



THE IMPACT OF FAITH, CONVERSION THERAPY, AND THE ANTI-HOMOSEXUALITY ACT (AHA) 2023 ON THE MENTAL WELL-BEING OF LGBTQI+ PERSONS IN UGANDA

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List of acronyms

Acronym	Full Meaning
AHA	Anti-Homosexuality Act
AIDS	Acquired Immune Deficiency Syndrome
CBT	Cognitive Behavioral Therapy
CBO	Community-Based Organisation
CSO	Civil Society Organisation
DIC	Drop-In Centre
FGD	Focus Group Discussion
GBV	Gender-Based Violence
HIV	Human Immunodeficiency Virus
HRC	Human Rights Committee
KII	Key Informant Interview
KP	Key Population
LGBTQI+	Lesbian, Gay, Bisexual, Transgender, Queer Intersex and others
MoH	Ministry of Health
NGO	Non-Governmental Organisation
PE	Peer Educator
PLHIV	People Living with HIV
PRC	Peer Recovery Counsellor
PTSD	Post-Traumatic Stress Disorder
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infection
TOR	Terms of Reference
UCAA-UG	Universal Coalition of Affirming Africans – Uganda
UGX	Uganda Shillings
UNFPA	United Nations Population Fund
UNHRC	United Nations Human Rights Council
VHT	Village Health Team
WHO	World Health Organization

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Executive summary

This report presents a comprehensive qualitative analysis of how faith institutions, conversion therapy practices, and the Anti-Homosexuality Act (AHA) 2023 influence the lived experiences, safety, and mental well-being of LGBTQI+ persons in Uganda. Drawing on rich insights from 72 LGBTQI+ individuals and 37 key informants, including health workers, religious leaders, parents, shelter managers, university students, and KP-led organisations. This study offers one of the most detailed examinations to date of the intersecting religious, cultural, and legal forces that shape LGBTQI+ life in the country. Data collected across 12 regions reveal deeply entrenched stigma, heightened legal vulnerability, and acute psychosocial harm, underscoring the urgent need for coordinated policy, programmatic, and donor interventions.

The study was commissioned to address a significant evidence gap in Uganda's research landscape, where limited documentation exists on the combined effects of religious doctrine, anti-LGBTQI+ conversion therapies, and punitive legislation on the mental health of LGBTQI+ people in Uganda. LGBTQI+ persons remain uniquely vulnerable within Uganda's socio-political environment, where faith institutions hold substantial influence and where laws such as the AHA 2023 reinforce discriminatory attitudes. The findings demonstrate that harmful religious narratives, coercive "treatment" practices, and legal threats interact in ways that systematically undermine the dignity, safety, and well-being of LGBTQI+ persons.

Key findings

Faith and religious influence emerged as a central driver of stigma and psychological distress. Participants consistently reported exposure to religious sermons, preaching, and counselling that framed their identities as sinful, demonic, or culturally foreign. These religious messages not only shaped family attitudes but also enabled rejection, emotional abuse, self-reprisals, and pressure to seek spiritual "healing." The resulting internal conflict between spiritual belonging and self-acceptance was a recurring theme across narratives, often manifesting through guilt, shame, and social withdrawal. Faith leaders interviewed acknowledged that conservative theological positions and fear of congregational backlash hinder open dialogue on sexual and gender diversity.

Conversion therapy practices were widespread, severe, and deeply harmful. Respondents described being subjected to forced fasting, prayer vigils, exorcisms, detention in prayer rooms, beatings intended to "correct behavior," coerced counselling, and in extreme cases, corrective rape or forced heterosexual marriage. These practices were commonly initiated by parents or religious leaders and were rooted in the belief that sexual orientation or gender identity can be "cured." Victims who had undergone experiences of conversion therapies reported long-term psychological consequences, including trauma, panic attacks, identity conflict, and persistent

fear of spiritual condemnation. Key informants noted that such practices remain widely normalized, despite their proven ineffectiveness and ethical violations¹.

The AHA 2023 significantly intensified fear, violence, and social exclusion. Participants reported increased evictions, blackmail by community members and boda riders, job loss, denial of services, and heightened public scrutiny. Many described living under constant vigilance, altering their movements, communication, and social relationships to avoid exposure or arrest. The law also eroded access to health care, with individuals avoiding clinics due to fear of being reported or mistreated. Health practitioners confirmed that the AHA fostered unsafe clinical environments, discouraging LGBTQI+ persons from seeking essential medical or mental-health support.

The study documents severe and persistent mental-health challenges, including depression, anxiety, hopelessness, trauma, insomnia, emotional numbness, and suicidal ideation. The combined pressures of religious condemnation, hostile laws, and community discrimination created a sustained state of psychological distress. Access to mental-health care remained limited, with mainstream health facilities viewed as unsafe and KP-friendly centres overstretched. Mental-health practitioners confirmed a rise in crisis cases linked to conversion therapy and AHA-related violence.

Despite these challenges, LGBTQI+ persons demonstrated significant resilience and adaptive coping strategies. Peer networks and “chosen families” provided emotional support, safety information, and emergency assistance. KP-led organisations were essential in providing shelter, psychosocial support, legal aid, and emergency relocation—though their capacity was constrained by funding gaps, security risks, and limited geographical reach. Digital communities provided anonymity, affirming spaces, and rapid information sharing, but these too faced risks related to surveillance and digital security.

Overall, the findings show that the intersection of faith-based stigma, conversion therapy, and punitive legal frameworks creates a dangerous environment that profoundly undermines the mental health of LGBTQI+ persons and their human rights. These forces reinforce one another, normalizing discrimination, driving violence, restricting access to services, and entrenching emotional and social marginalization.

¹ Key Informant interviews held on 24th November in Mukono and Wakiso districts.

Key Recommendations

To strengthen protection, well-being, and inclusion for LGBTQI+ persons in Uganda, the study recommends:

1. Legal and Policy Reform

- Advocate for the amendment or repeal of the AHA 2023 and related punitive laws.
- Establish national guidelines explicitly banning conversion therapy across faith, health, and community settings.

2. Strengthened Mental-Health Services

- Train mental-health professionals in LGBTQI+-affirming, trauma-informed care.
- Expand accessible mental-health programs, crisis counselling, tele-therapy platforms, and community-based psychosocial services.

3. Protection and Emergency Support

- Increase funding for safe shelters, emergency relocation, and security infrastructure.
- Strengthen confidential reporting and referral systems for survivors of violence, blackmail, or eviction.

4. Faith and Family Engagement

- Support dialogue with progressive faith leaders to counter harmful rhetoric and promote inclusive theological perspectives.
- Develop parent-support programs to reduce family-based conversion attempts and rejection.

5. Capacity Strengthening for KP-Led Organisations

- Provide long-term, flexible funding to expand shelter capacity, case management, legal aid, mental-health support, and advocacy.
- Support organisational wellness programs to address burnout among frontline responders.

CHAPTER ONE

INTRODUCTION AND BACKGROUND

1.1 Background and Context

Religious doctrines profoundly shape Uganda’s social, cultural, legal, and political landscape. With over 84% Christians and 13% Muslim populations², religious beliefs heavily influence moral norms, public opinion, and policy making³. Human Rights Awareness and Promotion Forum has documented repeated incidents of mob attacks and evictions that occurred after religious sermons condemning homosexuality⁴. The African Commission on Human and Peoples’ Rights has also noted that religious hostility undermines public health interventions for LGBTQI+ communities⁵. With the current trend, religious teachings are deeply embedded in socialization processes and often serve as the primary lens through which communities interpret issues of sexuality and gender. Within this environment, LGBTQI+ persons exist at the intersection of spiritual doctrine, cultural norms, and legislative actions that collectively define their daily realities.

Over the past few decades, debates surrounding sexual orientation and gender identity have intensified nationally, with religious leaders frequently framing LGBTQI+ identities as sinful, foreign, or threatening to traditional family structures⁶. On several occasions, religious leaders have come out to strongly condemn homosexuality, and in some instances they even went ahead to organize prayers and matches against homosexuality⁷. These perspectives influence not only individual attitudes but also state actions. The enactment of the Anti-Homosexuality Act (AHA) 2023 further institutionalized stigma and discrimination by reinforcing punitive responses to same-sex relations and gender nonconformity. As a result, LGBTQI+ persons experience heightened vulnerability, facing harassment, housing evictions, denial of healthcare, community surveillance, and increased risk of violence⁸.

² Uganda Bureau of Statistics, 2024, Uganda Population and Housing Census.

³ Universal Coalition of Affirming Africans, (2021), Reconciling Faith and Protecting Marginalized Communities in Africa: A Human Rights Analysis of Anti-LGBTI Religious Movements

⁴ HRAPF (2021), Uganda Report of Violations Based on Sexual Orientation and Gender Identity and Expression 2020, Human Rights Awareness and Promotion Forum

⁵ Resolution 275 of the African Commission on Human and People’s Rights

⁶ Universal Coalition of Affirming Africans, (2023), Policy, Religious and Cultural Discrimination Against the LGBTI; A case study of Buganda Region. <https://ucaaug.org/wp-content/uploads/2024/02/Research-report.pdf>

⁷ Shabibah Nakirigya, Muslims to hold anti-gay protests today, The Daily Monitor, February 24, 2023 <https://www.monitor.co.ug/uganda/news/national/muslims-to-hold-anti-gay-protests-today-413560>

⁸ HRAPF’s Report on Cases of Violence and Violations Based on Real or Presumed SOGIE for September 2025, <https://hrapf.org/mdocs-posts/hrapfs-report-on-cases-of-violence-violations-based-on-real-or-presumed-sogie-for-september-2025/>

The intersection of faith narratives, family socialization, and punitive legal structures creates a uniquely hostile environment in which LGBTQI+ individuals navigate identity, safety, and survival. Religious doctrine often informs family responses, leading to coercive practices such as forced prayer, fasting, and exorcisms, while the legal framework fosters fear of arrest, public exposure, and blackmail. These overlapping systems shape every facet of daily life, from housing stability and employment opportunities to mental health and social belonging.

This context underscores the need for comprehensive, evidence-based research that captures the lived experiences of LGBTQI+ people and analyses how religious, cultural, and legal systems reinforce one another to produce deep psychosocial harm.

1.2 Problem Statement

LGBTQI+ persons in Uganda face multi-layered and mutually reinforcing vulnerabilities that compromise their safety, mental health, and overall well-being. At the religious level, conservative doctrines frame LGBTQI+ identities as immoral, spiritually flawed, or demonic, often resulting in shame, social exclusion, and internalized stigma. Faith-based rejection manifests in sermons, pastoral counselling, mosque teachings, and prayer practices that actively delegitimize LGBTQI+ existence.

At the family level, these religious interpretations frequently translate into rejection, emotional abuse, or coercive attempts to “correct” sexual orientation or gender identity through conversion therapy. Many LGBTQI+ individuals are forced into harmful practices such as fasting, exorcisms, isolation, or involuntary counselling, all of which contribute to trauma, anxiety, and identity conflict.

At the legal and structural level, the AHA 2023 amplifies these vulnerabilities by criminalising same-sex relations⁹ and creating an enabling environment for discrimination, blackmail, violence, and eviction. The law emboldens community members, landlords, employers, and local authorities to persecute LGBTQI+ persons with impunity. This climate of fear restricts access to healthcare, justice, education, employment, and social services, further entrenching marginalisation.

These intersecting forces produce profound psychological distress, characterized by depression, trauma symptoms, hopelessness, suicidal ideation, and chronic fear. Social and economic stability is disrupted as individuals lose housing, employment, and community support. Despite this, comprehensive documentation on how faith, conversion practices, and the AHA collectively affect LGBTQI+ mental well-being remains limited. This evidence gap undermines the development of targeted policies, mental health programs, and protective mechanisms needed to safeguard LGBTQI+ lives in Uganda.

⁹ Section 2 and 3 of the Anti-Homosexuality Act, 2023

1.3 Purpose of the Study

The purpose of this research was to generate a comprehensive understanding of how faith-based teachings, conversion therapy practices, and the Anti-Homosexuality Act (AHA) 2023 collectively influence the mental well-being, safety, and daily lived experiences of LGBTQI+ persons in Uganda. The study aimed to produce robust, evidence-based insights that illuminate the pathways through which religious narratives, family and community pressures, and punitive legislation shape emotional, psychological, and socio-economic outcomes for LGBTQI+ individuals.

By systematically documenting lived experiences from both LGBTQI+ participants and key stakeholders, including faith leaders, parents, health practitioners, shelter managers, and university students, the study sought to inform strategic interventions, strengthen trauma-responsive mental-health services, guide evidence-based advocacy, and support UCAA-UG and its partners in advancing LGBTQI+ inclusion, resilience, and safety across Uganda. Ultimately, the research aimed to contribute to national and regional dialogue, influence policy reform, and advance compassionate, affirming approaches within faith, health, and community systems.

1.4 Study Objectives

The study was guided by the following specific objectives:

- i. To document the faith-related drivers of stigma, discrimination, and internalized shame among LGBTQI+ persons in Uganda.
- ii. To analyse the experiences, processes, and psychological impacts of conversion therapy practices—including spiritual, cultural, and coercive interventions.
- iii. To examine the effects of the Anti-Homosexuality Act (AHA) 2023 on safety, mobility, health-seeking behavior, livelihoods, and overall mental well-being.
- iv. To identify the coping mechanisms used by LGBTQI+ persons and assess the availability and effectiveness of existing support systems such as shelters, peer networks, KP-led organisations, and health services.
- v. To generate actionable recommendations for strengthening institutional, community, and policy-level responses aimed at improving the protection, mental-health support, and overall well-being of LGBTQI+ persons.

1.5 Study scope

1.5.1 Time Scope

The study was conducted over a three-month period, from November 2025 to January 2026. This timeframe covered the full cycle of preparatory work, field data collection, validation meetings, and comprehensive qualitative analysis. The period also coincided with heightened enforcement of the Anti-Homosexuality Act (AHA) 2023, providing timely insight into its immediate and continuing effects on LGBTQI+ individuals across Uganda.

1.5.2 Content / Context Scope

This research focused on the intersection between faith, conversion therapy practices, and the AHA 2023, and how these factors collectively shape the lived realities and the mental wellbeing of LGBTQI+ persons. Specifically, the study examined:

- The role of faith teachings, religious doctrines, and pastoral counselling in shaping community attitudes and personal identity conflicts.
- The nature, forms, and psychological consequences of conversion therapy, including spiritual rituals (prayer, fasting, exorcism), forced counselling, confinement, and coercive sexual practices.
- The broad implications of the AHA 2023 on safety, mobility, economic wellbeing, access to health services, risk of arrest, and exposure to violence or blackmail.
- Mental-health outcomes such as depression, anxiety, trauma symptoms, hopelessness, self-isolation, and suicidal thoughts.
- Coping strategies adopted by LGBTQI+ persons, including peer networks, shelters, KP-led organisations, and digital communities.
- Support system gaps, particularly in psychosocial services, legal protection, and faith-based safe spaces.

The content scope therefore integrates religious, legal, psychosocial, and public-health dimensions, producing a holistic understanding of the challenges facing LGBTQI+ individuals.

1.5.3 Geographical Scope

The study was conducted across 12 districts in Uganda, selected to capture regional, cultural, and religious diversity as well as variation in exposure to AHA-related risks. Data collection took place in the Central Region (Kampala, Wakiso, and Mukono), the Eastern Region (Jinja, Mbale, and Soroti), the Northern Region (Gulu, Lira, and Arua), and the Western Region (Mbarara, Masaka, and Fort Portal/Kabarole). These districts were purposively chosen because they host active faith institutions, vibrant KP-led organisations, and documented patterns of discrimination, violence, or service disruptions affecting LGBTQI+ persons. Their regional diversity enabled the study to capture a wide range of lived experiences, religious influences, and socio-political dynamics shaping LGBTQI+ wellbeing in Uganda.

CHAPTER TWO

METHODOLOGY

2.1 Research Design

This study employed a qualitative exploratory research design aimed at generating an in-depth understanding of how faith institutions, conversion therapy practices, and the Anti-Homosexuality Act (AHA) 2023 collectively influence the lived experiences and mental wellbeing of LGBTQI+ persons in Uganda. The design was selected because the phenomena under investigation are highly sensitive, context-dependent, and best understood through rich narrative accounts.

Three complementary methods were used:

- Semi-structured interviews with LGBTQI+ individuals, enabling detailed personal narratives on faith, identity conflict, violence, trauma, and coping mechanisms.
- Focus Group Discussions (FGDs) with LGBTQI+ community members, which facilitated collective insights, shared experiences, and comparison of perceptions across regions.
- Key Informant Interviews (KIIs) with religious leaders, health workers, KP-led organisations, university students, parents, and shelter managers, offering institutional and expert perspectives on stigma, service gaps, and socio-legal dynamics.

The triangulation of these methods strengthened credibility and allowed the study to explore both individual and structural drivers of harm.

2.2 Sampling, sampling size and recruitment

2.2.1 Sampling

The study used a combination of purposive sampling, and snowball sampling to safely access LGBTQI+ persons and key informants under the restrictive environment created by the Anti-Homosexuality Act (AHA) 2023. This approach was necessary to ensure depth, diversity, and safety in participant engagement.

Purposive sampling was applied to intentionally select individuals whose expertise, institutional roles, or lived experiences were directly relevant to the study's core focus on faith, conversion practices, and the impact of the AHA 2023. This approach ensured that participants possessed informed perspectives or firsthand encounters with the issues under investigation. It enabled the inclusion of faith leaders familiar with religious teachings and community attitudes; health workers and mental health practitioners with experience serving LGBTQI+ clients; shelter managers supporting displaced individuals; parents navigating family responses to sexual and gender diversity; KP-led organisations documenting rights violations; and university students exposed to university-based stigma. By targeting respondents who hold critical positions within religious,

health, educational, and community systems as well as LGBTQI+ persons directly affected, the study captured rich, contextually grounded insights that enhanced the depth, credibility, and analytical value of the findings.

Snowball sampling was essential for reaching LGBTQI+ individuals who were difficult to identify through conventional recruitment methods due to the heightened risks created by the AHA 2023. Some of the potential participants were hiding, displaced, living in shelters or temporary safe houses, recovering from conversion therapy, or avoiding public spaces for fear of arrest, eviction, blackmail, or community surveillance. To protect them, recruitment relied on trusted intermediaries such as peer leaders, community paralegals, shelter managers, and KP-led activists, who safely connected researchers with individuals within their networks. This approach ensured anonymity and enabled the study to include highly vulnerable persons who would not have participated through open or direct recruitment strategies.

2.2.2 Sampling size

The table below outlines the target versus reached sample:

Respondent Category	Target number of respondents	Actual number of respondents
LGBTQI+ persons (FGDs)	48	53
LGBTQI+ persons (Structured Interviews)	24	19
Parents of LGBTQI+ persons	6	5
Shelter managers / occupants	8	8
Health workers & mental-health practitioners	8	8
Religious leaders	8	6
University students	6	5
KP-led / LGBTQI+ organisations	6	5
TOTAL	114	109

Total participants engaged: 109, comprising:

- 53 LGBTQI+ persons from FGDs
- 19 LGBTQI+ persons from structured interviews
- 37 Key Informants

This sample reflects strong diversity across faith backgrounds, gender identities, sexual orientations, and institutional perspectives.

2.2.3 Recruitment Procedures

Recruitment followed a strict ethical and safety-focused process:

- Contact through trusted networks to prevent exposure and build trust especially among the LGBTQI+ community
- Participant-led choice of interview modality (in-person or encrypted virtual)
- Safety screening of interview venues to avoid areas with active enforcement or informant activity
- Use of community-sensitive interviewers familiar with LGBTQI+ cultures and trauma-informed practice
- Flexible scheduling to accommodate participants with conflicting programs

2.3 Data Collection Instruments

The study employed a comprehensive set of qualitative data collection instruments designed to capture the complexity of experiences among LGBTQI+ individuals and key stakeholders. Three primary tools were used: structured interview guides, Focus Group Discussion (FGD) protocols, and Key Informant Interview (KII) tools.

The structured interview guides for LGBTQI+ persons explored experiences related to faith teachings, rejection, conversion therapy, mental health symptoms, and coping mechanisms.

The FGD protocols facilitated group-level conversations that illuminated collective patterns, shared narratives, safety concerns, and community support systems.

Meanwhile, the KII tools were tailored for each stakeholder category including faith leaders, parents, shelter managers, health workers, KP-led organisations, and university students to gather institutional insights on stigma drivers, service gaps, religious practices, health barriers, and the broader effects of the AHA 2023.

All instruments were grounded in the study's thematic areas and designed to allow participants the flexibility to elaborate on personal or institutional experiences, ensuring richness, nuance, and contextual depth in the data collected.

2.4 Fieldwork Procedures

Fieldwork was conducted across twelve districts using carefully planned procedures that prioritized participant safety, comfort, and confidentiality. Interviews and FGDs were held in secure, neutral locations such as shelters, trusted community spaces, private offices within KP-led organisations, or, where necessary, through encrypted virtual platforms. Before each session, field teams conducted rapid context and security assessments to detect potential risks including police patrols, community surveillance, or tensions in areas where LGBTQI+ individuals had recently been targeted.

Data collectors adhered to trauma-sensitive interviewing techniques, allowing participants to pause, skip questions, or withdraw at any point without consequence. Sessions were facilitated by trained interviewers familiar with LGBTQI+ experiences and mental health dynamics, ensuring rapport and emotional safety. These procedures ensured that data collection remained sensitive to the heightened risks associated with the AHA 2023 context.

2.5 Data Analysis

Data analysis was conducted using a structured thematic analysis approach, following Braun and Clarke's six-stage framework. First, all audio recordings and field notes were transcribed verbatim and reviewed repeatedly for familiarization. The research team generated initial codes capturing recurring concepts such as religious exclusion, fear of arrest, psychological distress, experiences of conversion therapy, and coping mechanisms. These codes were progressively refined and grouped into broader themes. Themes were then cross-validated across the three data sources structured interviews, FGDs, and KIs to ensure consistency and depth. Triangulation across regions, respondent categories, and collection methods strengthened the credibility of interpretations. Throughout the analysis, the team used themes to identify contradictions, and highlight unique voices. The final synthesis integrated both individual lived experiences and institutional perspectives, forming the basis for the study's findings and recommendations.

2.6 Ethical Considerations

Given the criminalisation and extreme vulnerability of LGBTQI+ persons under the AHA 2023, the research adhered to rigorous ethical protocols aligned with international standards for human subjects' protection. Informed consent was obtained verbally to avoid creating written documentation that could expose participants to legal or social harm. Participants were fully informed of the study purpose, potential risks, confidentiality measures, and their right to withdraw at any time. To protect anonymity, no identifying information such as names, phone numbers, or specific residential details was recorded, and all audio files and transcripts were stored on encrypted, password-protected devices.

Interviewers were trained in ethical interviewing, trauma-informed care, and do-no-harm principles, ensuring that interactions were respectful, empathetic, and non-intrusive. Immediate referrals were provided for participants experiencing psychological distress, suicidal ideation, or insecurity, linking them to KP-friendly counsellors, shelters, or emergency response contacts.

The team also followed strict safety procedures to protect themselves and participants, including discreet movements, non-branded materials, and secure communication channels. These ethical measures were critical for maintaining trust, ensuring participant dignity, and preventing harm during the study.

CHAPTER THREE

FINDINGS AND DISCUSSION

3.1 Faith and Religious Narratives

Faith and religious institutions emerged as some of the most influential forces shaping community attitudes, family responses, and personal identity struggles among LGBTQI+ persons in Uganda. Across all districts, participants reported that religious teachings, particularly within Pentecostal, evangelical, Anglican, Catholic, and some Islamic communities, portrayed LGBTQI+ identities as sinful, demonic, un-African, or a sign of moral decay. These narratives were often reinforced through sermons, pastoral counselling, youth fellowships, religious radio programs, and family prayer sessions, creating intense internalized stigma and psychological conflict.

Over 85% of the LGBTQI+ participants explained that from early childhood, religious messaging framed their gender identity or sexual orientation as incompatible with faith, leading to long periods of guilt, self-blame, and attempts to “pray away” their feelings. One *lesbian* participant described growing up hearing that “*any woman who feels love for another woman is possessed by a spirit of Jezebel.*” She added:

“I grew up terrified of myself. Every time the pastor said people like me were demons. I believed I was cursed. I spent years praying to change.” — LGBTQI participant, FGD

Family responses were often shaped by these religious teachings. Many participants recalled being taken for “deliverance” prayers, forced fasting, or pastoral counselling intended to “correct” their identities. These interventions were usually driven by parents who feared shame, spiritual punishment, or community ridicule. A 22-year-old trans masculine participant shared:

“My mother cried for weeks. She said the church elders told her I was under witchcraft. They prayed for me in front of the whole congregation. People laid hands on me until I fainted.”

Faith leaders were cited as highly influential in directing families toward conversion therapy or punitive corrective actions. 90% of the participants described church-led “healing sessions” involving exorcisms, night vigils, and public humiliation. A gay man narrated:

“At church, the pastor told them to lock me in the prayer room for three days so that the evil spirit of homosexuality could leave. I was beaten with a Bible and told to confess my sins.”

These practices had severe emotional consequences. Participants frequently mentioned deep fear, shame, suicidal thoughts, and prolonged internal conflict between their identity and the desire to remain part of their religious community.

Some participants also reported being forced to leave their churches or mosques once their sexual orientation or gender identity became known. A Muslim bisexual man shared:

"When rumors started, the sheikh stopped me from entering the mosque. He said I was bringing shame and impurity. I felt rejected by God Himself."

Faith narratives not only shaped individual experiences but also contributed to broader community hostility. Religious condemnation was often used to justify violence, evictions, and exclusion. According to shelter managers and KP-led organisations, multiple cases of violence began after sermons that framed LGBTQI+ identities as threats to children or family values.

A shelter manager explained:

"Every time a pastor in this area preaches about homosexuality, we receive two or three new cases within that week. People feel justified to beat or chase out anyone they suspect."

Interviews with faith leaders revealed a deep divide. While some upheld strict doctrinal positions, others acknowledged that extreme condemnation was harmful. However, even leaders who advocated compassion often struggled to challenge prevailing teachings, citing fear of backlash from congregants or senior religious authorities.

One Anglican priest noted cautiously:

"We are taught to love everyone, but if I say that publicly about homosexuals, they will chase me from the parish. So many leaders stay silent."

Discussion

Overall, faith-based narratives play a central role in shaping social attitudes and personal struggles for LGBTQI+ persons. Across the 12 study districts, religion was consistently identified as the primary source of stigma, internalized shame, and justification for punitive corrective actions. These narratives also contributed to family rejection, emotional trauma, and increased vulnerability to conversion therapy.

The interplay between religious doctrine and societal norms reinforces a hostile environment in which LGBTQI+ individuals feel torn between their spiritual identity and lived reality. This contributes to heightened mental-health burdens such as depression, anxiety, hopelessness, and self-isolation.

The findings also highlight the importance of engaging faith leaders in future interventions, as they hold significant influence over community norms and family responses. Successfully shifting harmful religious narratives will be critical to reducing stigma and promoting the mental wellbeing and safety of LGBTQI+ persons.

3.2 Experiences with Conversion Therapy

Conversion therapy emerged as a widespread and deeply harmful experience for many LGBTQI+ respondents across all study districts. Participants described being subjected to practices intended to “change,” “heal,” or “correct” their sexual orientation or gender identity. These practices were rooted in religious teachings, cultural beliefs, and family pressure, and were often facilitated by pastors, imams, traditional leaders, community counsellors, and sometimes health workers.

The most common forms of conversion therapy reported included:

- Prayer sessions and fasting rituals
- Overnight vigils (“kuzikiriza”) and exorcisms
- Forced counselling with religious leaders
- Physical violence during deliverance rituals
- Isolation or confinement in prayer rooms
- Forced heterosexual marriage or sexual contact
- Herbal or spiritual cleansing by traditional healers

Several participants described conversion therapy as traumatic, humiliating, and life-threatening. A 27-year-old gay man recounted:

“My family tied me up and took me to a pastor. He kept shouting that demons were stubborn. He slapped me, poured oil on my head, and forced me to fast for three days.”

A lesbian participant described an extreme case involving forced sexual contact:

“My aunt said I needed a man to ‘fix me.’ She arranged for a man to sleep with me. I cried the whole time. They called it healing.”

These experiences leave long-lasting psychological effects. Victims repeatedly referenced trauma symptoms such as nightmares, panic attacks, intrusive memories, and fear of enclosed spaces or religious settings.

A trans participant described the aftermath:

“After the exorcism, I couldn’t sleep for weeks. Whenever I heard a loud prayer or gospel music, my body shook.”

Key informants confirmed that conversion practices remain deeply normalized within religious and family environments, often framed as acts of love or protection. A KII (Health worker – counsellor) noted:

“Families don’t think they are abusing the child. They think they are saving them from hell. That is why conversion practices are so difficult to challenge.”

Discussion

Conversion therapy functions as a form of psychological violence, driven by intersecting religious, cultural, and familial pressures. The findings indicate that conversion practices are not isolated events but systematic interventions that produce profound mental-health consequences. These experiences heighten internalized stigma, disrupt identity development, and create lifelong trauma.

The normalization of these practices within religious and cultural contexts makes them difficult to report and even harder to prevent, underscoring the need for targeted legal, psychosocial, and community interventions.

3.3 Impact of the Anti-Homosexuality Act (AHA) 2023

The enactment of the Anti-Homosexuality Act (AHA) 2023 significantly intensified fear, insecurity, and social exclusion among LGBTQI+ persons. Participants consistently described the law as creating an environment of constant surveillance and threat, with impacts cutting across safety, housing, employment, health access, relationships, and mental wellbeing.

Many respondents reported evictions, loss of jobs, denial of services, and increased exposure to violence. A bisexual woman from Lira shared:

"Immediately after the law passed, my landlord said he couldn't risk having me in his house. He told me to leave in three days because people were watching."

Another participant from Mbale described how community members weaponized the law for personal gain:

"Boda riders threatened to report me if I didn't give them money. The law gave them power over us."

Health workers also acknowledged disruptions in service access. A KII with a KP-friendly clinician revealed:

"Some of our clients stopped coming. They were afraid that their records would expose them. We still see cases of STIs worsening because people wait too long to seek care."

The law also encouraged community policing, where neighbors, local council leaders, and even family members monitored and reported individuals perceived as LGBTQI+. One gay man shared:

"My brother said he would rather report me than be arrested for protecting me. I realized I had no safety anywhere."

Many respondents said the law affected their ability to form or maintain relationships. A lesbian couple described living in constant fear:

"Even holding hands in our room feels dangerous. The neighbors listen for any noise. We live like prisoners."

Discussion

The AHA 2023 amplifies structural violence, giving legal legitimacy to discrimination and community vigilantism. The law creates a climate of perpetual fear that shapes daily decisions, where people live, who they trust, whether to seek healthcare, and how they express identity.

The findings affirm that the AHA 2023 is not simply a legislative tool but a catalyst for widespread social harm, exacerbating psychological distress, trauma, and systemic exclusion.

3.4 Mental Health and Psychological Wellbeing

Across all regions, LGBTQI+ participants reported severe and persistent mental-health challenges, including depression, anxiety, panic attacks, sleep disturbances, hopelessness, and trauma symptoms. The combined influence of faith-based rejection, conversion therapy, and the AHA 2023 significantly contributed to emotional exhaustion and chronic psychological distress.

A gay participant described living “in constant survival mode”:

“My chest is always tight. Even when I’m alone, I feel like someone is watching me. I sometimes wake up shaking.”

Sleep disturbances were common, especially among individuals who had survived family violence or community threats. A trans woman explained:

“Whenever I hear footsteps, I think they are coming for me. I hardly sleep. I’m always alert.”

Feelings of hopelessness and self-harm were also frequently mentioned. A 19-year-old lesbian woman shared:

“I sometimes think it’s better not to be alive than to be hated by everyone, even your own parents.”

Key informants, including health workers and counsellors, reported seeing an increased number of crisis cases linked to trauma, displacement, and fear of arrest.

Discussion

The mental-health landscape reflects deep systemic harm. LGBTQI+ persons are subjected to multiple, reinforcing stressors, religious condemnation, conversion practices, and criminalisation which create chronic psychological strain.

These experiences align with established trauma models in which prolonged exposure to threat, shame, and rejection leads to internalized oppression, social withdrawal, and high-risk coping behaviors. Without structured mental-health support, these conditions risk worsening, making the provision of safe and accessible psychosocial services a priority.

3.5 Coping Mechanisms and Support Systems

Despite overwhelming challenges, LGBTQI+ individuals demonstrated strong resilience and creativity in navigating hostile environments. The most common coping mechanisms included reliance on peer networks, chosen families, shelters, KP-led organisations, social media, and faith reinterpretation.

Peer support emerged as the most consistent protective factor. A young gay man shared:

"My friends are the reason I am still alive. We check on each other every day. They are my family now."

Shelters provided refuge for many fleeing violence or eviction. A shelter manager from noted:

"We receive people at all hours, some chased by family, others beaten by mobs. Our rooms are always full, but we cannot turn them away."

Digital spaces, especially WhatsApp groups and encrypted messaging, served as safe channels for emotional support and safety alerts. One participant explained:

"Online groups help us breathe. We talk freely without fear. It's the only place where I feel understood."

Some LGBTQI+ persons engaged in spiritual reinterpretation, seeking inclusive theological resources to reconcile their faith and identity. A bisexual Christian said:

"I now follow affirming pastors on YouTube. It helps me know God doesn't hate me."

Discussion

These coping systems illustrate significant resilience but also reveal serious gaps. Most support is community-based, informal, and often overburdened. Formal mental-health services remain inaccessible due to stigma, fear of arrest, or judgment from providers.

The findings highlight the need for:

- expanded shelters,
- trained inclusive counsellors,
- community safe spaces,
- faith-based allies,
- and strengthened KP-led organisation support networks.

CHAPTER FOUR:

COPING MECHANISMS AND SUPPORT SYSTEMS

4.1 Individual Coping

In the face of pervasive discrimination, criminalisation, and religious condemnation, LGBTQI+ individuals employ a wide range of coping strategies to preserve their psychological wellbeing, personal safety, and sense of identity. Peer support emerged as the most prominent and reliable strategy. Many participants referred to their friends and community networks as “chosen family,” describing them as the only consistent source of emotional security, housing support, and practical guidance. As one gay respondent explained:

“My friends are the reason I wake up and keep going. When things get too heavy, they hold me together.”

Selective disclosure or choosing carefully whom to trust with their identity was another critical mechanism that reduced the risk of exposure, arrest, or family retaliation. Many participants lived dual lives: openly expressing themselves within LGBTQI+ circles but maintaining a heterosexual or gender-conforming façade in public. This careful negotiation helped them avoid confrontation but also contributed to chronic stress.

Digital safe spaces served as powerful tools for emotional connection, information sharing, and crisis response. Encrypted WhatsApp groups, Telegram channels, and online LGBTQI+ communities provided anonymity, real-time safety alerts, and mental-health check-ins. A non-binary respondent noted:

“Online is where I feel human. I can speak freely, learn from others, and feel seen.”

Spiritual reinterpretation also emerged as a meaningful coping approach. Some participants reconnected with their faith through affirming theological material, online sermons, or private meditation after experiencing trauma within mainstream religious spaces. This helped counter internalized stigma and rebuild self-worth.

Lastly, distraction techniques including creative arts, journaling, volunteering, work immersion, and occasional substance use were reported as additional coping strategies, though some carried risks when tied to emotional overwhelm.

4.2 Organizational Support

Community-based organisations, KP-led networks, shelters, and allied health practitioners play a critical role in mitigating the harms faced by LGBTQI+ individuals. These organisations offer a spectrum of services, including psychosocial counselling, legal aid, emergency housing, HIV/STI treatment, safety planning, and crisis intervention.

Shelters and safe houses were frequently described as lifelines. Many participants who experienced eviction, mob violence, or AHA-related threats sought refuge in these spaces. A shelter manager explained:

"We receive people at night, sometimes half-dressed and crying. They come with nothing except fear. We do whatever we can to keep them safe."

KP-led organisations also facilitate community empowerment through leadership training, mental-health workshops, paralegal support, and referral networks. Universally, however, these organisations reported significant capacity constraints, including limited funding, staff burnout, overcrowded shelters, and heightened security risks following AHA 2023.

Sympathetic clinicians and KP-friendly health centers remain the primary avenues for safe HIV care, emergency treatment, mental-health counselling, and trauma support. Despite their supportive role, these facilities are often overstretched and cannot meet the increased demand caused by legal and social pressures.

4.3 Key Gaps

The study identified several critical gaps in the current support ecosystem:

- i. **Limited Mental-Health Services:** Only a handful of counsellors are trained in LGBTQI+-affirming care. Many mainstream health facilities remain unsafe due to stigma, fear of reporting, or discriminatory attitudes.
- ii. **Insufficient Shelter Coverage:** Shelters are few, often overcrowded, and concentrated in urban centers. Rural LGBTQI+ persons have limited access to emergency protection, particularly after evictions or family violence.
- iii. **Weak Parental and Family Support Systems:** Many families respond with religious condemnation or conversion pressure. There are few structured programs to educate parents about sexuality, gender diversity, and supportive caregiving.
- iv. **Limited Faith-Based Engagement:** Most religious institutions lack training or doctrinal guidance for supporting LGBTQI+ congregants. Faith leaders often fear backlash if they appear affirming, perpetuating silence and stigma.
- v. **Under-resourced KP-led Organisations:** These groups carry the burden of crisis response but face funding insecurity, staff burnout, and threats from community monitors or local council enforcement.
- vi. **Legal and Reporting Barriers:** Due to the AHA 2023, LGBTQI+ individuals cannot safely report violence, rape, or blackmail, leaving many abuses undocumented and unaddressed.

These gaps reveal the urgent need for a coordinated, well-funded, and holistic support system rooted in safety, mental-health expertise, and legal protection.

4.4 Opportunities for Strengthening Support

Despite the challenges, the findings highlight several feasible and impactful opportunities for strengthening support systems for LGBTQI+ persons:

- i. **Training Community Counsellors:** Building a cohort of trained, LGBTQI+-affirming counsellors especially within KP-led organisations would expand mental-health access and reduce reliance on unsafe public health systems.
- ii. **Scaling Tele-Counselling and Digital Support:** Tele-health models, encrypted counselling platforms, and online peer-support groups offer scalable, low-risk avenues for mental-health care and crisis support.
- iii. **Decentralizing Shelters:** Establishing regional micro-shelters and community safe houses would enhance geographic reach and reduce overcrowding, particularly in high-risk areas outside Kampala.
- iv. **Faith Engagement Programs:** Structured dialogues and training with open-minded faith leaders can help shift harmful narratives, increase community acceptance, and reduce conversion-related harms.
- v. **Strengthening Legal Aid and Protection Pathways:** Supporting paralegal training, legal emergency lines, and safe relocation pathways can mitigate risk for individuals facing arrest, blackmail, or violence.
- vi. **Investing in KP-led Organisations:** Building organizational capacity through funding, staff wellbeing programs, and operational security ensures the sustainability of frontline services.
- vii. **Enhancing Parent Outreach:** Developing parent support groups and family education curricula can reduce internal family stigma and limit reliance on conversion therapy.

These opportunities provide practical entry points for donors, policymakers, and community actors seeking to build resilience and safety for LGBTQI+ persons.

CHAPTER FIVE

RECOMMENDATIONS AND CONCLUSIONS

5.1 Recommendations

Policy and Legal Reform

- Advocate for revision or repeal of the AHA 2023, emphasizing its harmful effects on public health, safety, and community wellbeing.
- Introduce legislation explicitly prohibiting conversion therapy in all forms, religious, cultural, clinical, and familial.
- Strengthen and enforce anti-discrimination laws to protect LGBTQI+ persons across sectors including housing, health, education, and employment.
- Expand legal-aid networks to assist individuals facing arrest, eviction, violence, or blackmail.

Mental-Health and Psychosocial Support

- Train counsellors, psychologists, and social workers in LGBTQI+-affirming and trauma-informed care, particularly in KP-led organizations and community clinics.
- Scale up tele-mental health, encrypted counselling, and crisis hotlines to reach individuals afraid to access physical health facilities.
- Integrate trauma-focused interventions into routine services, including cognitive behavioral approaches, group therapy, and peer-support models.
- Develop pathways for emergency psychosocial intervention, particularly for survivors of violence or conversion practices.
- Train affirming faith leaders in structural counselling skills and support them to integrate these skills into their existing counselling sessions, ensuring that LGBTQI+ individuals seeking these services can benefit from safe and affirming care.

Protection and Shelter

- Increase the number and regional distribution of safe houses and emergency shelters, particularly outside Kampala.
- Strengthen relocation pathways, including temporary housing support for individuals fleeing violence, blackmail, or arrest.

- Establish secure, confidential systems for reporting violations—including digital platforms—and link survivors to legal and psychosocial support.
- Equip shelters and KP-led organisations with operational resources, security training, and crisis-management tools.

Community and Faith Engagement

- Support parent education programs to reduce family rejection and reliance on conversion therapy.
- Initiate faith-dialogue and theological reflection programs with open-minded religious leaders to address harmful narratives and promote compassion-based interpretations.
- Strengthen community peer-support networks that provide emotional support, safety alerts, and survival assistance.
- Develop structured partnerships between faith actors, human rights organizations, and health service providers to foster more inclusive environments.

5.2 Conclusions

The study concludes that LGBTQI+ persons in Uganda navigate a layered system of stigma driven by religious teachings, harmful conversion practices, and the punitive framework of the Anti-Homosexuality Act (AHA) 2023. These forces intersect to create an environment of sustained fear, community hostility, homelessness, family rejection, and heightened exposure to violence and mental-health crises. The psychological impacts—ranging from depression and anxiety to trauma and suicidal thoughts—are profound and long-lasting.

- Faith institutions play a dual role; while they serve as moral anchors in many communities, they are also among the strongest drivers of stigma and conversion-related harm. Conversion therapy remains widespread and normalized within families and congregations, often framed as love, care, or spiritual duty. Meanwhile, the AHA 2023 restricts access to health care, fuels surveillance and blackmail, and exacerbates mental-health distress.
- Despite these challenges, LGBTQI+ persons demonstrate remarkable resilience through peer networks, shelters, online communities, and selective engagement with affirming clinicians. However, existing support systems are overstretched, underfunded, and limited in geographic reach. Without structured mental-health programs, protective legislation, and stronger organizational capacity, the vulnerabilities documented in this study will continue to escalate.



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