%) (see Table 3).

Table 4
Religious affiliation of respondents (in total and broken down by professional group):
country characteristics, %

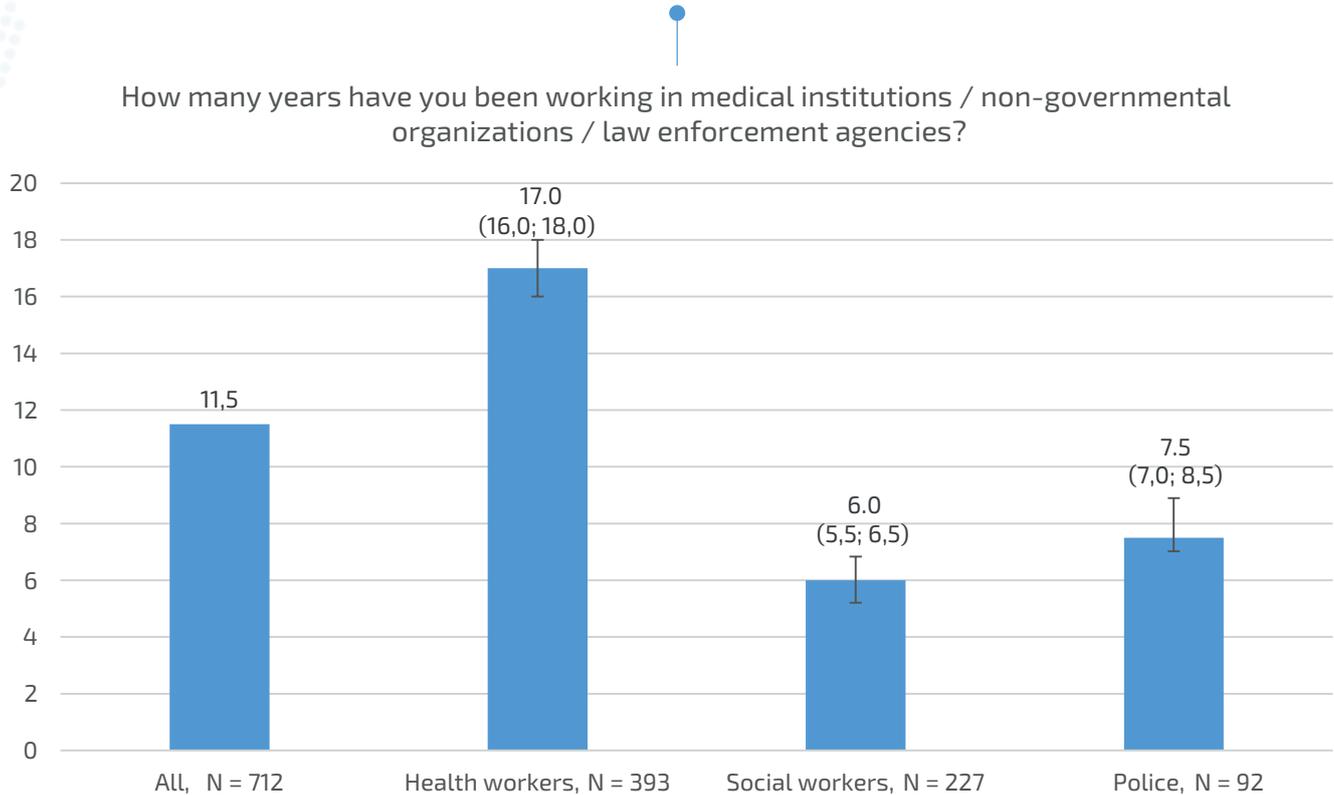
Country	Professional group	Religious affiliation							
		Orthodoxy	Catholicism	One of the Protestant churches	Islam	Other	Religious, but no specific religious affiliation	Non-religious	Difficulty answering
Armenia	Total, N = 130	5	16	-	-	11	20	48	-
	Health worker, N = 73	-	-	-	-	19	26	55	-
	Social worker, N = 57	11	37	-	-	-	12	40	-
	Police, N = 0	-	-	-	-	-	-	-	-
Belarus	Total, N = 115	46	17	-	-	-	1	37	-
	Health worker, N = 101	47	15	-	-	-	-	39	-
	Social worker, N = 14	43	29	-	-	-	7	21	-
	Police, N = 0	-	-	-	-	-	-	-	-
Georgia	Total, N = 129	89	-	1	-	-	-	10	-
	Health worker, N = 70	91	-	1	-	-	-	7	-
	Social worker, N = 59	86	-	-	-	-	-	14	-
	Police, N = 0	-	-	-	-	-	-	-	-
Kyrgyzstan	Total, N = 248	12	-	1	58	-	9	19	-
	Health worker, N = 99	14	-	-	35	1	20	29	-
	Social worker, N = 69	25	-	3	52	-	-	20	-
	Police, N = 80	-	-	-	91	-	4	4	1
Macedonia	Total, N = 89	89	2	1	8	-	-	-	-
	Health worker, N = 49	90	2	-	8	-	-	-	-
	Social worker, N = 28	93	-	-	-	-	-	-	-
	Police, N = 12	75	8	-	17	-	-	-	-

An analysis of the country characteristics of the religious affiliation of respondents (see Table 4) showed that in Georgia and Macedonia, both among all respondents, as well as among each of the professional groups, the overwhelming majority were Orthodox. In Belarus, the most numerous groups were Orthodox, non-religious people, and Catholics (this applies to all respondents, and to each of the professional groups separately). In Armenia, a fairly large group among all respondents and among each of the professional groups were non-religious people. Meanwhile, in Kyrgyzstan, the majority of all respondents and of health and social workers were Muslims, non-religious people, and Orthodox. The majority of police officers surveyed were Muslims.

The last socio-demographical characteristic that was reviewed was the work experience of respondents. The distribution was first tested for normality in order to determine what would be used as the average: the arithmetic mean or the median. The Shapiro-Wilk Test was used to do this. The test showed that the variable did not have a normal distribution ($p < 0.05$). Thus, the median value was used as the average value for determining the work experience of the respondents.

Fig. 3

Median work experience of respondents (in total and broken down by professional group)



As shown in Fig. 3, the median work experience of all respondents was 11.5 years. An analysis of each of the professional groups separately showed that health workers have significantly longer work experience in comparison with social workers and police officers (this is probably due to the age of the respondents, as the health workers surveyed were generally older than the social workers or police officers).

Table 5
Median work experience of respondents (in total and broken down by professional group):
country characteristics

Country	Professional group	How many years have you worked in medical institutions/non-governmental organizations/law enforcement agencies?
Armenia	Total, N = 130	13.5
	Health workers, N = 73	21.5 (17.5; 25.0)
	Social workers, N = 57	7.0 (6.0; 8.5)
	Police, N = 0	-
Belarus	Total, N = 115	17.0
	Health workers, N = 101	17.5 (16.0; 19.5)
	Social workers, N = 14	11.0 (7.5; 14.5)
	Police, N = 0	-
Georgia	Total, N = 129	9.0
	Health workers, N = 70	14.0 (11.5; 16.5)
	Social workers, N = 59	5.0 (4.0; 5.5)
	Police, N = 0	-
Kyrgyzstan	Total, N = 249	10.0
	Health workers, N = 100	17.0 (15.5; 19.0)
	Social workers, N = 69	4.0 (3.5; 5.0)
	Police, N = 80	8.0 (7.0; 9.0)
Macedonia	Total, N = 89	10.0
	Health workers, N = 49	14.0 (11.0; 17.5)
	Social workers, N = 28	7.5 (6.0; 9.5)
	Police, N = 12	5.0 (3.5; 9.0)

It is important to note that the median work experience of all respondents ranges from 9.0 years (Georgia) to 17.0 years (Belarus), and that the work experience of health workers exceeds the work experience of police officers and social workers, which was typical for all five EECA countries (see Table 5).

Thus, the following conclusions can be drawn from the analysis above:

- approximately three-quarters of social worker respondents were women; in the CEECA countries, the percentage ranges from 50% (Belarus) to 97% (Georgia);
- the overwhelming majority of police officers are men;

- the percentage of women that are medical workers is higher than the percentage that are men in Armenia, Kyrgyzstan and Macedonia, while in Belarus more men were surveyed;
- the “oldest” group, in comparison with the two others were health workers, which was typical of the majority of CEECA countries;
- health workers also had the greatest work experience compared to social workers and police officers, this was typical in all five CEECA countries;
- a significant percentage of health and social workers were Orthodox or non-religious; this distribution is conditioned on the specifics of the selected countries (in the majority of CEECA countries, including Belarus, Georgia, and Macedonia in particular, Orthodoxy is the main religion);
- the fact that the overwhelming majority of police officers are Muslims can be explained by the peculiarities of the sampling: the majority of the representatives of law enforcement agencies were surveyed in Kyrgyzstan, where Islam is the main religion.

SECTION 2. Assessment of the personal attitudes of respondents towards LGBT people

After a socio-demographical profile of the respondents was created, the respondents' personal attitudes towards LGBT people were analyzed, with particular attention being given to:

1. The degree of social distance in relation to LGBT people:

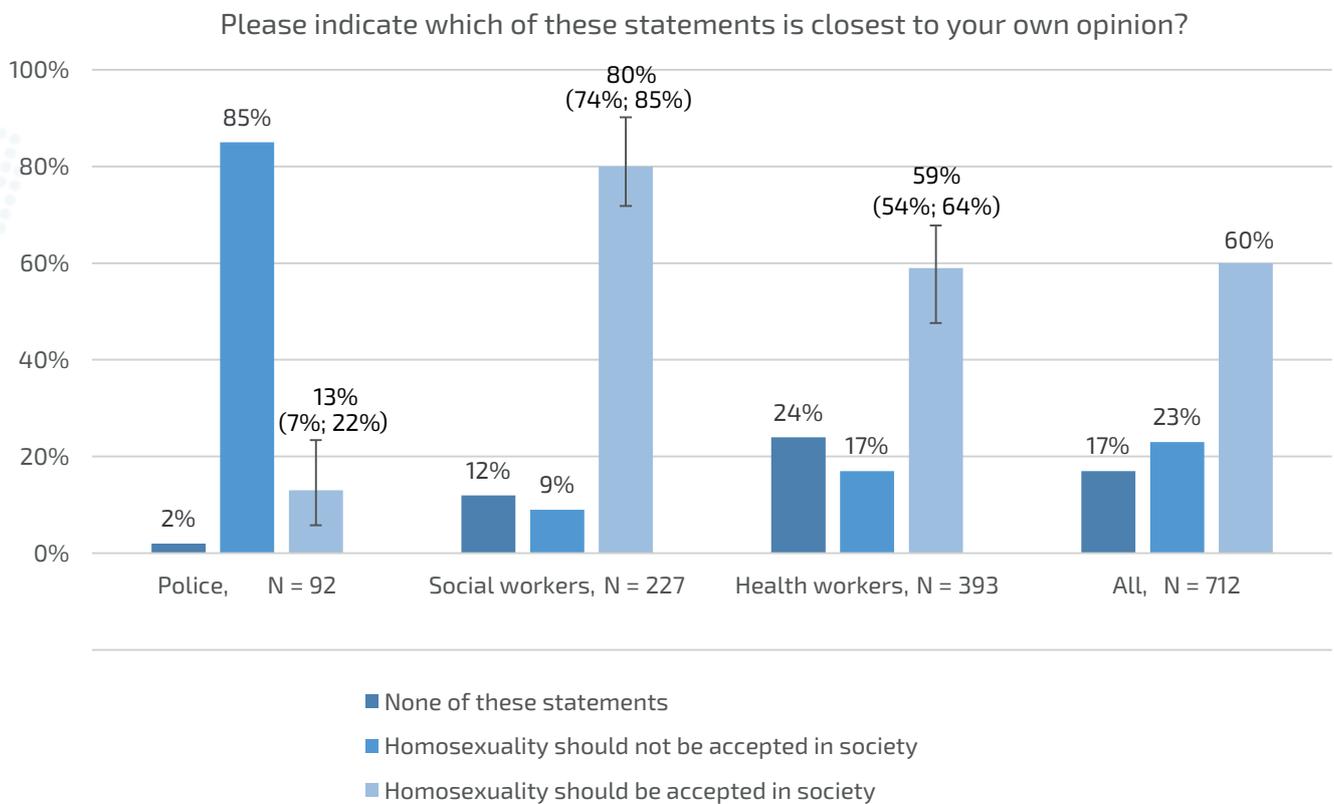
- The degree of social alienation with respect to LGBT people (to what extent the respondent is willing to accept representatives of the LGBT community);
- An assessment by respondents of their own status in comparison with representatives of the LGBT community.

2. The willingness to accept the idea of equality between representatives of the LGBT community and other citizens:

- Degree to which respondents agree with the idea of equality between representatives of the LGBT community and other citizens;
- Opinion of respondents about the possibility of same-sex marriage;
- Opinion of respondents about the possibility of same-sex couples adopting and/or raising children.

First and foremost, it was necessary to determine the respondents' attitudes towards homosexuality as a phenomenon. On the one hand, this helped to determine how respondents understand homosexuality, and, on the other hand, to form a preliminary view of their attitudes towards LGBT people.

Fig. 4
 Respondents' opinion on the acceptability of homosexuality in society
 (in total and broken down by professional group)



As can be seen in Fig. 4, 60% of respondents tend to believe that homosexuality should be accepted in society. Social workers and health workers also tend to believe that homosexuality should be accepted in society (59% of health workers and 80% of social workers). Only police officers did not agree with this statement: among those surveyed, 85% believe that homosexuality should not be accepted in society. It can also be noted that the percentage of those responding positively was highest among social workers and lowest among police officers.

Table 6

Opinion of respondents on the acceptability of homosexuality in society (in total and broken down by professional group): country characteristics, %

Country	Professional group	Please indicate which of these statements is closest to your own opinion?		
		Homosexuality should be accepted in society	Homosexuality should not be accepted in society	None of these statements
Armenia	Total, N = 130	56	16	28
	Health workers, N = 73	48 (36; 60)	22	30
	Social workers, N = 57	67 (53; 78)	9	25
	Police, N = 0	-	-	-
Belarus	Total, N = 115	63	13	24
	Health workers, N = 101	59 (49; 70)	15	26
	Social workers, N = 14	86 (56; 97)	-	14
	Police, N = 0	-	-	-
Georgia	Total, N = 129	76	20	4
	Health workers, N = 70	67 (55; 78)	26	7
	Social workers, N = 59	86 (74; 94)	14	-
	Police, N = 0	-	-	-
Kyrgyzstan	Total, N = 249	45	38	17
	Health workers, N = 100	55 (45; 65)	13	32
	Social workers, N = 69	77 (65; 86)	10	13
	Police, N = 80	5 (2; 13)	94	1
Macedonia	Total, N = 89	79	9	12
	Health workers, N = 49	71 (57; 83)	10	18
	Social workers, N = 28	96 (80; 100)	-	4
	Police, N = 12	67 (35; 89)	25	8

Looking at the respondents' opinions regarding the acceptability of homosexuality in society by country (see Table 6), the conclusion can be made that the percentage of respondents in each of the CEECA countries that believe that homosexuality should be accepted in society ranges from 45% (Kyrgyzstan) to 79% (Macedonia). For health workers, this percentage ranges from 48% (Armenia) to 71% (Macedonia), and for social workers, from 67% (Armenia) to 96% (Macedonia). The percentage of police officers in Kyrgyzstan that believe that homosexuality should be accepted in society is the lowest in comparison with the other professional groups of each of the CEECA countries. It should also be noted that there is no statistically significant difference in the percentage of respondents that believe that homosexuality should be accepted in society, between health workers, social workers and police officers in Armenia, Belarus, Georgia, and Macedonia. In Kyrgyzstan, there is no statistically significant difference in the percentage of health and social worker respondents who hold the view that homosexuality should be accepted in society.

The next point concerning attitudes towards LGBT people deals with the respondents' understanding of homosexuality as a phenomenon.

Table 7
Understanding of respondents of homosexuality
(in total and broken down by professional group), %

People have very different views of homosexuality, what is your personal opinion regarding homosexuality?	Total, N = 709	Health workers, N = 391	Social workers, N = 227	Police, N = 91
It is a sexual orientation with an equal right to exist as heterosexuality	37	35 (30; 40)	54 (47; 60)	4 (1; 11)
It is a reality of life that you can neither punish nor glorify	38	45	38	5
It is immoral and a bad habit	4	6	2	5
It is a disease or the result of psychological trauma	16	7	6	78
It is a sign of a special gift or talent	1	1	-	1
Other	4	6	-	5
Difficulty answering	-	-	-	-

The results show (see Table 7), that 75% of respondents believe that homosexuality is either a sexual orientation with the same right to exist as heterosexuality, or that it is a fact of life that can neither be punished nor glorified. The same opinion is shared by 80% of health workers and 92% of social workers. Meanwhile, 78% of police officers believe that homosexuality is an illness or is caused by psychological trauma. It can also be noted that social workers have the highest percentage of those who believe that homosexuality has the same right to existence as heterosexuality, while among police officers this percentage is the lowest.

Table 9
Respondents' understanding of homosexuality
(in total and broken down by professional group): country characteristics, %

Country	Professional group	People have very different views of homosexuality, what is your personal opinion regarding homosexuality?						
		It is a sexual orientation with an equal right to exist as heterosexuality	It is a reality of life that you can neither punish nor glorify	It is immoral and a bad habit	It is a disease or the result of psychological trauma	It is a sign of a special gift or talent	Other	Difficulty answering
Armenia	Total, N = 130	29	47	6	10	-	8	-
	Health workers, N = 73	21 (12; 32)	49	7	10	-	14	-
	Social workers, N = 57	40 (28; 54)	44	5	11	-	-	-
	Police, N = 0	-	-	-	-	-	-	-
Belarus	Total, N = 115	23	63	6	7	-	2	-
	Health workers, N = 101	19 (12; 28)	64	7	8	-	2	-
	Social workers, N = 14	50 (27; 73)	50	-	-	-	-	-
	Police, N = 0	-	-	-	-	-	-	-
Georgia	Total, N = 129	43	47	-	10	-	-	-
	Health workers, N = 70	33 (22; 45)	54	-	13	-	-	-
	Social workers, N = 59	54 (41; 67)	39	-	7	-	-	-
	Police, N = 0	-	-	-	-	-	-	-
Kyrgyzstan	Total, N = 246	41	18	4	30	2	5	-
	Health workers, N = 98	58 (48; 68)	22	5	2	3	9	-
	Social workers, N = 69	61 (48; 72)	33	-	6	-	-	-
	Police, N = 79	1 (0; 7)	-	6	86	1	5	-
Macedonia	Total, N = 89	49	33	7	4	-	6	1
	Health workers, N = 49	47 (33; 62)	33	10	2	-	8	-
	Social workers, N = 28	64 (44; 81)	29	4	-	-	-	4
	Police, N = 12	25 (6; 57)	42	-	25	-	8	-

It can be noted (see Table 8) that, in the CEECA countries, from 59% (Kyrgyzstan) to 90% (Georgia) of respondents believe that homosexuality is either a sexual orientation with the same right to exist as heterosexuality, or a fact of life that can neither be punished nor glorified. This opinion is shared by 70% (Armenia) to 93% (Belarus) of health workers and by 84% (Armenia) to 100% (Belarus) of social workers. The exception to this statistic was the staff of

law enforcement bodies in Kyrgyzstan: the overwhelming majority of them believe that homosexuality is a disease or the result of psychological trauma. It should be noted that there is no statistically significant difference in the percentage of respondents that believe that homosexuality has the same right to exist as heterosexuality between health workers, social workers, and police officers in Armenia, Belarus, Georgia, and Macedonia. In Kyrgyzstan, there is no statistically significant difference in the percentage of respondents that hold the view that homosexuality has the same right to exist as heterosexuality between health and social workers.

Thus, the results led to the conclusion that the attitude towards homosexuality in all five of the CEECA countries is more or less positive. As a whole, social workers had the most positive attitude in comparison with the other two professional groups; however, this was insufficient to make the conclusion that social workers had the most positive attitude towards homosexuality in comparison with the other two professional groups in each of the countries individually. Police officers in Kyrgyzstan demonstrated the most intolerant attitude towards homosexuality.

An analysis of personal attitudes towards LGBT people was preceded by a study of the degree of social distance with respect to this group. First, the degree of social alienation of respondents towards LGBT people was calculated based on the question *"I am willing to admit representatives of the LGBT community as..."*. This question consisted of 5 sub-items and was evaluated using a 7-point scale. 1 point was given to respondents willing to admit representatives of the LGBT community as a family member (lowest degree of social alienation), while 7 points were given to respondents who were unwilling to even admit representatives of the LGBT community into the country (highest degree of social alienation). The question was coded in such a way that the value of each of its sub-items would vary from "-1" to "1", where '-1' was the highest degree of social alienation with respect to LGBT people, and "1" was the lowest degree of social alienation. After this, the values of all five sub-items of the question were added up and divided by 5, in order to obtain an indicator whose value ranged from -10 to 10. The arithmetic mean of the resulting indicator was calculated and interpreted as follows:

- [-10; -6) – high degree of social alienation in relation to LGBT people;
- [-6; -2) – above average degree of social alienation in relation to LGBT people;
- [-2; 2) – average degree of social alienation in relation to LGBT people;
- [2; 6) – lower than average degree of social alienation in relation to LGBT people;
- [6; 10] – low degree of social alienation in relation to LGBT people.

Table 9
Degree of social alienation in relation to LGBT people
(in total and broken down by professional group)

Degree of social alienation in relation to LGBT people	Total, N = 712	Health workers, N = 393	Social workers, N = 227	Police, N = 92
	0.7	0.3	4.3	-6.6

The results of Table 9 lead to the conclusion that the respondents are characterized by an average degree of social alienation in relation to LGBT people. The research showed that, broken down by professional group, police officers demonstrated a high degree of social alienation in relation to LGBT people, health workers an average degree of social alienation, and social workers a low degree of social alienation.

Table 10
Degree of social alienation of respondents in relation to LGBT people
(in total and broken down by professional group): country characteristics

Country	Professional group	Degree of social alienation in relation to LGBT people
Armenia	Total, N = 130	-0.6
	Health workers, N = 73	-2.9
	Social workers, N = 57	2.4
	Police, N = 0	-
Belarus	Total, N = 115	3.5
	Health workers, N = 101	2.8
	Social workers, N = 14	8.6
	Police, N = 0	-
Georgia	Total, N = 129	0.4
	Health workers, N = 70	-2.6
	Social workers, N = 59	4.0
	Police, N = 0	-
Kyrgyzstan	Total, N = 249	-1.2
	Health workers, N = 100	0.6
	Social workers, N = 69	4.2
	Police, N = 80	-8.0
Macedonia	Total, N = 89	4.4
	Health workers, N = 49	3.4
	Social workers, N = 28	7.0
	Police, N = 12	2.8

The results of an analysis of the country characteristics (see Table 10) of the degree of social alienation with respect to LGBT people shows that among respondents in Belarus and Macedonia, the degree of social alienation is lower than average, while those surveyed in Armenia, Georgia, and Kyrgyzstan demonstrated an average degree of social alienation. An analysis of the professional groups separately provided the following results: the degree of social alienation of social workers in relation to LGBT people was estimated to be low (Belarus, Macedonia) or lower than average (Armenia, Georgia, Kyrgyzstan); meanwhile, among health workers, the degree of social alienation was either higher than average (Armenia, Georgia), average (Kyrgyzstan), or lower than average (Belarus, Macedonia—it should be noted that social workers of these countries demonstrate a low degree of social alienation with respect to LGBT people.) The police of Macedonia displayed a below average degree of social alienation towards LGBT people, while the police of Kyrgyzstan were the only group demonstrating a high degree of social alienation towards LGBT people.

The research also assessed how respondents evaluate their own status in society in comparison with LGBT people (the second component of degree of social distance). This was calculated as the difference between the values of the following two attributes:

“Imagine that people in society are on steps of a ladder: the people on the lowest step are those with the lowest status in society in your eyes, and those on the highest step have the highest status in society in your eyes. On which step of the ladder would you place yourself?” and “On which step of the ladder would you place representatives of the LGBT community?” Both attributes are assessed using a 7-point scale, where “1” is the lowest position in society, and “7” is the maximum. First, the difference in points between respondents' answers to the two questions was calculated. The values obtained should have ranged from “-6” to “6”, but in reality the minimum value was “-6” and the maximum value was “3”. In order to establish a symmetrical scale in relation to 0, 1.5 was added to the minimum and maximum values, creating a scale from -4.5 to 4.5. For convenience, the values were transferred to a scale from -10 to 10 by multiplying the values by $\frac{20}{9}$. The arithmetic mean was calculated for the resultant attribute, which was interpreted as follows:

- [-10; -6) – the respondent evaluates his status to be significantly higher than the status of representatives of the LGBT community;
- [-6; -2) – the respondent evaluates his status to be higher than the status of representatives of the LGBT community;
- [-2; 2) – the respondent evaluates his status to be the same as the status of representatives of the LGBT community;
- [2; 6) – the respondent evaluates his status to be lower than the status of representatives of the LGBT community;
- [6; 10) – the respondent evaluates his status to be significantly lower than the status of representatives of the LGBT community.

It should be noted that if the respondent evaluates his status in society as being higher or much higher than the status of representatives of the LGBT community, this means that he perceives members of this group as “others” who are different than everyone else, and harbors scornful or hostile attitudes towards this group. If the respondent evaluates his status in society as the same as representatives of the LGBT community, this indicates a willingness to perceive LGBT people as a normal phenomenon, but the respondent may still perceive a difference between “ordinary” people and representatives of the LGBT community.

Table 11

Assessment by respondents of their own position in society in comparison with LGBT people (in total and broken down by professional group)

Assessment of one's own position in society in comparison with LGBT people	Total, N = 709	Health workers, N = 393	Social workers, N = 224	Police, N = 92
	0.3	0.4	1.6	-3.5

As shown in Table 11, in general, respondents tend to evaluate their status in society as the same as that of representatives of the LGBT community. This is also true for health workers and social workers individually. Meanwhile, police officers evaluate their status in society as higher than that of representatives of the LGBT community.

Table 12

Assessment by respondents of their own position in society in comparison with LGBT people (in total and broken down by professional group): country characteristics

Country	Professional group	Assessment of one's own position in society in comparison with LGBT people
Armenia	Total, N = 130	0.9
	Health workers, N = 73	0.0
	Social workers, N = 57	1.9
	Police, N = 0	-
Belarus	Total, N = 115	1.8
	Health workers, N = 101	1.7
	Social workers, N = 14	3.2
	Police, N = 0	-
Georgia	Total, N = 126	0.7
	Health workers, N = 70	1.1
	Social workers, N = 56	0.1
	Police, N = 0	-
Kyrgyzstan	Total, N = 249	-1.0
	Health workers, N = 100	-1.0
	Social workers, N = 69	2.6
	Police, N = 80	-4.2
Macedonia	Total, N = 89	0.6
	Health workers, N = 49	0.4
	Social workers, N = 28	0.7
	Police, N = 12	1.1

Based on the results of Table 12, it was concluded that respondents from all CEECA countries and the majority of representatives of professional groups of each of these countries, in general, tend to evaluate their position in society to be the same as that of representatives of the LGBT community. Police in Kyrgyzstan were the only group to evaluate their position in society as higher than that of representatives of the LGBT community.

The second aspect was an analysis of the willingness to accept the idea of equality between representatives of the LGBT community and other citizens. First, it was determined whether respondents agree that representatives of the LGBT community should have the same rights as other citizens.

Fig. 5

Degree of agreement of respondents with the idea of equality between representatives of the LGBT community and other citizens (in total and broken down by professional group)

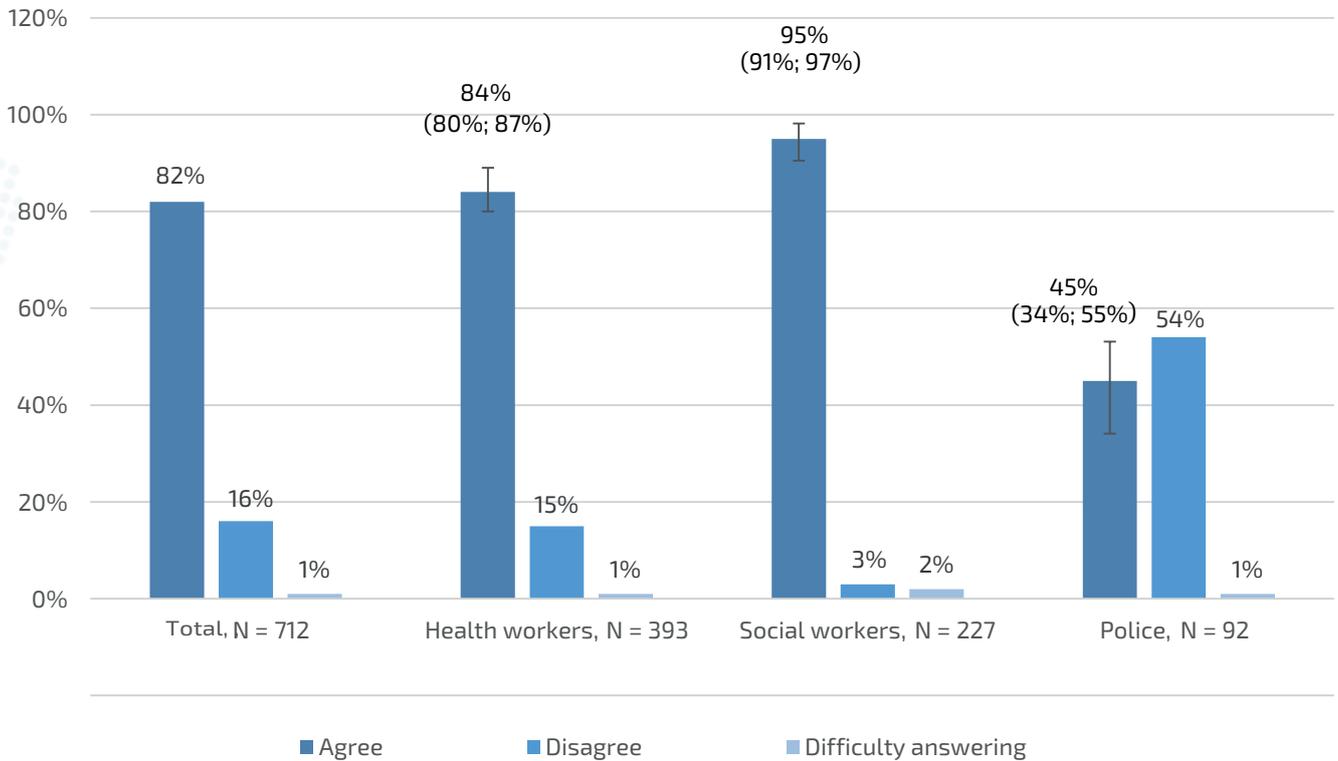


Fig. 5 shows that around four-fifths of respondents agree with the idea of equality between LGBT people and other citizens. Social workers showed the highest degree of agreement with this idea, followed by health workers, with police officers showing the lowest level of agreement.

Table 13

Degree of agreement of respondents with the idea of equality between representatives of the LGBT community and other citizens (in total and broken down by professional group): country characteristics, %

Country	Professional group	Degree of agreement of respondents with the idea of equality between representatives of the LGBT community and other citizens		
		Agree	Disagree	Difficulty answering
Armenia	Total, N = 130	82	15	3
	Health workers, N = 73	74 (62; 83)	23	3
	Social workers, N = 57	93 (82; 98)	4	4
	Police, N = 0	-	-	-
Belarus	Total, N = 115	90	10	-
	Health workers, N = 101	89 (81; 94)	11	-
	Social workers, N = 14	100 (73; 100)	-	-
	Police, N = 0	-	-	-
Georgia	Total, N = 129	96	4	-
	Health workers, N = 70	93 (83; 97)	7	-
	Social workers, N = 59	100 (92; 100)	-	-
	Police, N = 0	-	-	-
Kyrgyzstan	Total, N = 249	71	28	1
	Health workers, N = 100	81 (72; 88)	19	-
	Social workers, N = 69	91 (81; 96)	6	4
	Police, N = 80	41 (31; 53)	59	-
Macedonia	Total, N = 89	83	12	4
	Health workers, N = 49	82 (67; 91)	14	4
	Social workers, N = 28	93 (75; 99)	4	4
	Police, N = 12	67 (35; 89)	25	8

The results show (see Table 13) that in all five of the CEECA countries from 71% (Kyrgyzstan) to 96% (Georgia) of respondents agree with the idea of equality between representatives of the LGBT community and other citizens. The percentage of medical workers holding this view ranged from 74% (Armenia) to 93% (Georgia). Among social workers it ranged from 91% (Kyrgyzstan) to 100% (Belarus and Georgia). The lowest level of agreement with the idea of equality between LGBT people and other citizens, in comparison with the other professional groups of the CEECA countries, was found among the police of Kyrgyzstan (there is no statistically significant difference in the percentage of respondents agreeing with the idea of

equality between the police surveyed in Kyrgyzstan and Macedonia, however, this may be the result of a too wide confidence interval for the percentage of those agreeing with the idea of equality among the police in Macedonia).

Next, respondents' opinions about whether same-sex couples should have the same right to marriage as heterosexual couples was evaluated.

Table 14
Opinion of respondents about the possibility of same-sex marriage
(in total and broken down by professional group), %

Do you believe that homosexual couples (male and female) should have the same right to marriage as heterosexual couples?	Total, N = 708	Health workers, N = 392	Social workers, N = 224	Police, N = 92
Yes, they should have the same right	32 (29; 34)	23 (19; 28)	59 (52; 65)	5 (2; 13)
No, in no case should they be given such a right	36 (32; 40)	36 (31; 41)	14 (10; 20)	87 (78; 93)
There should be exceptions (individual consideration)	19	23 (19; 28)	17	5 (2; 13)
Other	11	17	5	2
Difficulty answering	2	-	4	-

As can be seen in Table 14, in general, the respondents have a mixed opinion about whether same-sex couples should be allowed to marry. Around a third believe that same-sex couples should be allowed to marry, while roughly the same percentage believe that this right should not be granted to LGBT people in any case. The following results were obtained with respect to the individual professional groups. Social workers demonstrated the highest percentage of respondents agreeing that same-sex couples should have the right to marry; among health workers, this percentage was slightly lower; while police officers had the lowest percentage. The percentage of social workers who are "in favor" of allowing same-sex marriage was greater than the percentage of those "against". Meanwhile, the opposite was true among health workers and police officers, the percentage of those against granting same-sex couples the right to marry was higher than the percentage of those in favor. Nevertheless, the percentage of health workers in favor of granting this right to same-sex couples was higher than the percentage of those in favor among police officers. This suggests that health workers (unlike police officers) have a less negative, but cautious attitude towards same-sex marriage.

Table 15

Opinion of respondents about the possibility of same-sex marriage (in total and broken down by professional group): country considerations, %

Country	Professional Group	Do you believe that homosexual couples (male and female) should have the same right to marriage as heterosexual couples?				
		Yes, they should have the same right	No, in no case should they be given such a right	There should be exceptions (individual consideration)	Other	Difficulty answering
Armenia	Total, N = 130	33 (25; 42)	21 (14; 29)	15	23	8
	Health workers, N = 73	14 (7; 24)	25 (16; 36)	22	40	-
	Social workers, N = 57	58 (44; 71)	16 (8; 28)	7	2	18
	Police, N = 0	-	-	-	-	-
Belarus	Total, N = 115	16 (10; 24)	27 (19; 36)	37	20	-
	Health workers, N = 101	11 (6; 19)	30 (21; 40)	38	22	-
	Social workers, N = 14	50 (27; 73)	7 (0; 36)	36	7	-
	Police, N = 0	-	-	-	-	-
Georgia	Total, N = 129	40 (31; 49)	39 (30; 48)	19	2	1
	Health workers, N = 70	26 (16; 38)	59 (46; 70)	14	-	1
	Social workers, N = 59	56 (42; 69)	15 (8; 27)	24	5	-
	Police, N = 0	-	-	-	-	-
Kyrgyzstan	Total, N = 247	28 (23; 34)	53 (46; 59)	14	6	-
	Health workers, N = 100	31 (22; 41)	42 (32; 52)	20	7	-
	Social workers, N = 67	57 (44; 69)	16 (9; 28)	19	7	-
	Police, N = 80	-	96 (89; 99)	1	2	-
Macedonia	Total, N = 87	55 (44; 66)	18 (11; 28)	16	10	-
	Health workers, N = 48	46 (32; 61)	23 (13; 38)	17	15	-
	Social workers, N = 27	78 (57; 91)	7 (1; 26)	7	7	-
	Police, N = 12	42 (16; 71)	25 (7; 57)	33	-	-

Table 15 shows that Macedonia is the only country where the percentage of respondents who believe that same-sex couples should have the right to marry is higher than the percentage of those who believe that such a right should not be granted. For all other CEECA countries, the percentage of respondents supporting this idea is less than the percentage of respondents opposed to it. The results, broken down by professional group, show that social workers in Armenia, Belarus, Georgia, and Kyrgyzstan are the most inclined to believe that same-sex couples should have the right to marry, in comparison to the two other professional groups. In Armenia, Georgia, Kyrgyzstan, and Macedonia, the percentage of social workers in

in favor of allowing representatives of the LGBT community to marry is higher than the percentage of those against such a right. Health workers are more cautious in their views on this issue: among the representatives of this group in the CEECA countries, the percentage of respondents “in favor” is lower than the percentage of respondents against such a right. Police officers in Kyrgyzstan were the most categorical group: this group had the largest percentage of respondents (96%) that believe that same-sex couples should not be granted the right to marry, in comparison with the other professional groups of each CEECA country.

Respondents' opinions on whether same-sex couples should adopt and/or raise children was the last issue to be considered.

Table 16
Opinion of respondents on whether LGBT people should adopt/raise children
(in total and broken down by professional group), %

Do you believe LGBT citizens should have the right to adopt and/or raise children?	Total, N = 709	Health workers, N = 393	Social workers, N = 225	Police, N = 91
Yes, they should have such a right	19 (17; 22)	10 (7; 14)	43 (37; 50)	-
No, in no case should they be given such a right	40 (37; 44)	41 (36; 46)	18 (14; 24)	93 (86; 97)
There should be exceptions (individual consideration)	27 (24; 31)	34 (29; 39)	26	2
Other	11	15	8	-
Difficulty answering	2	-	4	4

As Table 16 shows, respondents are more likely to believe that same-sex couples should not raise and/or adopt children. The health workers surveyed believe that same-sex couples should not be granted such a right, or, at the very least, there should be exceptions on a case-by-case basis. In comparison with the other two groups, social workers had the highest percentage of respondents who believe that same-sex couples should be able to raise/adopt children. Moreover, among this group, the percentage of respondents “in favor” was higher than the percentage of respondents “against” (in contrast to the other two groups, in which the opposite was true). The overwhelming majority of police officers (93%) believe that same-sex couples should not be allowed to raise/adopt children.

Table 17

Opinion of respondents on whether LGBT people should adopt/raise children (in total and broken down by professional group): country characteristics, %

Country	Professional group	Do you believe that LGBT citizens should have the right to adopt and/or raise children?				
		Yes, they should have such a right	No, in no case should they be given such a right	There should be exceptions (individual consideration)	Other	Difficulty answering
Armenia	Total, N = 130	21 (14; 29)	26 (19; 36)	22	23	8
	Health workers, N = 73	7 (3; 16)	27 (18; 39)	27	38	-
	Social workers, N = 57	39 (26; 52)	25 (15; 38)	16	4	18
	Police, N = 0	-	-	-	-	-
Belarus	Total, N = 115	4 (2; 10)	41 (32; 50)	40	15	-
	Health workers, N = 101	2 (0; 8)	46 (36; 55)	36	17	-
	Social workers, N = 14	21 (6; 51)	7 (0; 36)	71	-	-
	Police, N = 0	-	-	-	-	-
Georgia	Total, N = 128	27 (20; 36)	34 (26; 43)	34	5	1
	Health workers, N = 70	19 (11; 30)	47 (35; 59)	33	-	1
	Social workers, N = 58	38 (26; 52)	17 (9; 30)	34	10	-
	Police, N = 0	-	-	-	-	-
Kyrgyzstan	Total, N = 248	19 (15; 25)	53 (47; 60)	23	5	-
	Health workers, N = 100	11 (6; 19)	42 (32; 52)	42	5	-
	Social workers, N = 68	54 (42; 66)	15 (8; 26)	21	10	-
	Police, N = 80	-	100	-	-	-
Macedonia	Total, N = 88	25 (17; 36)	34 (25; 45)	22	15	5
	Health workers, N = 49	18 (9; 33)	39 (26; 54)	22	20	-
	Social workers, N = 28	46 (28; 66)	21 (9; 41)	21	11	-
	Police, N = 11	-	45	18	-	36

The data obtained (see Table 17) shows that Belarus has the lowest percentage of respondents who believe that same-sex couples should be able to adopt/raise children in comparison with the other CEECA countries. In addition, in Belarus and Kyrgyzstan, the percentage of respondents "in favor" is lower than the percentage of respondents "against" such a right; in the remaining countries, the difference between these percentages was not statistically meaningful. The following patterns appeared when considering each professional group separately: in Armenia, Belarus, Georgia, and Kyrgyzstan, the percentage of health workers who believe that same-sex couples should have the right to raise/adopt children is lower than the percentage of health workers who believe that such a right should not be granted. The results of the survey in Kyrgyzstan show that there was a difference in the percentage of social workers supporting this statement, and those against it (the latter

percentage is lower). Police officers in Kyrgyzstan were very categorical in their opinion regarding granting same-sex couples the right to adopt/raise children: 100% spoke out against granting such a right.

Thus, the attitudes of respondents towards LGBT people in the all five CEECA countries can be evaluated as more or less positive: their degree of social alienation is average or below average, they tend to view the position of representatives of the LGBT community in society as the same as their own, and, in general, they tend to believe that LGBT people should have the same rights as other citizens. However, it is true that they are still not very willing to accept the idea that same-sex couples should be able to marry and (or) adopt/raise children. Only police officers in Kyrgyzstan demonstrate a completely negative attitude towards LGBT people: they have a high degree of social alienation, they evaluate their position in society higher than that of LGBT people, and they demonstrate the lowest level of agreement with the idea of equality in comparison with the other professional groups in each of the CEECA countries. They are particularly categorical in their rejection of the idea that same-sex couples should be able to marry and adopt/raise children.

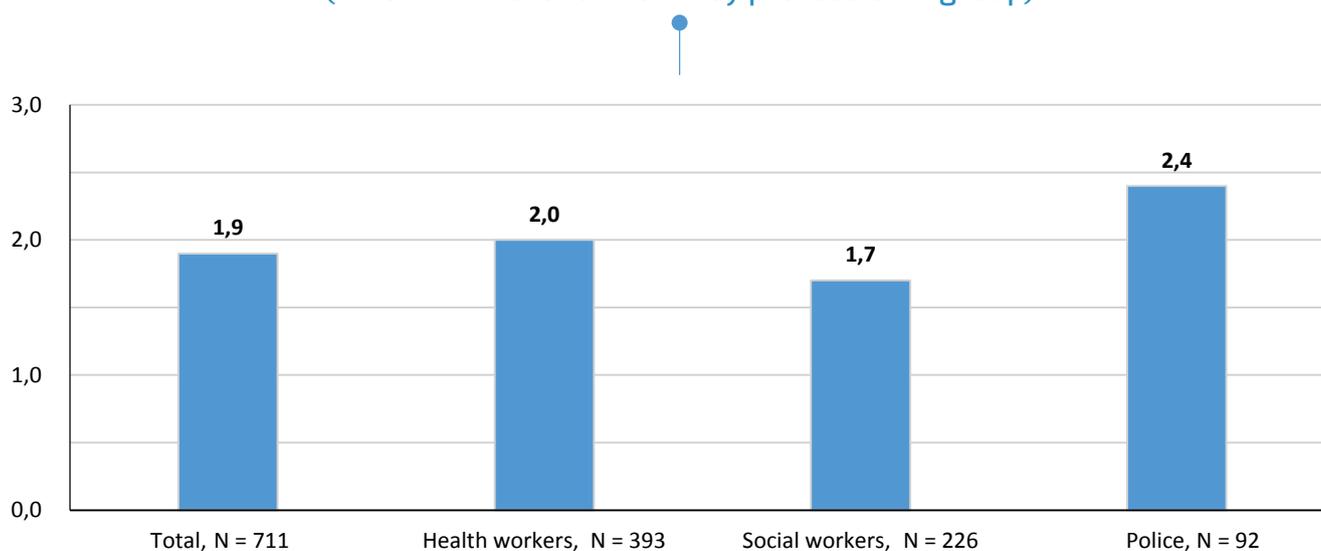
SECTION 3. Attitude of professional groups towards LGBT people

After analyzing respondents' personal attitudes towards LGBT people, the respondents assessed the attitudes of other representatives of their professional groups towards LGBT people. In order to obtain the relevant data, the following question was used: *"How would you characterize the general attitude of health workers/social workers/police towards LGBT people?"* The answers "Neutral" and "Difficulty answering" were combined, as they are close in meaning. The resulting attribute was considered as pseudometric and an arithmetic mean was calculated on the basis of this, which was interpreted in the following way:

- [1; 1.7] – positive attitude towards LGBT people (by representatives of one's professional group);
- (1.7; 2.3) – neutral/ambiguous attitude towards LGBT people;
- [2.3; 3] – negative attitude towards LGBT people.

Fig. 6

Assessment by respondents of the attitude of representatives of their professional group towards LGBT people (in total and broken down by professional group)



As can be seen in Fig. 6, the respondents evaluated the attitudes of representatives of their own professional group towards LGBT people as neutral/indefinite. Health workers also assessed the attitude of their colleagues towards LGBT people as neutral, while social workers said it was positive. Police officers, on the other hand, evaluated the attitude of representatives of their professional group towards LGBT people as negative.

Table 18
Assessment by respondents of the attitude of representatives of their professional group towards LGBT people (in total and broken down by professional group): country characteristics

Country	Professional group	Assessment by respondents of the attitude of representatives of their professional group towards LGBT people
Armenia	Total, N = 130	2.1
	Health workers, N = 73	2.1
	Social workers, N = 57	2.0
	Police, N = 0	-
Belarus	Total, N = 115	2.0
	Health workers, N = 101	2.0
	Social workers, N = 14	1.6
	Police, N = 0	-
Georgia	Total, N = 128	2.0
	Health workers, N = 70	2.2
	Social workers, N = 58	1.8
	Police, N = 0	-
Kyrgyzstan	Total, N = 249	1.9
	Health workers, N = 100	1.7
	Social workers, N = 69	1.5
	Police, N = 80	2.4
Macedonia	Total, N = 89	1.9
	Health workers, N = 49	2.0
	Social workers, N = 28	1.8
	Police, N = 12	2.0

An analysis of the country characteristics (see Table 18) shows that, in general, the respondents assessed the attitude of representatives of their professional group towards LGBT people in the CEECA countries as neutral/ambiguous; this conclusion applies to all respondents, as well as to the majority of the staff of key social services by individual groups. However, the police of Kyrgyzstan tend to assess the attitude of their colleagues towards LGBT people as negative.

In general, conclusions about respondents' assessments of the attitude of representatives of their professional groups towards LGBT people correlate with the previous findings regarding personal attitudes towards LGBT people. However, it is important to pay attention to whether respondents encountered incidents of discrimination, alienation, or disapproval towards LGBT people on the part of representatives of their professional group. This will determine whether respondents' assessments of the attitude of their professional group towards LGBT people is based on real actions/statements of representatives of these groups, or simply on their personal opinions.

Fig. 7
Experience of respondents encountering incidents of discrimination, alienation, and disapproval by colleagues in relation to LGBT people (in total and broken down by professional group)

Have you personally encountered manifestations of alienation, discrimination, or disapproval towards LGBT people by health workers/social workers/police officers?

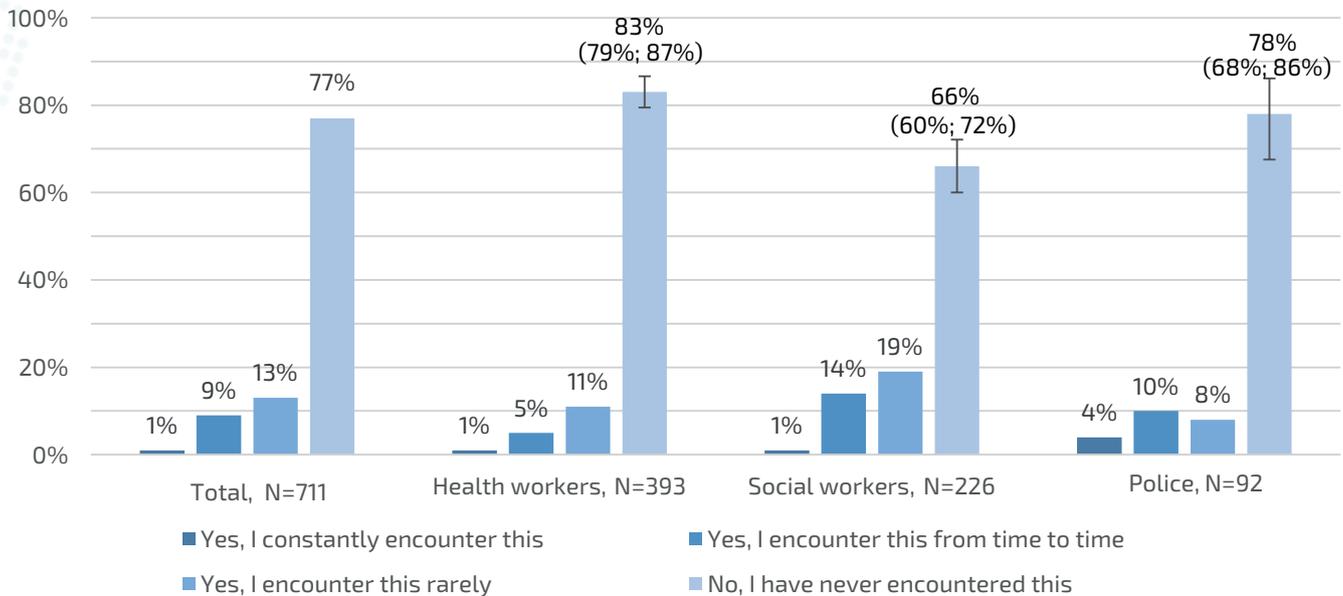


Fig. 7 shows that more than three-quarters of respondents did not encounter acts of discrimination, alienation, or disapproval by representatives of their professional group. The following results were obtained when assessing each professional group separately: the percentage of health workers who stated that they did not encounter incidents of discrimination, disapproval, or alienation by representatives of their professional group was higher than among social workers.

Table 19

Experience of respondents encountering incidents of discrimination, alienation, and disapproval by colleagues in relation to LGBT people
(in total and broken down by professional group): country characteristics, %

Country	Professional group	Have you personally encountered manifestations of alienation, discrimination, or disapproval towards LGBT people by health workers/social workers/police officers?			
		Yes, I constantly encounter this	Yes, I encounter this from time to time	Yes, I encounter this rarely	No, I have never encountered this
Armenia	Total, N = 130	-	12	12	76
	Health workers, N = 73	-	5	4	90 (81; 96)
	Social workers, N = 57	-	21	21	58 (44; 71)
	Police, N = 0	-	-	-	-
Belarus	Total, N = 115	-	2	19	79
	Health workers, N = 101	-	2	17	81 (72; 88)
	Social workers, N = 14	-	-	36	64 (36; 86)
	Police, N = 0	-	-	-	-
Georgia	Total, N = 128	2	9	23	66
	Health workers, N = 70	3	4	19	74 (62; 84)
	Social workers, N = 58	-	16	28	57 (43; 70)
	Police, N = 0	-	-	-	-
Kyrgyzstan	Total, N = 249	2	3	5	90
	Health workers, N = 100	-	-	3	97 (91; 99)
	Social workers, N = 69	1	4	9	86 (74; 92)
	Police, N = 80	5	6	5	84
Macedonia	Total, N = 89	1	26	15	58
	Health workers, N = 49	-	22	14	63 (48; 76)
	Social workers, N = 28	4	29	11	57 (37; 75)
	Police, N = 12	-	33	25	42

Table 19 shows that the percentage of respondents who state that they have never encountered incidents of discrimination, alienation, or disapproval by colleagues ranges from 58% (Macedonia) to 90% (Kyrgyzstan). The following results were obtained when assessing each professional group separately:

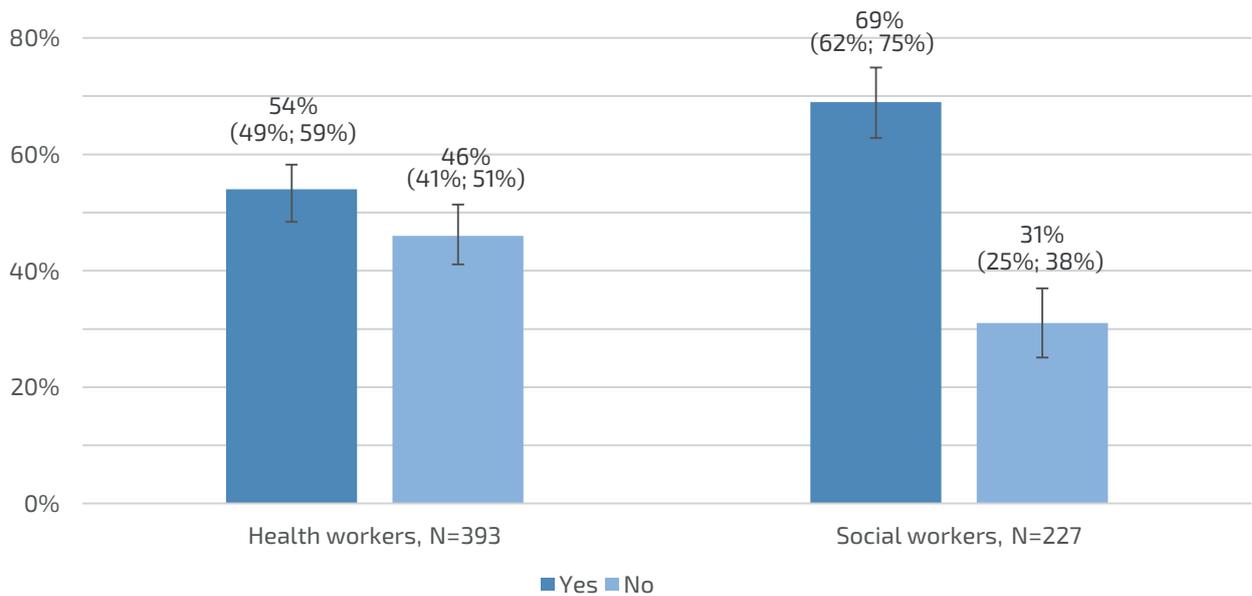
- In Armenia, social workers are less likely, in comparison with health workers, to state that they have never encountered manifestations of alienation/discrimination/disapproval by their colleagues.
- In the remaining CEECA countries, the difference between social workers and health workers that confirm that they know about cases of discrimination by their colleagues is not statistically significant.

Thus, respondents' assessment of the attitude of their professional groups towards LGBT people does not correlate with the experience of discrimination/alienation/disapproval on the part of their colleagues. This may be due to the fact that such a question is sensitive in nature, and respondents may hide the fact that such practices are present in their work environment. Therefore, the fact that social workers are less likely than health workers to state that they have never encountered discrimination/alienation/disapproval on the part of colleagues signals that they may have a higher degree of openness than health workers in disclosing the fact that they often encounter such incidents. However, as mentioned above, respondents' assessments of the attitude of representatives of their professional towards LGBT people correlates with personal attitudes towards LGBT people.

SECTION 4. Experience of providing services and assistance to LGBT people

The next stage of the study was to review the experience of professional groups in providing services and assistance to LGBT people. In order to do this, it was first determined whether the provision of HIV/STI counseling services to LGBT people was part of the professional responsibilities of respondents. The attribute "Provision of HIV/STI prevention counseling services for LGBT people" was formed from two sub-items of the question "*Do your professional responsibilities include the provision of counseling services for LGBT people?*". The first sub-item concerned the provision of HIV prevention counseling, while the second concerned the provision of STI prevention counseling. The attribute, formed on the basis of these sub-items was dichotomous. The response "Yes" indicates that the respondent provides counseling either on HIV issues, on STI issues, or on both HIV and STI issues. The response "No" indicates that the respondent does not provide services related to HIV or STI prevention.

Fig. 8
Provision of counseling services to LGBT people on HIV and STI prevention
(health workers and social workers)



As can be seen in Fig. 8, the percentage of health workers providing HIV and STI counseling to LGBT people does not differ from the percentage of those who do not provide such services. The percentage of social workers working with representatives of the LGBT community on issues related to HIV/STI prevention was higher than the percentage of those who do not provide such services; it is also evident that the percentage of social workers providing such services is significantly higher than the percentage of health workers providing these services.

Table 20
Provision of counseling services to LGBT people on HIV and STI prevention
(health workers and social workers): country characteristics, %

Country	Professional group	Provision of counseling services for LGBT people on HIV and/or STI prevention issues	
		Yes	No
Armenia	Health workers, N = 73	48 (36; 60)	52 (40; 64)
	Social workers, N = 57	26 (16; 40)	74 (60; 84)
Belarus	Health workers, N = 101	51 (41; 61)	49 (39; 69)
	Social workers, N = 14	86 (56; 97)	14 (3; 44)
Georgia	Health workers, N = 70	89 (78; 95)	11 (5; 22)
	Social workers, N = 59	75 (61; 85)	25 (15; 39)
Kyrgyzstan	Health workers, N = 100	42 (32; 52)	58 (48; 68)
	Social workers, N = 69	100	-
Macedonia	Health workers, N = 49	43 (29; 58)	57 (42; 71)
	Social workers, N = 28	57 (37; 75)	43 (25; 63)

Table 20 shows that, in Georgia, the percentage of health workers providing HIV/STI counseling is significantly higher than the percentage of those who do not provide such services. In the remaining CEECA countries, the percentage of health workers providing HIV/STI counseling services and those who do not does not differ significantly. The situation of social workers is slightly different: in Belarus, Georgia, and Kyrgyzstan, the percentage of those providing HIV/STI counseling services is higher than the percentage of those who do not work in this area. In Armenia, the situation is reversed: the percentage of social workers who do not provide counseling on HIV/STI issues is higher than the percentage of those that do provide these services.

The next issue deals with whether LGBT personally go to the respondent's place of work to obtain assistance or services.

Fig. 9
LGBT representatives personally seek services at the respondent's place of work
(health workers and social workers)

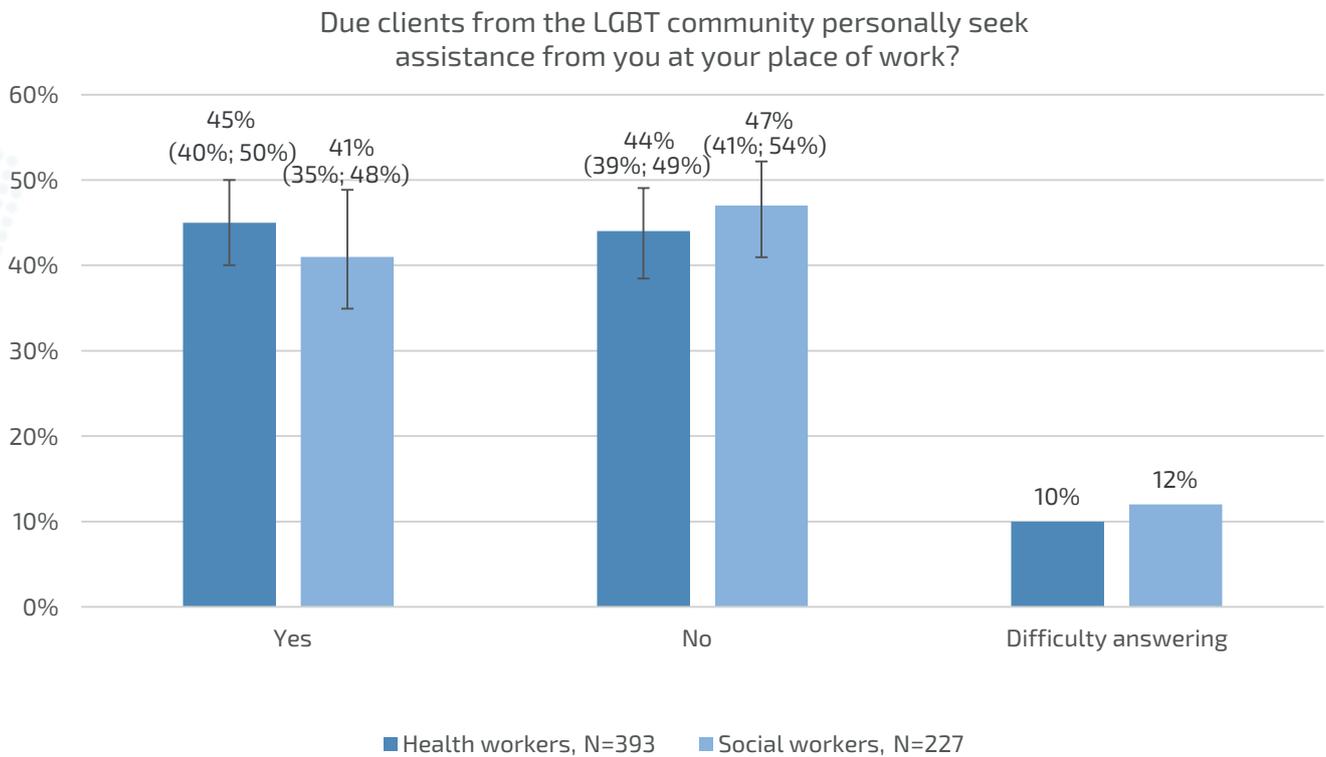


Fig. 9 shows that representatives of the LGBT community seek services from 45% of health workers and from 41% of social workers. There is no difference in the ratio between those health and social workers from whom LGBT people turn to for services and those who they do not turn to.

Table 21

LGBT representatives personally seek services at the respondent's place of work
(health workers and social workers): country characteristics, %

Country	Professional group	Due clients from the LGBT community personally seek assistance from you at your place of work?		
		Yes	No	Difficulty answering
Armenia	Health workers, N = 73	23 (15; 35)	63 (51; 74)	14
	Social workers, N = 57	32 (20; 45)	61 (48; 74)	7
Belarus	Health workers, N = 101	70 (60; 79)	14 (8; 23)	16
	Social workers, N = 14	93	-	7
Georgia	Health workers, N = 70	70 (58; 80)	23 (14; 35)	7
	Social workers, N = 59	41 (28; 54)	39 (27; 53)	20
Kyrgyzstan	Health workers, N = 100	28 (20; 38)	68 (58; 77)	4
	Social workers, N = 69	35 (24; 47)	58 (45; 70)	7
Macedonia	Health workers, N = 49	27 (15; 41)	61 (46; 74)	12
	Social workers, N = 28	50 (33; 67)	32 (17; 52)	18

As can be seen in Table 21, in Belarus and Georgia, the percentage of health workers from whom representatives of the LGBT community personally seek assistance is higher than those to whom LGBT people do not turn for assistance. In the remaining CEECA countries, the percentage of health workers to whom LGBT clients do not personally turn for assistance is higher than the percentage of those to whom they do turn for services. In Belarus, the overwhelming majority of social workers have clients from the LGBT community that personally come to their place of work for services. In the remaining CEECA countries, the percentage of social workers that have LGBT clients coming personally to their place of work is lower than the percentage of those that do not have such clients. This situation is largely due to the specificities of the sample, since the respondents were primarily recruited from among "their" specialists.

Thus, the research team concluded that the more positive attitudes of health and social workers, in comparison with police officers, towards LGBT people are due to the specificities of the work of these professional groups. The professional responsibilities of health and social workers include working with LGBT people, so for them, the fact that a person belongs to this group is not abnormal or unusual. Meanwhile, the professional responsibilities of police officers do not specifically include working with LGBT people, thus, they may perceive the fact that someone belongs to this group as unusual, strange, or abnormal.

SECTION 5. Multivariate analysis

After analyzing the degree of social distance in relation to LGBT people, the willingness of respondents to accept the idea of equality between LGBT people and other citizens, and respondents' assessments of the attitude of their own professional group towards LGBT people, the research team proceeded to analyze influencing factors, starting with the degree of social distance regarding LGBT people. This, as mentioned above, involves an analysis of two aspects: the degree of social alienation in relation to LGBT people and the respondents' assessments of their own position in society in comparison with LGBT people.

In order to obtain an integral indicator of the degree of social distance in relation to LGBT people, a cluster analysis was carried out using the k-means method^{*}. As a result, 3 clusters were identified (final cluster centers and their names are presented in Table 22).

Table 22
Final cluster centers and their names

	Degree of social alienation in relation to LGBT people	Assessment of one's own position in society in comparison with LGBT people
High degree of social distance in relation to LGBT people, N = 231	-6.5	-3.2
Average degree of social distance in relation to LGBT people, N = 219	-0.2	1.7
Low degree of social distance in relation to LGBT people, N = 259	7.9	2.3

The attribute formed as a result of the cluster analysis was termed "The degree of social distance in relation to LGBT people", and the resulting clusters are its alternatives. The respondents falling into the first cluster were characterized by a high degree of social alienation with respect to LGBT people, and they assessed their position in society as being higher than that of LGBT people. This cluster was termed "High degree of social distance in relation to LGBT people". In the second cluster, the degree of social alienation in relation to LGBT people was average, with respondents assessing their position in society as equal to that of representatives of the LGBT community. This cluster was termed "Average degree of social distance in relation to LGBT people." The respondents falling into the third cluster are characterized by a low degree of social alienation with respect to LGBT people and assess their position in society as being lower than that of representatives of the LGBT community. This cluster was termed "Low degree of social distance in relation to LGBT people". The attribute obtained through the results of the analysis was considered to be pseudometric. In addition, factors influencing the degree of social distance were identified. In order to do this, regression analysis was used, more specifically, multi-linear regression. The degree of social distance towards LGBT people acted as a dependent variable.

^{*} Cluster analysis was conducted with R, function k-means, as default settings. The Hartigan-Wong algorithm was used to carry out the cluster analysis.

The following were used as independent variables (factors)^{*}: sex; age; higher education level; religious affiliation; affiliation with a professional group; work experience; type of locality; presence of representatives of the LGBT community among close associates.

These same attributes were used as factors influencing the willingness of respondents to accept the idea of equality between LGBT people and other citizens, as well as for respondents' assessments of the attitude of their professional groups towards LGBT people.

The regression model obtained is statistically relevant at the level of 0.01, and the adjusted coefficient of determination (R²) for the model is equal to 0.45^{**}.

Table 23
Regression coefficients: factors influencing the degree of social distance in relation to LGBT people^{***}

	Regression coefficients
Constant	3.67 ^{**}
Sex	0.00
Age	-0.01 ^{**}
Higher education level	-0.19
Religious affiliation (Islam)	-0.36 [*]
Religious affiliation (non-religious)	0.05
Religious affiliation (Christianity)	-0.11
Affiliation with a professional group (health workers)	-0.46 ^{**}
Affiliation with a profession group (police)	-0.71 ^{**}
Work experience	0.01 ^{**}
Type of locality	0.05
Presence of representatives of the LGBT community among close associates	-0.39 ^{**}

* – statistically significant at the level of 0.05

** – statistically significant at the level of 0.01

Table 23 shows that the following factors influence the degree of social distance in relation to LGBT people^{****}:

* Factors, such as the age and work experience of respondents were metric.

The factor "Type of locality" corresponds to the following formulation and is considered to be metric (more precisely – pseudometric), where 1 – capital city, 2 – large city, 3 – small city; in other words, it is based on the size of the locality.

The "Higher education level" factor is a dichotomous factor and acts as a fictitious variable in the regression analysis (reference category "No").

Sex can also be considered a dichotomous factor with the reference category "Male". Affiliation with a professional group is a nominal factor, which was divided into two dichotomous variables: "Affiliation with a professional group (social workers)" and "Affiliation with a professional group (police)". Health workers acted as a reference category.

The factor "Religious affiliation" was re-encoded in the following way: 1 – Christianity (including Orthodoxy, Catholicism, and Protestantism), 2 – Islam, 3 – non-religious, 4 – other (including "Other", "Difficulty answering", "Religious but not affiliated with a certain religion"). The resulting variable is nominal, therefore it was divided into three dichotomous factors: "Religious affiliation (Islam)", "Religious affiliation (non-religious)", "Religious affiliation (Christianity)". The response "Other" was considered the reference category.

The factor "Presence of representatives of the LGBT community among close associates" corresponds to the question "Are their people with gay or bisexual orientation among your family members, friends, or acquaintances?" and was re-coded in the following way: 1 – yes, 2 – I don't know, 3 – no. The resulting factor was considered as metric (more precisely – pseudometric).

** All multi-linear regression models were constructed in R, with the function lm() and without stepwise search.

*** Non-standard regression coefficients are presented for the multilinear regression models, on the basis of which it makes no sense to compare the influence of different factors. "^{*}", "^{**}", "^{***}" indicate which independent variables influence the dependent variables.

**** For ease of interpretation, the researchers simply specified the direction of the influencing factors (the more... the higher).

- Age: the older the respondent, the higher his degree of social distance in relation to LGBT people;
- Religious affiliation: the more likely that the respondent is Muslim^{*}, the higher his degree of social distance in relation to LGBT people;
- Affiliation with a professional group: the more likely that the respondent is a health worker and not a social worker, the higher his degree of social distance in relation to LGBT people; the more likely that the respondent is a police officer and not a social worker, the higher his degree of social distance in relation to LGBT people;
- Work experience: the more work experience a respondent has, the lower his degree of social distance in relation to LGBT people;
- Presence of representatives of the LGBT community among close associates: the more likely that a respondent has representatives of the LGBT community among his close associates, the lower his degree of social distance.

In addition, separate regression models were constructed for each country. Each of these is statistically significant at the level of 0.01, and the adjusted coefficients of determination are: 0.38 (Armenia), 0.20 (Belarus), 0.32 (Georgia), 0.64 (Kyrgyzstan), and 0.39 (Macedonia).

Table 24
Regression coefficients: factors influencing the degree of social distance in relation to LGBT people (country characteristics)

	Armenia	Belarus	Georgia	Kyrgyzstan	Macedonia
Constant	3.03**	2.50**	2.32**	4.16**	3.76**
Sex	0.18	0.06	0.15	-0.10	0.11
Age	-0.01	0.01	-0.01	-0.01*	-0.01
Higher education level	0.24	-0.01	0.27	-0.07	-0.37
Religious affiliation (Islam)	-	-	-	-0.30*	-
Religious affiliation (non-religious)	-0.43**	0.45	-	-0.20	-
Religious affiliation (Christianity)	-0.70**	0.04	-0.20	-0.16	0.38
Affiliation with a professional group (health workers)	-0.83**	-0.63*	-0.64**	-0.37**	-0.35
Affiliation with a professional group (police)	-	-	-	-0.89**	-0.26
Work experience	0.00	0.00	0.00	0.00	0.03*
Type of locality	-	-0.02	0.34**	-0.14	-0.03
Presence of representatives of the LGBT community among close associates	-0.19**	-0.15*	-0.28**	-0.43**	-0.65**

* – statistically significant at the level of 0.05

** – statistically significant at the level of 0.01

"-" indicates a lack of data for this factor

* The answer choice "Other" is the reference category, which includes respondents who have a religious affiliation other than Christianity or Islam, as well as non-religious people, and those who had difficulty answering whether they have a religious affiliation. Thus, the more likely that a respondent is Muslim, and does not fall into the category "Other", the higher his degree of social distance in relation to LGBT people.

As can be seen in Table 24, in all five CEECA countries, the influencing factor regarding the presence of representatives of the LGBT community among one's close associates influences the degree of social distance (the higher the likelihood a respondent has representatives of the LGBT community among his close associates, the lower his degree of social distance in relation to this group). Another significant factor affecting the situation in four of the CEECA countries (the exception is Macedonia) is affiliation with the health worker group: the more likely that a respondent is a health worker and not a social worker, the higher his degree of social distance in relation to LGBT people. In Belarus, these are the only two factors having an influence at the general level. In Armenia, in addition to the two factors discussed above, the following factors are also important:

- Religious affiliation (non-religious): the higher the likelihood that the respondent is non-religious^{*}, the higher his degree of social distance;
- Religious affiliation (Christianity): the higher the likelihood that the respondent is affiliated with one of the Christian churches^{**}, the higher his degree of social distance in relation to LGBT people.

In Georgia, in addition to the factors "Affiliation with a professional group (health workers)" and "Presence of representatives of the LGBT community among close associates", the type of locality also affects the overall picture: the smaller the locality, the lower the degree of social distance. In Macedonia, in addition to the factor "Presence of representatives of the LGBT community among close associates", the level of work experience also affects the degree of social distance: the greater the amount of work experience, the lower the degree of social distance. Finally, in Kyrgyzstan, the influence of three factors was observed, in addition to the factors "Affiliation with a professional group (health workers)" and "Presence of representatives of the LGBT community among close associates":

- Religious affiliation (Islam): the greater the likelihood that the respondent is Muslim, the higher his degree of social distance in relation to LGBT people.
- Affiliation with a professional group (police): the greater the likelihood that the respondent is a police officer, and not a social worker, the higher his degree of social distance.
- Age: the older the respondent, the greater his degree of social distance in relation to LGBT people.

After analyzing the factors that influence the degree of social distance in relation to representatives of the LGBT community, it is necessary to assess what influences the willingness of respondents to accept the idea of equality between representatives of the LGBT community and other citizens. This was assessed on the basis of the following attributes:

- The degree to which respondents agreed with the idea of equality between representatives of the LGBT community and other citizens.
- Respondents' opinions on whether same-sex marriage should be allowed.

^{*} Since the option "Other" acts as the reference category (and includes respondents with religious affiliations other than Christianity or Islam, religious people without a particular affiliation, and those who had difficulty answering the question), the interpretation is as follows: the greater the likelihood that the respondent is non-religious, and does not fall into the category "Other", the higher his degree of social distance in relation to LGBT people.

^{**} The greater the likelihood that the respondent is affiliated with a Christian religion, and does not fall into the category "Other", the higher his degree of social distance in relation to LGBT people.

- Respondents' opinions on whether same-sex couples should be allowed to adopt and/or raise children.

In order to obtain the integral indicator, characterizing the willingness to accept the idea of equality between LGBT people and other citizens, a base statement was formed: respondents were considered to be willing to accept the idea of equality between representatives of the LGBT community and other citizens if they simultaneously fulfilled two conditions:

- Respondents were fully or more likely to agree with the idea of equality between representatives of the LGBT community and other citizens.
- Respondents agreed that same-sex couples should have the right to marry and/or that same-sex couples should have the right to adopt/raise children.

The remaining respondents who did not meet both of these conditions were considered unwilling to accept the idea of equality between representatives of the LGBT community and other citizens. Thus, a dichotomous variable was obtained, where 0 indicated an unwillingness to accept the idea of equality between representatives of the LGBT community and other citizens, and 1 indicated a willingness to accept this idea.

Following this, it was necessary to determine what factors influence the willingness to accept the idea of equality between representatives of the LGBT community and other citizens. In order to do this, regression analysis was used, namely binary logistic regression. The independent variables used in the regression equation were the same that were used as factors influencing the degree of social distance in relation to representatives of the LGBT community*. Willingness to accept the idea of equality was used as a dependent variable.

The model obtained is considered acceptable, as it is statistically different from 0 (models without predictors)**.

* All binary logistic regression models were constructed using the R, function `glm()`, without stepwise search.

** The deviation from zero of the model obtained was calculated in R using the Chi-squared test. If the level of significance of the Chi-squared test was less than 0.05, then the model constructed is considered acceptable, as it is better than zero. Otherwise, the model is considered unacceptable. The value of the Chi-squared test for this model is 136.39, the number of degrees of freedom is 11, and the level of significance is less than 0.01. Therefore, it can be concluded that this model is acceptable.

Table 25

Regression coefficients: factors influencing the willingness of respondents to accept the idea of equality between LGBT people and other citizens*

	Regression coefficient
Constant	2.76**
Sex	-0.08
Age	-0.01
Higher education level	-0.29
Religious affiliation (Islam)	-1.15*
Religious affiliation (non-religious)	-0.42
Religious affiliation (Christianity)	-0.30
Affiliation with a professional group (health workers)	-1.52**
Affiliation with a professional group (police)	-2.73**
Work experience	-0.01
Type of locality	-0.35*
Presence of representatives of the LGBT community among close associates	-0.40**

* – statistically significant at the level of 0.05

** – statistically significant at the level of 0.01

Table 25 shows that the following factors influencing the willingness of respondents to accept the idea of equality between LGBT people and other citizens are the most significant:

- Religious affiliation (Islam): the greater the likelihood that the respondent is Muslim, the less likely he is willing to accept the idea of equality between LGBT people and other citizens.
- Affiliation with a professional group (health workers): there is a much lower likelihood that health workers, in comparison with social workers, are willing to accept the idea of equality between LGBT people and other citizens.
- Affiliation with a professional group (police): police are significantly less willing, in comparison with social workers, to accept the idea of equality between LGBT people and other citizens.
- Type of locality: the larger the locality, the higher the likelihood that the idea of equality between LGBT people and other citizens will be accepted.
- Presence of representatives of the LGBT community among close associates: the higher the likelihood that the respondent has representatives of the LGBT community among his close associates, the higher the likelihood that he will accept the idea of equality between LGBT people and other citizens.

* For ease of interpretation, the researchers simply specified the direction of the influencing factors (the more... the greater the chance).

Regression models were constructed for each country. They were all considered acceptable, as they were better than the corresponding zero models*.

Table 26

Regression coefficients: factors influencing the willingness of respondents to accept the idea of equality between LGBT people and other citizens (country characteristics)

	Armenia	Belarus	Georgia	Kyrgyzstan	Macedonia
Constant	3.75*	-20.64	1.59	4.44**	5.07*
Sex	-0.22	-0.40	-0.58	-0.05	-0.13
Age	-0.08	0.15	-0.05*	-0.02	-0.07
Higher education level	0.69	1.78	0.39	0.40	-1.50
Religious affiliation (Islam)	-	-	-	-1.00	-
Religious affiliation (non-religious)	-0.35	17.11	-	-0.49	-
Religious affiliation (Christianity)	-0.59	15.56	0.19	-0.77	2.20
Affiliation with a professional group (health workers)	-2.75**	-2.47*	-1.04*	-1.43*	-1.90*
Affiliation with a professional group (police)	-	-	-	-19.1	-1.79
Work experience	0.09*	-0.14	0.06	0.00	0.14*
Type of locality	-	0.49	-0.17	-1.13*	-0.70
Presence of representatives of the LGBT community among close associates	-0.83**	-1.08	0.20	-0.88**	-1.48**

* – statistically significant at the level of 0.05

** – statistically significant at the level of 0.01

"-" indicates a lack of data for this factor

As seen in Table 26, the factor "Affiliation with a professional group (health workers)" affects the willingness of respondents to accept the idea of equality between LGBT people and other citizens in all five CEECA countries. The higher the likelihood that the respondent is affiliated with the health workers group, and not with the social workers group, the lower than likelihood that he will accept this idea. In Belarus, this is the only influencing factor. In Armenia, Kyrgyzstan, and Macedonia, the presence of representatives of the LGBT community among one's close associates was significant (the higher the likelihood that one has representatives of the LGBT community among one's close associates, the higher the likelihood that one will accept the idea of equality). In Macedonia and Armenia, aside from the two factors listed above, the work experience of the respondent was also significant (the longer the respondent's work experience, the higher the likelihood that he will accept the idea of equality of LGBT people). In Georgia, age also influenced willingness to accept the idea of equality (the older the respondent, the less likely he will accept equal rights for the LGBT community). Finally, in Kyrgyzstan, aside from the factors "Affiliation with a professional group (health workers)" and "Presence of representatives of the LGBT community among close associates", the type of

* The Chi-squared test was used to test the quality of the models. Its values and significance level were defined by the following: (χ^2 – Chi-squared, df – number of degrees of freedom, p – significance level):
 Armenia: $\chi^2 = 51,48$; df = 8; p = 0,00;
 Belarus: $\chi^2 = 31,36$; df = 9; p = 0,00;
 Georgia: $\chi^2 = 15,46$; df = 8; p = 0,02;
 Kyrgyzstan: $\chi^2 = 118,58$; df = 11; p = 0,00;
 Macedonia: $\chi^2 = 34,12$; df = 9; p = 0,00;

locality was also an important factor (the larger the type of locality, the higher the likelihood that its citizens agree with the idea that LGBT people have equal rights as others).

Finally, it is necessary to consider the factors influencing the respondents' assessment of the attitude of their professional group towards LGBT people. Multi-linear regression was used to do this. The regression model is statistically significant at the level of 0.01, and the adjusted R-squared for this model is 0.19.

Table 27

Regression coefficients: factors influencing respondents' assessments of the attitude of their professional group towards representatives of the LGBT community

	Regression coefficients
Constant	1.07**
Age	-0.05
Sex	-0.01
Higher education level	0.24**
Religious affiliation (Islam)	0.19
Religious affiliation (non-religious)	0.23
Religious affiliation (Christianity)	0.41**
Affiliation with a professional group (health workers)	0.27**
Affiliation with a professional group (police)	0.68**
Work experience	0.00
Type of locality	0.07
Presence of representatives of the LGBT community among close associates	0.09**

* – statistically significant at the level of 0.05

** – statistically significant at the level of 0.01

Table 27 shows that the factors influencing respondents' assessments of the attitude of their professional group towards LGBT people include:

- Higher education level: the higher the likelihood that the respondent completed higher education, the more negative his assessment of the attitude of his professional group towards representatives of the LGBT community.
- Religious affiliation (Christianity): the higher the likelihood that the respondent is affiliated with a form of Christianity, the more negatively he will assess the attitude of his professional group towards LGBT people.
- Affiliation with a professional group (health workers): respondents affiliated with the health worker group, and not with social workers, more negatively assess the attitude of representatives of their professional group towards LGBT people.

- Affiliation with a professional group (police): the greater the likelihood that a respondent is affiliated with police, the more negative his assessment of the attitude of representatives of his professional group towards LGBT people.

- Presence of representatives of the LGBT community among close associates: the higher the likelihood that the respondent has representatives of the LGBT community among his close associates, the more positive his assessment of the attitude of his professional group towards representatives of the LGBT community.

In addition, regression models were constructed for each country. These models were statistically significant at the level 0.01 (with the exception of Macedonia, for which a multi-linear regression model was constructed, statistically significant at the level 0.05). The adjusted coefficients of determination for the four models, statistically significant at the level 0.01 were as follows: 0.15 (Armenia); 0.19 (Belarus); 0.18 (Georgia); 0.38 (Kyrgyzstan).

Table 28

Regression coefficients: factors influencing respondents' assessments of the attitude of their professional group towards representatives of the LGBT community (country characteristics)

	Armenia	Belarus	Georgia	Kyrgyzstan
Constant	2.03**	2.35**	2.04**	0.77**
Sex	-0.07	-0.04	-0.08	0.04
Age	-0.01*	-0.04**	-0.01	0.01
Higher education level	0.28	0.60*	0.30	-0.02
Religious affiliation (Islam)	-	-	-	0.08
Religious affiliation (non-religious)	0.21*	-0.22	-	0.12
Religious affiliation (Christianity)	-0.09	0.05	-0.29	-0.03
Affiliation with a professional group (health workers)	-0.08	-0.04	0.51**	0.06
Affiliation with a professional group (police)	-	-	-	0.81**
Work experience	0.02**	0.04**	0.00	0.00
Type of locality	-	0.07	-0.06	0.17*
Presence of representatives of the LGBT community among close associates	0.01	0.03	0.04	0.12

* – statistically significant at the level of 0.05

** – statistically significant at the level of 0.01

"-" indicates a lack of data for this factor

Table 28 shows that in Armenia and Belarus, the factors influencing respondents' assessments of the attitude of their profession group towards LGBT representatives are:

- Age: the older the respondent, the more positive he assesses the attitude of his professional group towards LGBT people.

- Work experience: the more work experience a respondent has, the more negative his assessment of the attitude of his professional group towards LGBT people.

In Belarus, aside from the two factors listed above, higher education also influenced respondents' assessment of the attitude of their professional group towards LGBT people (the higher the likelihood that a respondent completed higher education, the more negatively he will assess the attitude of his professional group towards LGBT people). In Armenia, affiliation with a Christian religion was significant (the greater the likelihood that a respondent is affiliated with a Christian religion, the more negatively he assesses the attitude of his professional group towards LGBT people). In Georgia, the only influencing factor is affiliation with the health worker group: the greater the likelihood that a respondent is a health worker, and not a social worker, the more negatively he assesses the attitude of his professional group towards LGBT people. In Kyrgyzstan, two factors influence respondents' assessments:

- Affiliation with a professional group (police): the greater the likelihood that the respondent is a police officer, and not a social worker, the more negatively he assesses the attitude of representatives of his professional group towards LGBT people;
- Type of locality: the larger the locality, the more positively the respondent's assessment of the attitude of his professional group towards LGBT representatives.

Thus, regression analysis shows that the primary factors influencing personal attitudes towards LGBT people (degree of social distance in relation to LGBT people and willingness to accept the idea of equality between LGBT people and other citizens) common to the majority of the CEECA countries, include the following:

- Affiliation with a professional group (health workers): the greater the likelihood that a respondent is a health worker, and not a social worker, the more negative his personal attitude towards representatives of the LGBT community.
- Presence of representatives of the LGBT community among close associates: the greater the likelihood of this, the more positive the personal attitude towards this group.

It was not possible to single out common factors for at least three CEECA countries, influencing respondents' assessments of the attitudes of representatives of their professional group towards LGBT people. Age and work experience were identified as common factors for two countries (Armenia and Belarus).

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ANNEX: Questionnaires

Questionnaire for Health Workers

Questionnaire Number

Country:

Interviewer! After completing the interview, write down the full name of the organization and the structural unit in which the expert works:

On the first line, enter the full official name of the medical institution, on the second line enter the full name of the structural unit (do not use acronyms or abbreviations!).

a)

b)

Indicate the position and specialization of the expert:

On the first line, write down the position of the expert in the same way that it is officially indicated in relevant registration or government documents, on the second line, enter the official name of his/her specialization (do not use acronyms or abbreviations!).

a)

b)

Within the framework of research on attitudes towards LGBT people (lesbian, gay, bisexual, and trans people), the Center for Social Expertise is conducting a survey among the staff of key social services in five countries of Central and Eastern Europe and Central Asia. The survey is part of the Regional Program Right to Health, commissioned by the Eurasian Coalition on Male Health (ECOM).*

Your name will not be used in this questionnaire, which means that any information provided by you will remain anonymous. You have the right to not answer any question, and to stop this interview at any time, if you wish. Your candid and detailed answers will help us to evaluate the attitudes of staff of key social services towards LGBT people (lesbian, gay, bisexual, and trans people), which will be used to plan social services for LGBT people (lesbian, gay, bisexual, and trans* people). The interview will last around 30 minutes.*

Do you agree to participate in the survey?

1. Yes → continue survey
2. No → **end survey**

Questionnaire number

Date of survey

Country

Name of Interviewer

Type of locality:

1. Capital (indicate name)
2. Large city (indicate name)
3. Small city (indicate name)

BLOC I. SOCIO-DEMOGRAPHICAL CHARACTERISTICS OF THE RESPONDENT

1. Sex:

1. Male
2. Female

2. Your age? (in years)

3. Have you completed higher education?

1. Yes
2. No

4. Are you religious?

1. Yes
2. No → skip to question No. 7

5. Do you have a particular religious affiliation?

1. Yes
2. No → skip to question No. 7
3. Difficulty answering (do not read aloud) → skip to question No. 7

6. Which religion are you affiliated with? (Do not read aloud the alternatives. Use the respondent's own words)

1. Orthodoxy
2. Catholicism
3. One of the Protestant churches
4. Islam
5. Other (what exactly?)

7. How many years have you worked in medical institutions? years

Interviewer! The expert should only indicate the number of years that fall into his or her "medical experience".

BLOC II. PERSONAL ATTITUDE TOWARDS LGBT PEOPLE (LESBIAN, GAY, BISEXUAL AND TRANS* PEOPLE)

8. Are there any people with homo- or bisexual orientation (gays, lesbians) among your relatives, friends, or acquaintances (only one answer is possible)?

1. Yes, women
2. Yes, men
3. Yes, women and men
4. No
5. I don't know (do not read aloud)

9. Please indicate which of these statements is closest to your personal opinion, (only one answer is possible):

1. Homosexuality should be accepted in society
2. Homosexuality should not be accepted in society
3. Neither of these statements (do not read aloud)

10. People have very different opinions about homosexuality. In your opinion what is homosexuality (only one answer is possible)?

1. It is a sexual orientation with an equal right to exist as heterosexuality

2. It is a reality of life that you can neither punish nor glorify
3. It is immoral and a bad habit
4. It is a disease or the result of psychological trauma
5. It is a sign of a special gift or talent
6. Other (*what exactly?*)
7. Difficulty answering (*do not read aloud*)

11. How do you assess your personal opinion towards LGBT people (lesbian, gay, bisexual, and trans* people)? Only one answer is possible!

1. Positive
2. Neutral
3. Negative
4. Difficulty answering (*do not read aloud*)

12. What do you think can influence your attitude towards LGBT people? (lesbian, gay, bisexual, and trans* people) (Interviewer! Write down at least three possible factors, using the respondent's own words and being as detailed as possible!)

- a)
- b)
- c)

13. Do you agree with the statement that gays and lesbians should have the same rights as other citizens in your country?

1. Completely agree
2. Rather agree
3. Rather disagree
4. Completely disagree
5. *Difficulty answering (do not read aloud)*

14. Do you believe that same-sex couples (men and women) should have the same right to marry as opposite-sex couples?

1. Yes, they should have this right
2. No, in no case should this right be granted to them
3. There should be exceptions (individual consideration)
4. Other (*what exactly?*)
5. *Difficulty answering (do not read aloud)*

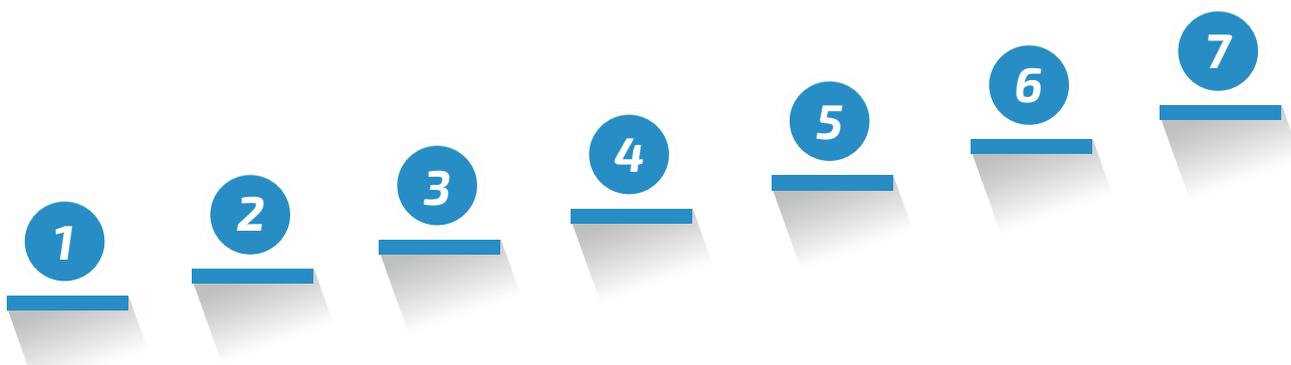
15. Do you believe that same-sex couples should have the right to raise and/or adopt children?

1. Yes, they should have this right
2. No, in no case should this right be granted to them
3. There should be exceptions (individual consideration)
4. Other (*what exactly?*)
5. *Difficulty answering (do not read aloud)*

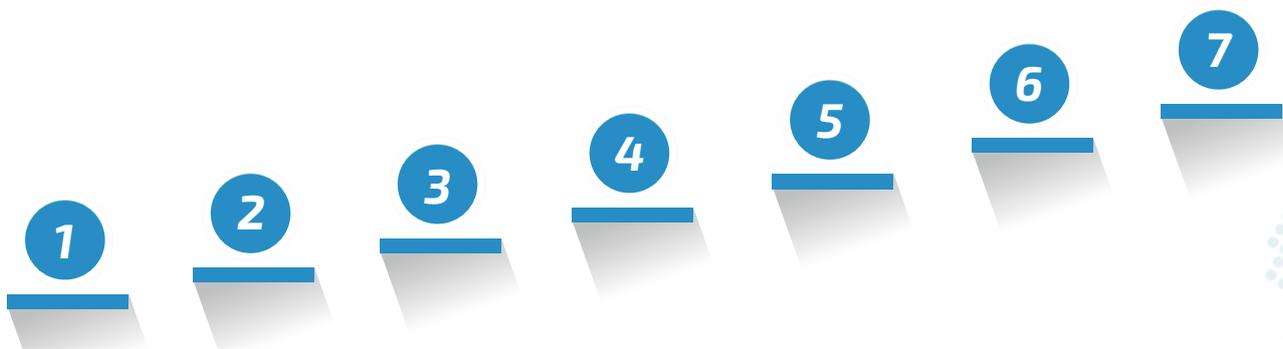
16. Select ONE of these statements, WHICH IS CLOSEST TO YOUR PERSONAL OPINION (give one answer for each row):

	I am willing to admit representatives of the LGBT community (lesbian, gay, bisexual, and trans* people) as						
	A member of my family	A close friend	A neighbor	A work colleague	A resident of the country	A visitor to the country, tourist	Would not admit to the country
Gays	1	2	3	4	5	6	7
Lesbians	1	2	3	4	5	6	7
Bisexual men	1	2	3	4	5	6	7
Bisexual women	1	2	3	4	5	6	7
Trans* people	1	2	3	4	5	6	7

17. Imagine that people in society are on steps of a ladder: the people on the lowest step are those with the lowest status in society in your eyes, and those on the highest step have the highest status in society in your eyes. ON WHICH STEP OF THE LADDER (from 1 to 7) WOULD YOU PLACE YOURSELF? (Circle the number)



18. On which step of the ladder (from 1 to 7) would you place representatives of the LGBT community (lesbian, gay, bisexual, and trans* people)? (Circle the number)



BLOC III. ATTITUDE OF HEALTH WORKERS TOWARDS LGBT PEOPLE AND SERVICE PROVISION EXPERIENCE

19. How do you characterize the general attitude of health workers towards LGBT people (lesbian, gay, bisexual, and trans* people)? Only one answer is possible!

- 1. Positive
- 2. Neutral
- 3. Negative
- 4. Difficulty answering (do not read aloud)

20. Have you personally encountered incidents of alienation, discrimination, or disapproval towards LGBT people (lesbian, gay, bisexual, and trans* people) on the part of health workers? Interviewer! Only one answer is possible! Remember that, here, we are referring to certain specific actions, expressions, or disapproving views on the part of health workers!

1. Yes, I constantly encounter this
2. Yes, I encounter this from time to time
3. Yes, I rarely encounter this
4. No, I have never encountered this → skip to question No. 23

21. Please provide some examples of such situations involving health workers. (Interviewer! Ask the expert to provide 3 examples):

- a)
- b)
- c)

22. In your opinion, how can the number of such incidents be reduced? Interviewer! Ask the expert to provide no more than 3 examples of effective ways to reduce the number of such incidents!

- a)
- b)
- c)

23. In your opinion, do you believe that stigma (discrimination) towards LGBT people (lesbian, gay, bisexual, and trans* people) influences the quality of services provided by health workers?

- Discrimination – the deliberate restriction of the rights of a segment of the population, or certain social groups on a particular basis (race, age, sex, nationality, religious belief, sexual orientation, health status, type of employment, etc.)
- Stigma – a simplified, stereotypical view of a group of individuals or their representatives; the perception of a group of persons or their representatives through the prism of preconceived ideas (stereotypes) constructed by society, which consists of projecting the real or imaginary qualities of such a social group onto each individual representative of the group; attributing socially negative characteristics, perceived as humiliating, to an individual based on his real or imagined attribution to a certain social group.

Interviewer! Only one answer is possible!

- 1 – Yes 2 – No → skip to Question No. 25 3 – Difficulty answering (do not read aloud)

24. In what way? Interviewer! Ask the expert to clarify exactly how stigma/discrimination affects the quality of services provided to LGBT people by health workers: do they refuse to provide services at all, do they provide “incomplete” services, do they break confidentiality, etc.?

25. Do you know of cases when the following actions were committed by health workers because they assumed that a patient was LGBT (a lesbian, gay, bisexual, or trans* person)?

	Yes	No
Disclosure of confidential data about the patient (marital status, sexual orientation, place and date of birth, etc.)	1	2
Disclosure of the patient's HIV status (HIV – human immunodeficiency virus)	1	2
Disclosure of information about the patient's medical condition which is subject to confidentiality	1	2
Denial of medical care to a patient	1	2
Denial of counseling to a patient	1	2
Refusal to refer a patient to another medical institution	1	2
Other (indicate) _____	1	2

26. Do your professional responsibilities include providing counseling services to LGBT people (lesbian, gay, bisexual, and trans* people):

a) regarding HIV prevention (HIV – human immunodeficiency virus)	b) regarding STI prevention (sexually transmitted infections)
1. Yes	1. Yes
2. No	2. No

27. Do LGBT patients (lesbian, gay, bisexual, and trans* people) seek assistance from you personally at your place of work?

1. Yes
2. No → skip to Question No. 29
3. Difficulty answering (do not read aloud)

28. In connection with what other issues, aside from HIV and STI prevention, do representatives of the LGBT community (lesbian, gay, bisexual, and trans* people) turn to you for assistance?

29. In your opinion, does the fact that a health worker may suspect that a patient is LGBT (lesbian, gay, bisexual, or trans* people) influence their attitude towards the patient?

1. No
2. Yes
3. I am not aware of such cases

30. Has there been any special training/professional development for health workers in your medical institution on the provision of counseling:

a) on preventing the spread of STIs (sexually transmitted infections):	b) on support for vulnerable populations (including LGBT—lesbian, gay, bisexual, and trans* people):
<ol style="list-style-type: none"> 1. Yes 2. No → skip to Question No. 34 3. Difficulty answering (do not read aloud) → skip to Question No. 34 	<ol style="list-style-type: none"> 1. Yes 2. No → skip to Question No. 34 3. Difficulty answering (do not read aloud) → skip to Question No. 34

31. Were you personally involved in such training/professional development?

a) on preventing the spread of STIs (sexually transmitted infections):	b) on support for vulnerable populations (including LGBT—lesbian, gay, bisexual, and trans* people):
<ol style="list-style-type: none"> 1. Yes 2. No → skip to Question No. 34 	<ol style="list-style-type: none"> 1. Yes 2. No → skip to Question No. 34

32. How long ago was this carried out?

a) on preventing the spread of STIs (sexually transmitted infections):	b) on support for vulnerable populations (including LGBT—lesbian, gay, bisexual, and trans* people):
<ol style="list-style-type: none"> 1. 1 month ago 2. 6 months ago 3. 1 year ago 4. 2-3 years ago 5. 5 years ago 6. More than 5 years ago 7. Difficulty answering (do not read aloud) 	<ol style="list-style-type: none"> 1. 1 month ago 2. 6 months ago 3. 1 year ago 4. 2-3 years ago 5. 5 years ago 6. More than 5 years ago 7. Difficulty answering (do not read aloud)

33. How would you assess the quality of this training/professional development?

a) on preventing the spread of STIs (sexually transmitted infections):	b) on support for vulnerable populations (including LGBT—lesbian, gay, bisexual, and trans* people):
<ol style="list-style-type: none"> 1. High 2. Average 3. Low 4. Difficulty answering (do not read aloud) 	<ol style="list-style-type: none"> 1. High 2. Average 3. Low 4. Difficulty answering (do not read aloud)

34. Do you have the need and desire to undergo further professional development/training on working with LGBT patients (lesbian, gay, bisexual, and trans* people) on preventing the spread of STIs (sexually transmitted infections) and on support for vulnerable populations (including LGBT people)?

- | | |
|--------|-------|
| 1. Yes | 2. No |
|--------|-------|

35. Would you like to receive additional information about LGBT people (lesbian, gay, bisexual, and trans* people) and about working with them?

1 – Yes →	35.1. In what format would you like to receive this additional information?
	<ol style="list-style-type: none">1. Informational materials (booklets, brochures)2. Methodical recommendations3. Governmental/ministerial protocols or statements.4. Informational-educational activities (trainings/seminars/conferences)5. Video-, audio materials (including television/radio)6. Other (indicate) _____
2 – No →	Skip to Question No. 36

36. A second survey is planned for our study in one year. Are you willing to provide your contact information (e-mail address and telephone number) so that we can contact you during the next stage of the study?

1 – Yes →	Name: <input type="text"/>
	Telephone number: <input type="text"/>
	E-mail: <input type="text"/>
2 – No →	<i>Proceed to the end of the questionnaire</i>

THANK YOU FOR YOUR COOPERATION!

To be filled in by the interviewer following the interview

37. Signature of the interviewer	<input type="text"/>		
38. Length of the interview: hours	<input type="text"/>	minutes	<input type="text"/>

Questionnaire for Social Workers

Interviewer! After completing the interview, write down the full name of the non-governmental organization in which the expert works:

Indicate the full name of the NGO (do not use acronyms or abbreviations!).

Indicate the position and specialization of the expert:

On the first line, write down the position of the expert in the same way that it is officially indicated in relevant registration or government documents, on the second line, enter the official name of his/her specialization (do not use acronyms or abbreviations!).

a)

b)

Within the framework of research on attitudes towards LGBT people (lesbian, gay, bisexual, and trans* people), the Center for Social Expertise is conducting a survey among the staff of key social services in five countries of Central and Eastern Europe and Central Asia. The survey is part of the Regional Program Right to Health, commissioned by the Eurasian Coalition on Male Health (ECOM).

Your name will not be used in this questionnaire, which means that any information provided by you will remain anonymous. You have the right to not answer any question, and to stop this interview at any time, if you wish. Your candid and detailed answers will help us to evaluate the attitudes of staff of key social services towards LGBT people (lesbian, gay, bisexual, and trans* people), which will be used to plan social services for LGBT people (lesbian, gay, bisexual, and trans* people). The interview will last around 30 minutes.

Do you agree to participate in the survey?

1. Yes → continue survey
2. No → **end survey**

Questionnaire number

Date of survey

Country

Name of Interviewer

Type of locality:

1. Capital (indicate name)
2. Large city (indicate name)
3. Small city (indicate name)

BLOC I. SOCIO-DEMOGRAPHICAL CHARACTERISTICS OF THE RESPONDENT

1. Sex:

1. Male
2. Female

2. Your age? (in years)

3. Have you completed higher education?

1. Yes
2. No

4. Are you religious?

1. Yes
2. No → skip to question No. 7

5. Do you have a particular religious affiliation?

1. Yes
2. No → skip to question No. 7
3. Difficulty answering (do not read aloud) → skip to question No. 7

6. Which religion are you affiliated with? (Do not read aloud the alternatives. Use the respondent's own words)

1. Orthodoxy
2. Catholicism
3. One of the Protestant churches
4. Islam
5. Other (what exactly?)

7. How many years have you worked in non-governmental organizations? years

Interviewer! The expert should only indicate the number of years that fall into his or her experience as a social worker.

BLOC II. PERSONAL ATTITUDE TOWARDS LGBT PEOPLE (LESBIAN, GAY, BISEXUAL AND TRANS* PEOPLE)

8. Are there any people with homo- or bisexual orientation (gays, lesbians) among your relatives, friends, or acquaintances (only one answer is possible)?

1. Yes, women
2. Yes, men
3. Yes, women and men
4. No
5. I don't know (do not read aloud)

9. Please indicate which of these statements is closest to your personal opinion, (only one answer is possible):

1. Homosexuality should be accepted in society
2. Homosexuality should not be accepted in society
3. Neither of these statements (do not read aloud)

10. People have very different opinions about homosexuality. In your opinion what is homosexuality (only one answer is possible)?

1. It is a sexual orientation with an equal right to exist as heterosexuality

2. It is a reality of life that you can neither punish nor glorify
3. It is immoral and a bad habit
4. It is a disease or the result of psychological trauma
5. It is a sign of a special gift or talent
6. Other (*what exactly?*)
7. Difficulty answering (*do not read aloud*)

11. How do you assess your personal opinion towards LGBT people (lesbian, gay, bisexual, and trans* people)? Only one answer is possible!

- | | |
|-------------|--|
| 1. Positive | 3. Negative |
| 2. Neutral | 4. Difficulty answering (<i>do not read aloud</i>) |

12. What do you think can influence your attitude towards LGBT people? (lesbian, gay, bisexual, and trans* people) (Interviewer! Write down at least three possible factors, using the respondent's own words and being as detailed as possible!)

- a)
- b)
- c)

13. Do you agree with the statement that gays and lesbians should have the same rights as other citizens in your country?

1. Completely agree
2. Rather agree
3. Rather disagree
4. Completely disagree
5. *Difficulty answering (do not read aloud)*

14. Do you believe that same-sex couples (men and women) should have the same right to marry as opposite-sex couples?

1. Yes, they should have this right
2. No, in no case should this right be granted to them
3. There should be exceptions (individual consideration)
4. Other (*what exactly?*)
5. *Difficulty answering (do not read aloud)*

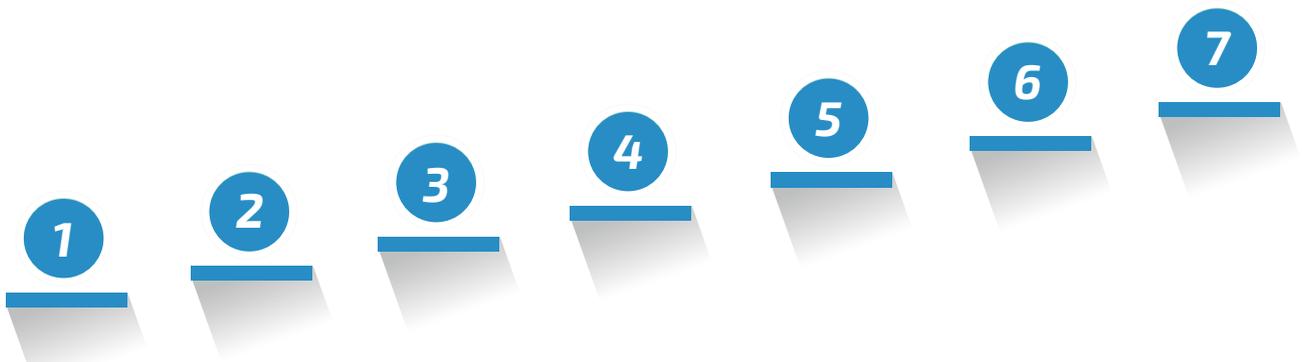
15. Do you believe that same-sex couples should have the right to raise and/or adopt children?

1. Yes, they should have this right
2. No, in no case should this right be granted to them
3. There should be exceptions (individual consideration)
4. Other (*what exactly?*)
5. *Difficulty answering (do not read aloud)*

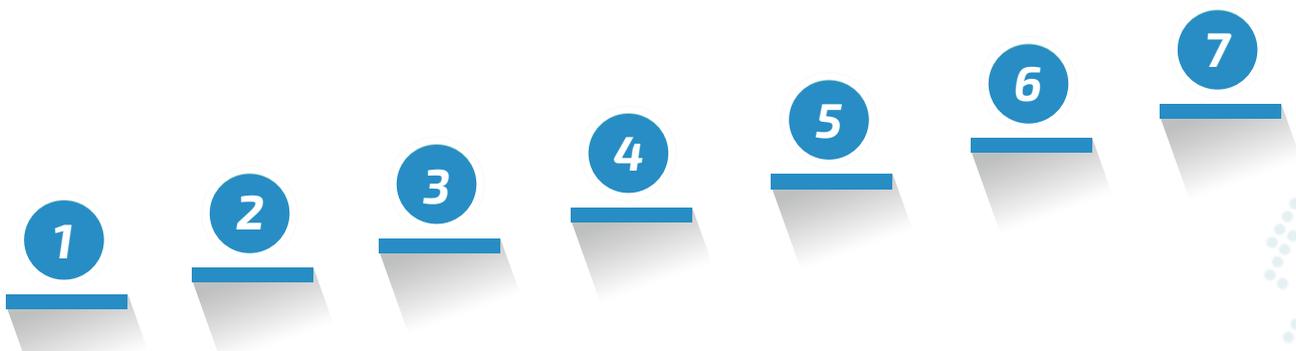
16. Select ONE of these statements, WHICH IS CLOSEST TO YOUR PERSONAL OPINION (give one answer for each row):

	I am willing to admit representatives of the LGBT community (lesbian, gay, bisexual, and trans* people) as						
	A member of my family	A close friend	A neighbor	A work colleague	A resident of the country	A visitor to the country, tourist	Would not admit to the country
Gays	1	2	3	4	5	6	7
Lesbians	1	2	3	4	5	6	7
Bisexual men	1	2	3	4	5	6	7
Bisexual women	1	2	3	4	5	6	7
Trans* people	1	2	3	4	5	6	7

17. Imagine that people in society are on steps of a ladder: the people on the lowest step are those with the lowest status in society in your eyes, and those on the highest step have the highest status in society in your eyes. ON WHICH STEP OF THE LADDER (from 1 to 7) WOULD YOU PLACE YOURSELF? (Circle the number)



18. On which step of the ladder (from 1 to 7) would you place representatives of the LGBT community (lesbian, gay, bisexual, and trans* people)? (Circle the number)



BLOC III. ATTITUDE OF SOCIAL WORKERS TOWARDS LGBT PEOPLE AND SERVICE PROVISION EXPERIENCE

19. How do you characterize the general attitude of social workers towards LGBT people (lesbian, gay, bisexual, and trans* people)? Only one answer is possible!

- 1. Positive
- 2. Neutral
- 3. Negative
- 4. Difficulty answering (do not read aloud)

20. Have you personally encountered incidents of alienation, discrimination, or disapproval towards LGBT people (lesbian, gay, bisexual, and trans* people) on the part of social workers? Interviewer! Only one answer is possible! Remember that, here, we are referring to certain specific actions, expressions, or disapproving views on the part of social workers!

1. Yes, I constantly encounter this
2. Yes, I encounter this from time to time
3. Yes, I rarely encounter this
4. No, I have never encountered this → skip to question No. 23

21. Please provide some examples of such situations involving social workers (Interviewer! Ask the expert to provide 3 examples):

- a)
- b)
- c)

22. In your opinion, how can the number of such incidents be reduced? Interviewer! Ask the expert to provide no more than 3 examples of effective ways to reduce the number of such incidents!

- a)
- b)
- c)

23. In your opinion, do you believe that stigma (discrimination) towards LGBT people (lesbian, gay, bisexual, and trans* people) influences the quality of services provided by social workers?

- *Discrimination – the deliberate restriction of the rights of a segment of the population, or certain social groups on a particular basis (race, age, sex, nationality, religious belief, sexual orientation, health status, type of employment, etc.)*
- *Stigma – a simplified, stereotypical view of a group of individuals or their representatives; the perception of a group of persons or their representatives through the prism of preconceived ideas (stereotypes) constructed by society, which consists of projecting the real or imaginary qualities of such a social group onto each individual representative of the group; attributing socially negative characteristics, perceived as humiliating, to an individual based on his real or imagined attribution to a certain social group.*

Interviewer! Only one answer is possible!

1. Yes
2. No → skip to Question No. 25
3. Difficulty answering (do not read aloud)

24. In what way? Interviewer! Ask the expert to clarify exactly how stigma/discrimination affects the quality of services provided to LGBT people by social workers: do they refuse to provide services at all, do they provide “incomplete” services, etc.!

25. Do you know of cases when the following actions were committed by social workers because they assumed that a person was LGBT (a lesbian, gay, bisexual, or trans* person)?

	Yes	No
Disclosure of confidential data about the client (marital status, sexual orientation, place and date of birth, etc.)	1	2
Disclosure of the client's HIV status (HIV – human immunodeficiency virus)	1	2
Disclosure of information about the client's medical condition which is subject to confidentiality	1	2
Denial of services to a client	1	2
Denial of counseling to a client	1	2
Refusal to refer a client to another NGO	1	2
Other (indicate) _____	1	2

26. Do your professional responsibilities include providing counseling services to LGBT people (lesbian, gay, bisexual, and trans* people):

a) regarding HIV prevention (HIV – human immunodeficiency virus)	b) regarding STI prevention (sexually transmitted infections)
1. Yes	1. Yes
2. No	2. No

27. Do LGBT clients (lesbian, gay, bisexual, and trans* people) seek assistance from you personally at your place of work?

1. Yes
2. No → skip to Question No. 29
3. Difficulty answering (do not read aloud)

28. In connection with what other issues, aside from HIV and STI prevention, do representatives of the LGBT community (lesbian, gay, bisexual, and trans* people) turn to you for assistance?

29. In your opinion, does the fact that a social worker may suspect that a client is LGBT (lesbian, gay, bisexual, or trans* people) influence their attitude towards the client?

1. No
2. Yes
3. I am not aware of such cases

30. Has there been any special training/professional development for social workers in your organization on the provision of counseling:

a) on preventing the spread of STIs (sexually transmitted infections):	b) on support for vulnerable populations (including LGBT—lesbian, gay, bisexual, and trans* people):
<ol style="list-style-type: none"> 1. Yes 2. No → skip to Question No. 33 3. Difficulty answering (do not read aloud) → skip to Question No. 33 	<ol style="list-style-type: none"> 1. Yes 2. No → skip to Question No. 33 3. Difficulty answering (do not read aloud) → skip to Question No. 33

31. Were you personally involved in such training/professional development?

a) on preventing the spread of STIs (sexually transmitted infections):	b) on support for vulnerable populations (including LGBT—lesbian, gay, bisexual, and trans* people):
<ol style="list-style-type: none"> 1. Yes 2. No → skip to Question No. 33 	<ol style="list-style-type: none"> 1. Yes 2. No → skip to Question No. 33

32. How long ago was this carried out?

a) on preventing the spread of STIs (sexually transmitted infections):	b) on support for vulnerable populations (including LGBT—lesbian, gay, bisexual, and trans* people):
<ol style="list-style-type: none"> 1. 1 month ago 2. 6 months ago 3. 1 year ago 4. 2-3 years ago 5. 5 years ago 6. More than 5 years ago 7. Difficulty answering (do not read aloud) 	<ol style="list-style-type: none"> 1. 1 month ago 2. 6 months ago 3. 1 year ago 4. 2-3 years ago 5. 5 years ago 6. More than 5 years ago 7. Difficulty answering (do not read aloud)

33. How would you assess the quality of this training/professional development?

a) on preventing the spread of STIs (sexually transmitted infections):	b) on support for vulnerable populations (including LGBT—lesbian, gay, bisexual, and trans* people):
<ol style="list-style-type: none"> 1. High 2. Average 3. Low 4. Difficulty answering (do not read aloud) 	<ol style="list-style-type: none"> 1. High 2. Average 3. Low 4. Difficulty answering (do not read aloud)

34. Do you have the need and desire to undergo further professional development/training on working with LGBT clients (lesbian, gay, bisexual, and trans* people) on preventing the spread of STIs (sexually transmitted infections) and on support for vulnerable populations (including LGBT people)?

- | | |
|--------|-------|
| 1. Yes | 2. No |
|--------|-------|

35. Would you like to receive additional information about LGBT people (lesbian, gay, bisexual, and trans* people) and about working with them?

1 – Yes →	35.1. In what format would you like to receive this additional information?
	<ol style="list-style-type: none">1. Informational materials (booklets, brochures)2. Methodical recommendations3. Governmental/ministerial protocols or statements.4. Informational-educational activities (trainings/seminars/conferences)5. Video-, audio materials (including television/radio)6. Other (indicate) _____
2 – No →	Skip to Question No. 36

36. A second survey is planned for our study in one year. Are you willing to provide your contact information (e-mail address and telephone number) so that we can contact you during the next stage of the study?

1 – Yes →	Name: <input type="text"/>
	Telephone number: <input type="text"/>
	E-mail: <input type="text"/>
2 – No →	<i>Proceed to the end of the questionnaire</i>

THANK YOU FOR YOUR COOPERATION!

To be filled in by the interviewer following the interview

37. Signature of the interviewer	<input type="text"/>		
38. Length of the interview: hours	<input type="text"/>	minutes	<input type="text"/>

Questionnaire for Police

Interviewer! After completing the interview, write down the full name of the organization and the structural unit in which the expert works:

On the first line, enter the full official name of the institution, on the second line enter the full name of the structural unit (do not use acronyms or abbreviations!).

- a)
- b)

Indicate the position and specialization of the expert:

On the first line, write down the position of the expert in the same way that it is officially indicated in relevant registration or government documents, on the second line, enter the official name of his/her specialization (do not use acronyms or abbreviations!).

- a)
- b)

Within the framework of research on attitudes towards LGBT people (lesbian, gay, bisexual, and trans people), the Center for Social Expertise is conducting a survey among the staff of key social services in five countries of Central and Eastern Europe and Central Asia. The survey is part of the Regional Program Right to Health, commissioned by the Eurasian Coalition on Male Health (ECOM).*

Your name will not be used in this questionnaire, which means that any information provided by you will remain anonymous. You have the right to not answer any question, and to stop this interview at any time, if you wish. Your candid and detailed answers will help us to evaluate the attitudes of staff of key social services towards LGBT people (lesbian, gay, bisexual, and trans people), which will be used to plan social services for LGBT people (lesbian, gay, bisexual, and trans* people). The interview will last around 30 minutes.*

Do you agree to participate in the survey?

1. Yes → continue survey
2. No → **end survey**

Questionnaire number Date of survey
Country Name of Interviewer

Type of locality:

1. Capital (indicate name)
2. Large city (indicate name)
3. Small city (indicate name)

BLOC I. SOCIO-DEMOGRAPHICAL CHARACTERISTICS OF THE RESPONDENT

1. Sex:

1. Male
2. Female

2. Your age? (in years)

3. Have you completed higher education?

1. Yes
2. No

4. Are you religious?

1. Yes
2. No → skip to question No. 7

5. Do you have a particular religious affiliation?

1. Yes
2. No → skip to question No. 7
3. Difficulty answering (do not read aloud) → skip to question No. 7

6. Which religion are you affiliated with? (Do not read aloud the alternatives. Use the respondent's own words)

1. Orthodoxy
2. Catholicism
3. One of the Protestant churches
4. Islam
5. Other (what exactly?)

7. How many years have you worked in law enforcement? years

Interviewer! The expert should only indicate the number of years that fall into his or her experience in law enforcement.

BLOC II. PERSONAL ATTITUDE TOWARDS LGBT PEOPLE (LESBIAN, GAY, BISEXUAL AND TRANS* PEOPLE)

8. Are there any people with homo- or bisexual orientation (gays, lesbians) among your relatives, friends, or acquaintances (only one answer is possible)?

1. Yes, women
2. Yes, men
3. Yes, women and men
4. No
5. I don't know (do not read aloud)

9. Please indicate which of these statements is closest to your personal opinion, (only one answer is possible):

1. Homosexuality should be accepted in society
2. Homosexuality should not be accepted in society
3. Neither of these statements (do not read aloud)

10. People have very different opinions about homosexuality. In your opinion what is homosexuality (only one answer is possible)?

1. It is a sexual orientation with an equal right to exist as heterosexuality

2. It is a reality of life that you can neither punish nor glorify
3. It is immoral and a bad habit
4. It is a disease or the result of psychological trauma
5. It is a sign of a special gift or talent
6. Other (*what exactly?*)
7. Difficulty answering (*do not read aloud*)

11. How do you assess your personal opinion towards LGBT people (lesbian, gay, bisexual, and trans* people)? Only one answer is possible!

- | | |
|-------------|--|
| 1. Positive | 3. Negative |
| 2. Neutral | 4. Difficulty answering (<i>do not read aloud</i>) |

12. What do you think can influence your attitude towards LGBT people? (lesbian, gay, bisexual, and trans* people) (Interviewer! Write down at least three possible factors, using the respondent's own words and being as detailed as possible!)

- a)
- b)
- c)

13. Do you agree with the statement that gays and lesbians should have the same rights as other citizens in your country?

1. Completely agree
2. Rather agree
3. Rather disagree
4. Completely disagree
5. *Difficulty answering (do not read aloud)*

14. Do you believe that same-sex couples (men and women) should have the same right to marry as opposite-sex couples?

1. Yes, they should have this right
2. No, in no case should this right be granted to them
3. There should be exceptions (individual consideration)
4. Other (*what exactly?*)
5. *Difficulty answering (do not read aloud)*

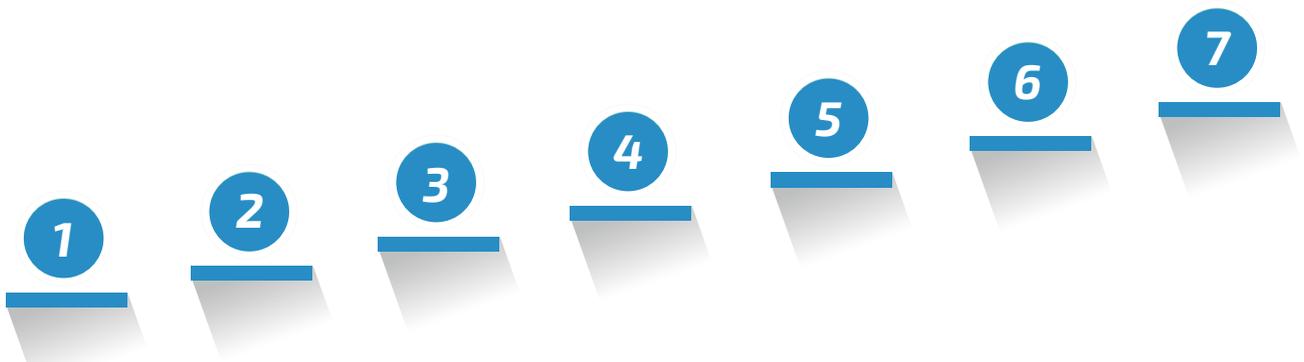
15. Do you believe that same-sex couples should have the right to raise and/or adopt children?

1. Yes, they should have this right
2. No, in no case should this right be granted to them
3. There should be exceptions (individual consideration)
4. Other (*what exactly?*)
5. *Difficulty answering (do not read aloud)*

16. Select ONE of these statements, WHICH IS CLOSEST TO YOUR PERSONAL OPINION (give one answer for each row):

	I am willing to admit representatives of the LGBT community (lesbian, gay, bisexual, and trans* people) as						
	A member of my family	A close friend	A neighbor	A work colleague	A resident of the country	A visitor to the country, tourist	Would not admit to the country
Gays	1	2	3	4	5	6	7
Lesbians	1	2	3	4	5	6	7
Bisexual men	1	2	3	4	5	6	7
Bisexual women	1	2	3	4	5	6	7
Trans* people	1	2	3	4	5	6	7

17. Imagine that people in society are on steps of a ladder: the people on the lowest step are those with the lowest status in society in your eyes, and those on the highest step have the highest status in society in your eyes. ON WHICH STEP OF THE LADDER (from 1 to 7) WOULD YOU PLACE YOURSELF? (Circle the number)



18. On which step of the ladder (from 1 to 7) would you place representatives of the LGBT community (lesbian, gay, bisexual, and trans* people)? (Circle the number)



BLOC III. ATTITUDE OF POLICE TOWARDS LGBT PEOPLE (LESBIAN, GAY, BISEXUAL, AND TRANS* PEOPLE)

19. How do you characterize the general attitude of police towards LGBT people (lesbian, gay, bisexual, and trans* people)? Only one answer is possible!

- 1. Positive
- 2. Neutral
- 3. Negative
- 4. Difficulty answering (do not read aloud)

20. Have you personally encountered incidents of alienation, discrimination, or disapproval towards LGBT people (lesbian, gay, bisexual, and trans* people) on the part of police? Interviewer! Only one answer is possible! Remember that, here, we are referring to certain specific actions, expressions, or disapproving views on the part of police!

1. Yes, I constantly encounter this
2. Yes, I encounter this from time to time
3. Yes, I rarely encounter this
4. No, I have never encountered this → skip to question No. 27

21. Please provide some examples of such situations involving police. (Interviewer! Ask the expert to provide 3 examples):

- a)
- b)
- c)

22. In your opinion, how can the number of such incidents be reduced? (Interviewer! Ask the expert to provide no more than 3 examples of effective ways to reduce the number of such incidents!)

- a)
- b)
- c)

23. In your opinion, do you believe that stigma (discrimination) towards LGBT people (lesbian, gay, bisexual, and trans* people) influences the quality of services provided by police?

- *Discrimination – the deliberate restriction of the rights of a segment of the population, or certain social groups on a particular basis (race, age, sex, nationality, religious belief, sexual orientation, health status, type of employment, etc.)*
- *Stigma – a simplified, stereotypical view of a group of individuals or their representatives; the perception of a group of persons or their representatives through the prism of preconceived ideas (stereotypes) constructed by society, which consists of projecting the real or imaginary qualities of such a social group onto each individual representative of the group; attributing socially negative characteristics, perceived as humiliating, to an individual based on his real or imagined attribution to a certain social group.*

Interviewer! Only one answer is possible!

1. Yes
2. No → skip to Question No. 29
3. Difficulty answering (do not read aloud)

24. In what way? Interviewer! Ask the expert to clarify exactly how stigma/discrimination affects the quality of services provided to LGBT people by police: do they refuse to provide services at all, do they provide “incomplete” services, etc.!

25. Do you know of cases when the following actions were committed by police because they assumed that a victim/suspect was LGBT (a lesbian, gay, bisexual, or trans* person):
(Interviewer! The respondent can respond to all that apply)

	Yes	No
Disclosure of confidential data about the person (marital status, sexual orientation, place and date of birth, etc.)	1	2
Unreasonable detention to verify identification documents or to inspect personal belongings, in particular in LGBT (lesbian, gay, bisexual, trans* people) meeting places	1	2
Refusal to protect the rights of the victim, including the refusal to open criminal proceedings after a crime is reported	1	2
Violation of procedural rules during interrogation or preliminary investigation (unauthorized detention at the police station, unauthorized search, forced photographing/fingerprinting of individual, etc.)	1	2
Coercion to provide information about other LGBT people (lesbian, gay, bisexual, trans* people) or unauthorized retrieval of phone numbers of other LGBT people from the detainee's phone	1	2
Use of psychological coercion to obtain evidence	1	2
Use of physical violence (beating) to obtain evidence	1	2
Blackmail, threat of disclosure of the sexual orientation of the detainee or that the detainee was providing sexual services on a commercial basis	1	2
Forcing LGBT people (lesbian, gay, bisexual, and trans* people) to pay bribes in order to close a case against them	1	2
Other (indicate) _____	1	2

26. In your opinion, does the fact that a police officer may suspect that a person is LGBT (lesbian, gay, bisexual, or trans* people) influence their attitude towards the person?

1. No
2. Yes
3. I am not aware of such cases

27. Has there been any special training/professional development for you and your colleagues on developing tolerant attitudes towards LGBT people (lesbian, gay, bisexual, trans* people)?

1. Yes
2. No → skip to Question No. 44
3. I don't know

28. Were you personally involved in such training/professional development?

1. Yes
2. No → skip to Question No. 44

29. When was this carried out?

1. 1 month ago
2. 6 months ago
3. 1 year ago
4. 2-3 years ago
5. 5 years ago
6. More than 5 years ago
7. Difficulty answering (do not read aloud)

30. How would you assess the quality of this training/professional development?

1. High
2. Average
3. Low
4. Difficulty answering (do not read aloud)

31. Do you have the need and desire to undergo further professional development/training on working with LGBT people?

- 1. Yes
- 2. No

32. Would you like to receive additional information about LGBT people (lesbian, gay, bisexual, and trans* people) and about working with them?

1 – Yes →	32.1. In what format would you like to receive this additional information?
	<ul style="list-style-type: none">1. Informational materials (booklets, brochures)2. Methodical recommendations3. Governmental/ministerial protocols or statements.4. Informational-educational activities (trainings/seminars/conferences)5. Video-, audio materials (including television/radio)6. Other (indicate) _____
2 – No →	Skip to Question No. 46

33. A second survey is planned for our study in one year. Are you willing to provide your contact information (e-mail address and telephone number) so that we can contact you during the next stage of the study?

1 – Yes →	Name: <input type="text"/>
	Telephone number: <input type="text"/>
	E-mail: <input type="text"/>
2 – No →	<i>Proceed to the end of the questionnaire</i>

THANK YOU FOR YOUR COOPERATION!

To be filled in by the interviewer following the interview

34. Signature of the interviewer	<input type="text"/>		
35. Length of the interview: hours	<input type="text"/>	minutes	<input type="text"/>



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