

COUNSELOR READINESS AND CHALLENGES IN PROVIDING LGBT COUNSELING IN MALAYSIA

PREPARAÇÃO DOS CONSELHEIROS E DESAFIOS NA PRESTAÇÃO DE ACONSELHAMENTO LGBT NA MALÁSIA

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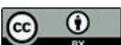
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Abstract

The growing visibility of LGBT issues in Malaysia has increased the demand for counseling within this community, presenting significant professional challenges for counselors. This qualitative study was conducted to explore the readiness and challenges faced by counselors in managing LGBT-related cases in Malaysia. A total of eleven (11) registered counselors with experience in handling LGBT clients participated as study respondents through in-depth interview sessions. Data were analyzed using NVivo 15 software to identify key themes related to readiness and challenges in conducting counseling with LGBT clients. The findings indicate that counselor readiness is influenced by initial reactions in case management, counselor acceptance and openness, multicultural counseling knowledge, understanding of LGBT concepts, and the development of experience-based competency. The study also revealed several challenges, namely the absence of reference models and limited LGBT counseling training, client characteristics, limitation in conducting session and ethical dilemmas regarding the counselor's personal values. The results of this study are expected to serve as a

Resumo

A crescente visibilidade das questões LGBT na Malásia aumentou a demanda por aconselhamento dentro dessa comunidade, apresentando desafios profissionais significativos para os conselheiros. Este estudo qualitativo foi realizado para explorar a preparação e os desafios enfrentados pelos conselheiros no gerenciamento de casos relacionados a LGBT na Malásia. Um total de onze (11) conselheiros registrados com experiência no atendimento a clientes LGBT participaram como respondentes do estudo por meio de sessões de entrevistas aprofundadas. Os dados foram analisados usando o software NVivo 15 para identificar temas-chave relacionados à preparação e aos desafios na condução do aconselhamento com clientes LGBT. Os resultados indicam que a preparação do conselheiro é influenciada pelas reações iniciais na gestão do caso, pela aceitação e abertura do conselheiro, pelo conhecimento multicultural em aconselhamento, pela compreensão dos conceitos LGBT e pelo desenvolvimento de competências baseadas na experiência. O estudo também revelou vários desafios, nomeadamente a ausência de modelos



guide for training institutions and professional bodies in developing intervention training, practical guidelines, and a counseling practice framework that is more effective and sensitive toward LGBT clients in Malaysia

Keywords: LGBT. Counselor Readiness. Counseling Challenges. Multicultural Counseling. Counselor Competence

de referência e a formação limitada em aconselhamento LGBT, as características dos clientes, as limitações na realização de sessões e os dilemas éticos relativos aos valores pessoais do conselheiro. Espera-se que os resultados deste estudo sirvam de guia para instituições de formação e organismos profissionais no desenvolvimento de formação em intervenção, diretrizes práticas e um quadro de prática de aconselhamento mais eficaz e sensível para com os clientes LGBT na Malásia

Palavras-chave: LGBT. Preparação do Conselheiro. Desafios do Aconselhamento. Aconselhamento Multicultural. Competência do Conselheiro

1 INTRODUCTION

The issue of the Lesbian, Gay, Bisexual, and Transgender (LGBT) community is a social phenomenon that is gaining widespread attention in social media and Malaysian society today. The early history of the LGBT community in Malaysia began with the emergence of the *mak nyah* (transwoman) and *pondan* (transvestite) groups around the 1980s (Mahfudzah, 2015). Although LGBT lifestyles have been declared *haram* (forbidden) through *fatwas* since the 1980s and restricted through legal enforcement, religious policies, and media control, however the movement continues to grow in Malaysia due to support from NGOs and various programs raising awareness about LGBT rights (Roslee *et al.*, 2024).

The LGBT issue in Malaysia has become complicated because it involves a conflict between the religious, moral, and cultural values held by the majority of the Malaysian population and the demands for human rights by the LGBT community. This also triggered social sensitivities, as evidenced by public protests against planned LGBT-themed programs (Anon, 2025). This ongoing conflict renders LGBT related issues particularly complex to resolve, resulting in a state of persistent and polarized debate within Malaysian society. This is further supported by news reports of a raid on a Kuala Lumpur spa where 210 men including 17 civil servants were detained on suspicion of involvement in same-sex relationship. This incident triggered widespread public

sensitivity, as such acts contradict national laws that do not recognize LGBT practices (Safeek, 2025).

LGBT practices often viewed as contradictory to religious teachings, causes controversy and rejection within Malaysian society. Recent data indicates a 2% increase in HIV transmission attributed to homosexual or bisexual risk factor with cases rising from 1,995 in 2023 to 2,037 in 2024 (Ercy, 2025). Statistics indicate a critical need for mental health support for the LGBT community, who are often trapped in conflicts between their self-identity and societal norms, leaving them vulnerable to discrimination and stigma. According to Tan (2025), beyond HIV/AIDS issues, the LGBT community also faces mistreatment by police and systemic discrimination, creating an urgent need for culturally sensitive and ethical counseling interventions for their emotional well-being.

Consequently, counseling services have emerged as a critical alternative approach for addressing the multifaceted moral and psychological needs of the LGBT community. However, the provision of counseling for the LGBT community in Malaysia faces several significant challenges including counselor competency levels, cross-cultural proficiency, personal confidence, and ambiguous legal boundaries (Ho *et al.*, 2024). One competency issue faced by counselors is a lack of specialized training regarding LGBT individuals. Many practitioners have not received specific exposure to topics such as gender identity, sexual orientation, stigma, and discrimination (Camacho *et al.*, 2023). The absence of comprehensive training modules often leads to a lack of professional confidence when handling these cases. Nevertheless, professional ethical guidelines as well as the Counselors Act 1988 mandate that counselors provide high-quality, non-discriminatory services based on their professional expertise. Furthermore, competency is evaluated through three core pillars: awareness, knowledge, and skills (Choudhuri *et al.*, 2012; Welfel, 2016). By integrating these three dimensions, counselors can facilitate a more inclusive therapeutic process.

Religious issues are often linked to misconceptions in the provision of counseling services to the LGBT community. For example, there is an assumption that Muslim counselors are responsible for bringing Muslim clients back to the right path and toward repentance. While such intentions may be well-meaning from a personal standpoint, the professional counseling process emphasizes that change must stem from the client's own

choice, based on the principle of being non-judgmental. Furthermore, external pressure from families, institutions, or religious bodies demanding recovery often triggers a conflict of values between the counselor and the client. If not managed effectively, this conflict can jeopardize the client's well-being (Ling *et al.*, 2023). Zuraidah *et al.* (2018) emphasize the need for expanded Islamic-based counseling and guidance approaches or religious integration. The goal is to prevent Islam from being misinterpreted solely as a form of punishment and instead highlight the quality of tolerance in human interaction. Specific approaches and interventions through individual or group counseling and guidance for the LGBT community are essential. An integrated Islamic psychospiritual approach allows counselors to unravel the underlying issues and gain a profound understanding thereby increasing the effectiveness of the support provided.

The lack of a systematic service framework has hindered the effectiveness of counseling sessions for the LGBT community in Malaysia. There is a critical need to establish specialized training and clear policies to protect the rights and confidentiality of clients, while providing professional safeguards for counselors. This issue becomes more complex when counselors encounter dilemmas regarding the 'duty to report,' especially when shared information carries legal implications for the client (Tan & Ling, 2022). Therefore, strengthening training and developing clear practical guidelines are proactive steps essential to guarantee the provision of efficient and safe counseling services to LGBT community (Ling *et al.*, 2023)

The perception and readiness of counselors in handling LGBT cases are still regarded as low. Some counselors remain unprepared to conduct sessions with clients from the LGBT community, a situation closely linked to multicultural competence when managing clients whose identities differ from the counselor's prior training. According to Schofield (2024), negative experiences reported by clients include feelings rejected and encountering counselors who attempt to "fix" them. This situation makes clients feeling uncomfortable, judged, misunderstood, and perceiving the counselor as ill-equipped to handle sessions with the LGBT group. Counselors should emphasize acceptance and provide empathetic support regarding the client's experiences. By exploring the perceptions and levels of cross-cultural competence among counselors, this study aims to help researchers develop an optimal framework for LGBT counseling in Malaysia.

Consequently, this qualitative research seeks to explore counselor readiness and the challenges in providing LGBT counseling within Malaysian context.

2 LITERATUR REVIEW

The provision of effective counseling services is critical to supporting the well-being of this minority group, which is frequently exposed to stigma, discrimination, and social rejection. Research indicates that individuals involved in the gay and lesbian communities show a higher tendency toward mental health issues, psychological disorders, and suicide attempts compared to heterosexual individuals. This is attributed to a lack of moral support from the surrounding community, particularly from family members (Mustanski *et al.*, 2010). However, despite increasing demand, registered counselors in Malaysia confront with various complex issues and challenges in providing LGBT counseling. Among the challenges are professional competency and counselor's own personal value conflicts.

Past research findings clearly demonstrate that discrimination is a primary challenge felt by the LGBT sexual minority community (Elmer *et al.*, 2022; Yasmin *et al.*, 2023). Counselors face significant challenge when there is a value conflict between their personal beliefs and the professional ethics required to provide non-discriminatory services. Experiences of discrimination and a lack of trust toward counselors often make it difficult for LGBT clients to build and maintain a relationship of trust. Counselors must possess a high degree of unconditional positive regard, empathy, and congruence (Rogers, 1957) to establish a therapeutic relationship with LGBT client. Cross-cultural competence is among the key skills counselors need to overcome the discrimination that may occur when involving LGBT minorities.

Fundamentally, previous studies on counselor competence in multicultural counseling have focused more on general efficiency levels. Several researchers agree that cross-cultural counseling competence is an essential foundation of readiness when working with multicultural clients. Studies by Kamarul (2019), Nurul Aini *et al.* (2022), and Green *et al.* (2008) focus on three domains influencing cross-cultural counseling competence: awareness, knowledge, and skills. Findings show that the knowledge domain is at the highest level compared to awareness and skills; furthermore, there are

significant differences in multicultural counseling ability based on education level, but not regarding gender or professional experience (Kamarul, 2019). However, the study by Nurul Aini *et al.* (2022) was limited strictly to a quantitative approach. This means that in-depth exploration through face-to-face interaction with counselors could not be conducted, limiting the understanding of the counselors' subjective experiences. Zaida Nor *et al.* (2019) emphasized the importance of understanding the client's values and culture to avoid ethical conflicts. Therefore, cross-cultural competence is the bedrock of an effective helping relationship. Nevertheless, cultural counseling competence in Malaysia remains at a moderate level (Mohd Dagang *et al.*, 2013), with studies indicating a lack of readiness in terms of knowledge and experience regarding the client's religion and spirituality. This is because religious and spiritual aspects can trigger client sensitivity and may be misinterpreted during exploration. Consequently, some counselors lack the confidence to accept clients from different religions and cultures due to a lack of experience in multicultural interaction.

Local literature reviews indicate that the challenges counselors face in handling LGBT cases stem from various internal and external factors. Rafidah (2013) and Rafidah *et al.* (2020) asserts that challenges arise not only from client characteristics but also involve third-party influences, such as the client's family, and the complexity of the issues presented. This aligns with findings by Siti Hajar (2018), which highlight the clash between a counselor's personal values and the client's needs, constraints in specialized training, and the absence of a standard LGBT counseling model as major barriers in Malaysian practice.

A qualitative study by Salleh *et al.* (2021), utilizing semi-structured in-depth interviews with 15 counselors, successfully developed a framework model for counseling gay and lesbian clients based on Western research findings to identify specific competency model needs, as existing Malaysian studies are still general and focused on religion and rehabilitation. These findings confirm the urgent need for a developed counseling model to serve as clear guidance for Malaysian counselors regarding the correct procedures and processes for managing gay and lesbian cases. Salleh *et al.* (2021) emphasized that a competent counselor must always be prepared and open to various cases. It is a counselor's responsibility to accept clients unconditionally as human beings.

When dealing with gay and lesbian clients, counselors must have the intention to help them overcome their problems.

The study by Siti Hajar *et al.* (2021) specifically addresses counselor competence in understanding gay and lesbian clients, given that sexual minorities often face unique stigma and discrimination. Therefore, this study aims to identify the extent of knowledge counselors possess and to explore that knowledge more deeply. The findings prove that counseling competence regarding gay and lesbian individuals relies heavily on mastering five knowledge subthemes: theory, background, identity, mental health, and cross-culture, which form the basis for effective and professional case management.

A study by Abreu *et al.* (2022) involving 280 counselors in the United States found that a counselor's readiness to handle LGBT issues is not determined by their personal background or work experience, but rather by two improvable factors: formal, intensive training and practical exposure/experience with LGBT clients. Counselors who reported higher levels of readiness and confidence were those who participated in more training hours and had broader clinical contact with LGBT clients.

Research conducted by Carrington and Sims (2023) aimed to identify how counseling training courses prepare trainee counselors to handle LGBTQ+ issues. This study details counselor readiness through critical aspects such as the lack of preparation for newly qualified counselors, the dependency of trainee readiness on their instructors' readiness, the need for curriculum integration, and the lack of exposure to the real-life experiences of the LGBTQ community. The findings show that existing training modules underemphasize LGBT competence; thus, curriculum improvements are needed to ensure trainees are better prepared for sexual diversity.

Da'as and Slobodin (2025) state that school counselors face unique challenges as they are caught between professional values and the traditional norms of Arab society. This situation requires them to manage the tension between professional responsibilities and cultural/religious pressures. Counselors often use passive listening and a cautious approach with LGBT clients. This approach may lead to inefficient counseling, preventing deep exploration and making the client feel misunderstood or unaccepted—contradicting the core principle of unconditional acceptance. These challenges are echoed by Ng *et al.* (2021), who emphasize that a counselor's cultural identity affects the effectiveness of multicultural counseling. A counselor's cultural identity can impair the

understanding of clients from different cultures, create value conflicts, and hinder the counselor's awareness of their own cultural biases. A lack of cross-cultural competence also results in counseling approaches that are inappropriate for the client's cultural background.

3 METHODOLOGY

This study employs a case study design involving semi-structured in-depth interviews with experienced counselors who have managed counseling sessions with LGBT clients. According to John (1997), the primary goal of qualitative research is to uncover and provide a clear illustration of the significance of a particular subject to humans. Research design refers to the explanation of the research process conducted. It also explains how a research process is carried out, involving data collection activities and the writing of the research report (Creswell & Poth, 2018). Qualitative research involves exploring individual experiences and understanding meanings within their actual contexts and unique situations (Patton, 2002; Yin, 2011).

3.1 Participants

According to Chua (2006), purposive sampling refers to a sampling procedure where a group of objects possessing specific characteristics is selected as research respondents. The purposive sampling method was chosen to fulfill the research objectives, specifically to explore the phenomenon under study. This study involves 11 counselors who meet three sampling criteria: (i) registered counselors with a valid practicing certificate, (ii) counselors with more than three years of experience, and (iii) counselors who have conducted counseling sessions with gay and lesbian clients. The use of this purposive sampling method is intended to obtain accurate, holistic, and meaningful information regarding the phenomenon being studied (Creswell & Poth, 2018; Merriam, 2009).

3.2 Instrument

An interview protocol was prepared and validated before being used for the study. The interview protocol questions were developed in alignment with the research objectives. The use of an interview protocol (Doody, 2013; Newcomer *et al.*, 2015), alongside "probing" techniques (Gillham, 2000), assisted the researcher in exploring the experiences of each participant in conducting counseling sessions with gay and lesbian clients. Interviews were conducted face-to-face and online via the Zoom application, as some identified counselors were located outside the Klang Valley. The research instrument explores the readiness and challenges faced by counselors in managing counseling sessions with gay and lesbian clients.

3.3 Data Analysis

Audio recordings were made for each interview session with the research participants. The researcher listened to the recordings and produced a verbatim transcript for every session conducted. These verbatim transcripts were prepared for analysis to identify themes consistent with the research questions. The researcher utilized NVivo 15 software to manage the entirety of the verbatim data obtained through the interviews. The use of NVivo 15 aimed to manage qualitative data systematically and in an organized manner, as the software is capable of organizing themes from all data collected. This data analysis using NVivo 15 aligns with the views of Beekhuyzen and Bazeley (2024), who state that computer software allows qualitative researchers to organize, analyze, and store data more systematically and effectively. The main thematic analysis for this study is categorized according to the research questions, which seek to explore the readiness and challenges of counselors in handling LGBT counseling cases. In qualitative methods, the risk of bias is mitigated through the use of triangulation by the researcher (Patton, 2015). The triangulation process was carried out by analyzing the interview transcripts alongside the researchers to reduce individual bias, and discussions were held to reach a consensus on the main themes, thereby ensuring data reliability (Lincoln & Guba 1985; Creswell & Poth, 2018).

4 FINDING AND DISCUSSION

The research findings are based on the results of a verbatim thematic analysis of interviews conducted with 11 counselors. Table 1 shows the description of the counselor codes involved in this study.

Table 1

Description of counselor codes

Counselors	Gender
R 1	Male
R 2	Male
R 3	Male
R 4	Female
R 5	Female
R 6	Female
R 7	Female
R 8	Male
R 9	Male
R 10	Male
R 11	Male

The research findings are discussed according to the primary objective which is to explore the counselor readiness and challenges in providing LGBT counseling in Malaysia. Data analysis identified five main themes influence counselor readiness: (i) counselor initial reactions, (ii) counselor acceptance and openness, (iii) multicultural counseling knowledge, (iv) understanding of LGBT concepts and (v) the development of experience - based competency. The data analysis also identified four themes regarding the challenges faced by counselors: (i) The absence of reference models and limited LGBT counseling training, (ii) client negative characteristic, (iii) limitation in conducting session and (iv) counselor personal values.

4.1 Counselor readiness in providing lgbt counseling

4.1.1 Counselor initial reaction

The research findings indicate that counselors expressed various initial reactions when receiving and handling LGBT counseling cases. These initial reactions focused primarily on emotional expressions during the first encounter with an LGBT counseling case, non-judgmental acceptance of the client, conflicts between personal perceptions and professional ethics, and the absence of a goal to "return the client to the right path." According to R4, initial reactions describe the counselor's starting attitude such as feeling happy, enthusiastic, or neutral upon knowing the client's LGBT identity. R4 describes the initial reaction in this quote "*Happy. I feel trusted. So, that thing is not something that anyone can just come to you and talk to you about. So, the fact that when a client comes with that issue, I feel like, personally I feel... I feel good that they come and meet [me] rather than being alone. So, that is indeed what I will feel, and I will feel enthusiastic to help... my personal feelings.*" R1 also stated reactions of happiness, enthusiasm, fear, and shock when facing LGBT clients in counseling sessions: "*For the first time, I was indeed afraid and shocked... we didn't have experience when they first came. However, at that time, there was a feeling of pride because it is not easy for these groups to come and seek help.*" R1's statement was supported by R8 in this excerpt: "*So, in terms of my feelings, for first time my feelings were perhaps, I don't know, somewhere in between excited and shocked as well. I just didn't want to show it. So, excited means that finally I got a client like that because we had only ever studied it. But with the following clients, I didn't feel anything anymore, Prof; it felt neutral.*"

However, some respondents stated that their initial reactions involved difficulty in distinguishing personal values from professional ethics upon knowing the client's LGBT identity. R7 explained the initial reaction in this excerpt: "*In the beginning, the very first time, I felt disgusted, thinking like, 'Allah, what am I going to say?' There was a feeling of resentment, and at the same time, a 'wicked' feeling because we as counselors were unable to divide between personal and professional values. But that changed after*

we started getting to know the first case. So, when the second case came, those feelings of hatred and such were gone.”

Almost all 11 counselors agreed that they never intended to change the client to "return to the right path." According to R6, change and decisions come from the client themselves *“As a counselor, for me, I have never, ever had the intention to change my patient. Because for me, the changes that occur whether before the session, during the session, or after the session are the will and the insight of the patient themselves. Who am I to change them? And I will also not make decisions for that client or patient. Change and decisions must come from the patient themselves.”*

Based on these research findings, a counselor's readiness to handle LGBT counseling does not focus solely on initial emotional reactions; other factors, such as the counselor's personal values, non-judgmental acceptance, and the absence of a goal to "fix" the client also influence the effectiveness of the counseling session. Positive initial reactions such as enthusiasm and happiness, do not only indicate professional readiness but also provide an initial reflection of unconditional positive regard (Rogers 1957). Emotions of happiness and enthusiasm build a good relationship of trust between the counselor and the client and help reduce the client's anxiety regarding discrimination. Nur Husna *et al.* (2023) found that unconditional acceptance involves accepting the client as an individual, their life experiences, and their emotional reactions. If a counselor is not ready to accept the client, they are highly likely to form negative perceptions of the LGBT client. Negative perceptions of the client are usually followed by negative reactions from the counselor such as anger and disappointment toward the actions and choices of the LGBT group, as well as feelings of disgust when approaching the client. Counselors who fail to manage their own emotions can significantly hinder the effectiveness of the session (Yaakob *et al.*, 2022). Conversely, clients may have negative perceptions of the counselor's emotional reactions, which in turn affects the client's willingness to seek counseling services. The effectiveness of the session depends heavily on the extent to which the counseling space becomes a safe space for the client.

These research findings are consistent with a study by Schofield (2024) regarding negative client experiences, where feelings of not being accepted and the counselor's efforts to "repair" the client caused the client to feel uncomfortable and judged. When a counselor tries to "fix" a client, it creates a significant power gap that can lead the client

to perceive themselves as a "problem" rather than a developing human being (Rogers, 1957). Although the data shows that counselors are ready at the beginning, many encounter negative initial reactions. However, they regain awareness of their role as counselors which is to not judge or form negative perceptions of the client. A study by Hayes *et al.* (2011) found that counselors often face negative initial reactions or countertransference, however through high self-awareness, they are able to return to their professional role of being non-judgmental and avoiding negative perceptions of the client (Corey 2013; Williams & Fauth, 2005). Overall, counselors' initial reactions improve after the first experience and subsequent counseling sessions. According to Pachankis and Goldfried (2004), continuous exposure to clients from diverse backgrounds, such as LGBT clients, can reduce the initial anxiety of therapists and enhance the therapeutic relationship. This is in line with the findings of Ronnestad and Skovholt (2003), suggesting that novice counselors or those encountering LGBT issues for the first time may feel anxious and shocked, but through practical experience they will move to a more stable and confident phase.

4.1.2 Counselor acceptance and openness

Research findings clarify that all participants agreed on the necessity of practicing consistent acceptance and openness when counseling LGBT clients. As R1 mentioned *"We accept them as they are, regardless of their mistakes, their background, or their religion..."* This non-judgmental stance was echoed by R6, who emphasized: *"Shouldn't a counselor accept a patient unconditionally? I have never placed any form of judgment on them."* Further supporting this, R9 mentioned that *"As counselors, we can accept. We say, okay, it's fine, I accept you. I can guide you. I can help you"*. R10 highlighted the counselor's responsibility to provide a guided and collaborative space with R10 stated that *"helping the client is a life matter that must be addressed together."*

Counselors consistently demonstrate a firm commitment to professional ethics. In this context, acceptance and openness refer to a counselor's readiness to respect the client's identity without letting personal values compromise professional care. Nur Husna *et al.* (2023) explain that unconditional acceptance involves embracing the client's individual experiences and emotional reactions. Such an attitude creates a "safe space,"

allowing counselors to listen to the narrative without the interference of societal normative biases, which in turn fosters client authenticity and therapeutic effectiveness. This aligns with Salleh *et al.* (2021), who argue that competent counselors must remain unprejudiced toward gay and lesbian clients, treating them with Unconditional Positive Regard as a core concept from Rogers (1957) involving the total acceptance of the client's self.

Professionally, this is an ethical mandate. According to the ACA (2014), a counselor's who failure to bracket personal values can lead to discriminatory practices that jeopardize client welfare. Sue and Sue (2008) further assert that the ability to accept a client's differing reality is a hallmark of high multicultural competence. This competence is built on a triad of awareness, knowledge, and skills (Kamarul, 2019). These findings are also consistent with Mohd Azrin *et al.* (2019), who apply Person-Centered Therapy with focusing on empathy and congruence to support LGBT individuals in navigating their personal development within their social contexts.

4.1.3 Multicultural counseling knowledge

Research findings indicate that counselors hold diverse perspectives on how multicultural counseling knowledge influences their readiness to engage with LGBT minority clients. This knowledge helps counselors understand social backgrounds, gender identities, sexual orientations, and the specific experiences of discrimination LGBT individuals may face, thereby preventing inaccurate assumptions or biased judgments. According to R4, mastering multicultural counseling is essential for gaining client trust. This is reflected in the participant's statement *"When we talk about multicultural aspects, it does not only reflect things like race. It can reflect their culture... for LGBT, it's like their slang... It makes them trust us. So, for me, when there is a gay or lesbian client, I try to learn their culture"*. Conversely, R6 highlighted how a lack of multicultural knowledge can interfere with a counselor's readiness. They noted that counselors might reject LGBT cases if they feel unprepared *"This is where multiculturalism interferes with the preparation... not all counselors are ready to handle heavy cases like this... you have to understand what their multicultural context is..."*.

This sense of readiness is further supported by R8 who credited their preparedness to prior exposure to multicultural education. R8 also noted the importance of accepting cultural diversity “*When we learn multiculturalism, the first point is where we understand that there are people with different views and cultures from us... concepts like cultural encapsulation were the first exposure for me. So, if I meet an LGBT client, I am not shocked; I am ready.*”

Based on the research findings, nearly all participants emphasized the importance of multicultural counseling competence as a foundational preparation for working with LGBT clients. Multicultural knowledge is highlighted as a critical factor in enhancing counselor readiness; those who possess this knowledge feel better equipped and proactively seek to understand the specific cultural nuances of LGBT clients, including communication styles, to foster therapeutic trust. This finding aligns with research by Choudhuri *et al.* (2012), which underscores the core principles of multicultural counseling: the counselor's ability to recognize, accept, and respond sensitively to clients within their unique cultural contexts. Furthermore, multicultural knowledge assists counselors in recognizing the limitations of their own personal values, ensuring a non-judgmental therapeutic process. This is consistent with Roysicar (2003), who asserts that counselors must continuously assess their capacity to meet the demands of culturally diverse populations.

Furthermore, this study is supported by McRae and Johnson (1991), who argue that beyond self-awareness, counselors must critically examine the relationship dynamic between themselves and their clients. This involves identifying whether they share similar or divergent cultural values, attitudes, and national identities. While identity differences may present challenges, counselors are ethically bound to appreciate diversity in race, religion, and customs. Siti Hajar *et al.* (2021) further explain that a robust knowledge of multiculturalism directly enhances the efficacy and delivery of counseling services when working with gay and lesbian populations.

Multicultural counseling competence is not merely an added value but it fundamentally influences a counselor's openness and readiness to navigate LGBT cases. According to the ACA (2005), counselors must employ approaches that actively respect the client's cultural background. Those who are multiculturally prepared demonstrate a deeper commitment to LGBT clients, integrating this cultural awareness into core clinical

processes such as diagnosis, assessment, and supervision (Saidi *et al.*, 2023). This professional rigor ensures that the client's core issues are accurately addressed, thereby increasing their engagement in the therapeutic relationship. This approach aligns with Rafidah *et al.* (2020), who emphasizes that counselors in Malaysia must proactively create inclusive spaces for minority clients, including gay and lesbian individuals.

4.1.4 Understanding of LGBT concept

Research findings indicate that respondents define the term LGBT based on their understanding of fundamental concepts such as sexual orientation, gender identity, gender expression, and gender diversity. They also emphasized that LGBT encompasses a community with specific identities and is closely linked to issues of social acceptance and individual rights. According to R2, LGBT falls into an abnormal category *"In terms of LGBT, L stands for lesbian, G for gay, B for bisexual, and T for transgender. So, LGBT is like a sexual pattern of a group of people that is different from the norm. The norm involves sexual attraction where men are attracted to women, and women are attracted to men. Thus, they are more in a category that is different from the normal norm"*. The perspective that the sexual orientation of the LGBT group is abnormal is supported by R7 *"LGBT, according to my understanding, is more about sexual orientation, individuals who are not normal. Okay, it means LGBT refers to any form of disoriented sexual function such as lesbian, gay, then bisexual, and everything else, including transgender"*. However, R5 states a general understanding of the LGBT concept *"LGBT follows the terms we commonly hear, which are lesbian, gay, bisexual, and transgender. That is the common understanding. Even though we know there is LGBTQ and so on, these are the most common ones we usually encounter in cases or occurring around us"*. This general terminology is also supported by R3 *"Generally, what I understand by the term LGBT literally is lesbian, gay, bisexual. Lesbian is between a woman and another woman having a sexual relationship. Gay is between a man and another man, while bisexual involves sexual relations with both men and women. And transsexual refers to a change in gender; if they are female, they want to be male, and if they are male, they want to change into female"*.

According to Roslee *et al.* (2024), sexual orientation refers to an individual's pattern of emotional, romantic, and/or sexual attraction toward others, whether toward men, women, or both. A counselor's knowledge of LGBT concepts encourages a deeper understanding of this group as preparation for managing LGBT clients.

Regarding the understanding of the LGBT concept, although the literal terms (Lesbian, Gay, Bisexual, Transgender) are generally understood, there are interpretations that associate the term with a "sexual pattern of a group of people different from the norm" or "abnormal individuals." While sexual orientation refers to patterns of emotional, romantic, and/or sexual attraction, the use of terminology such as 'abnormal' by counselors indicates a conflict between professional understanding and local socio-cultural influences that view LGBT behavior as contrary to religious teachings. The use of the 'abnormal' label demonstrates a counselor's failure to isolate personal values, which hinders the process of unconditional positive regard. This underscores the need to ensure that a counselor's understanding is grounded in a professional, non-judgmental framework.

4.1.5 Development of experience-based competency

The research findings clearly indicate that counselors agree that experience is a vital element in forming a counselor's competence to conduct sessions more effectively. Experience helps counselors enhance professional maturity, clinical judgment, and sensitivity toward the needs of clients from diverse backgrounds. According to R6, long-term experience helps in handling counseling sessions with LGBT clients more effectively: *"Because of 10 years experience with LGBT case, I feel I can handle it better".* R7 emphasized that beyond formal skills, direct interaction with LGBT in the community is key to understanding them *"We will see and be surprised by new things we never thought of. When we understand, we know how to help.* R9 supported the idea that counseling is not just about theory but practice *"The most expensive thing is experience... dealing with heavy cases every day.* Experience also aids counselors in guiding clients through issues of acceptance *"Like myself, we all learn from our own past experiences, right? So, we educate them on how to face the issue of acceptance. That acceptance is very important. As for the methods or strategies to be used, we look at whatever they feel*

comfortable with. Usually, when a client speaks like that, I will accept their words and try to understand what brought them to that state."

Based on the statements above, participants stated that counselor proficiency in LGBT cases develops when they begin interacting directly with the community in the field. The more a counselor interacts with LGBT clients, the more prepared and capable they become for future sessions. Ultimately, experience-based competence is seen as the "most expensive" factor in increasing a counselor's readiness and skill.

Professional experience plays a critical role in determining a counselor's level of readiness when working with the LGBT minority group. According to Yeni *et al.* (2024), practical experience allows counselors to enhance their competency regarding emotional stability and professional flexibility when navigating complex issues of gender identity and sexual orientation. This aligns with findings by Rohaida Bakar *et al.* (2017), which demonstrate that counselor self-efficacy developed through extensive experience directly influences readiness. High self-efficacy reduces anxiety regarding sensitive topics, enabling counselors to act more affirmatively and professionally. Similarly, Mohd Syukarmi *et al.* (2016) specify that experienced counselors possess superior skills in building therapeutic alliances and understanding client needs. Experience is not merely measured by years of service, but by how each case strengthens the counselor's mental and emotional resilience. Consequently, experienced practitioners are less likely to feel awkward or judgmental; instead, they remain calm, acknowledge the discrimination clients face, and foster a safe environment where clients feel empowered to share without fear of being criticized. This experience provides the confidence necessary to manage sensitive cases with full professionalism.

Beyond formal counseling skills, counselors emphasize that social interaction and personal acquaintance with the LGBT community are effective ways to gain a deeper understanding of their issues. Research indicates that the more cases a counselor handles, the more their experience grows, incorporating new knowledge and skills through direct interaction (Siti Hajar *et al.*, 2020). This supports previous findings by Faisal and Rilo (2018), which highlight that a strong counselor-client rapport and appropriate techniques are the keys to success in the counseling process, as they reinforce quality interpersonal relationships. This concept is consistent with Carl Rogers' Person-Centered Theory, which emphasizes unconditional positive regard, empathy, and congruence. Furthermore,

Scruggs (2020) highlights the need for increased training in multicultural diversity to help counselors interact effectively with individuals from various backgrounds. While social interaction with LGBT clients enhances experience and readiness, Kamarul (2019) offers a contrasting view, suggesting no significant difference in competency levels based on professional experience. Nevertheless, this study reinforces that in the absence of specialized training for gay and lesbian clients, practical experience serves as a vital mechanism for increasing competence. As noted by Ronnestad & Skovholt (2003), novice counselors may feel anxious or shocked when first encountering LGBT issues, but they transition to a more stable and confident phase through practical exposure. Ultimately, while experience aids readiness, specialized training in sexual orientation diversity remains essential to complement a counselor's existing expertise.

4.1 Challenges in providing LGBT counseling

4.2.1 The absence of reference models and limited LGBT counseling training

Research findings indicate that counselors highlighted a lack of specific models and limitations in LGBT counseling training. According to R2, existing knowledge is only at a foundational level and remains insufficient for addressing actual issues which are increasingly complex. Consequently, specialized courses or workshops are critically needed to enhance competency, particularly for counselors. R2 explained *"To be honest, I feel it's not enough. What we learn is just the basics, followed by theory, we simply practice our theory, but when compared to the various issues we receive, some of which we can't even believe are happening and our knowledge just doesn't fit. We either have to search for related courses or create the counseling courses ourselves."* R2 further noted that currently information is only obtained through self-developed programs, but this approach remains inadequate *"We generate the programs ourselves to get information. So, for me, it is still not enough. It would be much better if there were specific workshops, especially for counselors."*

R2 statement was supported by R1, who explained that existing knowledge is insufficient as it primarily assists with active listening but remain inadequate for a deeper understanding of the issues. Participation in programs or groups organized by NGOs is

viewed as highly beneficial, as it allows practitioners to learn from individuals who are stable and willing to share their lived experiences *"It's not enough. It's more for helping us listen. Yes, it works for that. But for us to truly understand, I feel it would be great if we could join NGO programs where people are ready to share and open up, we are going to learn a lot."*

Conversely, R4 stated that institutional management tends to take a cautious approach toward programs related to LGBT and HIV, even when they carry educational objectives. For instance, a planned intervention to discuss HIV issues was rejected because it was perceived as 'promoting' the lifestyle, despite the actual intention being health awareness. R4 stated that *"I feel even the term 'LGBT' is very sensitive. I don't understand it. At X, there was once a club that held a program on LGBT, and over a thousand people attended. But when we planned a counter activity regarding HIV issues, the management did not agree because they saw it as us 'encouraging' it, whereas in my view, the issues are simply as they are."*

Based on the statements above, it is clear that most organized seminars and workshops focus on general concept of LGBT issues rather than the comprehensive management of gay and lesbian counseling. Providing in-depth training on LGBT counseling is vital to equip counselors with the competence required for these sessions. Such training should emphasize emotional, psychological, and background factors (Siti Hajar *et al.*, 2021). On an international level, research shows that many therapists and counselors still lack adequate training for LGBT-specific counseling. This is supported by Lelutiu *et al.* (2022), who explained that without structured training, counselors are prone to conscious or unconscious bias. Furthermore, Hope *et al.* (2024) report that many older training models often pathologize gender identity and making existing guidelines difficult to apply in practice. This echoed by Hunt (2017) whose qualitative research found that many therapists struggle with internal biases due to a lack of exposure or formal education regarding gender and sexual diversity. Ultimately, Yu *et al.* (2023) emphasize that a lack of long-term training and evaluation undermines the effectiveness of affirmative competency in professional practice.

4.2.2 Client negative characteristic

Client characteristics involve the issues faced by counselors during counseling sessions. The findings indicate three elements within the theme of client characteristics that is counter-transference, client egoism, and client dependency. R3 expressed a sense of fear when a client, who attended weekly sessions began to show romantic interest and a desire to "possess" the counselor. This situation caused significant discomfort and had the potential to trigger counter-transference. Consequently, the counselor decided to refer the client to another professional, an action considered appropriate when such ethical discomfort arises. As R3 shared *"It's scary... for example, there was a client who came every week; it seems they shifted their feelings, perhaps they had a partner before, but then they developed feelings for the counselor instead. It wasn't just about dependency; it was about gender-based attraction. They even said they wanted to possess me... it was frightening. At that time, I felt so uncomfortable, so I referred them to another counselor."*

The study also found that client characteristics involve stubbornness, a tendency to deny personal responsibility, and a pattern of frequently blaming others. Clients often present themselves as victims known as 'playing the victim' by constructing narratives that frame their negative experiences as being caused by external factors rather than their own action. This was explained by R6 *"Yes, absolutely. It's as if... even if they are involved in something or end up incarcerated, they won't admit it was their fault. They claim someone else caused it, or that they were drugged, or they blame their family. They try to twist the plot to play the victim. So far, almost all those clients act as if they are the victims"*.

Furthermore, the findings highlight client dependency is a significant characteristic issue. According to R8, some clients maintain a prolonged dependency on the counselor, causing termination of the therapeutic relationship often faces resistance. This underscores the importance of a phased termination approach. R8 stated that *"I have an LGBT case that has been ongoing for about 6 years now. Although we used to meet once every two months, and now it's once every 8 months, they are still with me. I want to discharge them, but they refuse; they don't want to be let go."*

These findings align with studies by Siti Hajar *et al.* (2021) & Tan & Ling (2022), which revealed that client characteristics often involve transference and dependency.

Within this context, the current study demonstrates that many LGBT individuals in Malaysia face complex social and health issues that significantly influence the counseling process. Rafidah (2013) and Rafidah *et al.* (2020) emphasizes that challenges arise not only from client characteristics but also from third-party influences, such as family dynamics and the complexity of the issues presented. According to studies by Hasibuan *et al.* (2024) and Peeping *et al.* (2025), counselors must remain sensitive to sexual orientation and gender identity, as well as the intersection of cultural background, social stigma, and personal identity to ensure a conducive therapeutic environment. Consequently, LGBT recovery models in the Malaysian context should adopt a holistic approach, focusing not only on mental health but also on social dimensions, values, identity, and the impact of stigma.

4.2.3 Limitation in conducting counseling session

The next challenge involves the limitations encountered in conducting counseling sessions. This refers to the professional, ethical, or resource-based constraints faced by counselors that can influence the effectiveness of the therapeutic process. Findings indicate that a significant challenge arises when a client expresses a desire to change their sexual orientation. In such cases, the counselor's focus shifts toward helping the client explore the underlying motivations behind that desire and fostering self-acceptance, as a shift in orientation cannot be biologically or psychologically guaranteed. This is evidenced by an interview with R4 *"I consider it a major challenge when clients seek to change their sexual orientation. For instance, I conducted ten sessions with a particular client, yet no change in orientation occurred. My focus was primarily on helping the client understand the motivations for wanting that change and fostering self-acceptance. Ultimately, the process became overwhelmed by various correlating issues, leading me to realize that attempting to reverse a client's sexual preference is a significant hurdle."*

Furthermore, R8 highlighted the significant challenges in managing complex and emotionally demanding cases, including those involving LGBT individuals. A high workload, lack of institutional support, and the absence of family support for the client increase the risk of emotional exhaustion and burnout among counselors. Therefore, it is

vital for counselors to remain aware of their personal limits, identify early signs of fatigue, and implement self-care strategies to ensure that interventions remain effective. As R8 explained *"Managing LGBT cases presents a significant professional burden. I have realized that working alone under such pressure can easily lead to compassion fatigue or burnout. As a counselor, I believe it is crucial to stay self-aware and identify the signs of emotional exhaustion early on. This challenge is often compounded by external factors, such as the lack of family support for the clients I am working to assist"*.

Consequently, the study's findings indicate that limitations in conducting counseling encompass constraints in expertise, excessive workloads, and a lack of cooperation from clients' families, all of which hinder efforts to reduce client distress. When these constraints occur, clients are at risk of feeling misunderstood, unsupported, or onsecure throughout the counseling process (Smith *et al.*, 2022). This situation not only undermines the effectiveness of the intervention but can also deter clients from seeking professional help in the future. Furthermore, the combination of high workloads and complex client demands can lead to emotional exhaustion for counselors, thereby compromising the therapeutic relationship and the consistency of support provided. Additionally, when clients present issues requiring specialized knowledge such as the desire to change sexual orientation, counselors must seek additional resources, improve their literacy on LGBT issues, and acquire new skills to ensure that the interventions effectively assist the client (Camacho *et al.*, 2023).

4.2.4 Counselor personal value

Every individual possesses their own personal values that influence the helping process including attitudes and feelings toward specific groups, moral boundaries of what is acceptable and the factors prioritized during decision-making (Brown & William 2003). The research findings indicate that counselors face significant value-based constraints when their personal beliefs diverge from those of the client. This challenge is particularly acute in religious contexts, as noted by R2, *"For me, it is quite difficult because it violates our own values, especially if the client is Muslim; it is indeed quite difficult to handle these issues unless we have a lot of experience"*. Similarly, R3 highlighted the discrepancy between a counselor's and a client's religious values *"Even if*

the client is a Muslim, I have my values as a Muslim, while he might not; he maybe doesn't care, saying 'this is me, people don't understand my story'."

According to R6, although counselors can conduct sessions and accept LGBT clients unconditionally, there remains an underlying sense of conflict or guilt, as if accepting the client is synonymous with endorsing their actions. As R6 noted, *'Beyond that, there are personal values; because we know what they are doing is wrong, it crosses my mind... but if that feeling is shown, the client will not trust the counselor and the session will be left hanging. Therefore, I treat the client like any other.* This statement is supported by R5 regarding internal obstacles in conducting sessions *"My obstacle as a counselor is that small feeling of 'why they do this?', don't they feel sinful?. But I don't magnify this issue because we as counselors are also ordinary human beings."*

The explanation above demonstrates that the negotiation of values between the counselor and the client often becomes a source of internal conflict, particularly for the practitioner. Most participants stated that they strive to maintain value-neutrality during sessions, consciously separating their personal beliefs from those of their gay and lesbian clients. However, challenges often emerge after the session, as counselors experience dilemmas regarding the moral implications of their interventions. Despite these internal conflicts, counselors continue to uphold their professional responsibilities and the trust placed in them. According to Corey (2013), counselors must respect the diversity of value systems held by others. This implies that counselors should treat clients with unconditional humanity; however, this does not necessitate the sacrifice of the counselor's own values or the total suppression of negative emotions. This is because what is considered 'functional' or 'good' for one individual is not universally applicable to another."

The next challenge involves the ethical and personal dilemmas encountered when managing high-risk clients, particularly those living with HIV. Participant R2 explained feeling significantly underprepared when interacting with a client living with HIV. Although they understood that HIV is not transmitted through casual physical contact, the presence of blood such as on the client's teeth or on tissues placed on the table triggered hesitation regarding universal precautions and safety protocols. R2 stated that a lack of specialized training in basic medical safeguards at that time contributed to this sense of being ill-equipped, especially when faced with potential exposure to bodily

fluids. However, the participant emphasized that aside from such risky situations, they were able to handle other clients well: *"I was quite shocked when facing a client living with HIV because I was less sensitive to precautionary aspects at that time. I realized that HIV does not spread through physical contact, which is why I shook hands with him. However, when seeing his teeth bleeding and the tissues used being placed on the table, I became hesitant about the appropriate action. Although I knew the HIV virus dies quickly when exposed to the environment, the situation still made me feel unprepared because it involved active bleeding. Aside from specific risks like this, I generally do not face problems"*.

Furthermore, regarding the ethical dilemmas identified by R5, a primary challenge involves providing emotional support without violating religious boundaries and professional ethics. Some clients seek high levels of physical validation, including requests for hugs or touch, which may conflict with Islamic principles or institutional professional guidelines. This creates a significant dilemma in determining the appropriate and ethical assistance. As R5 explained *"What is the biggest problem? I think it's how we can help them without violating religious tenets. Some clients seek what they call "support" like hugging and so on. So, how do we provide help within those limits? That is a profound challenge"*.

The research findings regarding these ethical dilemmas indicate that counselors working with LGBT clients living with HIV do not exhibit stigmatizing attitudes toward the client's identity or sexual orientation. Instead, the dilemmas reported center on the client's health status specifically regarding disease transmission risks and treatment implications. This conflict arises from the dual professional responsibility of ensuring safety and well-being while maintaining a sensitive and ethical therapeutic alliance. Such complexities underscore the necessity for specialized training, professional supervision, and robust ethical protocols when engaging with high-risk populations (Tuan Abdullah *et al.*, 2022; Ahmad *et al.*, 2024).

Additionally, the findings address the permeability of professional boundaries, particularly regarding physical touch or hugging. The data suggests that many counselors remain uncertain as to whether such gestures are congruent with professional ethical standards. This aligns with the dilemmas identified in the current study, where counselors

must critically evaluate whether providing tactile emotional support is appropriate within the specific cultural and professional ethical framework (Carlisle *et al.*, 2022).

5 CONCLUSION

This study has identified several key themes concerning the readiness and challenges faced by counselors when working with the LGBT community. Factors influencing counselor readiness include their initial reactions, level of acceptance and openness, knowledge of cross-cultural counseling, understanding of LGBT concepts, and the development of experience-based competency. Simultaneously, the study highlights various challenges, such as the absence of reference models, limited LGBT-specific counseling training, unique client characteristics, and limitations in session management. Furthermore, counselors often face personal value conflicts, ethical dilemmas, and complexities regarding interventions for high-risk clients. Ultimately, this research aims to serve as a guide for professional training and contribute to the development of a more effective and sensitive counseling practice framework for LGBT individuals.

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Authors' Contribution

All authors contributed equally to the development of this article.

Data availability

All datasets relevant to this study's findings are fully available within the article.

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