Mental Health of LGBTQIA+ Individuals in Tunisia

Perceived Needs, Accessibility, and Quality of Services

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Introduction

Tunisia, with its rich historical and cultural mosaic, provides a complex context where questions related to sexual orientations and gender identities intertwine with modern sociocultural challenges. However, this diversity struggles to integrate harmoniously into the Tunisian social fabric, marked by a manifested hostility towards sexual and gender diversity.

Explanatory Note :

Une order to respect the scientific framework of the study, we kept the terminology of the «minority stress model of Meyer». However, we opted for terms like «minorization» and «minoritized groups» in the rest of the study to reflect our perspective on hierarchy and domination of groups with non normative gender identities and sexual orientations.

Introduction

Tunisia, with its rich historical and cultural mosaic, provides a complex context where questions related to sexual orientations and gender identities intertwine with modern sociocultural challenges. However, this diversity struggles to integrate harmoniously into the Tunisian social fabric, marked by a manifested hostility towards sexual and gender diversity.

Persistent stigma creates an environment where sexual and gender identity becomes a major source of significant challenges. These challenges manifest through various forms of discrimination, interpersonal or structural violence—whether social, economic, or political—and experiences of rejection and social isolation, **leaving a significant impact on the mental health of LGBTQIA+ individuals in Tunisia.**

The growing need for psychological support within this community becomes increasingly palpable as individuals seek spaces where their identity is recognized and respected. However, the current landscape of mental health services, while progressing, struggles to adequately address these specific needs. The existing care services sometimes remain rooted in rigid conceptions of normality, thereby leaving the LGBTQIA+ community on the margins of care provision.

The lack of in-depth knowledge on how mental health is addressed within this specific population creates a significant gap in understanding the complex dynamics governing the psychosocial lives of LGBTQIA+ individuals in Tunisia. It is within this gap that our research is situated, seeking to explore and demystify these often overlooked realities.

Thus, this study positions itself as a necessary exploration dedicated to shedding light on the psychological needs, accessibility challenges, and nuances of the quality of mental health services as perceived by the Tunisian LGBTQIA+ community. By emphasizing these aspects, we aspire to contribute to the creation of an inclusive space where the mental well-being of everyone is prioritized and respected.

We are committed to making our contribution to illuminating the path towards more targeted interventions, more inclusive policies, and ultimately, towards a society where the psychosocial well-being of every individual, regardless of their sexual orientation or gender identity, is respected and integrated into the very fabric of its development.

1

Section

State of the Art

I. The Importance of Mental Health for the LGBTQIA+ Community

1. What is Mental Health ?

Mental health is a multidimensional concept evaluated in terms of both positive and negative aspects of an individual's psychological well-being. According to the World Health Organization, it is defined as "a state of well-being in which the individual realizes their abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community" (2001, p.1)[1]. This perspective posits that mental health goes beyond the mere absence of mental illness. Its multidimensionality can be illustrated as follows:

Figure 1: A Schematic Representation of Mental Health[2]

1. World Health Organization. (2001). Mental health: Strengthening our response. Fact sheet no. 220.
2. Machado, T. (2015). Chapter II. Mental Health and Psychological Health: Models, Findings, and Definitions. In "The Prevention of Psychosocial Risks: Concepts and Methodologies of Intervention." Presses universitaires de Rennes.

The primary dimensions of mental health encompass:

Psychological Well-being: This denotes a positive state characterized by equilibrium, adaptation, and harmony. It manifests as a sense of overall well-being, happiness, and self-actualization, and embodies personality traits such as adeptness in coping with adversities, optimism, resilience, self-esteem, and perceived control over one's life.

Psychological Distress: Referred to as psychological pain, this condition represents a state of unease that does not necessarily signify the presence of a diagnosable mental disorder. It is reactive in nature, arising in response to challenging life circumstances, and may manifest through transient symptoms of anxiety and depression, characterized by a mild intensity.

Mental Disorders: Identified through specific symptoms of varying duration and severity. Mental disorders exert a discernible impact on an individual's daily functioning (Kovess-Masfety et al., 2010)[3].

Moreover, it is pertinent to underscore that mental health is an outcome of a dynamic and multifactorial process, stemming from the constant interplay of individual, social, and environmental factors.
Access to care and its quality exemplify environmental factors that can exert a substantial impact on mental health.

3. *Ibid*

2. The Incidence of Mental Health Disorders in the LGBTQIA+ Community and Associated Risk Factors

Scientific research has revealed that individuals within the LGBTQIA+ community are more prone to mental health issues, such as depression, anxiety, suicidal ideation, and substance abuse, compared to their heterosexual and cisgender counterparts. These heightened risks are largely attributed to the social pressures faced by sexual minorities, encompassing stigmatization, prejudice, and discrimination, as well as the internalization of negative emotions and the fear of rejection (Meyer, 2003).[4]

Members of the LGBTQIA+ community confront unique risk factors that contribute to the development of mental health issues. Among these factors, we can delineate:

- Stigmatization and Discrimination: Instances of stigmatization and discrimination based on sexual orientation or gender identity can induce social stress and low self-esteem, thereby contributing to mental health problems (Meyer, 2003).[5]
- Victimization and Violence: Individuals within the LGBTQIA+ community are susceptible to victimization and violence due to their sexual orientation or gender identity, elevating the risk of exposure to post-traumatic stress syndrome (Balsam, et al., 2005).[6]
- Social Isolation: Social isolation can be a contributing factor to mental health problems, including depression and anxiety (Meyer, 2003).[8]
- Healthcare Discrimination: Discrimination in healthcare settings is also identified as a potential factor (Kosenko, et al., 2013).[9]

It is noteworthy to mention that similar findings have been ascertained through a systematic literature review examining the mental health of individuals within the LGBTQ+ community of Arab or Arab descent during the period spanning 2008 to 2021. The authors discerned that social and familial stressors inherent to the predominantly Muslim Arab culture substantially contribute to the increased susceptibility of the LGBTQ+ community to mental health challenges (Hayek et al., 2022).[10]

4. Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. Psychological bulletin, 129(5), 674.
5. *Ibid.*
6. Balsam, K. F., Rothblum, E. D., & Beauchaine, T. P. (2005). Victimization over the life span: a comparison of lesbian, gay, bisexual, and heterosexual siblings. Journal of consulting and clinical psychology, 73(3), 477-487.
7. Ryan, C., Huebner, D., Diaz, R. M., & Sanchez, J. (2009). Family rejection as a predictor of negative health outcomes in white and Latino lesbian, gay, and bisexual young adults. Pediatrics, 123(1), 346-352.
8. Meyer, I. H. (2003). Op.Cit.
9. Kosenko, K., Rintamaki, L., Raney, S., & Maness, K. (2013). Transgender patient perceptions of stigma in health care contexts. Medical care, 819-822.
10. Hayek, S. E., Kassir, G., Cherro, M., Mourad, M., Soueidy, M., Zrour, C., & Khoury, B. (2022). Mental Health of LGBTQ Individuals Who are Arab or of an Arab Descent: A Systematic Review. Journal of Homosexuality, 1-23.

3. Specific Mental Health Needs of the LGBTQIA+ Community

Lesbian, gay, bisexual, transgender, queer, intersex and asexual (LGBTQIA+) individuals have distinct mental health needs that necessitate consideration to deliver tailored support and therapy services. Social barriers, biases, discrimination, and violence experienced by LGBTQIA+ individuals can adversely impact their mental health, heightening vulnerability to anxiety, depression, psychological distress, and suicide risk. Therefore, it is imperative to provide support services tailored to their specific needs.

One of the most crucial needs pertains to the management of gender identity, a complex and often challenging process for transgender, non-binary, and individuals questioning their gender. Support is essential to assist these individuals in comprehending and authentically embodying their gender identity, including access to medical interventions. Support services should also encompass access to secure spaces where individuals can connect with fellow LGBTQIA+ community members and share their experiences (American Psychological Association, 2012; Institute of Medicine, 2011).[11][12]

Suicide prevention is also a critical need for LGBTQIA+ individuals. Data indicates that young LGBTQI+ individuals are more prone to suicide attempts and have an elevated risk of death by suicide. Addressing this need entails the development of suicide prevention programs tailored to the LGBTQIA+ community, encompassing access to crisis services, training mental health professionals in managing LGBTQIA+ individuals in suicidal crises, and promoting resilience among LGBTQIA+ individuals (World Health Organization, 2014).[13]

[11.] American Psychological Association. (2012). Guidelines for psychological practice with lesbian, gay, and bisexual clients. American Psychologist, 67(1), 10-42.
[12.]Institute of Medicine. (2011). The health of lesbian, gay, bisexual, and transgender people: Building a foundation for better understanding. National Academies Press.
[13.] World Health Organization. (2014). Health for the world's adolescents: A second chance in the second decade. World Health Organization.

The development of community bonds is particularly significant for LGBTQIA+ individuals who may contend with sensations of isolation and marginalization, especially in rural or conservative areas. It is imperative to provide secure and welcoming spaces made for LGBTQIA+ individuals, enabling them to connect with fellow community members and have access to social support (Grant et al., 2011).[14]

Finally, it is crucial for mental health professionals to undergo training in sexual and gender diversity to effectively deliver support and therapy services tailored to the needs of LGBTQIA+ individuals. Mental health professionals need to be made aware of the challenges and barriers faced by community members, as well as be knowledgeable about best practices for providing services that are tailored to the unique needs of this population (American Psychological Association, 2012).[15]

14. Grant, J. M., Motter, L. A., & Tanis, J. (2011). Injustice at every turn: A report of the national transgender discrimination survey.
15. American Psychological Association. (2012). Op. Cit.

II. The Tunisian Context: The Minority Stress Model Applied to the Tunisian LGBTQIA+ Community

In Tunisia, the LGBTQIA+ community contends with unique multiaxial challenges that significantly influence their mental and physical well-being.

The Minority Stress Model, formulated by Ilan Meyer, serves as a framework **for understanding the impacts of stigma and discrimination on the mental health of sexual and gender minorities,** subject to higher levels of chronic stress than majority populations.

The concept of minority stress pertains to the stigmatization and biases associated with belonging to a minority social category. It is crucial to differentiate between two specific types of minority stress that exert an influence on mental health, namely distal stress and proximal stress. The former is linked to external factors such as stigma, social pressure, violence, and harassment. In contrast, the latter is associated with internal factors like anticipation of rejection, concealing one's sexual identity, and the internalization of LGBTQI-negativity (Meyer, 2003).[16]

This model provides **an analytical approach** that dissects factors influencing the mental health of LGBTQIA+ individuals, whether positively or negatively. Stress factors specific to the experiences of sexual and gender minorities compound with general stressors faced by the broader population, such as challenges in accessing adequate and quality healthcare. These elements constitute risk factors that negatively impact the mental health of LGBTQIA+ individuals.

In the face of both general and specific stressors, individuals within the LGBTQIA+ community develop stress responses encompassing emotional, physiological, and behavioral reactions. To confront and alleviate this stress, individuals tend to mobilize certain resilience mechanisms as a means of psychological protection. Notably, social support stands out as a key example among these individual and collective coping mechanisms.

16. Meyer, I. H. (2003). Op.Cit.

Environmental Factors

Access to tailored health care

Minority Status

Sexual orientation
Gender identity
Age
Race
Social class
HIV
Religion

Minority Identity

Lesbian
Gay
Bisexual
Trans
Queer
Intersex
Etc,

General Stressors

Distal/external Stressors

Stigmatisation & rejection
Discrimination
Violence

Proximal/internal Stressors

Anticipating negative events
Concealing gender identity & sexual orientation
Internalized LGBTQIA+ negativity

Figure 2: Minority Stress Model Applied to the Mental Health of the Tunisian LGBTQIA+ Community

Resilience

Effects on Mental Health (Positive & Negative)

Risk Factors

Protective Factors

Minority Identity Characteristics

Centrality
Valence
Integration & complexity
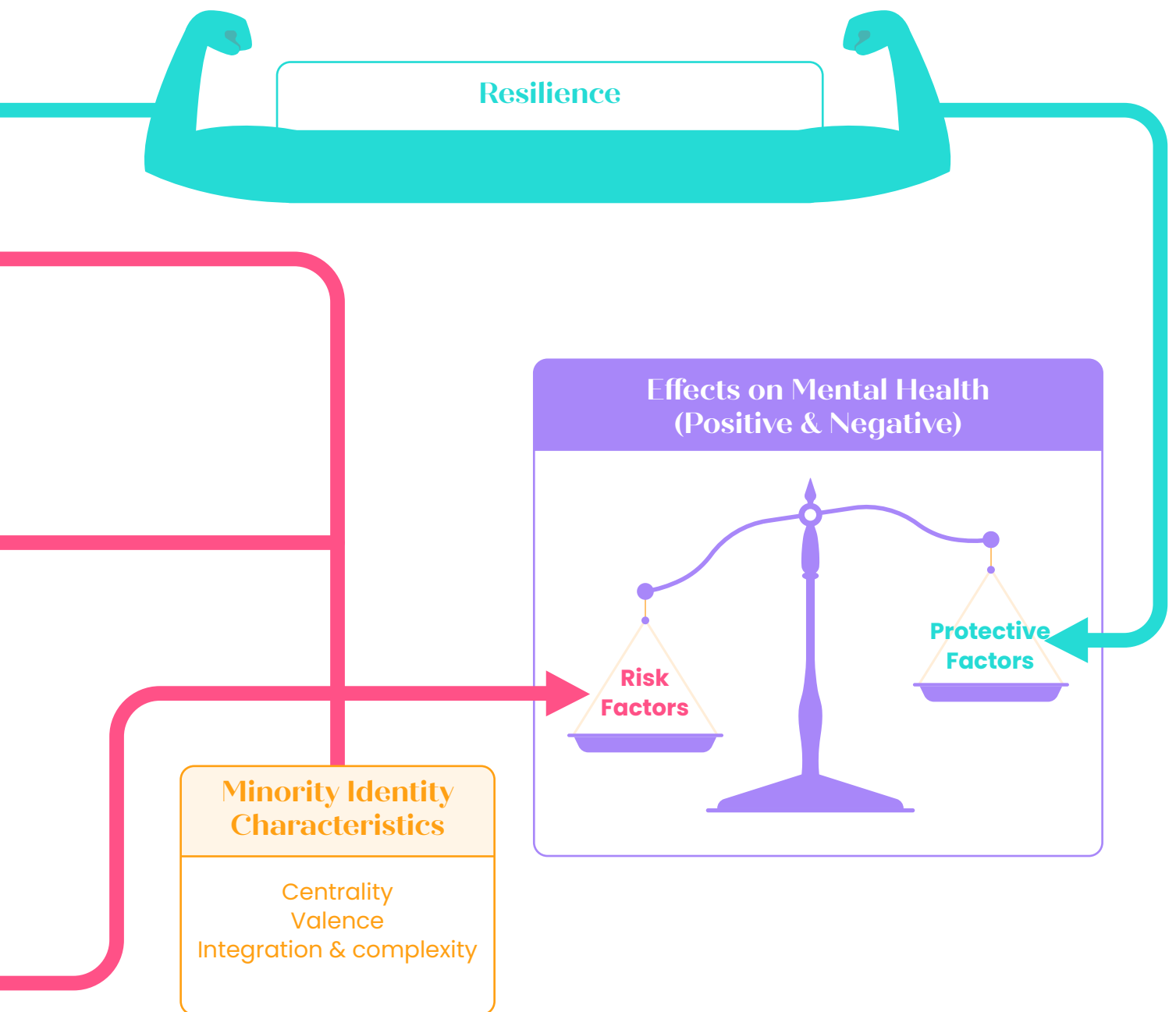
In the Tunisian context, characterized by a significant cultural opposition to homosexuality and non-conforming gender identities, rooted in social and religious norms, LGBTQIA+ individuals frequently encounter chronic stressors such as social stigma, marginalization, social exclusion, and violence. Tunisian laws further contribute to the challenges faced by LGBTQIA+ individuals, as homosexual relationships are deemed illegal and subject to imprisonment.

Furthermore, LGBTQIA+ individuals in Tunisia encounter a lack of support and resources to resiliently cope with these stressors. This includes mental healthcare. Additionally, organizations advocating for the rights of non normative individuals face stigmatization in Tunisia, making the establishment of a support network for this community challenging.

1. General Context: Legal and Social Situation of the LGBTQIA+ Community in Tunisia

In Tunisia, homosexual relationships are deemed illegal and can result in imprisonment. Specifically, **Article 230 of the Tunisian Penal Code criminalizes homosexual acts,** considering them **offenses against morality and public order.** Additionally, Articles 125, 226, and 226bis of the penal code are arbitrarily enforced to incriminate LGBTQI+ individuals (Bouhafs, 2021).[17]

Laws criminalizing homosexual relationships in Tunisia create structural stigmatization that constrains the opportunities and well-being of LGBTQI+ individuals. This structural stigmatization is defined as conditions at the societal level, cultural norms, and institutional practices that limit resources available to stigmatized populations and their overall well-being (Herek et al., 2010)[18] and contribute to enduring health disparities among individuals belonging to sexual and gender minorities (Link et al., 2014).[19]

Social stigma is highly pronounced, making it challenging for LGBTQIA+ individuals to embrace and express their sexuality or gender identity freely. It is crucial to emphasize that the stigmatization and discrimination against the LGBTQIA+ community in Tunisia are closely tied to rigid and heteronormative gender norms.

LGBTQIA+ Individuals who question gender norms are regarded as transgressors against the social order and are subject to more stigmatization (Connell, 1995).[20] For instance, individuals identifying as transgender or expressing gender non-normatively face specific forms of gender-related violence, including physical, sexual, and psychological aspects. Moreover, they encounter various instances of discrimination in areas such as employment, education, and healthcare in the Tunisian setting.

Moreover, effeminate men or those engaging in same-sex relationships are often stigmatized as being weak or deviants. Similarly, women perceived as masculine or involved in same-sex relationships are frequently either rendered invisible or subjected to sexualization.
Socially constructed and performed norms of masculinity and femininity are often employed to justify discrimination and violence rooted in cis-heteronormative foundations. It's important to note that additional forms of discrimination based on race, social class, or religion are imposed on non normative sexual and gender individuals.

17. Bouhafs, I. (2021). Data Analysis Report - Cases of Discrimination Collected by Anti-Discrimination Centers and the Observatory for the Defense of the Right to Difference, Tunis.
18. Herek, G. M., Gillis, J. R., & Cogan, J. C. (2015). Internalized stigma among sexual minority adults: Insights from a social psychological perspective.
19. Link, B. G., Phelan, J. C., & Hatzenbuehler, M. L. (2014). Stigma and social inequality. Handbook of the social psychology of inequality, 49-64.

Consequently, Tunisian LGBTQIA+ individuals often face dual marginalization—both due to their sexual orientation and gender identity and their affiliation with socially marginalized groups based on age, race, social class, HIV status, or religion.

Therefore, it is crucial to acknowledge and combat all forms of intersectional discrimination faced by this community in Tunisia and recognize their role in reinforcing psychological distress and hindering access to appropriate mental healthcare.

Efforts should be made towards educating the population on embracing sexual and gender diversity. Additionally, providing mental health services and suitable resources is essential to meeting the needs of this community.

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2. General Stressors Related to Limited Access to Mental Health Services in Tunisia

In 2013, Tunisia developed **a national mental health promotion strategy**, building upon the National Mental Health Program adopted in 1990. The primary aim of these initiatives is **to integrate mental health into the broader health planning strategy.**

Since 1999, Tunisia has established a regionalized structure for its public mental healthcare system, aligning each sector with a university psychiatry department based on geographical zones. The goal is to streamline access to mental healthcare services throughout the entire Tunisian territory.

In an effort to bolster accessibility, the Tunisian government has implemented various measures such as the development of a plan to integrate mental health services into primary healthcare centers, the coordination of referrals among mental healthcare providers in both the public and private sectors, and the establishment of a technical committee for mental health promotion by the Ministry of Health in 2015 (Charfi et al., 2021).[21]

Despite the efforts and operational measures taken by Tunisian stakeholders, access to mental health services in Tunisia remains a privilege influenced by various factors. These include socio-economic status, educational level, access to knowledge and information, citizenship status, geographic location, age, gender identity, sexual orientation, and more. Consequently, individuals do not enjoy the same equal access to these services.

21. Charfi, F., Ouali, U., Spagnolo, J., Belhadj, A., Nacef, F., Saidi, O., & Melki, W. (2021). Highlighting successes and challenges of the mental health system in Tunisia: an overview of services, facilities, and human resources. Journal of Mental Health, 1-9.

Furthermore, the use of mental health services by Tunisians is also affected by the unclear perception of mental illness in the country. It's often seen as a mix of madness, depression, and neurological disorders by the general population. In the eyes of Tunisians, the image of the "mad" or "people with neurological disorders" dominates the social representation of mental disorders, with a clear sense of danger attached to it. For Tunisians, psychological distress is more commonly associated with depression, which, even though more accepted and less socially stigmatized, is still downplayed (Cherif et al., 2012).[22]

All these representations pose a major barrier to seeking mental health care despite felt needs. Consequently, the fear of social stigma and discrimination often prevents individuals experiencing psychological distress from seeking help.

However, this particularly affects the LGBTQIA+ community, which struggles to find mental health services tailored to their needs and faces the additional stigma of being labeled as mentally ill or sexually perverse. These individuals, already victims of social inequalities, also grapple with practical disparities in the mental health landscape in Tunisia.

Stigmatization and discrimination against non normative sexual and gender individuals pose significant hurdles for LGBTQIA+ individuals seeking to overcome these traumatic experiences. Unfortunately, the lack of access to specialized mental health services continues to exacerbate these situations. Inequalities in the mental health sector, supported by structural disparities in policies and legislation, thus constitute an additional obstacle for the LGBTQIA+ community in Tunisia.

22. Cherif, W., Elloumi, H., Ateb, A., Nacef, F., Cheour, M., Roelandt, J. L., & Caria, A. (2012). Social representations of mental health in Tunisia. Tunisie Médicale, 90 (11), 793-797.

3. Specific Stressors Related to Stigmatization in Tunisia

LGBTQIA+ individuals in Tunisia are subjected to **distinct stressors** linked to their sexual orientation or gender identity. These specific stressors can be **external/distal** or **proximal/internalized** in nature.

Distal Stressors

Distal/external stressors are external environmental factors that can have adverse effects on individuals' mental health. In the context of the Tunisian LGBTQIA+ community, these distal stressors include stigmatization, discrimination, and violence, which are intricately linked to the social construction of gender identities and sexual orientations.Stigmatization/rejection is a form of social discrimination characterized by social disapproval, exclusion, or marginalization of an individual or a group based on their sexual orientation or gender identity.

Tunisian individuals within the LGBTQIA+ community contend with substantial stigmatization and rejection, reflective of manifestations of cis-heteronormativity. This entrenched belief system and set of norms uphold the valorization of heterosexuality and gender expressions that are aligned with societal norms in Tunisia. Consequently, those diverging from these norms often experience feelings of isolation, solitude, and emotional distress.

Furthermore, discrimination refers to unjust or unequal treatment towards an individual or group based on their sexual orientation or gender identity. These discriminatory practices take various shapes, including exclusion from education, employment, healthcare, and political participation. In the health sector, a survey conducted by Chouf, Damj, and Mawjoudin (Krefa, 2018)[23] reveals that more than half of LGBTQIA+ individuals and three-quarters of transgender individuals refrain from seeking healthcare professionals, fearing judgment, mistreatment, or legal repercussions. Additionally, LGBTQIA+ individuals who have engaged with healthcare facilities report experiencing degrading treatments, a lack of confidentiality, frequent breaches of medical confidentiality, and the neglect of their community's specific needs. On top of that, transgender individuals encounter challenges in accessing hormonal treatments and gender affirmation surgeries, leading them to self-medicate, thus exposing their health to potential risks (OHCHR, 2021).[24]

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23. Krefa, A. (2018). A survey on Violence Against LGBTQ Individuals, Chouf, Damj, Mawjoudin, Tunis.
24. United Nations High Commissioner for Human Rights [OHCHR]. (2021). Preliminary observations on the visit to Tunisia by the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity.

This study also unveiled that over 50% of the surveyed LGBTQIA+ individuals had made at least one suicide attempt, and nearly 50% engaged in self-harm between 2 and 4 times. More than a third reported struggling with anorexia, and an equivalent proportion reported issues with bulimia. Over a third frequently experienced feelings of tension, stress, and anxiety, while more than a quarter often felt unhappy and depressed. Additionally, 25% of the respondents often perceived themselves as worthless. On a daily basis, approximately one-fifth of the interviewees acknowledged grappling with low self-esteem and regularly feeling that they were of no value (Krefa, 2018).[25]

In addition to the devastating impact of discrimination on the mental and psychological well-being of LGBTQI+ individuals, it reinforces stereotypes and prejudices that perpetually keep them in positions of marginalization and vulnerability.

Lastly, physical, sexual, psychological, economic, or verbal violence constitutes a stark reality for numerous LGBTQIA+ individuals in Tunisia. Homophobic or transphobic aggressions often manifest within a quasi-daily continuum that permeates both public and private spheres. A survey conducted by Chouf, Damj, and Mawjoudin on violence against LGBTQIA+ individuals in Tunisia in 2018 reveals that acts of aggression occur in public spaces by unknown individuals, in the private sphere of families by relatives, and even in professional or educational settings by colleagues, hierarchical superiors, or representatives of law and health. This is evidenced by abuses of power and discrimination perpetrated by certain police officers or healthcare professionals. While physical and sexual violence is predominantly committed by men, psychological violence significantly involves women as well (Krefa, 2018)[26].

25. Krefa, A. (2018). *Op. Cit.*
26. Krefa, A. (2018). *Op. Cit.*

Proximal Stressors

There is a plethora of proximal/internalized stressors associated with these external determinants.

Proximal or internalized stressors refer to **the psychological and social factors that exert pressures and tensions on the individual due to their belonging to a stigmatized group** (Meyer, 2003)[27].

These stressors are the result of the personal interpretation and internalization of stressful events and prejudices experienced by the individual. In the case of Tunisian LGBTQIA+ individuals, these stressors can take various forms.

The Tunisian LGBTQIA+ community often grapples with the anticipation of negative events in their daily lives, such as **stigmatization, discrimination, violence, and familial and social rejection due to their sexual orientation or gender identity.**

Individuals within this community grapple with a pervasive sense of vulnerability, anticipating unjust treatment and hostile behavior both in private and public spheres—whether in transportation, educational settings, leisure activities, work environments, or while seeking healthcare services. This perpetual anticipation gives rise to enduring emotional distress, hindering these individuals from openly and peacefully living their lives.

The concealment of sexual orientation and gender identity is, moreover, considered a prominent source of internalized stress for the LGBTQIA+ community in Tunisia. A substantial segment of this community is compelled to conceal their sexual orientation or gender identity to sidestep stigma, discrimination, violence, or rejection. This concealment begets chronic stress and psychological distress due to the incessant burden of self-monitoring and self-censorship to evade detection (Thuillier, 2022)[28]

LGBTQIA+ individuals frequently employ various protective strategies when presenting their identity, which proves to be emotionally taxing. Some individuals construct a false cis-heterosexual identity in public, while others resort to avoidance by circumventing discussions about their romantic or sexual life in family, work and other settings.

Others only partially conceal their identity, not explicitly coming out but maintaining an implicitly open and authentic identity-presentation.

27. Meyer, I. H. (2003). *Op.Cit.*
28. Thuillier, J., Almudever, B. & Croity-Belz, S. (2022). Identity management strategies in the workplace, social support-seeking behaviors and psychological well-being at work: a question of congruence between identities exposed by lesbians Presented at Work and Outside of Work? Le Travail Humain, 85, 161-188.

The incompatibility of these different identity presentations in various life settings forces individuals to grapple with a detrimental identity split, causing substantial psychological and cognitive dissonance.

Nonetheless, coming out in Tunisia is often experienced as a traumatic ordeal, far from being liberating. The disclosure of sexual orientation can generate significant distress, particularly when met with negative attitudes. For young individuals within the LGBTQIA+ community, inquiries about their sexual or gender identity, sexual orientation, and self-affirmation from adolescence onward can take a dramatic turn due to the stigma and bullying they may encounter once their sexual orientation is disclosed or even suspected.

Internalized LGBTQI-negativity is another proximal stressor for the Tunisian LGBTQIA+ community, defined as the internalization of homophobic/transphobic violence, heterosexism, and negative feelings toward oneself and one's sexual orientation (Herek, 2004). [29] This form of internalized prejudice can occur when an individual incorporates homophobic or transphobic attitudes into their own belief and value system due to continuous and systematic exposure to stigma, discrimination, and violence. Members of the Tunisian LGBTQIA+ community may internalize these homophobic and transphobic attitudes, potentially leading to feelings of shame, guilt, depression, and anxiety.

29. Herek, G. M. (2004). Beyond "homophobia": Thinking about sexual prejudice and stigma in the twenty-first century. Sexuality Research & Social Policy, 1, 6-24.

4. Characteristics of Minority Identity

The Minority Stress Model by Meyer applied to the Tunisian LGBTQI+ community, considers the features of minority identity to better understand the impact of stress on the mental health and well-being of LGBTQIA+ individuals.

Minority sexual identities, like other social identities, encompass multiple interconnected dimensions within identity, embedded in complex identity hierarchies (Meyer, 2003).[30]

The three key dimensions are:

Identity salience: pertains to the centrality and significance of the minority sexual identity in the individual's everyday life and its position within the hierarchy of their personal identities.

Identity valence: involves understanding whether the minority sexual identity is perceived positively by the individual or if it is associated with negative emotions.

Identity integration and the complexity of identity: is the extent to which an individual's minority sexual identity is closely intertwined with their other personal identities, whether in harmony or conflict and how these interactions occur within the hierarchy of these identities to constitute an overarching identity (Ashmore et al., 2004).[31]

By incorporating these dimensions into the minority stress model applied to the Tunisian LGBTQIA+ community, we can better grasp how these features of minority identity interact with specific and general stressors, influencing how individuals confront challenges, mobilize resilience, and manage their mental health within the Tunisian context.

30. Meyer, I. H. (2003). *Op.Cit.*
31. Ashmore, R. D., Deaux, K., & McLaughlin-Volpe, T. (2004). An organizing framework for collective identity: articulation and significance of multidimensionality. Psychological Bulletin, 130 (1), 80.

5. Resilience:
Coping Processes and Social Support

The processes of coping and social support can help LGBTQIA+ individuals **navigate stigma and discrimination.**

Health and education professionals, LGBTQIA+ associations, and other organizations play a pivotal role in providing support and resources to the LGBTQIA+ community.

Coping refers to **the adaptation strategies individuals employ to deal with stress and challenging situations.** LGBTQIA+ individuals utilize various coping mechanisms, including avoidance, concealment, passive resistance, and active resistance (Meyer, 2003).[32]

Avoiding situations that might induce stress by concealing one's sexuality or gender identity, although experienced as a stress factor, also serves as a coping strategy.

As for **passive resistance,** it is a strategy that typically involves **a passive emotional response, such as submission or withdrawal,** in response to situations that may be challenging to change. Passive resistance is used to avoid conflicts, maintain a certain level of safety, and sidestep the potential negative consequences of direct confrontation. However, it is important to note that passive resistance can have negative effects on long-term mental and emotional health due to the accumulation of stress and frustration, as well as a decrease in self-esteem and autonomy.

On the other hand, many individuals resort to **active resistance** as a coping mechanism, which entails **active opposition to discrimination and violence, often through engagement in activism.** Actively and willingly participating in advocating for and promoting sexual and gender diversity can serve as a substantial psychological resilience strategy for those navigating life's challenges and traumas. This involvement in LGBTQIA+ activism may offer a sense of purpose and meaning in one's life, foster a feeling of community, instill hope, and empower individuals, thereby assisting in overcoming psychological distress.

32. Meyer, I. H. (2003). *Op.Cit.*

Participation in activism offers a communal support system and a sense of camaraderie with individuals who share similar convictions, effectively mitigating feelings of isolation and loneliness. This sense of connection to a community plays a pivotal role in fortifying feelings of security and overall well-being, thereby contributing to enhanced mental health outcomes.

Engaging in activism can also **bolster self-confidence and the ability to voice one's opinions.** Involvement in protests and collective actions contributes to building self-confidence and fostering a sense of control over one's life, aiding in overcoming feelings of helplessness and insignificance.

Additionally, activism can **offer a way to fight injustice and advocate for positive changes in society, fostering a sense of hope, empowerment, and control over one's life.**

However, it is crucial to note that engagement in activism may also **induce stress, frustration, and emotional fatigue,** particularly in cases where anticipated outcomes fail to materialize or when perceived obstacles appear insurmountable.

A diverse range of coping processes is employed by LGBTQI+ individuals in Tunisia, either individually or collectively, through adaptation strategies such as seeking support from trusted individuals, practicing self-care, and engaging in activities that bring them joy and well-being, among others.

Additionally, **social support** plays a crucial role in **fostering resilience within the LGBTQI+ community in Tunisia.**

This support can manifest in various forms, including **emotional support, practical assistance, and informational guidance.**

Community members may seek to support each other in their struggles for equality and justice through local or online support networks.

Allies of LGBTQIA+ rights in Tunisia also provide significant support by publicly endorsing the community and engaging in advocacy actions for equality and nondiscrimination.

While Tunisia has experienced a complication in its socio-political context marked by the persistence of forms of intolerance and an increase in interpersonal violence, hindering the efforts of activists advocating for the rights of sexual and gender queer minorities, there has been **a notable rise in advocates for the rights of these groups. These advocates emerge from community organizations and activists, including**

Mawjoudin Initiative for Equality,
Chouf Minorities,
Damj: Tunisian Association for Justice and Equality
among others.

Methodological Approach

Section

I. General Overview and Research Objectives

This is a **qualitative study conducted in 2023.** The aim of this study is to **explore the specific needs** of the Tunisian LGBTQI+ community regarding mental health and to **identify barriers to accessing mental health services.**

Specific objectives of the study include

understanding
the challenges and obstacles faced by LGBTQIA+ individuals when seeking mental health care

exploring
the mental health needs of the LGBTQIA+ community in Tunisia

analyzing
the positive and negative experiences of LGBTQIA+ individuals when receiving mental health services in Tunisia

analyzing
the perceived accessibility of mental health services by the LGBTQIA+ community in Tunisia

evaluating
the perception of the quality of mental health services available to the LGBTQIA+ community

To achieve a comprehensive analysis, we conducted **individual interviews with 26 LGBTQIA+ community members** and **3 mental health professionals in Tunisia** along with **a focus group involving 8 members of the LGBTQIA+ community.**

The interviews conducted with professionals aim to examine their perspectives and the complexity of understanding the needs of the LGBTQIA+ patients they serve. This enables us to propose solutions grounded in the reality of their practice to practically enhance mental health care for the target population.

II. Study Population and Sampling

The study included **26 participants** from **the LGBTQIA+ community**.

Inclusion criteria stipulated participants to:

be 18 years or older

of Tunisian nationality

self-identifying as members of the LGBTQIA+ community

having experienced or expressed a need for mental health services in Tunisia
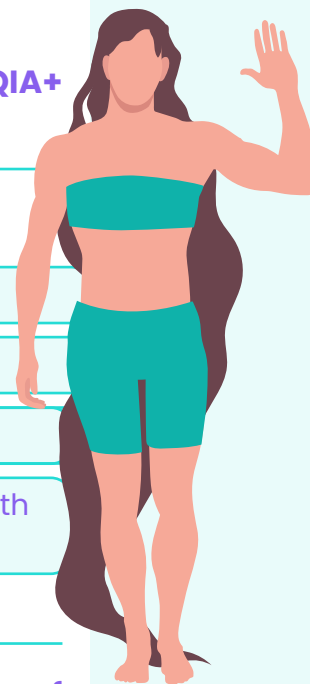
The sampling method employed is **a combination of non-probability sampling,** through **an online call for participation,** and **snowball sampling** to recruit participants from a diverse range of sources.

We ensured that participants **represented the diversity of LGBTQIA+ groups in Tunisia** by including various criteria such as age, sexual orientation, gender identity, socio-economic status, geographical location, etc.

The participant sample in this study shows significant diversity.

The age range spans **from 19 to 40 years**, and the regional origins and/or places of residence include cities such as **Grand Tunis, Medenine, Sousse, Bizerte, Jendouba, Monastir, Zaghouane, Sfax, and Sidi Bouzid.**

Regarding gender identity, there is a variety of representations:

8 non-binary and/or gender-fluid individuals (30.77%)
6 cisgender women (23,08%)
6 cisgender men (23,08%)
3 transgender women (11,54%)
2 transgender men (7,59%)
one agender person (3,85%).

30,77%
23,08%
23,08%
23,08%
7,59%
3,85%
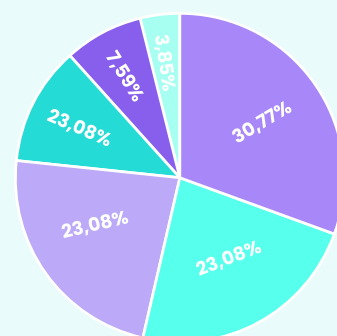
Gender identity
of participants

agender person
transgender men
transgender women
cisgender men
cisgender women
non-binary individuals

Sexual orientations are also **diverse**, with

9 individuals identifying as Queer (34.62%)
3 as homosexual (11.54%)
6 as pansexual (23.08%)
5 as lesbian (19.23%)
6 as bisexual (23.08%)
1 as asexual (3,85%).
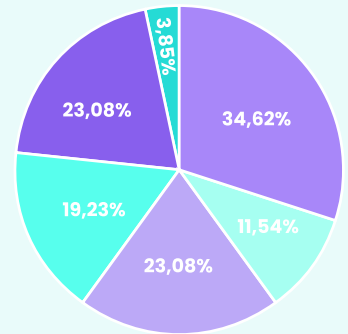
Sexual orientation
of participants

- Asexual
- Bisexual
- Lesbian
- Pansexual
- Homosexual
- Queer

Regarding educational level,

the majority (24, 92,31%) have reached a **university level**, while **one person has undergone vocational training,** and **another has completed secondary education.**

The employment statuses of participants encompass a diverse range, with **13 students, 6 employees,** and representation from **self-employed professionals, workers, artisans,** and **unemployed individuals.**

In terms of disabilities,
3 participants report having **invisible disabilities** while **23 do not report any disabilities.**

Notably, **all participants have contemplated visiting mental health professionals** (100%), with **17 individuals having already taken that step** (65,38%), while **9 individuals have not sought therapeutic sessions to date** (34,62%).

The participants were informed about the objectives and methods of the study and provided their **informed consent** before participating. All data collected from the participants were **treated confidentially**, and access to this data was restricted to the researchers involved in this study.

For **the sampling of mental health professionals,** the recruitment principle also aimed for the representation of **a variety of experiences and perspectives**. To achieve this, we adopted **a convenience sampling approach** with 3 participants from mental health professionals based on their availability, accessibility, and willingness to participate in the study.
Nevertheless, we respected a stratification into specific subgroups of professionals, including psychiatrists, psychologists, those in the private and public sectors, etc.
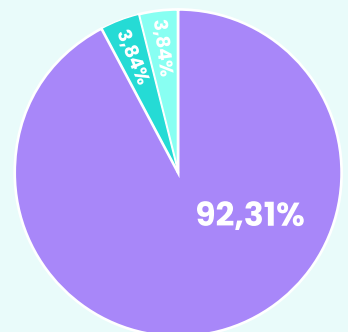
Educational level
of participants

- Secondary education
- Vacational training
- University level
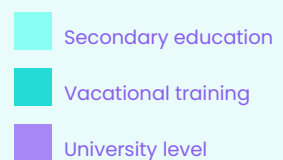
III. Data Collection Methods

The data were collected through **semi-structured individual interviews** conducted **face-to-face, with an average duration of one and a half hours.**

Semi-structured interviews allowed participants to **freely express their experiences** with mental health services in Tunisia **and discuss their mental health needs.**

The interviews were conducted based on an interview guide developed to align with the study's objectives.
This guide covered various themes related to individuals' experiences within the LGBTQIA+ community. Questions encompassed **their encounters with discrimination, violence, and rejection stemming from their identity, exploring the subsequent impact on their personal perception as LGBTQIA+ members.**

Participants were also encouraged to describe the significance of their gender and sexual identity, illustrating how it intersects with their other identities and manifests in their daily lives.
The interviews further probed into the repercussions of these experiences on their mental health, shedding light on their specific mental health needs tied to their belonging to the LGBTQIA+ community.

The questions also covered seeking mental health assistance, both positive and negative experiences associated with this endeavor, and the perceived accessibility of mental health care for the LGBTQIA+ community in Tunisia. Additionally, participants are encouraged to describe their general opinions on possible improvements to mental health care offered to the LGBTQIA+ community in Tunisia. Lastly, the guide explores protective factors and coping strategies that have contributed to improving their psychological well-being beyond mental health care

The interviews were conducted in Tunisian Arabic, French, or English, depending on the preferred language of the participants, by a member of the research team.

The interviews were recorded with the participant's consent and were subsequently transcribed in full. Additionally, field notes were taken by the research team members during the interviews to capture non-verbal observations and reflections on the interview process.

In addition to individual interviews, **a focus group** was conducted **to further explore certain themes identified in the individual interviews** with a group of 8 LGBTQIA+ individuals representing various regions of Tunisia, including Gafsa, Monastir, Zaghouane, Sfax, Sidi Bouzid, Jendouba, and Medenine.

The objective of this session was **to gather diverse and in-depth perspectives** on the challenges facing this community regarding psychological well-being. **Dynamic exchanges** within the group aimed to understand specific challenges, identify gaps in mental health care, and explore possible mechanisms to improve the quality and accessibility of mental health services for LGBTQIA+ individuals. This **collaborative approach** also sought to allow participants to share their personal experiences, ideas, and aspirations, with **the ultimate goal** of contributing to **better mental health care** within this community in Tunisia.

Finally, **additional data** were collected from official documents such as government reports, laws, and policies related to mental health and the rights of LGBTQIA+ individuals in Tunisia. This data was collected and analyzed to provide additional context to the study.

For data collection from mental health professionals, **individual semi-structured interviews** took place based on an interview guide designed to explore various aspects of **caring for LGBTQIA+ individuals.** The questions addressed their experience working with this population, probing for any challenges encountered in providing care. It also delved into the issue of refusing to consult or reluctance to disclose LGBTQIA+ identity to therapists in Tunisia. The interview also examined psychologists' and psychiatrists' perceptions of the major obstacles hindering access to mental health care for the LGBTQIA+ community in Tunisia, while seeking their perspective on overcoming these barriers. The questions also explore their perception of the influence of socio-cultural, economic, and political factors on the mental health needs of this population and how these factors could be appropriately considered in the delivery of care. The interview then questions the relevance of the current approaches in Tunisia to meet the specific needs of the LGBTQIA+ community. It encourages professionals to provide concrete recommendations on creating a safe and inclusive environment where LGBTQIA+ individuals feel welcomed and comfortable when seeking help for mental health issues.

In this regard, professionals were encouraged to **proactively consider** how they can **improve their response to the needs of LGBTQIA+ patients in Tunisia.**

100 %
all participants have contemplated visiting mental health professionals

IV. Data Analysis Method

The data underwent **thematic content analysis.**
The examination of transcriptions highlighted emerging themes and categories related to mental health needs, positive and negative experiences of participants who used the mental health services, barriers hindering access to these services, and strategies considered to improve service quality.

In this perspective, the results were interpreted using **an inductive and comprehensive approach,** taking into account **the Tunisian sociocultural context.**

In this approach, **Meyer's Minority Stress Model** provided us with **a conceptual framework** for a **contextual understanding** that places the reality of Tunisian LGBTQIA+ individuals at the core of our analysis, while anchoring it in a robust conceptual framework.

Section 3

Analysis of Mental Health Needs of the LGBTQIA+ Community in Tunisia: Perceived Accessibility and Quality of Services

In this section of the study,
we present the main findings derived from the data analysis

I. Mental Health Needs of the LGBTQIA+ community

The LGBTQIA+ community exposed to **chronic stress** linked to **social stigma**, **according to Meyer's minority stress model.**

Our study's findings substantiate this theory, **illustrating substantial mental health needs** within the LGBTQIA+ community in Tunisia.
These needs are largely due to two types of specific minority stressors, namely **distal stressors** and **proximal stressors.** . The former is associated with external factors, while the latter is related to internal factors.
Participants expressed the need for **tailored psychological support** to cope with these challenges, given **the impact of these factors on their mental health.**

1. Distal Stressors

These distal stressors have been identified as **significant environmental stress factors** impacting the mental health of the LGBTQIA+ community in Tunisia.

Here is a more in-depth analysis of these distal stressors:

1.1. Discrimination and Stigmatization

The participants poignantly shared their experiences of discrimination that took various forms; distal stressors related to discrimination and stigmatization impact many aspects of the lives of LGBTQIA+ individuals in Tunisia.

Family Discrimination and Stigmatization

Often rooted in religious lessons or the pathologization of non-normative identities and orientations, this creates a sense of shame and guilt in the individual.

Cis-heteronormative expectations imposed within family settings, as per participants' accounts, lead to emotional tensions and rejections.

لا انت مريضة و لازمك تتعالج و تداوي !

" You are really sick! You need treatment ! "

In some cases, families may go as far as imposing conversion therapies or resorting to religious and spiritual interventions, in an attempt to compel their children to adopt an identity and orientation that aligns with social norms.

Emotional and financial blackmail often come with various forms of violence (physical, verbal, psychological, economic, etc.) and rejection (emotional, family exclusion, expulsion from the family home).

نجبد الpalette و نبدا نمكيج
تجي ماما تقلي توا انت راجل...
تقلّي انت كلك غالط،
الغلط راكبك من ساسك لراسك

" I take the makeup palette and start applying makeup. When my mother sees me, she says,
« Are you a man? You are a mistake, everything about you is wrong»"

Social Discrimination and Stigmatization

Experiences of verbal and physical harassment, social rejection, aggression, and prejudice in public spaces have created a climate of fear and insecurity among LGBTQIA+ individuals.

Many have felt compelled to conceal their sexual and gender identity or limit their social interactions as a means of self-protection.

la discrimination قبل كانت متاع
«اه شبيك كيف الراجل»
و توا ولات «شبيك كيف المرا»
يعني ملي كانو يراوني مرا مسترجلة ولاو يراوني راجل فينو

**"In the past, they used to tell me discriminately
«why are you like a man,»
now I'm asked why I'm like a woman.
Before, I was perceived as a masculine woman,
now I'm perceived as an effeminate man"**

School Discrimination and Stigmatization

These forms of discrimination can commence as early as primary school and persist throughout the educational journey, spanning both school and university.

They emanate from fellow students and/or teachers and can potentially hinder academic success, or at the very least, cause significant stress.

The presence of violence and discrimination, particularly in the form of school bullying, has been associated with early-age social isolation, heightened anxiety, and low self-esteem, as indicated by study participants. Some reveal enduring anxious symptoms for years after leaving the school environment.

نتذكر المعلمة قالتلي
« شبيك تقعد كيف الطفل سكر ساقيك حرام ربي يحرقك»

" «Why are you sitting like a boy,
close your legs, it's haram,
God will burn you» "

مالمدرسة كرهت القرايى علخر خاطر المعلمين.
نحكي برخفة المعلمة قالتلي «شبيك مرخوف شبيك ما
نعرفش شنوا..» فما معلمة قاتلهم علي chewingum
tellement نتجبد سماتني chewingum، ثالثة ابتدائي

" Since primary school, I've disliked studying a lot because of the teachers. I speak
softly, and my teacher would ask, 'Why are you a softling, why...?
One of my teachers told my classmates that I was like a piece of chewing gum.
She called me «chewing gum».This happened in my third year of primary school "

Workplace Discrimination and Stigmatization

This takes the form of rejections during hiring, unfair treatment at work, or harassment.

Similar to school discrimination, workplace discrimination is described as inevitable because coping strategies such as avoiding these situations or ostracizing those responsible for the discrimination are often ineffective, if not impossible.

Participants express feeling trapped on a daily basis, having to choose between leaving their jobs or studies and foregoing personal development opportunities, resigning themselves to silently endure, or staying and engaging in almost daily confrontations, which seem to be never-ending. This significantly impacts their quality of life and mental health.

في الخدمة « شبيك هكا و شبيك تلبس هكا » alors que انا مانيش ياسر boyish

" At work, they ask me why am I like this, why am I dressed like that, even though I don't look that boyish "

les trans ديما تلقاهم على مظهرهم ما يقبلوهم في حتى خدمة

" Due to their appearance, transgender individuals are not accepted in any job "

Discrimination and stigmatization in the healthcare system

Some healthcare professionals exhibit biases, refuse treatments, or fail to provide care in keeping with the diversity of gender identities and sexual orientations. It's essential to note that these discriminatory behaviors are not systematic, but they occur frequently enough to have a significant impact on the mental and physical health of some individuals in the community.

For example, some transgender individuals have reported troubling experiences when seeking hormonal treatments. They have encountered endocrinologists who refused to provide care due to the nature of the requested treatments, citing non-medical reasons linked to personal biases. Similarly, Queer patients have faced moments of shame and stigmatization regarding their sexual practices during medical visits to gynecologists. Other healthcare professionals have occasionally revealed their value judgments by openly criticizing the lifestyles of patients, thereby creating an atmosphere of discrimination and discomfort.

Community Discrimination and Stigmatization

Some transgender individuals and sex workers have reported experiences of marginalization and discrimination from other members of the LGBTQIA+ community.

These forms of discrimination create internal community divisions, undermining support and solidarity among its members.

خاطر هو gay viril و يقعد راجل في الاخر بقدرو يخرج للشارع و ما يكلمو حد، و انت ترانس يعفسو عليك. و هو كي تتعاركو يجي يعايرك بيها. و هذه حاجة very very common. و الترانس تجي تقلك اني مرأة و انت تقعد ميبون

" As he is a masculine gay man, he retains his dignity. On the street, nobody talks to him, but when you're trans, you get walked all over. During arguments, he will use that against you, and such practices are very common. Even trans individuals may tell you things like, "I am a woman, but you will always be a faggot "

Discrimination and Stigmatization in Intimate Relationships

Participants who identify as bisexual or pansexual have revealed facing discrimination and stigma, especially when entering relationships with cisgender and heterosexual individuals. One common form of discrimination is through derogatory comments and microaggressions, accompanied by mistrust and judgment.

These behaviors often stem from misconceptions that bisexuality or pansexuality is associated with a higher likelihood of infidelity or risky sexual behaviors. Additionally, participants have reported that their partners may downplay or deny their sexual orientation. This pressure to be invisible can lead to feelings of alienation and isolation.

1.2. Violence(s)

The study also revealed the extent of violence perpetrated in various aspects of the lives of LGBTQIA+ individuals. Violence constitutes another dimension of distal stressors weighing on the shoulders of Tunisian LGBTQIA+ individuals.

These acts of violence, whether physical, verbal, economic, sexual, psychological, or otherwise, are frequent and significantly contribute to the distress of these individuals.

It is noteworthy that violence experienced at an early age is described by participants as being associated with social isolation, high levels of anxiety, and low self-esteem during their childhood.

Physical Violence

Physical attacks from family members, acquaintances, or strangers result not only in physical injuries but also in significant emotional trauma. Participants report instances of parents resorting to physical violence towards their children as a measure to correct their non-normative gender expressions even when they are adults.

و حتى و أنا كبيرة، كي كنت صغيرة تضربني و تسيبني، و كي كبرت و مشيت للفاك تهبط علي تضربني بكف و كل

" **Even when I grew up. When I was little, she would hit and scold me. As I grew up and entered university, she would still abuse me, slap me, and all** "

Some participants revealed that violence in public spaces is an integral part of their daily lives, with physical violence often accompanied by verbal and moral abuse, as well as sexual assaults, including inappropriate touching.

نكره الأرقام و نكره الfrancais، علاه خاطر prof لfrancais و الأرقام خاطر prof الmath ن***** بكف في الأولى ابتدائي على كيفاه نحرك يدي كيف نتكلم"

" **I hate numbers, and I hate French because of my French teacher; I dislike numbers because the math teacher slapped me in the first year of primary school for moving my hand while speaking** "

يتبولدو عليك يضربوك ساعات وصلت للعرك و الضرب في الشارع.. خاطرني نا الout-cast مانيش كيفهم

" **They harass and beat you, sometimes we get into fights and brawls on the street... because I'm an outcast, I'm not like them** "

Psychological and Verbal Violence

Hateful speech, psychological harassment, queerphobic insults, blackmail, threats, criticism regarding gender expression, behavior, gestures, dressing style perceived as too masculine or effeminate, or social circles and intimate relationships as well as scrutiny and excessive control by family.

This form of violence is sometimes normalized in the narratives of the participants, often due to its recurring nature.

Forced Outing or Threat of Forced Outing

Used to control and manipulate LGBTQIA+ individuals in Tunisia. This leads to significant psychological pressure and fear of the non-consensual disclosure of their identity.

خرجت الحكاية الي أحنا الزوز مصوحبين في الخدمة.
donc جاء عرفي و ولا يعملي في chantage.
الي نعمل معاه He was blackmailing me حاجات،
sexual stuff sinon باش يخرجها الحكاية.
و بعديكا خرجت الحكاية، خرجها الحكاية الكل و العباد الكل ولاو يغزرولي بطريقة خايبة

" The fact that we were dating became known at work. Consequently, my superior started blackmailing me, demanding sexual favors, or else he would publicly expose our relationship. Eventually, he followed through, and everyone started looking at me with disapproval "

Economic Violence

Used as a means of control, particularly within their families, victims experience financial control, economic isolation, and sometimes associated economic blackmail, often linked to its emotional counterpart.

This form of violence compromises their financial autonomy and independence, reinforcing their sense of rejection.

مشيت نقرى، الperiode هذيكا ما عطاتنيش فلوس و ما حبتش تعطيني متاع les frais l'inscription و foyer و كل donc تصرفت وحدي

" **At one point, she didn't give me any money for my studies. She refused to cover my enrollment fees and housing costs, so I had to manage on my own** "

Sexual Violence

Namely rape, sexual coercion, sexual fetishization, explicit speech, exhibitionism, inappropriate touching, and sexual harassment are realities that some individuals in the LGBTQIA+ community have to face.

Among the participants, several cisgender women, individuals assigned female at birth, and transgender women report the sexualization of violence to which they are exposed.

They fall victim to sexual fetishization by the perpetrators of violence, who use coercion to obtain sexual favors, commit sexual harassment, participate in explicit conversations, engage in exhibitionism, or for instance, initiate explicit sexual discussions online.

كل ما نخرج للشارع I get sexualised I

" **Every time I step outside, I get sexualized** "

These participants explained that, due to their assigned sex at birth and their affiliation with the LGBTQIA+ community, they are labeled as potential and easy sexual targets. They attribute this recurrence of violence to the propagation of fantasies and stereotypes about homosexual relationships in society.

تعنفت و كل، و صار، والحكاية صار فيها اغتصاب و كل، و تحصرت 3 أيام

" **I was subjected to violence, this involved rape and I was held captive for three days** "

Police Violence

The described incidents outline situations of arbitrary arrests, harassment, and mistreatment by law enforcement.

From the participants' testimonies, it is evident that these interactions with the police are often marked by discriminatory and violent actions.

تتوقف في هاك الليل راهي باش تتعرض لبرشا حاجات،
يعريو فيهم يتمقعرو عليهم،
«شوف بدنو هكا الي لابس soutien الي بدنو هكا»
و يعيط لصاحبو.انت بعد هذا الكل شنية الصحة النفسية
الي باش تحسو مبعد ياسر خايب

" Getting arrested in the evening also means that you will face various forms of violence. They will undress you, and mock you: "Look at his body!" "That one is wearing a bra," and then they call their colleagues. After such an experience, what kind of mental health will you have? The feelings that follow are very painful. "

These various forms of violence inflict deep physical and psychological trauma on individuals in the LGBTQIA+ community in Tunisia, leading to symptoms of post-traumatic stress.

1.3. Rejection

The study results highlight that rejection, whether it's emotional, social, familial, or coming from friends, strangers, or physical and mental health professionals, is a significant source of stress for LGBTQIA+ individuals in Tunisia. This has profound and negative repercussions on their mental and emotional well-being.

Emotional Rejection: According to the participants, it generates negative emotions in response to the non-acceptance of their gender identity or sexual orientation.

مشيت، و الperiodeهذيكا الي مشيت فيها ما تكلمنيش و ما تتطلبنيش و ما تبعثليش قضية الfoyer. حتى كي نروح تعملهملي الكل

" I left, and during that time, she wouldn't talk to me or call me; she wouldn't even send me groceries. And when I return, she gets all worked up "

Social Rejection: The participants express being marginalized, excluded, ostracized, and socially sidelined.

كبرت من غير اصحاب، معناها فازة الconcept متاع أصحاب و des groupes و تخرج مع عباد و الكل، الحاجة هذه ولا عندي منها كان في lycée كيف عملت queer friends

" I grew up without friends, the concept of friends, going out in groups—I only experienced that in high school when I started to have queer friends "

Family Rejection: One of the most painful forms of rejection according to the participants. LGBTQIA+ individuals often face disapproval from their families, which can manifest as pressures to conform to cis-heteronormative standards, including attempts at conversion, expulsion from the family home, and the severing of family ties.

دوشت و مازلت كي غسلت دبشي مازال مبلول،
طردتني مالدار و أنا دبشي مبلول و شعري مبلول و كل

" **I had just taken a shower and washed my clothes. They were still drying. She kicked me out of the house while my clothes and hair were still wet** "

This rejection generates a sense of loneliness, misunderstanding, and devaluation that has a profound impact on their emotional and mental well-being. Efforts to find approval and support often encounter barriers, contributing to psychological distress.

1.4. Invisibility, Misinformation, and Negative Treatment   of LGBTQIA+ Issues

The lack of visibility of the LGBTQIA+ community in Tunisia and the negative treatment of LGBTQIA+ issues in the social environment are significant distal stressors.

In some regions of the country, the LGBTQIA+ community remains largely invisible, leading to social isolation and a lack of support.

Simultaneously, LGBTQIA+ issues are frequently treated negatively within Tunisian society, fueling unfavorable attitudes, social disapproval, and biases related to gender identity and sexual orientation.

These attitudes are reinforced by religious, cultural, and societal factors, increasing the emotional burden on LGBTQIA+ individuals.

Pathologization is a major issue, where LGBTQIA+ individuals are often perceived as sick, perverse, and suffering from mental imbalances, thereby reinforcing stigma and discrimination.

Additionally, misinformation fuels unfounded fears such as the fear of pedophilia and the transmission of HIV/AIDS, wrongly stigmatizing LGBTQIA+ individuals and associating them with harmful behaviors. This persistent misinformation perpetuates stigma and discrimination, creating an additional source of stress.

The lack of accurate and positive information contributes to a misunderstanding of these issues and reinforces negative attitudes within society.

راك تحكي في حاجة غالطة complètement و مانيش pédophile راهو pédophilie حاجة وهوméxualité حاجة و نبعثلها في les articles و تعملي لا لا حرام و تحكي scientifiquement

" «You're talking nonsense; I am not a pedophile.
Pedophilia and homosexuality are two different things.» I sent her articles.
She insisted that it's Haram and scientifically wrong "

2. Proximal Stressors

According to Meyer's minority stress model, proximal stressors are **psychological factors** that result from **the personal interpretation** and **internalization of stressful events and experienced prejudices** exacerbating the adverse effects of distal environmental stressors on mental health.

In the case of Tunisian LGBTQIA+ individuals, our study revealed the following psychological factors:

2.1. Concealment of Gender Identity and Sexual Orientation

The concealment of gender identity and sexual orientation is a major proximal stressor for many LGBTQIA+ individuals in Tunisia. The fear of disclosing one's gender identity or sexual orientation is deeply rooted in dreading the negative reactions of society and individuals in their surroundings, especially family, friends, and colleagues.

Many LGBTQIA+ individuals live in an atmosphere fraught with fear and uncertainty regarding the discovery of their gender identity or sexual orientation. They may dread accepting their own identity due to prevailing social norms and biases. This fear is particularly pronounced in conservative regions where traditional expectations regarding marriage and adherence to gender roles exert a strong influence.

Another significant source of angst is the fear of forced outings. LGBTQIA+ individuals fear being involuntarily exposed, which can have severe consequences, such as the loss of family and social relationships, discrimination, violence, and imprisonment.

Concealing gender identity and sexual orientation is often perceived by community members as a self-protective measure. This concealment typically occurs in the presence of family, friends, neighbors, colleagues, or strangers in public spaces, etc.

Concealing one's identity within family settings is a common situation among the participants, driven by the fear of rejection once their identity is revealed. Voluntary coming out within the family is rare among the participants. However, some of them describe direct discussions with their family or subtly express their desire to come out, sometimes through suicide attempts.

Parental reactions vary from one family to another, ranging from attempts to make the child doubt their orientation or gender identity to threats, humiliations, or verbal and/or physical aggression. Some parents try to dissuade their child from his/her "opinion" by invoking religious, moral, or even pseudo-scientific arguments.

Concealing one's identity and sexual orientation, according to the participants, leads to constant stress, anxiety, and psychological distress. Individuals must continually manage the conflict between their authenticity and the need for protection. This concealment also contributes to isolation and loneliness, as LGBTQIA+ individuals struggle to establish authentic connections with others while hiding a fundamental part of their identity.

مبدئيا ما نجمش نصنف روحي ك...
الي ظاهر للعباد عكس تماما الي يبدي عندي، déjà اول مشكلة نفسية هي هذه حالة الانفصام الي قاعد نعيش فيها، بحكم حومة شعبية و تربينا على des principes نجمو نقولو ولا des valeurs لقيتهم في وسط العباد الي داير بيهم، ألزموني باش ناخو الdistance هذه و كمية السرية الرهيبة الي نتعامل فيها ملي عمري 17 سنة لتوا.. عامل shield عبارة.
بالعكس ممكن حتى لو كان يسبو نسب معاهم

" For now, I can't define myself as...
what is visible to others is completely different from who I am.
The first psychological problem is this, the splitting I experience.
Living in a working-class neighborhood, we were raised with principles, if we can call them that, or values that I found among people around me who forced me to take this distance, to live hidden and act with such discretion since the age of 17... It's like I've created my own shield.
If they insulted gays, I would probably insult them too!"

عايش نفس الsituation بأتم معنى الكلمة متاع double rôle، متاع عايش بالرسمي زوز شخصيات، كي يتسكر الباب حاجة و كي يتحل الباب و تخرج للشارع موضوع اخر

" I'm in the same situation;
I fully lead a double life, I play two characters.
When the door closes, it's one thing,
and when I step out into the street, it's another "

2.2. A sense of isolation and non-belonging

The sense of isolation and lack of belonging emerges as a significant proximal stressor for numerous LGBTQIA+ individuals in Tunisia, particularly in regions marked by entrenched conservative ideologies, a closed patriarchal system, and a prevailing taboo on matters of sexuality.

In this tightly woven patriarchal system, opportunities for expressing non-normative gender identities are frequently restricted. Deeply entrenched traditional gender roles often lead to negative reactions, discrimination, and rejection for individuals who defy these norms.

In a society where discussions about sexual and gender diversity are largely avoided or condemned, and sexuality remains a taboo subject, individuals within the LGBTQIA+ community often find themselves compelled to conceal their identities and experiences.

The prevailing heteronormative environment, which places high value on heterosexual relationships and identities, frequently leads to a deep-seated sense of non-belonging. This sentiment is accompanied by emotionally charged feelings of strangeness, shame, self-disgust, and guilt.

Several accounts from the participants underscore that the absence of representation and support has heightened their feelings of isolation. It was only through networks of acquaintances and friendships forged with other members of the community that they later managed to identify with a group, experience a sense of belonging, and feel less isolated.

متاع تحس انت الexistence متاعك غالطة في البلاد.
نحس روحي ما ننتميش

" **You feel that your existence in this country is wrong;
I feel that I don't belong** "

2.3. Internalization of LGBTQIA-Negativity

The internalization of LGBTQIA-negativity stands out as a prominent proximal stressor significantly impacting the mental well-being of LGBTQI+ individuals in Tunisia. This intricate phenomenon is characterized by the rejection of one's own identity, intensified by external stigma and discrimination. Participants describe experiencing a profound self-rejection, fostering internal conflict and undermining the acceptance of their true identity. Furthermore, the societal pressure stemming from conventional norms of femininity and masculinity contributes to a disparity between authentic gender identity and its outward expression. This incongruence results in emotional distress.

The negative perception of Queer relationships and the internalization or dismissal of violence, often perceived as unavoidable, further compound this issue. This internalized negativity, with the potential to induce depression, anxiety, and self-destructive behaviors, underscores the imperative for supportive interventions and heightened awareness to aid the LGBTQIA+ community in overcoming these challenges.

كنت نحس الي عندهم الحق العباد هاذوكم كيف يقولو حاجات هكاكا اما انا نعرف روحي ما نجمش نكون بأي طريقة أخرى (...) و جاتني فترة الي انا بدلت شوية من روحي، خاطر نحس الي هوما عندهم الحق و أنا اش لزني و انا علاش هكاكا ماهو نعمل كيف الناس الكل و ماهو نلبس كيف البنات الاخرين

" I used to think that they were right to say things like that, but I know I can't be otherwise (...) There was a time when I changed a bit, I thought they were right, why am I putting myself through that? why not be like others and dress like other girls?" "

2.4. Anticipation of Violence
and Cycles of Experienced and Perpetrated Violence

The anticipation of violence and the cycles of experienced and perpetrated violence are proximal stressors that significantly impact the mental well-being of LGBTQIA+ individuals in Tunisia.

Operating within a hostile environment, many LGBTQIA+ individuals constantly anticipate acts of violence against them, leading to chronic stress and heightened anxiety, thereby negatively affecting their mental health. Additionally, some LGBTQIA+ individuals find themselves entangled in cycles of both experiencing and perpetrating violence, creating a complex dynamic where they are both victims and perpetrators of violence.

هوما يقلك ترانسات شبيهم عنيفين، شبيهم هكا ياسر يردو الفعل اما هوما مالمجتمع من كثرة الحاجات الي تعداو عليهم ولاو يحسو اي واحد باش يعملهم حاجة. ولاو يرجعو ا'acte بقوة فيسع

" They wonder why Trans people can be violent and react quickly; it's because of society. With so much happening, they think that everyone is out to harm them, leading to quick and violent reactions "

2.5. A Sense of Insecurity

The pervasive sense of insecurity stands out as a significant proximal stressor affecting the mental well-being of LGBTQIA+ individuals in Tunisia. Given the prevailing hostile and discriminatory environment, many participants in our study consistently describe a feeling of being under threat, leading to a perpetual state of heightened vigilance.

you أغلبية الوقت you feel unsafe، stress تبدا عايشة في feel unsafe. أغلبية الوقت مخك يبدى en mode survival

" You live in constant stress, you feel unsafe. Most of the time, you feel unsafe. Most of the time, your brain is in survival mode. "

2.6. Anticipation of Rejection and Witness Guilt

The participants describe a profound expectation of rejection from their social circles due to their sexual or gender identity. This expectancy is intertwined with a heightened awareness of the disapproval directed at their LGBTQIA+ identity, giving rise to feelings of shame, guilt, and emotional distress. Even when rejection is veiled or expected, the simple acknowledgment of being rejected on the grounds of one's queer identity fosters a pervasive sense of non-belonging and isolation.

ديما فما خوف متاع انهم يعرفو متاع باش ينبذوك باش ي...
خاصة انو عايلتي تعرف و انو نحاول le maximum اني نبقى...
ناخذ حذر متاعي لا عايلتي تعرف و العباد الي تقربلي تعرف ولا
حكاية خاطر بالرسمي مسكرين في حاجات كيما هكا

" There's always a fear that they might find out, that they will reject you...
I'm always afraid that my family will find out, so I do my best to conceal it...
I take a lot of precautions so that my family or those close to me do not find out
because they are not open at all to these stories. "

At the same time, the guilt of witnessing violence, rejection, or discrimination emerges as a proximal stressor affecting those who witness the attacks experienced by other members of the LGBTQIA+ community. Several participants bear guilt for not intervening or protecting their peers, intensifying their emotional distress and internal conflicts, ultimately affecting their mental well-being.

3. Characteristics of Minority Identity within the LGBTQIA+ Community in Tunisia

The interviews revealed **a significant diversity** among the participants regarding **the prominence, valence, and integration of their minoritized sexual identity.** This diversity had a significant impact on how they experienced and managed their sexual orientation or gender identity within Tunisian society.

3.1. Level of Identity and Sexual Orientation Centrality

The participants in our study shared diverse experiences regarding their identities and sexual orientation centrality. For some, this aspect holds considerable significance in their self-representation.

> هويتي الجندرية مهمة كيما اي partie أخرى منّي. it shapes
> أنا شكون، أنا حياتي كيفاش، أنا كيفاش نشوف روحي
> و العباد كيفاش يشوفوني
>
> **" My gender identity is as crucial as any other aspect of myself.
> It shapes who I am, my life, how I see myself, and how others perceive me. "**

Others had to undergo phases of denial or resistance, attempting to suppress their LGBTQIA+ identity. During these periods, they might have experienced uncertainty and questions about their true selves. Many participants spoke of a pivotal moment in their journey, the process of recognition and acceptance of their identities or sexual orientations. This phase often involved deep introspection and profound reflections on their identities.

3.2. Negative, Positive, or Evolving Identity Valence

The emotional journey tied to one's identity and sexual orientation has undergone significant changes over time for many participants. Initially, a substantial number expressed feelings of shame and guilt, often influenced by oppressive religious or social norms. However, as they advanced in their personal acceptance and awareness, these emotions transitioned into sentiments of acceptance and inner peace. Some participants detailed how this emotional transformation partially liberated them from feelings of guilt, allowing them to experience their identities more authentically.

3.3. Level of Identities Integration

The integration of various facets of participants' identities varies depending on the setting. Some reported a conflict between their sexual identity and their social, professional, or family identity, leading to internal tension. However, a significant portion described a progression towards better harmony between their sexual identity and their social identity, outside the family. They found a balance between these identity facets, fostering better self-acceptance and a more fulfilling life. Additionally, some participants mentioned a gradual alignment between their professional identity and sexual identity, enabling them to live more authentically in the workplace.

A correlation becomes apparent between diminished levels of centrality, negative valence, and substantial conflicts among different identities in participants. Broadly, the centrality of the non normative identity correlates with a positive valence that matures over time, facilitating improved harmony across various aspects of an individual's identity. The evolutionary process of identity manifests in multiple ways, encompassing enhanced self-expression, heightened resilience, greater self-assertion, a more diverse array of experiences, an affiliation with the LGBTQIA+ community, and social support of better quality to their minoritized identity.

For some, this evolution involves coming out, while for others, it encompasses the reinforcement of their own coping strategies and protective factors. Indeed, many participants noted that the evolution of characteristics related to their gender and sexual identity was associated with a set of protective factors and/or adaptation strategies. These include access to centralized resources in urban areas, engagement with Queer organizations, a community network, activism, community involvement, and obtaining a better education on sexual and gender diversities. These factors contribute to the evolution of one's identity by minimizing the impact of both proximal and distal stressors. This results in less internalization of queerphobia, reduced feelings of isolation, exclusion, and identity concealment, as well as a decreased fear of rejection.

For individuals who openly shared their identity with their families, experiencing no rejection or violence, they reported a decrease in conflicts between their sexual identity and familial identity. Conversely, maintaining secrecy about gender identity was described by other participants as a challenging task within their families, especially for those undergoing gender transition. The inevitable confrontation on this matter could lead to various conflicts, encompassing rejection, a reluctance to acknowledge gender identity, and challenges in supporting the individual throughout their transition process.

The intensity of tension surrounding this issue varied among families, ranging from instances of violence to open communication and mutual understanding. This is contingent on the adaptive and coping capacities of both the individual and their family.

Moreover, transgender individuals face significant challenges in integrating their sexual identity with other aspects of their lives due to the insecurity they experience. They encounter high rates of sexual harassment, violence, and rejection, hindering their ability to pursue education, secure employment, or simply exist in public spaces. At times, they are compelled to make a difficult choice between societal integration and fully expressing their gender identity. Several participants shared experiences of predominantly living during the night, delaying their gender transition, or even leaving the country to live authentically.

Despite a high level of identity centrality in some participants, the level of integration remains limited due to structural factors such as discriminatory and penalizing laws regarding homosexuality in Tunisia and stigmatizing social norms that reject LGBTQIA+ individuals. Those who express a satisfactory harmony between various facets of their identity in multiple aspects of their lives constantly worry about the potential negative effects their full self-expression might have on their safety, academic and professional success, and social acceptance. Consequently, they are compelled to make compromises and adjust their expectations regarding respect, acceptance, and non-discrimination in their environments.

In summary, the diversity of experiences within the LGBTQIA+ community in Tunisia is reflected in the centrality of identity, the evolution of emotions related to this identity, and the degree of integration of this identity into various aspects of participants' lives. However, persistent structural and social challenges often limit full self-expression, creating a need for compromises for many individuals.

تبدلت معناها أنا نظرتي في روحي تبدلت و فهمت روحي تبدلت و فهمت روحي أكثر و اكتشفت genre متاعي expression متاعي حاجة عادية و هذيكا حاجة مني أنا و مانيش أنا يلزم نبدلها معنتها تقبلتها معنتها which is a process طويلة

" When I say I changed I mean that the way I perceive myself has changed and that I understand myself better. I discovered that my gender expression is normal and that I don't have to change it. I have accepted it, which was a long process. "

It is clear that the diversity of characteristics within the LGBTQIA+ minoritized identity in Tunisia plays a crucial role in how individuals cope with minorization stress-related challenges. These characteristics also influence their resilience and mental health, underscoring the importance of considering this diversity in the provision of psychological support and mental health services. Indeed, it is worth noting that, under specific stressors such as discrimination, violence, and rejection, the integration of the LGBTQIA+ identity often generates an additional layer of psychological distress in a significant proportion of the participants. This distress stems from an intrinsic tension between their minoritized sexual identity and various other facets of their existence, including religious, cultural, or familial considerations. Consequently, it is imperative to acknowledge the inherent nuances within the minoritized identity of the LGBTQIA+ community in Tunisia and develop psychological support approaches that fully address these distinct challenges.

4. Impact on Mental Health

The impact on the mental health of the study participants is **intricate and complex,** stemming from specific as well as general stressors that cast a shadow on the LGBTQIA+ community in Tunisia. **These factors exert profound repercussions on their psychological well-being.** As per the findings of our study, these factors correlate with certain effects on the mental health of members of the Tunisian LGBTQIA+ community.

Psychological Distress and Symptoms of Anxiety and Depression

Several participants shared experiences of psychological distress characterized by anxious and depressive symptoms. They reported frequent feelings of sadness, despair, and nervousness, often exacerbated by experiences of discrimination, violence, and rejection. This distress has a significant impact on their mental health.

Stress, Anxiety, and Hypervigilance

Participants reported high levels of stress and overall anxiety in their daily lives due to the need to constantly monitor their behavior and expression of gender or sexual orientation to avoid negative consequences. This hypervigilance contributes to a constant state of stress, which can have serious long-term implications for mental health. Additionally, participants frequently described symptoms of anxiety, including panic attacks, social anxiety disorders, and cognitive symptoms of anxiety.

Family and social isolation

Social isolation is a consequence of discrimination and rejection, leading LGBTQIA+ individuals to endure the loss of relationships and restrictions in their social connections. This creates a profound sense of exclusion and a growing distance from both their own community and society as a whole. These individuals often find themselves isolated, lacking significant social support. For LGBTQIA+ individuals who face rejection from their families, this experience compounds the isolation, intensifying their emotional distress. The combination of family and social rejection, coupled with discrimination in the workplace and various settings, is frequently linked to depressive episodes, significantly impacting their emotional well-being. Discrimination and rejection also take a toll on interpersonal relationships, ranging from the loss of connections to constrained social interactions, thus contributing to the overall isolation experienced by the LGBTQIA+ community.

Low self-esteem and negative body image

Stigmatization and social rejection directly impact the self-esteem of LGBTQIA+ individuals. The presence of a sense of devaluation of their identity, thus creating obstacles to a positive self-image, is highlighted in our analysis. The impact on body image has also been observed, with participants expressing concerns about their physical appearance due to social pressure and restrictive gender norms.

Self-destructive behaviors and suicidal ideation

In connection with the elevated levels of psychological distress, some participants discussed thoughts and behaviors of self-destruction. Some resort to self-harm as a way to cope with their distress, indicating the severity of their suffering and the absence of alternative coping mechanisms. Several participants shared having suicidal thoughts or attempting suicide, reflecting deep despair in response to the discrimination and violence they are exposed to. These findings highlight the urgent need to provide appropriate psychological support to this community.

Addictive Behaviors

Many participants reported the use of psychoactive substances such as over-the-counter and recreational drugs. For some participants, resorting to substance abuse serves as a self-therapeutic substitute, a means to alleviate or avoid psychological distress. Despite the chronic psychiatric consequences, addictive behaviors represent, for them, a way to alleviate their suffering in an unbearable reality marked by social isolation and concealment of their non normative identity.

Post Traumatic Symptoms

Post-traumatic symptoms are a reactive response to traumatic events. Study participants described these symptoms as persistent traumatic reminders, taking on various forms, such as flashbacks wherein they reencounter traumatizing moments from their past.

These experiences can be intrusive, with disruptive thoughts emerging at inconvenient times, thereby causing significant emotional distress. Moreover, frequent nightmares haunt their nights, bringing traumatic memories that prevent them from finding rest. Hypervigilance, on the other hand, is another consequence of these traumatic experiences, where participants are constantly on guard, anticipating new acts of violence or discrimination. These involuntary memories, occurring uncontrollably, plunge them back into painful past moments, affecting their emotional and mental well-being. These post-traumatic symptoms, among others, are integral to the findings of this study and bear witness to the profound impact of stigma and discrimination on the mental health of LGBTQIA+ individuals in Tunisia.

These qualitative data shed light on the complexity of the challenges faced by LGBTQIA+ individuals in Tunisia with respect to their mental health. They also underscore the urgent need to proactively intervene to provide adequate psychological support to this community and enhance their emotional well-being.

5. Protective Factors and Coping Strategies

When it comes to improving their psychological well-being and resiliently coping with negative experiences related to their belonging to the LGBTQIA+ community in Tunisia, participants identified various **protective factors and coping strategies.** These elements played a crucial role in enhancing their resilience and mental well-being.

5.1. Protective Factors

Social Support

Social support has emerged as one of the most robust aspects of the mental well-being of LGBTQIA+ individuals in Tunisia. Many participants highlighted the crucial importance of social support in establishing a supportive environment.

أكثر حاجات عاونوني my friends زادة الي تقبلو الحكاية خاصة من أصحابي القدم موش الكل أما الي بالرسمي تقبلو الحكاية تقبلو side هذاكا متّي

" **What helped me the most was the acceptance of my friends, especially my older friends, not all of them, but the ones who really accepted it, embraced that side of me** "

For numerous participants, even when being subjected to stigmatization and discrimination, maintaining ties with their former friends has been a source of comfort and solidarity. These relationships have enabled individuals to feel understood, accepted, and less isolated in their struggles, playing a pivotal role in bolstering their resilience and mental well-being.

Community support and access to resources of organizations

Intracommunity friendships, discussions, gatherings, and community activities, as well as access to community resources provided by associations, have been essential sources of support and belonging for the LGBTQIA+ community in Tunisia. These elements have allowed participants to build meaningful connections, share similar experiences, and create a chosen family, thereby enhancing their resilience. Despite obstacles and restrictions on community activities in Tunisia, this support remains a crucial aspect of the mental health of LGBTQIA+ individuals in the country.

> فما services out there في الجمعيات يعاونو برشا (...) موش كيما تعيش العنف وانت فاهمو و عارف كيفاه تحمي روحك ضدو و معاك شكون يساندك كيما لا
>
> **" There are services out there within the associations that help a lot (...) Experiencing violence when you understand it, know how to protect yourself, and have support, is different from when you don't have any "**

At the same time, access to social networks has provided participants with a window into the visibility and international resources of the LGBTQIA+ community, consolidating their sense of belonging to a global community. Social media has played a crucial role in allowing individuals to stay informed, connect with others who share similar concerns and engage in global discussions on LGBTQIA+ rights.

These online interactions have contributed to boosting their self-esteem and maintaining a sense of solidarity with other community members on an international scale.

> عملية التواصل الي تصير مالعباد الي عندهم نفس الاشكال ولا مصنفين نفس التصنيف ينجم يسهّل. و اللّه موش كان أنا طلعت
>
> **" The contact with people who suffer from the same issues or categorization can make it easier; I am not alone in the end "**

Family Support

In some cases, participants found support within their families, albeit rare due to traditional and religious attitudes. Family support has been a crucial protective factor for mental health. The backing from family members helped these individuals cope better with challenges and mitigate the negative effects of stigma and discrimination.

ثمة جملة ديما تقولهالي على الأقل مرة ولا مرتين في الجمعة تقولهالي «انت صغيري مهما كان مهما يصير،مهما تقرر باش تعمل، باش نقعد نحبك و باش نقعد واقفة معاك ديما» she's accepting

" **She's accepting; there's a sentence that she tells me at least once or twice a week:** **"You are my child, no matter what happens, regardless of what decisions you make,** **I will always love you, and I will always be by your side"**

5.2. Coping Strategies

In the face of negative experiences, numerous robust coping strategies emerge among the participants, highlighting creativity and resilience in dealing with the challenges that LGBTQIA+ people face in Tunisia.

Some individuals choose to restrict their social circles, limiting family and friend interactions, and sometimes relocating to preserve their well-being. Avoiding places perceived as unsafe is also a commonly adopted tactic to minimize risks associated with their gender identity or sexual orientation.

The creation of support networks, both online and in the real world, represents a major response. Participants join virtual LGBTQIA+ communities and local groups, establishing connections that enhance their resilience. Some individuals even distance themselves from experiences of queerphobia, adopting a more flexible perspective in evaluating situations.

Active engagement emerges as a powerful strategy. Participation in awareness-raising activities, community involvement, and online activism are tangible means for some to amplify their voices and advocate for LGBTQIA+ rights. Activities such as volunteering, sports, writing, reading, artistic expression, and even contemplation of immigration projects become crucial outlets for overcoming daily challenges and enhancing mental well-being.

It is essential to acknowledge the ingenuity of the participants in mobilizing these protective factors and coping strategies to confront persistent challenges. Their efforts demonstrate the strength and inspiration of the LGBTQIA+ community in Tunisia, despite the obstacles it faces. This diversity of resources and coping mechanisms also highlights the need for further support for the LGBTQIA+ community in its struggle for equality, dignity, and recognition as well as support for the ongoing improvement of its mental health.

II. The Perceived Accessibility of Mental Health Services

The perceived accessibility of mental health services is a crucial aspect of the LGBTQIA+ community in Tunisia. **Participants have shared a variety of experiences regarding access to mental health services,** noting a mix of **challenges and opportunities.**

Participants have discussed the use of various types of mental health services. Some have opted for individual sessions with psychologists working within associations or in private practice, as well as in public health institutions, although the latter case is rarer.

Others have sought the services of sexologists, psychotherapists, and psychiatrists practicing privately or, less frequently, in the public sector. Resorting to mental health care in public institutions is particularly mentioned in exceptional and urgent circumstances, such as suicide attempts, where the individual is typically taken there by the family.

It is worth noting that several participants also mentioned being victims of fraudulent practices, unintentionally turning to purported therapists whose qualifications were not verified, thereby highlighting the risks associated with the lack of regulation and oversight.

Additionally, some individuals mentioned opting for self-care, indicating the challenges in finding appropriate support, prompting them to explore solutions on their own in the face of a lack of suitable alternatives. This variety of experiences underscores the complexity of accessing mental health care for the LGBTQIA+ community in Tunisia.

Several barriers impeding the accessibility of mental health services by the LGBTQIA+ community in Tunisia have been identified. Difficulties in accessing healthcare are correlated with various barriers, as indicated by the results of the qualitative analysis. These barriers include:

1. Financial Barriers

The high costs of visits and medications contribute to limiting access to mental health care for many individuals in the LGBTQIA+ community. Additional expenses for travel, especially for those seeking services outside their residential area or governorate, further compound the financial burden. The financial precariousness of some individuals plays a central role in assigning a low priority to seeking mental health care compared to other needs considered basic, such as the pursuit of decent housing or legal assistance in case of arrest or legal proceedings.

The financial dependence on the family, especially for young individuals, constitutes an additional barrier due to the fear of being compelled to meet the doctor in the presence of parents. Fearing the risk of disclosure of their sexual orientation or gender identity by professionals to family members, particularly parents, discourages them from seeking professional help for their mental health issues.

ال400 ألف هاذوكم كارية منهم وقتها و 200 ألف مصروفي و نعمل في master... وقتها لوجت باش نمشي لpsy و كل و جملة، أقل psy ب70 ألف donc ما خممتش

" With the 400 dinars, I paid my rent and had 200 dinars left for my expenses while I was pursuing a master's degree. Back then, I wanted to see a therapist, but it wasn't possible. The cheapest one cost 70 dinars, so I let it go "

2. Geographic Barriers

The geographical distance between the participants' places of residence and mental health professionals constitutes a major obstacle, particularly outside of Greater Tunis. Additionally, the limitation of a network of professionals sensitized to sexual and gender diversity outside major cities, in terms of both the number and variety of professionals, as well as their remote locations, complicates access to care. Furthermore, some participants residing in decentralized regions where private service offerings are limited express significant reluctance toward seeking care in public facilities. These geographical barriers exacerbate the exclusion and marginalization of certain segments of the LGBTQIA+ community in Tunisia.

3. Lack of Access to Information and Available Resources

The lack of access to information about available resources is a significant barrier for many LGBTQIA+ individuals seeking mental health care. Seeking appropriate care requires prior knowledge of treatment options, available professionals, and support services. However, it is often challenging to find accurate and up-to-date information, which can make the search for care frustrating and discouraging.

Participants have shared their experiences of encountering obstacles when seeking information on mental health services and resources specifically tailored to their needs. These services are primarily offered by the associative network and civil society organizations in Tunisia, which can sometimes remain relatively unknown or inadequately disseminated.

This lack of access to information creates an inequity in mental health care access, with some individuals, due to a lack of knowledge, potentially unable to find or access appropriate services. To overcome this barrier, it is necessary to enhance awareness, communication, and education regarding mental health resources available to the LGBTQIA+ community in Tunisia. This will help ensure that all individuals in need of support can find the care necessary to preserve their mental well-being.

4. Self-Stigmatization

This significant barrier to accessing mental health care is characterized by self-stigmatization, a phenomenon where some participants internalize the stigma associated with their gender identity or sexual orientation. Consequently, these individuals develop a negative self-image, filled with feelings of shame and devaluation. This self-stigmatization makes them hesitant to seek help for their mental health issues, as they carry this self-inflicted stigma within themselves. It is crucial to emphasize that this barrier largely stems from social pressures and discriminatory attitudes faced by LGBTQIA+ individuals.

5. Lack of Family and Social Support

The lack of family and social support poses a significant challenge for many LGBTQIA+ individuals in Tunisia regarding their access to mental health care. An essential factor is the family's refusal to allow the person to consult a mental health professional or to take medication for mental health issues.

This refusal can stem from different reasons, including sociocultural norms, biases, and stereotypes associated with mental health. Some families perceive seeking mental health services as an admission of severe mental problems in their child, which can be stigmatizing and concerning for them. Moreover, lack of knowledge and misinformation about mental health, trivialization, invisibility, and sociocultural stigma surrounding mental health in general contribute to the perpetuation of these negative attitudes.

Young LGBTQIA+ individuals are particularly vulnerable to this barrier, even in cases of urgent mental health needs, due to their fear that their parents might discover their mental health-seeking efforts, potentially leading to negative reactions.

It is crucial to understand that the lack of family and social support can have severe consequences for the mental health of LGBTQIA+ individuals. When deprived of access to mental health care due to family disapproval, they may face unresolved issues and a deterioration of their mental well-being.

6. Fear of Moral Judgment and Stigmatization by Mental Health Professionals

This multifaceted barrier is underpinned by concerns related to potential stigmatization and discrimination in a therapy setting. The fear that mental health professionals may hold moral or religious judgments about one's identity or sexual orientation, and the apprehension of facing discrimination, rejection, or even violence from them, dissuade some LGBTQIA+ individuals from seeking professional help. These concerns are anticipatory or based on past experiences of stigmatization and mistreatment within the mental health system.

It is noteworthy that the negative past experiences of the participants or their LGBTQIA+ acquaintances, including accounts of unfavorable interactions with healthcare professionals in general, play an additional central demotivating role.

A frequently cited example is the experiences of transgender individuals with endocrinologists consulted for hormone replacement therapy. This situation leads some participants to base their search for therapists and their decisions to make an appointment on the condition of harmlessness and acceptance of care provision.

ثمة برشا عباد يقلك

« تي أنا باش نمشي نحكيلو بالله على...» معناها يظهرلو

حاجة impossible معناها. تي تاو il m'agresse و لا يطردني.

ما نحسوش رواحنا safe في الcontexte

" **There are lots of people who feel that it is impossible to talk about these issues with a professional. They fear aggression or rejection. They do not feel safe in that setting** "

7. Trust Barrier in Therapists Based on Their Gender

Some participants experience mistrust based on the gender of their mental health professional.

The trust barrier related to the gender of the therapist among some participants can be attributed to distrust towards patriarchal and heteronormative norms that valorize traditional masculinity prevalent in Tunisian society.

These norms impose rigid and often stereotyped gender roles, where men are traditionally associated with more macho and homophobic attitudes. This perspective can lead some LGBTQIA+ individuals to fear that if their mental health professional is a man, he might adopt attitudes that are not conducive to understanding or respecting the diversity of gender expressions and sexual orientations.

This fear is reinforced by past experiences of discrimination, prejudice, or stigmatization that some LGBTQIA+ individuals may have encountered from male figures in their lives.

As a result, participants who feel this mistrust are more inclined to seek mental health professionals of feminine gender, perceiving them as potentially more understanding and less likely to adopt discriminatory attitudes. This gender-related mistrust underscores how gender norms and stereotypes can influence the experiences of LGBTQIA+ individuals and hinder their access to mental health care.

8. Confidentiality Barrier

Trust in the confidentiality and security of mental health care is a major concern for many LGBTQIA+ individuals in Tunisia. The fear that information about their mental health or belonging to the LGBTQIA+ community might be disclosed to family, and others, or that legal reporting could occur due to the criminalization of homosexuality in Tunisia can be a significant barrier to seeking care. This fear of unwanted disclosure dissuades some individuals from seeking help, leaving them vulnerable to unresolved mental health issues.

تنجم تمشي للرازي أما أقل safe الاحساس هذاكا جملة. باش تمشي لمؤسسة متاع الدولة و باش تحكي معاهم. نعرف الي ثمة des psy باهيين في الرازي أما أنا ما نمشيش، impossible. معناها تخاف، تخاف برشا

" **You can go to Razi (psychiatric hospital), but it's less safe. Going to a state institution and talking to them about this? I know that there are good therapists at Razi, but I don't go there. It's impossible, it scares me, a lot** "

9. Awareness and Training Barriers for Mental Health Professionals

A major obstacle to accessing mental health care lies in the lack of awareness and training among professionals. Participants frequently expressed that some professionals did not fully understand the challenges they faced as members of the LGBTQIA+ community. This lack of awareness not only discourages some individuals from seeking help but also reinforces their feelings of isolation and exclusion.

It is essential to note that gender bias is identified as an obstacle for transgender and non-binary individuals, who reported facing additional barriers due to transphobia and a lack of understanding of issues related to gender fluidity and non-binary gender.

It is imperative to recognize that this barrier holds crucial importance as it highlights a systemic issue in the delivery of mental health services. The pathologization of gender identity and sexual orientation should be replaced by more inclusive and non-stigmatizing approaches, fostering a mental health care environment that is more welcoming and respectful.

III. Perceived Quality of Services

In this section of the study, we will delve into **the analysis of the perceived quality of mental health services by the LGBTQIA+ community in Tunisia.**

To achieve this, we will rely on the experiences reported by participants during their searches for mental and psychological health assistance.

Our goal is **to examine the positive and negative experiences lived by members of the LGBTQIA+ community in their interactions with mental health professionals in Tunisia.**

We will also explore how these experiences **influence the overall perception of service quality and their impact on individuals' mental well-being.**

This analysis aims to better understand the challenges this community faces in accessing quality mental health services and to highlight areas that require improvement to adequately meet their specific needs.

1. Positive Experiences

The results of this study have highlighted several positive experiences reported by participants from the LGBTQIA+ community. These positive experiences played a crucial role in supporting their mental and emotional well-being, contributing to an improvement in their overall quality of life.

Here are the key observations derived from the data analysis

1.1. Support in Navigating Gender Identity and Sexual Orientation

The experience of support in navigating gender identity and sexual orientation within the LGBTQIA+ community in Tunisia reveals a positive aspect of the quality of mental health services. Participants expressed the crucial importance of the support they received to help them become aware of their gender identity and/or sexual orientation, to better accept it, and to feel more confident, and comfortable. Mental health professionals who provided such support played an essential role in the lives of participants by assisting them in self-discovery. This support fostered self-acceptance and contributed to the improvement of the mental health of these individuals by enhancing their self-confidence.

It is important to note that the process of accepting gender identity and sexual orientation can be particularly complex and challenging due to the stigma and discrimination faced by many LGBTQIA+ individuals. Therefore, the depathologization of gender identity or sexual orientation by professionals is perceived by participants as a factor that significantly contributed to reducing self-stigmatization and internalized queerphobia through therapeutic work on shame, self-disgust, guilt, negative body image, and internal stigma. This had a positive impact on the mental health of some participants, who noted an improvement in self-acceptance and a reduction in emotional distress.

الpsy الاخر هو الي عاونني باش قبلتها روحي،
هو الي قال لي ميسالش

" The last therapist helped me accept myself; he assured me that it wasn't a big deal "

1.2. Supporting Families/Parents of LGBTQIA+ Individuals

Some participants emphasized the value of appropriate support provided by mental health professionals to their family members, particularly to their parents. This support is said to have contributed to reducing intrafamily tensions and misinformation among parents, guiding them in their process of understanding and accepting the gender identities and sexualities of their children, and addressing these tensions in a more constructive and less violent manner.

In Tunisia, where the perception of gender diversity is still slowly evolving, this support has been a lifeline for many families, helping them overcome cultural barriers and promote greater acceptance. This constructive dialogue is identified as a factor that had a positive impact on the mental health of the participants in question.

Feeling supported and accepted by their own family enhanced their self-esteem, reduced stress, and promoted their emotional well-being.

1.3. Empathetic and Informed Support of Gender Identity and Sexual Orientation

Several participants stated that receiving empathetic and understanding support was crucial for managing mental health issues resulting from violence, rejection, and intrapsychic conflict related to their gender identity and sexual orientation. Mental health professionals who were aware of these aspects played a central role in supporting the participants.

According to participants, empathetic and understanding support is characterized by compassionate and open listening, as well as creating a welcoming space for expression. It also involves accompanying the individual in their process of self-discovery, integrating their own experiences, and exploring the origins of their mental health challenges through their personal history.

The therapists' awareness of gender identity and sexual orientation issues, along with the adoption of a depathologizing discourse towards these characteristics, is noted by participants as a great support that enabled a gradual evolution of the therapeutic process around mental health issues.

لقيت a good psychiatrist/psychotherapist بعد ما
درتهم الكل.. لقيتها safe بالحق حتى على فازة متاع I when
she is و كل شئ نحكيلها على صاحبتي had a partner
هنا نشوفو ايجا تقلك stigma من غير و very helpful
مشكلة متاع كذا، هنا مشكلة متاع communication

" I found a good psychiatrist/psychotherapist after going through them all.
She was really safe even when she knew I had a partner.
I talked to her about my girlfriend; she was very helpful and did not stigmatize me.
She pointed out where the issues or communication problems were "

1.4. Holistic Approaches in Psychiatry and Psychotherapy

A holistic approach that takes into account gender identity and sexual orientation and integrates both psychiatric and psychotherapeutic approaches was considered more effective by the participants.

Moreover, when necessary, the contribution of mental health professionals, especially psychiatrists, to the gender transition process was of paramount importance for transgender participants who needed to provide a referral letter attesting to their gender dysphoria and psychological distress related to this condition to endocrinologists for the subsequent medical evaluation before prescribing the appropriate hormonal treatment.

1.5. Awareness of Social Factors

Participants emphasized the importance of mental health professionals' awareness of social factors, including the violence and discrimination they face. They mentioned the significance of receiving comprehensive mental well-being care, where social and identity factors are considered in their treatment. Such awareness has enabled a better understanding of their experiences and guided treatment toward a more effective path.

1.6. Upholding Confidentiality

The respect for confidentiality by mental health professionals was mentioned as a positive element in the experience of some participants. Confidentiality is a fundamental principle in the provision of mental health care, allowing individuals to express themselves freely without fear of having their personal information disclosed without their consent. For the LGBTQIA+ community, confidentiality holds particular significance.In Tunisia, where non-normative gender identity and sexual orientation are subject to stigmatization and discrimination, simply seeking mental health help is a difficult and intimidating step.

One of our study findings stipulates that the fear of unauthorized disclosure of sexual orientation or gender identity is a major obstacle to seeking care. By giving particular attention to confidentiality, professionals promote a sense of security among LGBTQIA+ patients and provide them with a safe environment for the expression of their concerns, personal experiences, and mental health challenges.

ناخذو rendez-vous بالتليفون خاطر فما عباد ماتحبش شكون يشوفها

" We make our appointments over the phone because some people don't want to be seen"
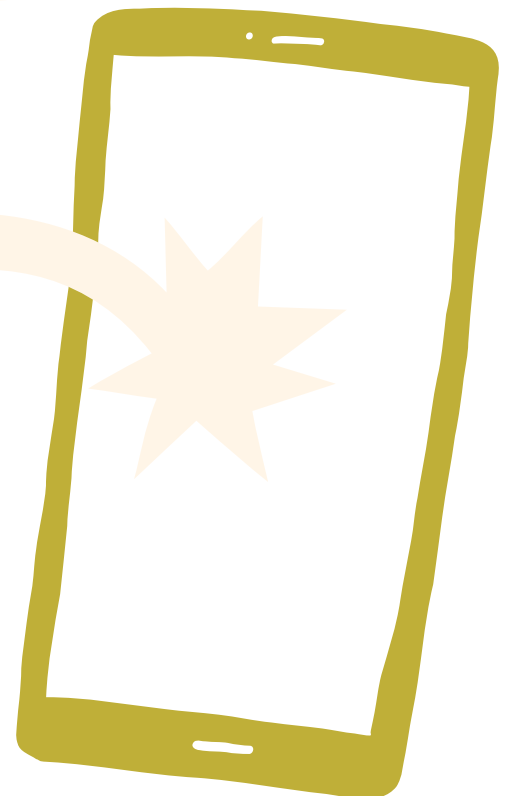
1.7. Suicide prevention of and managing suicidal crises

Support provided in suicide prevention and suicidal crisis management has been crucial for participants who highlighted the positive and vital impact of the support they received. Suicide prevention is a major concern for members of the Tunisian LGBTQIA+ community, given the notable presence of suicidal ideation, self-destructive behaviors, and suicide attempts in our study's population. In this regard, support for suicide prevention and the serious consideration of suicidal crises and their management can literally save lives.

أول ما كنت نمشيلها كنت suicidaire و حسيت الfaçon
الي هيا تحكي بيها معايا concernant الsuicide هذيكا
خلاتني نخمم autrement في الsuicide

" **When I started seeing her, I was suicidal.**
Thanks to her discourse, she made me think differently about suicide "

The positive experiences shared by LGBTQIA+ participants in our study reveal the significant impact of support provided by mental health professionals in Tunisia. Support in navigating gender identity and sexual orientation, as well as the depathologization of these aspects, played a crucial role in improving the mental health of this community. Additionally, the support provided to families and parents has fostered more positive family relationships and better acceptance of non-normative gender identities and sexual orientations.

A holistic approach, combining psychiatry and psychotherapy, has proven to be more effective for participants, especially those seeking to initiate a gender transition process. Awareness of social factors and experiences of discrimination have also been commended. Lastly, maintaining confidentiality, suicide prevention, and managing suicidal crises were identified as essential elements contributing to the safety and well-being of individuals.

These results underscore the importance of providing mental health services tailored to the needs of the LGBTQIA+ community in Tunisia, with an emphasis on respect, understanding, and comprehensive care for their mental well-being.

2. Negative Experiences

However, many individuals also shared negative experiences when seeking help for their mental health. These negative experiences are categorized into several groups, each of which has a significant impact on the mental health and well-being of the individuals involved.

2.1. Financial and logistical challenges

Costs associated with mental health services (consultation fees, the expense of medical treatments, transportation costs) are perceived as restrictive, even unbearable, for some participants who sometimes discontinue their therapeutic sessions due to financial and/or logistical causes, regardless of the urgency of their needs or the severity of their mental health challenges. It is noteworthy that excessively long waiting times for appointments or mental health services, along with their infrequency, are problematic situations highlighted by some participants who remained without assistance during crucial periods. Therapeutic interventions delivered or supported by civil society organizations in collaboration with external private partners are not immune to these availability limitations. In this regard, some participants who have experienced these prolonged waiting times, describe logistical coordination issues and slow procedures or formalities between the organizations and their external partners providing mental health services for the beneficiaries who are referred to them.

2.2. Lack of understanding of sexual and gender diversity and empathetic listening

Many participants have shared feelings of isolation and distress due to the lack of support and empathy from mental health professionals. Some experienced a profound lack of understanding of their identities and orientations, contributing to an atmosphere of non-acceptance within their therapy sessions. This lack of support and empathetic listening has reinforced feelings of vulnerability. Others reported a negative experience linked to mental health professionals deliberately avoiding discussing their sexual orientation or gender identity. This avoidance created a sense of non-recognition and marginalization, as a result of the refusal to discuss these very important aspects of participants' lives. It left them alone with their concerns in a therapeutic space that was supposed to be secure and welcoming for addressing such matters.

A certain lack of understanding and information about non-normative gender identities and sexual orientations could potentially be implicated as a contributing factor in the generation of an atmosphere of non-recognition. For example, some participants describe experiences that appear to be late diagnoses of gender dysphoria, consequently delaying their processes of navigating and accepting their identity, and gender transition. Others who sought therapy for relationship-related issues report encountering a set of comically exaggerated prejudices about non-heterosexual and/or non-cisgender relational dynamics during their therapy sessions.

LGBTQIA+ individuals seeking mental health therapy expect mental health professionals to be sensitive and informed about issues related to gender diversity and sexual orientation. When this understanding is lacking, it creates barriers to appropriate care.

كي نحكي معاها même pas تغزرلي ولا تسمع فيا

" When I talk to her, she doesn't even look at me, nor listen to me. "

2.3. Symbolic Violence, Discrimination, Stigmatization, and Rejection

Several experiences perceived as negative by the participants are characterized by rejection, discrimination, and violence from mental health professionals. The described rejection involves a refusal to provide care based on the individual's gender identity or sexual orientation. Moreover, many participants have mentioned experiences of identity or sexual pathologization from the therapists they consulted. In the therapeutic setting, their gender identities and/or sexual orientations were considered disorders, psychiatric illnesses, or sexual perversions to be cured. Furthermore, our study population mentioned experiences with conversion therapies, which aim to change sexual orientation or gender identity. Participants have also reported moral and religious judgments, as well as gender-based discrimination, such as the use of their dead names by mental health professionals. These negative experiences resonate with the individuals' daily struggles of their unrecognized identity, socially experienced with pain.

These experiences of symbolic and psychological violence, discrimination, and prejudice from mental health professionals are perceived as validation of the discrimination endured throughout their lives, confirming the legitimacy and validity of such prejudice.

This reinforces their sense of stigmatization. It is important to note that these professionals are typically consulted, according to participants, as authoritative figures in the field and as a last resort in the face of societal and familial rejection and misunderstanding.

We emphasize that the impact of these experiences can potentially be detrimental to the psychological well-being of individuals. As an example, one participant mentioned attempting suicide following a conversion therapy that was imposed by the family and conducted by a sexologist in Tunisia.

تعرضت للرفض و مشيت لpsychiatre و رفضت باش تكمل تشوفني خاطر قلتلها الي أنا عابر و قاتلي أنا ما نداويش الحاجات هاذم و ألقى حد اخر

" After being rejected, I sought help from a psychiatrist who, upon learning that I am a transsexual, refused to treat me, stating that she doesn't treat that kind of stuff and advised me to seek assistance elsewhere. "

2.4. Lack or Absence of Confidentiality

Incidents related to a lack of respect for confidentiality and anonymity by mental health professionals have been raised, such as non-consensual reporting of the patient's remarks or issues to family members, especially parents. This includes the non-consensual presence of family during therapy and the free access given to medical assistants to non-encrypted information about the patient's sexual orientation on their medical records or follow-up files.

2.5. Lack of holistic interventions and recognition of the need for psychotherapeutic follow-up

The lack of holistic interventions integrating the need for psychotherapeutic follow-up among LGBTQIA+ individuals has been identified as one of the main characteristics of the negative experiences reported by participants who sought mental health services in Tunisia.

Some participants in the study felt that their concerns were not heard, and therapeutic approaches focused solely on medications did not address all of their mental health needs. According to those interviewed, the lack of comprehensive interventions and consideration of the need for psychotherapeutic follow-up constitutes a major lacuna in the professional support of their therapeutic process. Indeed, their need for a space to express themselves and guidance in their psychological work is often met with a lack of recognition by some professionals. Consequently, several participants have terminated their follow-ups due to a shared sense that their voices are not truly heard, that their needs are not adequately acknowledged or understood, and that a purely medicinal approach only scratches the surface of their comprehensive mental health challenges.

2.6. Dismissing Suicidal Crises or Blaming Suicidal Individuals

Some narratives describe what can be termed as an inadequacy in assessing suicidal risk, with reactions that trivialize suicidal crises and downplay the extent of psychological suffering and internal processes leading to the act, particularly when the suicidal person is an adolescent or a young individual.

The mental health care experiences perceived as negative by members of the LGBTQIA+ community, following their suicide attempts, encompass moralizing and blame-laden discourses. These narratives emphasize blame and accusation for the act, focusing on its religious judgment and its impact on the parents and family of the person who attempted suicide.

It is paramount to emphasize that these negative experiences have had a potentially detrimental impact on the psychological and physical well-being of individuals. Some individuals share accounts of suicide attempts in response to the unavailability of care following unsuccessful attempts to seek professional help, inappropriate treatments, or refusals of care. These narratives highlight the urgency of improving access to mental health care tailored to gender and sexual orientation diversity while raising awareness among professionals so that they can provide empathetic and understanding support to the LGBTQIA+ community in Tunisia.

IV. Strategies for Improving Mental Health Services for the LGBTQIA+ Community in Tunisia

To meet the specific needs of the LGBTQIA+ community in Tunisia and surmount the previously identified obstacles and challenges, the entirety of these suggestions is geared towards enhancing mental health services, improving their accessibility, and ensuring their quality.

These recommendations combine insights from the authors of this study, LGBTQIA+ participants, and mental health professionals who were interviewed:

1 **Awareness and training of professionals on sexual and gender diversity**

2 **Ensuring a Safe and Confidential Therapy Environment for the LGBTQIA+ Community in Tunisia**

3 **Ensuring a Holistic Mental Health Intervention**

5 Optimizing the Visibility of Psychological Support Resources Offered by Associations

4 Providing Affordable and Geographically Accessible Health Services for the LGBTQIA+ Community

6 Education and Awareness on Mental Health and Sexual and Reproductive Rights

7 Social Awareness for Reducing Stigma and Promoting Diversity

1. Awareness and training of professionals on sexual and gender diversity

To improve mental health services for the LGBTQIA+ population in Tunisia, it is crucial to implement an awareness and/or training program for mental health professionals on issues related to sexual and gender diversity, with a focus on the following points:

Recognizing the existence of LGBTQIA+ individuals in Tunisia

Mental health professionals must be aware that LGBTQIA+ individuals are integral members of Tunisian society, and any patient may belong to this community or have questions about their sexual orientation or gender identity, regardless of their appearance or outward impressions.

It is, therefore, crucial to adopt an inclusive and culturally sensitive approach in therapy, rooted in an awareness of heterosexual and cisgender assumptions that may render LGBTQIA+ patients invisible. This awareness is essential for maintaining a high-quality therapeutic service and preventing individuals from self-censoring during sessions.

The key goals are to provide a welcoming and secure environment and to address questions of sexuality, sexual orientation, and gender identity without bias and in a non-judgmental manner.

Understanding the specific challenges and the complex web of social factors surrounding the lived experiences of sexual and gender diversity

In awareness initiatives, it's important to shed light on the distinctive psychological hurdles that Tunisian LGBTQIA+ individuals face. This might involve tackling issues like body image and identity unease, especially for those navigating their identity—be it transgender, non-binary, genderfluid, or any other. It's also crucial to explore the effects of the hypersexualization of female bodies on individuals assigned as females at birth, the internalization of shame and guilt within the LGBTQIA+ community, especially among gay men dealing with the societal expectations and cultural pressure of traditional masculinity, and more.

It's also crucial to emphasize that LGBTQIA+ individuals seeking mental health services may not necessarily do so solely because of their sexual and gender characteristics. Instead, it could be due to the complex interplay of social factors making their lives challenging to the extent that it affects their mental well-being.

Promoting an empathetic approach and delivering professional, neutral, and unbiased care

To provide professional, neutral, and unbiased care free from religious beliefs, personal judgments, and ideologies, it would be beneficial for therapists to actively explore their own beliefs and perceptions regarding LGBTQIA+ individuals. This self-exploration is essential for therapists to become aware of how their own representations may impact the therapeutic process with these individuals. Recognizing the influence of social biases on everyone, including oneself, is a prerequisite for fostering the adoption of an empathetic approach towards LGBTQIA+ patients. This involves acknowledging and respecting each individual's gender identity and sexual orientation while providing a safe and non-discriminatory space for self-expression. This ensures that care is centered on the patient's needs and that no prejudice or discrimination hinders the treatment process.

Developing the professionals' inclusive communication skills

Fostering an inclusive attitude and language is crucial for mental care. Several considerations are worth noting to facilitate an open dialogue. Firstly, it's advisable to use neutral language that encompasses all possibilities, avoiding restrictive questions. For instance, opting for more open-ended inquiries about relationships, attractions, and intimate and emotional aspects of life helps steer clear of making assumptions about a person's sexual orientation or gender identity. This openness allows individuals to express themselves on their own terms, including their preferred name and the gender they identify with. It is also advisable to refrain from making premature assumptions about the contrast between marital status/parenthood and sexual orientation or gender identity, declared sexual orientation and actual sexual practices, or between sexual orientation and gender identity.

Providing resources to professionals

Mental health professionals should be aware of the resources and support networks available for LGBTQIA+ individuals in Tunisia. This knowledge enables them to steer their patients toward additional support services and ensure proper follow-up.

Raising awareness of sexual orientation and gender identity-related issues among mental health professionals working with adolescents and young individuals

It is essential to incorporate questions about sexual orientation and gender identity into mental health services for adolescents and young people in Tunisia.

The findings of our study reveal the common occurrence of non-heterosexual attractions and initial feelings of gender incompatibility at a relatively early age. The period of becoming aware of and embracing a non normative sexual orientation and/or gender identity is often a time of intense questioning and vulnerability.

Depending on the availability of individual protective factors, challenges in adaptation can lead to denial, suicidal tendencies, self-destructive behaviors, risky conduct, or the use of psychotropic substances.

By fostering a climate of trust, openness, and non-judgment, mental health professionals can play a crucial role in assisting these young individuals.

It is essential not to downplay the suffering of adolescents and young people questioning their gender identity or sexual orientation, as they are more likely to experience a cluster of violence, discrimination, and rejection in their environment from a very young age.

By incorporating these questions into therapeutic sessions, mental health professionals can better understand the challenges faced by these young individuals and provide them with appropriate support.

Raising awareness and providing training for mental health professionals is crucial to ensure that LGBTQIA+ individuals receive mental health care that is sensitive to their specific needs and free from biases. This will contribute to creating a supportive and understanding environment for this community in Tunisia.

2. Ensuring a Safe and Confidential Therapeutic Environment for the LGBTQIA+ Community in Tunisia

Establishing a safe and confidential therapeutic environment for the LGBTQIA+ community in Tunisia is crucial to ensure quality mental health care and promote individual well-being. Our qualitative analysis data revealed that many participants expressed concerns about the confidentiality and security of their personal information due to the stigma and discrimination they face:

Training for Medical and Administrative Staff

The first step to ensure confidentiality and security is to train medical and administrative staff to adopt a culturally appropriate attitude towards minoritized groups, including the LGBTQIA+ community. Mental health professionals and medical assistants should be sensitized to the specific confidentiality and security needs of the LGBTQIA+ community. This training may include information on sexual and gender diversity, as well as the unique psychosocial challenges faced by LGBTQIA+ patients in Tunisia. Administrative forms can include options such as "preferred name" to respect the recipient's wishes and preferences regarding how they want to be addressed.

Indicators of the safety of the space

Mental health institutions, reception and orientation spaces, and professionals' offices can contribute to inclusivity by displaying a nondiscrimination charter on their premises. Therapy sessions can begin with a reassuring statement from mental health professionals explicitly stating that it is a "safe space" for addressing the concerns of anyone seeking assistance.

Respecting Confidentiality

Confidentiality must be given an absolute priority. Mental health professionals should respect the confidentiality of data for LGBTQIA+ patients and safeguard the privacy of therapy. No information should be disclosed without the explicit consent of the patient, even to family members.

By implementing these measures, it will be possible to create a safe and confidential therapeutic environment for the LGBTQIA+ community in Tunisia. This will foster a trusting relationship between patients and mental health professionals, thereby enhancing the quality of care and the well-being of individuals.

3. Ensuring a Holistic Mental Health Intervention

Ensuring a holistic mental health intervention, including collaboration between psychiatrists, psychologists, psychoeducation, and peer support, is essential for effectively addressing the needs of the LGBTQIA+ community in Tunisia.

A holistic approach takes into account the complexity of the psychosocial challenges faced by individuals in this community:

Collaboration between psychiatrists and psychologists, or other therapists such as psychotherapists and sexologists

It is essential to establish close collaboration among various mental health professionals involved with the patient and/or adopt a comprehensive approach that combines pharmacological intervention with psychological and emotional support, as well as therapies tailored to individual needs and issues.

Integration of Psychoeducation

Psychoeducation is a key element of holistic interventions. It involves providing educational information to patients about mental health issues, coping strategies, and skills to deal with psychological challenges.

Psychoeducation can be delivered by qualified mental health professionals and can be integrated into the framework of therapy.

Inclusion of Family and Support Networks

Holistic interventions can also involve family members and friends, especially when their support is crucial for the well-being of the patient. Educating people close to the individual and involving family members in therapy sessions with the patient's consent can foster a broader supportive environment.

Peer Support and Support Groups

It would be beneficial to create and organize peer support groups where members of the LGBTQIA+ community can share their experiences and support each other. These groups provide a safe space to discuss specific challenges and enhance the sense of community and belonging.

Reducing Wait Times and improving Follow-up Consistency

As part of a holistic intervention, it is crucial to reduce wait times for therapy sessions. This would ensure that LGBTQIA+ individuals in Tunisia can access mental health services more promptly, meeting their needs in urgent situations. Additionally, building up the regularity of follow-up sessions is essential to ensuring that patients receive consistent attention and can adjust their treatments based on the evolution of their mental health needs. This flexible and continuous approach better addresses the changing challenges of mental health and ensures tailored support throughout the support process.

Special Considerations During Crisis Times

During crisis periods, such as the COVID-19 pandemic or social upheavals like a revolution, it is crucial to acknowledge and address the specific mental health needs of the LGBTQIA+ community in Tunisia. These times can bring about additional stressors due to the unique challenges faced by LGBTQIA+ individuals. It is recommended to take proactive measures to mitigate the impact of these periods on the mental well-being of the LGBTQIA+ community.

This could involve an increase in accessible mental health resources and services during crisis periods, with a focus on the availability of trained mental health professionals to address issues specific to this community.

Additionally, targeted awareness and education campaigns can be deployed to inform about available resources and encourage seeking help when needed.

Adapting peer support services and support groups to address specific challenges related to the crisis is also essential. By facilitating access to safe spaces for sharing experiences and mutual support, even remotely, one can contribute to strengthening the resilience of the LGBTQIA+ community during these challenging times.

By combining these elements, a holistic mental health intervention for the Tunisian LGBTQIA+ community can provide comprehensive support tailored to the specific needs of this population. It promotes a multidimensional approach to address the various psychological and emotional challenges individuals face, thereby enhancing their mental well-being.

4. Providing Affordable and Geographically Accessible Health Services for the LGBTQIA+ Community

To make mental health services more affordable and accessible for the LGBTQIA+ community in Tunisia, agreements and partnerships between LGBTQIA+ associations and medical-psychiatric and psychological organizations can be considered.

Here are some more feasible suggestions in this regard:

Collaborative mental health programs

LGBTQIA+ associations could collaborate with mental health professionals to develop community-specific programs.

These programs could be integrated into existing mental health care and academic training for mental health practitioners and psychosocial support providers (psychologists, psychiatrists, sexologists, etc.)

## Joint regional training and support programs

LGBTQIA+ associations could collaborate with local or regional partner organizations/associations to develop awareness and training programs for mental health professionals and psychosocial practitioners in various regions on sexual and gender diversity and the specific needs of the LGBTQIA+ community in Tunisia. The training programs could expand and decentralize the network of informed and sensitized professionals.

Simultaneously, the implementation of regional psychological support and psychosocial assistance programs specifically tailored to the LGBTQIA+ community could be jointly managed. This would allow the combining of resources and sharing of costs, thereby reducing therapy fees for patients and enhancing geographical accessibility.

Financial support through subsidies

LGBTQIA+ associations could seek grants and funding to support mental health services. These funds could be utilized to subsidize therapy, thereby reducing costs for patients.

Mental health service providers could also contribute by offering preferential rates to patients benefiting from these subsidies.
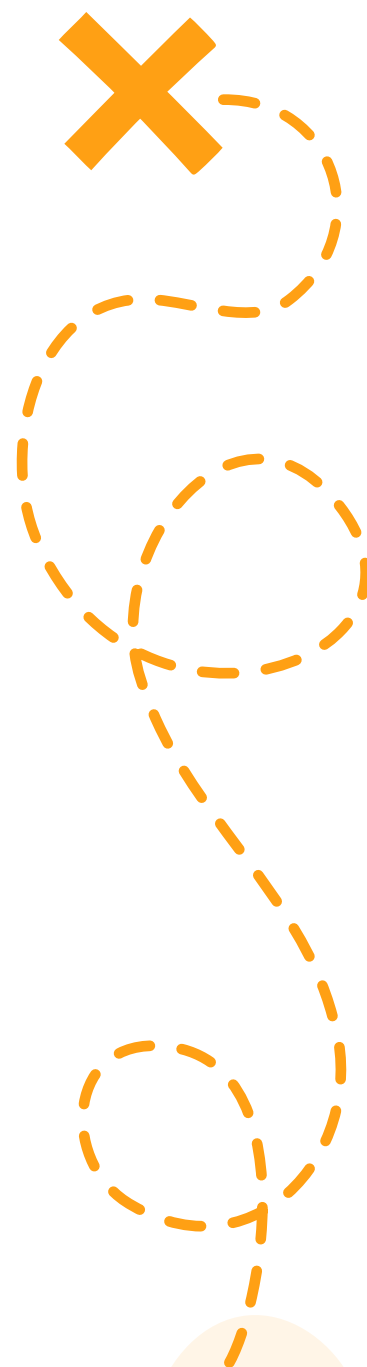
Improved geographical accessibility in different regions

It is crucial to enhance the geographical accessibility of mental health services for the LGBTQIA+ community, especially in regions where access to mental health professionals is limited. To achieve this, alternative remote therapy platforms in partnership with psychologists and psychiatrists could be considered.

These platforms would provide virtual therapy services at a reduced cost, making mental health services more accessible and secure, particularly for individuals residing in regions with strong collectivist cultures that may discourage LGBTQIA+ individuals from seeking help to avoid the additional risks of stigma or potential forced outings.

By implementing these collaborative initiatives between LGBTQIA+ associations and mental health professionals, it would be possible to make mental health services more affordable and accessible for the LGBTQIA+ community in Tunisia.

5. Optimization of the Visibility of Psychological Support Resources Offered by Associations

Optimizing the visibility of psychological support resources is essential to ensure that LGBTQIA+ individuals in Tunisia can access the services they need. It is necessary to establish a directory of mental health professionals trained to understand and support LGBTQIA+ individuals. This mapping would enable community members to find professionals knowledgeable about the specific challenges they face. It is important that this directory be regularly updated to ensure the availability of professionals.

Effectively communicating this information can be achieved through online platforms, discussion groups, social networks, or dedicated websites. The information should be easily accessible and tailored to the specific needs of certain vulnerable groups within the community, such as individuals living with HIV, sex workers, and transgender individuals.

6. Education and Awareness on Mental Health and Sexual and Reproductive Rights

Education and awareness about mental health in general play a crucial role in promoting mental well-being within the LGBTQIA+ community, considering the significant weight of persistent stigma toward mental health in Tunisia. This involves a multidimensional approach, targeting both the general public and the most vulnerable subgroups.

It is crucial to organize mental health awareness campaigns for the general public in Tunisia. These campaigns can be conducted through various mediums, including television, radio, public displays, social media, and cultural, artistic, and educational projects. The goal is to raise awareness among citizens about the importance of mental health, reduce stigma, and encourage open discussions on the topic.

Awareness efforts could include information on recognizing early signs of mental distress. This would empower individuals and their support networks to respond more promptly and seek appropriate assistance when needed. Awareness efforts should also contain information on where to seek help for mental health issues. This may involve contact details of mental health professionals and information on available mental health services.

To complement these initiatives, it is recommended to integrate efforts promoting sexual and reproductive rights within these campaigns. Additionally, the integration of comprehensive sexuality education programs would be beneficial, offering an inclusive educational framework that explores the physical, emotional, and relational dimensions of sexuality. This comprehensive approach would contribute to the creation of a more respectful and enlightened educational and social environment for the LGBTQIA+ community.
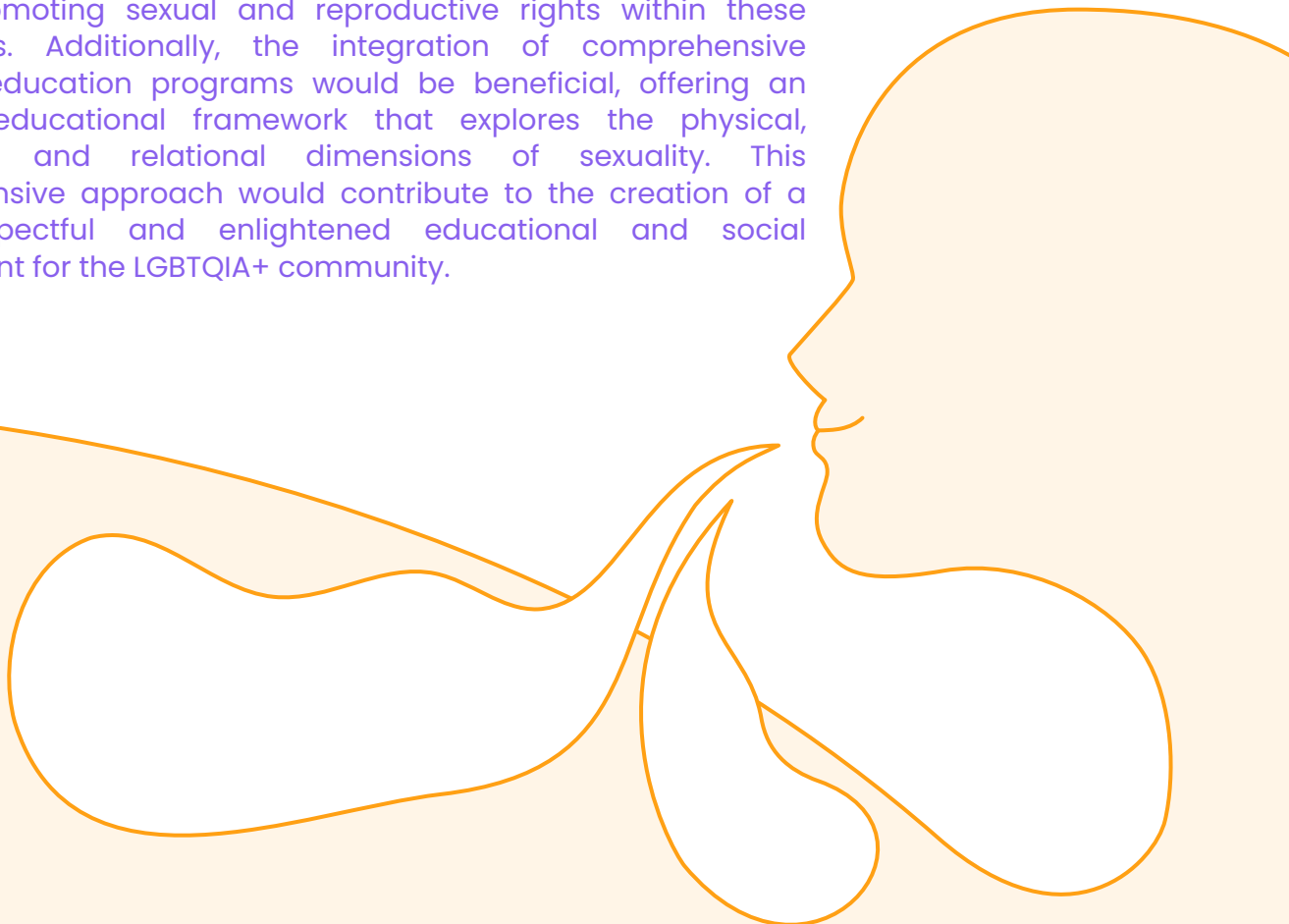
7. Social Awareness for Reducing Stigma and Promoting Diversity

Social awareness for reducing stigma and promoting diversity plays a crucial role in creating a more inclusive environment for the LGBTQIA+ community in Tunisia. Combating stigma and discrimination requires concrete actions, such as the adoption of inclusive laws and policies to protect the rights of LGBTQIA+ individuals.

Social awareness

Social awareness is an ongoing process aimed at educating the population on sexual and gender diversity-related issues. It can take the form of educational campaigns, inclusive school programs, public discussions, and media initiatives.

The goal is to change discriminatory attitudes and beliefs by promoting understanding and acceptance of the LGBTQIA+ community. This can also reduce distal stressors such as discrimination, violence, etc.

Inclusive legislation

The adoption of inclusive laws and policies is a crucial element in protecting the rights of LGBTQIA+ individuals. In Tunisia, this may involve abolishing the infamous Article 230 and decriminalizing homosexuality. These legal actions are essential to end the legal discrimination and stigma affecting the community. Additionally, laws protecting against discrimination based on sexual orientation and gender identity are necessary to ensure equality and justice.

The fight against stigma and for the promotion of inclusive laws require the mobilization of civil society. Non-governmental organizations and LGBTQIA+ associations can contribute significantly to these efforts.

The suggestions outlined in this section aim to address existing gaps, promote a supportive environment, raise societal awareness, and combat stigma and discrimination.

Conclusion

Tunisian LGBTQIA+ individuals endure significant stigma, violence, and rejection, which are manifestations of cis-heteronormativity, a system of beliefs and norms that valorizes heterosexuality and gender expression conforming to the expectations of Tunisian society.

Conclusion

Tunisian LGBTQIA+ individuals endure significant stigma, violence, and rejection, which are manifestations of cis-heteronormativity, a system of beliefs and norms that valorizes heterosexuality and gender expression conforming to the expectations of Tunisian society.

Our study highlights the specific needs of the LGBTQIA+ community in Tunisia, related to the direct impact of a complex psychosocial experience. This impact is primarily reflected in psychological distress characterized by anxious and depressive symptoms. High levels of stress, anxiety, and hypervigilance are linked to the constant need to monitor their behavior. Social isolation, low self-esteem, self-destructive behaviors, and suicidal ideation are direct consequences of stigma. Addictive behaviors serve as a mechanism for self-medication, and post-traumatic symptoms underscore the enduring impact of discrimination.

For the Tunisian LGBTQIA+ community, access to mental health services is hindered by a series of complex, interconnected barriers, exacerbated by the socio-economic precariousness of certain segments of the community. These obstacles, such as financial barriers, distrust related to the gender of mental health professionals, deprioritizing mental health, geographical barriers, lack of family support, fear of moral judgment and stigma, confidentiality concerns, lack of awareness and training among mental health professionals, limited access to information, and self-stigmatization, make it difficult for many LGBTQIA+ individuals to obtain the care they need.

Despite the positive reflections that some participants shared about their exploration of mental health resources, others, unfortunately, disclosed narratives marked by adversity. Feelings of isolation surfaced, driven by a lack of understanding of LGBTQIA+ identities on the part of mental health professionals. Incidents of confidentiality breaches, including unauthorized disclosures to family members, have undermined participants' confidence in the therapeutic process. Financial and logistical barriers, including high costs and long waiting times, have complicated the continuation of therapeutic follow-ups for some individuals. In the absence of holistic interventions, psychological needs have often been left unmet, exacerbating mental health challenges.

Finally, experiences of rejection, discrimination, and symbolic violence from mental health professionals have heightened the sense of stigma. These findings underscore the urgent need for proactive intervention to improve the quality and accessibility of mental health services for the LGBTQIA+ community in Tunisia.

Improving these services requires a comprehensive approach focused on awareness, training, the creation of safe and confidential environments, holistic interventions, geographical accessibility, and increased visibility of support resources.

It is crucial to acknowledge that each individual has the right to receive mental health care tailored to their specific needs. Through collaborative efforts, Tunisia can foster an environment where every person, irrespective of their sexual orientation or gender identity, can attain optimal mental and emotional well-being.

Avenues and Themes for Future Research

To advance research on the Tunisian context, we suggest the following research avenues

● Conducting a comprehensive national inquiry into the perspectives of Tunisian mental health professionals regarding the delivery of services to LGBTQIA+ individuals. This research should delve into the specific challenges they encounter and explore potential avenues for improving training and awareness.

● Identifying intervention strategies tailored to the specific mental health needs and cultural and social realities of Tunisian LGBTQIA+ individuals. Emphasizing approaches that consider their unique experiences and identities and expanding the definition of mental health to encompass well-being, positive development, and resilience.

● Exploring the social representations of LGBTQIA+ individuals in Tunisia and recommending approaches and techniques for promoting social change in attitudes, behaviors, and practices towards non normative sexual and gender individuals. These recommendations should be contextually tailored to the Tunisian setting.

Bibliography

American Psychological Association. (2012). Guidelines for psychological practice with lesbian, gay, and bisexual clients. *American Psychologist,* 67(1), 10-42.

Ashmore, R. D., Deaux, K., & McLaughlin-Volpe, T. (2004). An organizing framework for collective identity: articulation and significance of multidimensionality. *Psychological bulletin,* 130 (1), 80.

Balsam, K. F., Rothblum, E. D., & Beauchaine, T. P. (2005). Victimization over the life span: a comparison of lesbian, gay, bisexual, and heterosexual siblings. *Journal of consulting and clinical psychology*, 73(3), 477-487.

Bouhafs, I. (2021). Rapport d'analyse de données - Cas de discriminations collectés par les points anti-discrimination et l'observatoire pour la défense du droit à la différence, Tunis.

Charfi, F., Ouali, U., Spagnolo, J., Belhadj, A., Nacef, F., Saidi, O., & Melki, W. (2021). Highlighting successes and challenges of the mental health system in Tunisia: an overview of services, facilities, and human resources. *Journal of Mental Health*, 1-9.

Cherif, W., Elloumi, H., Ateb, A., Nacef, F., Cheour, M., Roelandt, J. L., & Caria, A. (2012). Représentations sociales de la santé mentale en Tunisie. *Tunisie Médicale*, 90 (11), 793-797.

Connell, R. W. (1995). Masculinities. Berkeley.

Grant, J. M., Motter, L. A., & Tanis, J. (2011). Injustice at every turn: A report of the national transgender discrimination survey.

Haut-Commissariat des Nations Unies aux droits de l'homme [OHCHR], (2021). Observations préliminaires sur la visite en Tunisie par l'Expert indépendant sur la protection contre la violence et la discrimination fondées sur l'orientation sexuelle et l'identité de genre.

Hayek, S. E., Kassir, G., Cherro, M., Mourad, M., Soueidy, M., Zrour, C., & Khoury, B. (2022). Mental Health of LGBTQ Individuals Who are Arab or of an Arab Descent: A Systematic Review. *Journal of Homosexuality*, 1-23.

Herek, G. M. (2004). Beyond "homophobia": Thinking about sexual prejudice and stigma in the twenty-first century. *Sexuality Research & Social Policy*, 1, 6-24.

Herek, G. M., Gillis, J. R., & Cogan, J. C. (2015). Internalized stigma among sexual minority adults: Insights from a social psychological perspective.

Institute of Medicine. (2011). The health of lesbian, gay, bisexual, and transgender people: Building a foundation for better understanding. National Academies Press.

Kosenko, K., Rintamaki, L., Raney, S., & Maness, K. (2013). Transgender patient perceptions of stigma in health care contexts. Medical care, 819-822.

Krefa, A. (2018). Enquête sur les violences contre les personnes LGBTQ, *Chouf, Damj, Mawjoudin*, Tunis.

Link, B. G., Phelan, J. C., & Hatzenbuehler, M. L. (2014). Stigma and social inequality. *Handbook of the social psychology of inequality*, 49-64.

Machado, T. (2015). Chapitre II. Santé mentale et santé psychologique : modèles, constats et définitions. In *La prévention des risques psychosociaux : Concepts et méthodologies d'intervention.* Presses universitaires de Rennes.

Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychological bulletin,* 129(5), 674.

Ryan, C., Huebner, D., Diaz, R. M., & Sanchez, J. (2009). Family rejection as a predictor of negative health outcomes in white and Latino lesbian, gay, and bisexual young adults. *Pediatrics,* 123(1), 346-352.

Thuillier, J., Almudever, B. & Croity-Belz, S. (2022). Effets des stratégies de présentation de soi utilisées par les employé.e.s lesbiennes et gays au travail sur la recherche de soutien social et le bien-être psychologique au travail : une question de congruence entre les identités présentées au travail et hors-travail ?. *Le travail humain*, 85, 161-188.

World Health Organization. (2001). Mental health: Strengthening our response. Fact sheet no. 220.

World Health Organization. (2014). Health for the world's adolescents: A second chance in the second decade. World Health Organization.

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