



LOOK WIDE
guide for
professionals:
Broadening GBV
from a gender and
sexual diversity
approach in service
provision for
LGBTI+ people

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SOCIETY

kmop
KINDLING A BETTER WORLD



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FOREWORD BY VĚRA JOUROVÁ

ONGOING ACTION IS NECESSARY FOR THE PROTECTION OF ALL PEOPLE AFFECTED BY GENDER-BASED VIOLENCE, INCLUDING LGBTI PERSONS

Imagine you have recently experienced a LGBTI phobic hate crime incident or intimate partner violence in a same-sex relationship or as a trans person, and when you turn to either authorities or support service providers offering legal or psychological aid to survivors of gender-based violence, you meet professionals who say they have never talked to an LGBTI person, ask inappropriate questions, or do not respond to the most important needs. Many LGBTI people face this experience on a daily basis.

Hatred and violence, sadly, are parts of everyday life for LGBTIQ+ persons in the EU. Research shows that they occur in public and community spaces (schools, workplace, housing and streets) as well as in families and intimate partnerships, and even public institutions. Most incidents are never reported either to the criminal justice system or to civil society organizations operating helping services.

European and national legislative provisions confer protection against each type of violence, and support services operate in each European country. There is, however, much work to secure immediate, comprehensive, real and effective protection for LGBTI affected by violence, as well as to secure their right to information regarding support services.

The Commission is closely monitoring the implementation of EU legislation on the rights of victims of crime; including rights enshrined therein which are particularly relevant for LGBTI people.

Supporting civil society initiatives to counter homophobia and transphobia also remains among our funding priorities, as we believe that progress can only be achieved by joining efforts and by empowering and supporting those independent actors like civil society organizations which promote and advocate for that progress and make it a reality on the ground.

The Look Wide project, focusing on developing support service provision for LGBTI affected by gender-based violence which the Commission co-founded as part of Rights, Equality and Citizens Programme, is a good example of how our commitment and framework to tackle hate crime and ensure justice and support for people affected by violence can be translated into practical guidance and initiatives for the benefit of people affected by violence and for policy makers.

Promoting and building on such initiatives is as important as ever. I pledge my ongoing support and commitment to defending and promoting our common values of equality and protection against bias, the values on which the EU is founded.

Věra Jourová

European Commissioner for Justice, Consumers and Gender Equality

FOREWORD BY PAM ALLDRED

We can probably agree that violence is a problem whoever experiences it. We know that violence is experienced through and sustained by cultural norms and expectations and structures of inequality. We have the concept of gender-based violence (GBV) in use by governments and NGOs and recently revised in World Health Organisation usage, and the concept of gender-related violence (GRV) which was invented to bridge the gap between GBV, and homophobic and transphobic violence, and to broaden GBV to avoid support being limited by identity. Gender-related violence is defined as: 'Sexist, sexualising or norm-driven bullying, harassment, discrimination or violence whoever is targeted' and therefore includes gender, sexuality and sex-gender normativities, as well as violence against women and girls (Alldred 2012; Alldred & Biglia 2015). GRV encaptures violence that relates to the concept of gender, not only that structured by the primary axis of gendered inequality, to include violence (actual, threatened or symbolic) that is enabled by the very concept of gender and so recognises gender normativity, the insistence of a gender binary, homophobia, transphobia, as well as the injuries of women's inequality to men: sexism, misogyny, sexual violence and sexual harassment or coercion. It grew from attempts to recognize that intersections of gender with age, race, class, sexuality and other bodily norms could produce active or passive expressions of violence, that through physical, social or symbolic means enacted violence in different ways. In the course of a four-country Action Project, use of the concept sometimes seemed to be reduced to a merely summative approach (Lorde 1984), functioning like 'GRV = GBV + homophobia', but each country had its own context to work with and made what intervention seemed possible given its own cultural politics. We also found that different professional groups varied in how comfortable they were working with gender norm criticality or queering identity categories (Alldred et al 2014, <http://sites.brunel.ac.uk/gap/resources/reports>).

The GAP Work Project focused on professionals in every day contact with children and young people, and although its training resources are still relevant (and available on the project website above), it did not engage specialist services to ensure they met the needs of all. There remains the need for GBV support services to meet the needs of any and all survivors, and with funding that adequately meets these needs.

The work of the **LOOK WIDE** project, with its focus on the integration of recognition of gender and sexual diversity in abuse and violence support services, is therefore essential. Another good funding decision by the European Commission, this two year international collaboration has produced new empirical research, training and a lasting guide for professionals and service providers.

This Guide is for professionals working in GBV services, or support services for LGBTIQ+ people, and will help other professionals to develop their services for diverse service users. It summarises the findings of the qualitative research on the needs of LGBTIQ+ survivors of violence and of current practice in service provision internationally, and describes an inspiring collaborative methodology.

In addition to its support service policy and practice contribution, Look Wide's development of the conceptual framework is a very important contribution: broadening what the term gender based violence is taken to cover will pave the way for greater justice and help to ensure that services are not denied because of ideas about identities (actual or imagined).

Congratulations to the whole project team and to SURT for securing funding and leading the project.

Thank you to professionals and service providers who read this Guide in order to ensure that definitions and identities do not hinder the recognition of need or the provision of support. Together we are working towards a future where no-one is turned away from a service that could support them because of who they are.

Inclusive services, and support services as a whole in fact, need defending more than ever as internationally we see a resurgence of neoconservative and right-wing politics. This need to defend support services threatens to distract us from the work we must also do to prevent what I will call GRV. With crude misogyny and sexual harassment by unrepentant men in power, and state violence against sexual minorities in parts of Europe, it is ever more important to question the norms of behaviour – the everyday world is problematic as Dorothy Smith demonstrated - and to assert a European vision of equality that rejects discrimination and stands together against victimization.

Dr Pam Alldred, Brunel University London, UK, EU.

Principle Investigator: **GAP Work Project** (<http://sites.brunel.ac.uk/gap>).

Principle Investigator: **Universities Supporting Victims of Sexual Violence Project** (www.USVReact.eu)

GLOSSARY

Allosexual:

A person who feels sexual attraction towards other people, e.g. heterosexual, homosexual, pansexual or other.

Aromantic, non-romantic:

A person who does not experience romantic attraction to others and/or interest in romantic relationships. It is not necessarily related to asexuality.

Asexual:

A person who feels little or no sexual attraction to other people. As asexuality is a spectrum, some people spell it asexual or a*sexual. It is not celibacy or rejection of sex. On the one hand, celibacy is a free decision while asexuality is a sexual orientation, and on the other hand asexual people can have sex for various reasons. It is not necessarily related to aromanticism.

Aphobia:

Discrimination against asexual and aromantic people manifested in rejection, anger, intolerance, prejudice, discomfort or physical or psychological violence against asexual/aromantic people or people who are perceived as such.

Bisexual/Pansexual:

A person identifies who is emotionally and/or sexually attracted to more than one sex.

Cis:

A term to refer to whoever is actively or passively staying within the social norms of their assigned gender at birth.

Coming out:

The process of realising, accepting, and revealing one's own identification as a lesbian, gay, bisexual, trans, or intersex person. The concept itself is built upon hetero, cis and binary gender normativity, as those who are not heterosexual and/or cis must reveal this fact to others. Coming out is not a one-time act, as LGBTIQ+ people decide or are forced to come out several times during their lives to different people, e.g. colleagues, new friends, neighbours and doctors, etc.

Discrimination:

The process of division and hierarchization within social groups that creates inequalities. As a result, those groups above obtain a privileged position while those below are discriminated against. If power is exercised from top to bottom (which can happen individually, but also institutionally and structurally), then discrimination happens.

Examples of forms of discriminations are:

Direct discrimination:

Where a person is treated less favourably by other people.

Endosexual:

Refers to a person who is not born intersex.

Indirect discrimination:

Where an apparently neutral provision or practice would put people at a disadvantage compared to others.

Multiple discrimination:

Discrimination based on more than one ground.

Experienced discrimination:

Also called subjective discrimination, the experience of being discriminated against.

Gay:

A cis or trans man who identifies as being sexually and/or emotionally attracted to men. Gay is sometimes also used as a blanket term to cover lesbian women and bisexual people as well as gay men. However, this usage has been disputed by a large part of the LGBTIQ+ community, and 'gay' is therefore used in this guide to refer strictly to cis or trans men who self-identity as being emotionally and/or sexually attracted to men.

Gender:

Refers to the social construction that allocates certain behaviours to male and female roles. Although gender can be internalised and is now recognised by many as separate from biological sex, it has historically not been an individual decision, but rather a prescribed identity based on one's sex assigned at birth. The basis of the construction is a markedly hierarchical categorisation in which roles and characteristic features that can be linked to power are routinely related to and associated with the male gender.

Gender expression:

Gender expression is the way in which people represent themselves in a gendered way, for example through hair-cuts, clothing, and also behaviour. Some people present themselves as male, others female, others represent as both at the same time or don't want to be seen as male or female at all. This can be but is not necessarily linked to the person's sex assigned at birth, gender or gender identity, but it can be linked.

Gender identity:

Refers to each person's internal and individual experience of gender, which may or may not correspond to the sex they were assigned at birth.

Gender nonconformity / gender nonconforming:

Involves not conforming to a given culture's gender norms/gender expectations. 'Gender nonconforming' refers to the people whose gender expression does not match their society's prescribed gender roles or norms for their gender identity. Gender nonconformity transgresses societal or psychological expectations for perceived gender assignment, through presentation, behaviour, identity, or other means.

LGTBIphobia:

General, psychological and social hostility targeted at LGBTI people. Social construction which promotes heterosexuality as the only accepted sexuality and creates a hierarchy of sexuality. For many feminist authors, the root of homo-lesbos-trans-bi-inter-phobia is the sexism that plays the role of monitoring sexuality and suppresses any behaviour that exceeds the boundaries between gender. Although in this sense homophobia, lesbophobia, transphobia, bifobia and interphobia are part of the same phenomenon, it is important to distinguish them because they have different manifestations and intensities.

Intersectionality:

A feminist approach that emphasizes the entanglement of various systems of oppression, from which arise different social categories such as gender, ethnicity, class or sexual orientation, which generate inequality. The aim of intersectional perspectives is to analyse the interaction of different positions of social inequality and to illustrate that forms of oppression cannot be added together as a sum, but must be considered in their entanglements and interactions. This perspective makes it possible to analyse multiple relations of inequality and oppression that cannot be explained by the category of gender alone.

Intersex:

A term that relates to a range of physical traits or variations that lie between stereotypical representations of male and female. Intersex people are born with physical, hormonal or genetic features that are neither wholly female nor wholly male; or a combination of female and male; or neither female nor male. Many forms of intersex exist; it is a spectrum or umbrella term, rather than a single category.

Inter*:

A term that has developed from the community and that describes the diversity of inter* realities and physicalities as an emancipatory and identitary umbrella term. Inter* functions as an umbrella term for intersexuals, intersex, intergenders as well as inter* or intersexual people who are born with a body that does not correspond to the typical sexual standards and norms of man and woman. Intersexuality is used as a pathologizing diagnosis for the-

se persons because their physical characteristics cannot be unambiguously attributed to the male or female sex. Many Inter* therefore reject the term as self-descriptive.

Interphobia:

Describes the fear of the existence and expression of intersex people as well as of physical-gender diversity. This leads to violence, discrimination, exclusion and the medical, social and legal impossibility of inter* identities and physicalities, enforced by surgeries that are often, but not always, carried out at an early age. Interphobia criticises the trivialisation of the violence of inter* annihilation.

Lesbian:

A cis or trans woman who identifies as being sexually and/or emotionally attracted to women.

LGTBI:

Acronym for lesbian, gay, trans, bisexual and intersex. A heterogeneous group often treated together in social and political discourse. According to activists this acronym is exclusionary as it leaves queer and asexual and aromantic people out. That is why LGBTIQA or LGBT+ or other similar formulations are proposed.

Lookism:

Refers to discrimination based in physical appearance.

Queer:

This term has had many meanings. Traditionally 'queer' was a term of abuse meaning 'different' or 'strange' which has been reclaimed as a positive word. It also implies a political stance in opposition to the dominant heteronormative structures, as well as to mainstream LGBTI identity politics. It is an umbrella term for those who challenge not only norms of gender and sexuality but also the LGBTI mainstream and other social norms (such as lookism, for example).

Sex:

Refers to biological makeup such as internal and external bodily sex characteristics like genitals and gonads (i.e. testicles, ovaries), genes, and hormones. Legal sex is usually assigned at birth and has traditionally been understood as consisting of two mutually exclusive groups: male and female. However, this biological classification may be questioned, and sex assigned at birth may not correspond to a person's gender identity.

Sexual orientation:

Refers to each person's capacity for profound affection and/or emotional and sexual attraction to, and/or and intimate and sexual relations with, individuals of a different gender, the same gender, or more than one gender.

Trans people:

Trans people are people with a gender identity that is different from the gender assigned at birth. Trans people may or may not express their gender through their choice of clothes, body modifications (that can include medical procedures), or other gender presentation. The word "trans" is often used as an umbrella category that encompasses all non-normative gender identities and expressions. There are almost as many ways of living a trans identity as there are trans people. In the same way, we can find as many ways of living masculinity and femininity as there are men and women in the world.

Non-binary:

An umbrella term for many gender identities that lie outside the man-woman binary, such as agender (to define oneself genderlessly) or genderfluid (to reiteratively define oneself differently). Some non-binary people identify as trans and some do not.

Revictimization or secondary victimization:

A type of institutional violence perpetrated by state operators or social service providers. It is a negative social reaction as a consequence of the primary victimization, and is experienced as the further violation of legitimate rights.

1. STARTING POINTS



► 1.1. Introducing LOOK WIDE

This guide for professionals has been created as part of the project **LOOK WIDE: Developing a working method to support LGBTI victims of GBV by integrating gender and sexual diversity**, funded by the European Union's Rights, Equality and Citizenship Programme (REC-VAW-AG-2016-01-776985). The project aimed to contribute to guaranteeing the rights of lesbian, gay, trans, bisexual and intersex people affected by gender-based violence (GBV) through the **integration of gender and sexual diversity perspectives in specialized support services**. LGBTIQ+ people affected by GBV in the EU do not receive adequate support, resulting in the violation of their rights. Member States have not developed enough support services for people affected by GBV which take into account the specificities of LGBTIQ+ realities.

Support services are mainly directed to cis heterosexual women. Sexual diversity is not integrated in the working approaches of shelters and psychological, legal and career counselling services and, as a result, LGBTIQ+ people do not turn to these services; or, when they do, they do not receive support adapted to their needs.

Given this situation, LOOK WIDE aims to improve knowledge of GBV against LGBTIQ+ people; to identify both the challenges and inspiring practices of professionals in specialised services; to develop innovative working methods to support LGBTIQ+ people affected by GBV from a gender and sexual diversity approach; to train GBV and antidiscrimination professionals to improve support provided to LGBTIQ+ people; to develop and test support, awareness-raising and empowerment actions for LGBTIQ+ people affected by violence, and to raise awareness among professionals, policy-makers and civil society organizations (CSOs) of the need to improve services for LGBTIQ+ people affected by GBV.

The project has been made possible due to a fruitful partnership of five organizations from different Member State countries. **Differenza Donna** is an association based in Rome (Italy), founded in 1989 whose goal is exposing, combating, preventing and overcoming gender-based violence. **Dissens** is an educational, counselling and research institution operating in Berlin (Germany) since 1989, offering programmes on gender-reflective work with boys, sexual and gender diversity, and gender-based and sexualized violence. **Háttér Society** is an organization founded in Budapest (Hungary) in 1995. They provide support services, conduct research on the needs of LGBTIQ+ people, and mainstream these concerns in legislation and public services. **KMOP** is a Greek organization based in Athens, founded in 1977 which works to support disadvantaged groups through solution-oriented and knowledge-based interventions that are crucial to fostering resilience. Finally, **Fundació SURT** is an association working since 1993 in Barcelona (Catalonia) to guarantee the economic, social and cultural rights of women, and to eradi-



cate all forms of discrimination on the basis of gender. In addition, LOOK WIDE owes a lot to the advisory networks from all partner countries and other Member States (such as Poland or the UK) which bring together professionals, experts, policy-makers, academics and CSO representatives in the field of GBV and LGBTIQ+ non-discrimination, who have contributed through the different stages of the project with their reviews and suggestions.

During the two years period of the project, different activities have been implemented in order to achieve the objectives. The project began with a short research phase in which each partner conducted a needs assessment following qualitative in-depth interviews with specialized service professionals and LGBTIQ+ people affected by GBV. This qualitative research resulted in a transnational report whose main conclusions are summarized in Chapter 2 of this guide. After the research phase, a total of 140 professionals were trained in the different countries. The training was followed by the implementation of specific support programs for LGBTIQ+ people in situations of violence. In this sense, very different organizations from the partner countries have received advice regarding the design and development of activities dedicated to LGBTIQ+ people in their centres and services.

Furthermore, two mutual learning seminars were held in Berlin (July 2018) and in Rome (May 2019), in which different experts on the topic participated in the exchange of knowledge and inspiring practices.

► 1.2. The guide

The LOOK WIDE guide is a reflection of a **collective process of knowledge production** which began in the early stages of the project. This procedure sought to test the innovative features of the LOOK WIDE participative methodology. Not only have the partner organizations produced this guide, but other people have also contributed in different ways.

It has been a challenging journey. The LOOK WIDE partnership is made up of very different organizations, from countries with substantial differences in relation to GBV and LGBTIQ+ legal and normative frameworks and support service provision. Each partner addressed specific forms of violence - for example, Hátter focused on support systems for those who experienced LGBTIQ+phobic bullying - with different scopes - for example, Surt incorporated different spheres where violence can occur, from the interpersonal level of intimate-partner relationships to the institutional level of the healthcare system or legal discrimination -. This guide intends to reflect and show this heterogeneity as a positive aspect.

Conceptual frameworks and terminology were also different and sometimes contradictory. For example some partners use the LGBTI term, while others prefer the more inclusive LGBTIQ+ or LGBTIQA, which also acknowledge and visibilize sexual and gender identities beyond the social norms of gender and sexuality. At the beginning of the project the term LGBTI was used as it is recognized within European policy. However, one of the contributions of the collaborative work of LOOK WIDE has led to **the use of the more inclusive acronym LGBTIQ+.** In this



guide LGBTIQ+ will be used as a way to include sex, gender and sexual non-normativities that are more often invisibilized.

Arguments around the use of the terms 'victim/survivor' also arose. The term 'victim' puts the focus on the perpetrator and seems to be more effective within a legal framework. However, as a social term 'victim' is very problematic, as it reproduces revictimization and disregards people's agency. For this reason, 'survivor' is usually proposed as a more empowering alternative which focuses on the coping skills of individuals. However, 'survivor' can be seen as too individualistic and marks a temporality in which violence is defined as a previous overcome act. In different countries professionals and activities explore other definitions such as 'people in situations of violence' (quite extended in Catalonia) or 'experiencing violence' (literal translation from German). In fact, as learned during the project, representations of the 'victim/survivor' binary are rooted in and reproduce essentialist visions of gender which have damaging effects on people. To avoid revictimization and the essentialization of gender roles, the term 'people affected by violence' will be used.

The guide is **addressed to professionals working in specialized GBV or antidiscrimination services, or support services for LGBTIQ+ people**, but it can also be useful for other professionals from general services (such as social services or health care services) who also provide support to LGBTIQ+ people.

The guide is divided into chapters which are complemented with different materials included at the end. These materials include activities that can be used during training with professionals, or as individual self-training exercises and also inspiring organizational practices that work to integrate gender and sexual diversity within GBV support provision. Each type of activity is highlighted with a specific icon.

Chapter 2 synthesizes the **main results from the research** done within the project: invisibility of LGBTIQ+ people in the legal and political frameworks; misconceptions about GBV; the need for a complex and intersectional approach to violence, and the challenge of developing an articulated gender and sexual diversity approach in GBV support services.

Chapter 3 is divided into two sections. The first describes LOOK WIDE's **theoretical proposal** for the integration of a gender and a sexual diversity approach to GBV. The second section, concerning the **legal framework**, summarises European legal laws regarding GBV and violence against LGBTIQ+ people.

Chapter 4 addresses different spheres and types of **violence against LGBTIQ+ people** as well as their impact, including IPV and microaggressions, and their effects on people with non-normative sexualities and gender identities.

Chapter 5 describes the competency profile for professionals working on specialized GBV support services. It in-



cludes **recommendations for the different stages of GBV intervention**: prevention, detection, support and recovery.

Chapter 6 gives an insight into general principles for **multi-agency coordinated work** in this field.

Finally, the guide closes with a **Conclusions** chapter, pointing to the need for further work, and also provides **recommendations for policy-makers**.

FURTHER INFO AND RESOURCES

► **LOOK WIDE's website:**

<http://lookwideproject.eu/>

► **Transnational report:**

<http://lookwideproject.eu/sites/default/files/2019-03/Look%20Wide%20Comparative%20Report.pdf>

► **Differenza Donna**

<https://www.differenzadonna.org/en/differenza-donna-home-eng/>

► **Dissens**

<https://www.dissens.de/>

► **Háttér Society**

<http://en.hatter.hu/>

► **KMOP**

<https://www.kmop.gr/>

► **Fundació SURT**

<http://www.surt.org/en/>



LEARNING FROM THE TRANSNATIONAL REPORT:

Common aspects and challenges for integrating a gender and sexual diversity approach



► 2.1 Main Conclusions

During the research stage of the project, **each partner undertook a national needs assessment of the needs of LGBTIQ+ people affected by violence and of the professionals working in specialized support services.**

However, there were some differences in each partner's approach which are worth highlighting. KMOP and SURT focused on a broader type of violence and in adult LGTBIQA+ people and specialized professionals from GBV and LGBTIQ+ support services. Although Dissens also addressed many manifestations of GBV, they targeted peer-to-peer and community-based approaches in the counselling of LGTBIQA+ people, which are prevalent in Germany. On the other hand, Háttér focused on the prevention and treatment of LGBTIQ+phobic bullying in schools, while Differenza Donna addressed intimate-partner violence among lesbian women. Overall, **52 professionals and 29 LGBTIQ+ people were interviewed.**

From these needs assessments, a **transnational comparative report** was produced. The report analyses the existing legal frameworks of each country and the qualitative data collected from the 81 in-depth interviews with professionals and LGBTIQ+ people.

Despite these differences, and the specificities of each context and each type of violence, the interviews led to similar conclusions which are summarized in this chapter.

One of the key ideas that came out of the research is that generally **a broader, intersectional approach is needed** on many different levels (counselling practices, outreach, law-making, policies, etc.) of the support system in order to fully capture the realities and the nature of the problems LGBTIQ+ people face. The concrete complexities of discrimination need to be taken seriously and GBV should not be solely considered as male violence against women —as seen in the definition of the Istanbul Convention, for example, without establishing a definition of 'women'—.

It has become clear that while there are many people working hard to guarantee quality services for all those who are in need of support, there is still a pressing need for improvement in various areas. Professionals need better training (e.g. reflecting on their work, gathering more knowledge, working intersectionally), laws need to be improved (e.g. for a broader definition of GBV and more concrete protective laws), and more diverse and a greater amount of services are needed (more resources provided by the national frameworks).



► 2.2 LGBTIQA+ Invisibility on the legal level

GBV is mostly conceptualized as male violence against women. ‘Women’ as an unspecified group with respect to other categories is afforded centrality, rendering more complex forms of discrimination invisible. The rather narrow definition of GBV underlying many laws prevents LGBTIQA+ people from obtaining protection under current legislation. LGBTIQA+ rights need to work across the EU so that LGBTIQA+ people are properly protected in all countries. In response, **a broad and explicit spectrum of different forms of GBV needs to be made applicable:** GBV needs to be well defined, in a way that makes as many forms visible as possible, so that people affected by violence know that they have the right to get help and be protected under the law.

It is also important to highlight that LOOK WIDE does not only focus on interpersonal violence, but also on different and broader forms of violence, for example:

- Structural violence, such as sexism, racism, homophobia, transphobia, classism etc.
- Institutional violence through laws, health care systems, police, and public bodies and state institutions etc.
- Interpersonal violence as in intimate relationships, public harassment, physical violence etc.

All these forms of violence need to be acknowledged on a legal level and recognized on a professional level in order to become visible.

Our research shows that much of the work to combat GBV targeted at LGBTIQA+ people is unpaid and voluntary: evidence of the substantial need for resources and recognition. **Resources are essential to guarantee quality work** and in order to have more impact in the society. In addition, those providing counselling services are often not professionally trained in legal issues or legal advice.

Generally speaking, **LGBTIQA+ invisibility on the legal level results in an invisibility of LGBTIQA+ people within mainstream GBV services.** If we take Spanish and Catalan laws as an example, LGBTIQA+ are invisibilized, with the exception of trans women. The main focus of both laws is on cis straight women as persons affected by violence and cis straight men as the persons who perpetrate violence. Spanish law 1/2014 makes reference to trans women, and Catalan law 5/2008 exclusively to those trans women with a medical diagnosis of ‘gender dysphoria’, however services arising from this kind of legislation will not automatically take LGBTIQA+ issues into account, let alone be able to adequately support people with multi-layered stories of abuse and violence which fall outside of aforementioned framework.

► 2.3 Misconceptions about GBV: Inclusiveness and exclusiveness

Very often, the specific realities of LGBTIQA+ people are not part of the services’ outlook, a fact that can keep some from reaching out at all, should they only experience services which are not able to support them. Sometimes, services define GBV too narrowly or not at all, or people’s identities or issues are not represented by or



present in the service. Having no concepts of violence or no broader understanding of GBV might suggest to certain people that their problems are not ‘on the radar’ of certain services, and that they will not be able to get adequate counselling from them. **Not being aware of LGBTIQ+ issues can ultimately lead to services actively excluding LGBTIQ+ individuals**, for example through misgendering, assuming people’s sexual orientation and/or gender identity, etc.

This most acutely affects people who face multiple discriminations, since —as for example the Spanish national report finds— mainstream GBV services are mostly designed for a very specific type of person affected by violence (white woman, heterosexual, married or in a stable relationship), whereas LGBTIQ+ people with different, more complex issues/problems might be left behind (e. g. trans women living in the street/doing sex work, women who use drugs, people affected by racism). In terms of intersectionality, reaching out to youth is also an important issue. In all of these cases, **broadening the definition of violence on a theoretical level is not enough. Inclusiveness must be a well-informed practice in order to be effective.** Interviews have shown that often LGBTIQ+ people have to educate the services they reach out to, which can be stressful and frustrating, and can ultimately lead to them not reaching out to any service at all, just to avoid this extra barrier. It is important to note that **being theoretically open for groups of marginalised people is not the same as being specifically designed to suit those people’s needs.** This is why a crucial finding of our research is that there needs to be **more training or counsellors need to familiarize themselves with a more diverse set of realities** (e. g. through guides like this one: see chapter 5 on recommendations for professionals).

▶ 2.4 Intersectional approach: Where to go from here

Every letter in the LGBTIQ+ umbrella has different needs and faces specific problems, and of course, people may belong to more than just one of these letters (or to letters that aren’t even in this acronym). Moreover, intersectional approaches have long explained how discriminations are intertwined: apart from sexism, homophobia, transphobia etc., LGBTIQ+ people face racism, ableism, classism and all kinds of structural violence. Generally, **more types of violence need to be acknowledged** as such, for example: structural, institutional, interpersonal, psychological, and everyday violence, as well as intersectional complexities, microaggressions, street harassment etc.

Microaggressions in particular are often underestimated by professionals —even though they have been widely studied, and their negative effects on people scientifically verified— when it comes to helping people facing discrimination. **All the everyday issues, all the little things combined may burden people's psyches more than is commonly acknowledged. Structural violence is also underrepresented**, especially in legislation: discrimination is so basic and inherent to common practices that it may remain unnoticed even for the people affected by violence. Chapter 4, which addresses violence against LGBTIQ+ people, will explore this in more detail.

Providing names for structural violence such as the “hetero-cis-patriarchal system” and including other categories like white supremacy, ableism or ageism helps us to fully grasp the issues that LGBTIQ+ people face. **Concrete**



definitions of violence can be important for the work and the outreach factor of services, since some forms of violence are not generally recognised as such.

These problems of recognition also often hint at an **insufficient understanding of intersectionality in services**, since GBV is perceived differently depending on the social position of the person looking for support. One example from the German research illustrates the rigidity of services when they only focus in one category: one expert reported about a transgender person of colour who, as they were transitioning, was also experiencing racism. Yet, when they went into counselling for GBV, they were told that this would instead be an anti-racist matter and should be discussed at some other service, because it was not obvious how these issues of discrimination were intertwined.

Generally speaking, concepts like empowerment, peer-to-peer approaches, depathologization, and accessibility are central factors in building the following tangible steps for improvement on different levels. **People affected by GBV who are in need of counselling need to be seen as experts in their own reality** and, first and foremost, taken seriously, above all. For example, the German research concludes that depathologization and employing people who have personal experience of anti-LGBTIQ+ violence (peer-to-peer counselling), can be also considered a possible starting point for change.

All these topics can be condensed into tangible questions, which can be a starting point when it comes to finding out how a service is set up:

- Who is explicitly addressed on the websites?
- Which issues are the counsellors familiar with?
- How do legal frameworks shape the services?
- How do the fields of expertise and also the identities of the counsellors influence the counselling process (e.g. LGBTIQ+ counselling LGBTIQ+, peer-to-peer approach)?

To conclude this chapter, here are some key phrases around which the needs assessment in the Transnational Report revolves:

- We need more, better, and more reliable legislation to be implemented in all countries, making sure that laws do not remain theoretical but are applicable in order to help all people affected by GBV.
- Definitions of violence need to be broadened and made explicit and visible, on a theoretical as well as on a practical level.
- Professionals need more, better, and more specific training in order to be equipped for the social work at hand, with broader and more detailed knowledge.

Hopefully, this guide will act as a helpful tool for progress on these matters.



HOW TO START CONSIDERING INTERSECTIONALITY IN SERVICE PROVISION:



The issue of intersectionality, basically denoting the interwovenness of different power relations on the basis of different categories which result in discrimination, does not yet seem very “popular” in the practice of social services. All in all, only singular, specific anti-discriminatory services take the analysis of discrimination as a starting point for combating violence. The anti-violence sector of social work generally considers sexism and misogyny as causes for the violence that cis men inflict on cis women.

The LOOK WIDE project aimed to broaden the concept that anti-violence services have of gender-based violence (GBV), in order to also include the realities of LGBTIQ+ people. Violence on the basis of homo-, trans-, inter-, bi-, and a-phobic behaviour is also a type of violence grounded in rigid social constructs of gender and sexuality.

In the research phase of the LOOK WIDE project, however, it became clear that LGBTIQ+ people reporting instances of discrimination to the support system have in most cases experienced a complex net of discriminations, on the basis of (but not exclusive to) categories of ability, class, “race”/“ethnicity”, migration, religion, age, and others. Specifically, a person of colour might for example experience harsher forms of racism when perceived as queer. In such cases, anti-violence services dedicated to GBV might send the person to an anti-racist organization and that place might send them to a queer-specific service. Or a person looking for help might even experience discrimination in the same place where they originally came to look for help.

Such instances were encountered often enough for the fact to become clear that those providing anti-violence services ideally need to be trained to recognise multiple forms of discriminations, as well as in the concept of intersectionality, in order to provide more inclusive and welcoming support to wider groups of people and on more complex issues. There are, for example, no homeless shelters that are inclusive for LGBTIQ+ people – leading to people having to sleep in the streets due to that specific issue of discrimination. Generally, intersectionality also means uncovering the structures behind singular instances of discrimination, instead of addressing problems as examples of individual misfortune.

The majority of anti-violence services are focused mainly on women, so that often gender is the only axis of oppression taken into consideration. In the LOOK WIDE project, with a broader understanding of GBV which also takes LGBTIQ+ people into consideration, we have determined that the scope needs to be widened even further. Restricting the perspective to gender and sexuality makes other dimensions of the human condition invisible, e.g. being poor, Black, disabled, young, elderly and many others.

People and their social interactions are far more complex than their gender and sexuality. Often, services

are not prepared for this degree of complexity, which is where the need for the integration of an intersectional approach arises – realising that, when different forms of discrimination come together, something new emerges. These forms of oppression and disadvantages cannot just be added up, but must be considered in terms of their entanglements and interactions as an intricate web of social dynamics. The intersectional perspective makes it possible to analyse multiple relations of inequality and oppression that cannot be explained by one category alone (e.g. when sexism and racism meet, the phenomenon cannot be satisfactorily explained and grasped by either analysing sexism or racism). This view can also prevent picturing LGBTIQ+ people as a group as generally being privileged people (white, middle-class people without disabilities etc.).

Many services we interviewed said that they consider an intersectional approach to be the best, even if each organization we talked to was at a different point in the actual implementation of this approach. The risk of exposure to violence increases the more affected by discrimination a person is. Likewise, the likelihood of finding adequate support in a service decreases. This is because if services are sensitive only to one form of discrimination, they may reproduce discrimination in other terms, or not (fully) understand how multiple discrimination works and what kind of effects that may result in.

In conclusion, intersectionality is important given that violence against LGBTIQ+ people may surface as racist, classist, and/or ableist discrimination and vice versa: the complexity of different forms of oppression and privileges should always be integrated (and this integration should go beyond the use of an intersectional label as a “fashionable buzzword”, as some interviewed professionals put it). To get started on actual intersectional thinking, here are some reflective questions:

- What are the issues the service is sensitised for? Which ones are missing (e.g. racism, ableism, classism, ageism etc.)?
- Are there guidelines on working with specific groups of people (e.g. LGBTIQ+ youth, homeless people, immigrants from specific countries etc.)?
- Which groups of people does the service want to be open to? And in comparison: Who is really making use of it? Are there groups that never use the service? There could be invisible barriers that keep certain people away. Thinking about intersectionality can reduce them.
- Are various identities represented among the staff of the services in terms of ethnic background, being dis/able-bodied, different gender identities, a wide range of younger and older professionals etc.?
- Does the service adopt a decolonial feminist view? Is there an awareness of euro-centrism?
- Is there a required training in intercultural competencies or similar fields?

LOOKING WIDER AT THE CONCEPTUAL AND LEGAL FRAMEWORKS



3

► 3.1 Gender and sexual diversity approach in GBV

The Victims' Rights Directive (2012/29/EU) defines GBV as violence 'directed at a person because of that person's gender, gender identity or gender expression'. **Despite this binding obligation, Member States have not developed enough support services for people affected by GBV which take into account the specificities of LGBTIQ+ people.**

Instead, GBV support services focused on its different forms (intimate partner violence or sexual violence, for example) are mainly directed to cis heterosexual women victimised by cis male perpetrators. Sexual diversity is not integrated and, as a result, LGBTIQ+ people do not approach these services or, when they do, they do not receive services adapted to their needs.

On the other hand, where public or NGO anti-discrimination services exist, they provide support in situations of homophobia and transphobia, but do not integrate a gender approach, and put the focus only on bias against sexual diversity.

In this context, **LOOK WIDE aims to broaden the approach of GBV by integrating a gender and sexual diversity perspective.** The core idea is that both violence against women and violence against LGBTIQ+ people are different manifestations of GBV, which have their own specificities, but share the same root which is the heteropatriarchal system. However, as highlighted in the research conducted at the beginning of this project, this conceptual articulation is not always immediately obvious.

The conceptual frameworks of gender and sexuality that are reproduced in public policy—and which guide the intervention models of the services—tend to be single issue, that is, they focus on one aspect, be it gender or sexuality, without considering how they relate to each other or to other inequalities (Coll-Planas & Cruells, 2013). As a result of this single issue approach, at a practitioners' level, support services fail to integrate a gender or feminist perspective—which highlights the structural inequalities between men and women—while mainstream GBV support services lack a sexual diversity perspective or face serious challenges in attempts to incorporate it. In this sense, **LOOK WIDE's commitment to the articulation of a feminist gender and sexual diversity approach has brought out the need to rethink the social work models in the detection of, support with and recovery from GVB.** This experience highlights how, instead of adding LGBTIQ+ people to the existing frameworks of mainstream GBV services—mainly addressed to adult heterosexual women in relationships with a male perpetrator—a **critical reflexive process of these services is needed.**



► 3.2 Gender as violence

LOOK WIDE proposes a framework where **gender itself is understood as violence** to the extent that it defines a set of correct and possible ways of being in the world. Through gender, we are told what is expected of us, what are our limits of action, which relationships we can or cannot establish. This is to say, we are forced to assume stereotyped, unequal and discriminatory roles, attitudes and behaviour defined within a binary system where there are only two possible ways of inhabiting the world: being a man or a woman. As a result of this gender normative system, people who do not conform or who resist these norms are punished socially. This is why gender is proposed as violence. The most extreme manifestation of this violence is physical street violence and murder of gender nonconforming people, but the effects of the gender binary system vary. For example, inter* people are exposed to neonatal surgeries, which lead to scarring, numbness and infertility. Although inter* organizations have denounced these extremely harmful and unnecessary medical interventions as a violation of human rights, neonatal surgery in inter* babies is still in practice. Another example is found in the pathologization and paternalization of trans people who, in many European countries, are forced to sterilise or divorce for the recognition of their gender.

LOOK WIDE assumes that a given society defines specific sexual and gender norms which determine the correct ways of living. These norms affect all citizens, regardless of their sexual, gender identity or expression. In this sense, cis children are also harmed by the binary gender system because they are hindered in their free development. They are assigned a sex and a gender identity and they are expected to act accordingly (many boys today are still taught that men should not cry or show feelings, while girls and women often receive the message that they should take the needs of others more seriously than their own).

A feminist approach to sexual and gender diversity distinguishes five dimensions which are socially constructed:

Sex is considered as the set of bodily biological characteristics from which individuals are classified as males or females. These characteristics include internal and external genital organs, secondary sexual characteristics, chromosomes and hormones. Although sex has been understood as a natural fact, it has been revealed how socially and culturally constructed conceptions of gender actually shape the binary conception of sex. The sexual binarism excludes intersexual people who present variations in chromosomes, hormones, genitals and/or reproductive systems.

Gender identity is the self-identification process within a normative frame of what it means to be a man or a woman. It gives meaning to our actions, thoughts, feelings, expressions and bodies and also tells how we should "read" them, how we are to relate, or how we must transform them into responding to the normative ideal. In fact, we are not able to conceive any person without assuming a gender identity. It tells us what is expected of us, what our limits of action are, what relationships we can or cannot establish.



Gender expression is the way a person expresses their gender, which is expected to adjust to gender identity and sex.

Sexual orientation refers to a person's sexual desire. In this gender-normative order, biological sex (male, female) is assumed to determine a specific gender identity (man, woman) and expression (masculine, feminine), and univocal sexual desire (heterosexual). As such, compulsory heterosexuality appears as a necessary component of the binary gender regime.

Finally, the **form of relation** refers to the structural inequality within this binary model: it does not only create two different types of people (men and women), but it also produces an asymmetric relation where men are positioned above women.

The following table shows how each of these five dimensions are connected, and that 'coherence' is expected for all of them. That is, if a person is assigned as male at birth, 'he' is expected to identify as man and to have a masculine gender expression and heterosexual desire. The same happens for a person who is assigned female at birth: 'she' is expected to identify as a woman and to have a feminine gender expression and heterosexual desire. Any subversion in any dimension will result in social punishment of some kind. However, it should be noted that this table does not gather all the possible forms of violence in relation to sexual, gender and sexuality normativities (more specific cases will be presented in the next chapter on violence against LGBTIQ+ people), but instead acts to highlight that the violence is instrumental to power: it responds to a social norm, and is the effect of not following that norm. The only exception being cis endo women who, even when following these norms, experience violence by dint of the fact of being women.



	NORM	EXCLUSIONS	FORM OF CONTROL	LEVEL OF OPPRESSION
SEX	Male - Female	Inter people	Intersexophobia	Sexual binarism
GENDER IDENTITY	Man - woman	Trans and non - binary people	Transphobia	Cissexism
GENDER EXPRESSION	Masculine - feminine	Cis people who don't represent their assigned gender stereotypical Trans, inter or non-binary people who cannot or don't want to identify as one of the two socially accepted genders	Transphobia	Naturalization of the masculine and feminine roles
SEXUAL ORIENTATION	Heterosexual	Gays, lesbians, bisexuals, pansexual, asexuals/ aromantic	Homophobia, lesbophobia, biphobia, panphobia and aphobia	Heterosexism
FORM OF THE RELATION	Superiority of men over women Superiority of cis men with a normative gender expression in regard to men with non-normative gender expressions	Women with non-normative femininities and men who are perceived as "right man"	Violence against women	Male dominance

Summary of norms, exclusions, forms of control and levels of oppression in relation to gender and sexuality. The table is created by Laura Macaya and used during the training workshop in Barcelona.

In summary, the oppression that LGBTIQ+ people face is related to the fact that they do not follow gender and sexuality norms. People who subvert gender and sexuality norms are labelled as alterity and are designated as marginal, aggressive, and even exterminable.

► 3.3. A wide look at gender-based violence

What does it mean to expand the focus on gender violence from a feminist perspective of gender and sexual diversity? LOOK WIDE owes a lot to the European project GAP WORK which was an inspiration in the conceptualization and definition of GBV. The partner team from Catalonia stated that **GBV or heteropatriarchal violence can be understood as all those forms of violence that have their origin in a stereotyped vision of the genders and in the power relations that this entails** (Biglia & Jiménez, 2015). Because of this, GBV in our society affects mainly and more strongly the bodies of women, inter persons, men that are viewed as not "real men" and sexually non-normative people (lesbian, bisexual, gay, pansexual and others) or with a non-normative gender identity (trans, queer, non-binary).

GBV policy, although under different terminology, has focused on gender as an axis of oppression. Olivella (2016)



analyses its main interpretative frameworks, shedding some light on the terminology in use and the most common conceptualizations around that terminology:

Domestic violence focuses on the place where the violence happens without paying attention to gender. It does not recognize the existence of patriarchy and violence is seen as public health problem and as a result of internal dynamics within the home unit. The focus on the domestic revealed that behind the domestic walls, in the private space, many women suffer violence at the hands of their partners, relatives, or acquaintances, which was a great achievement of the feminist movement. However, this model fails to recognize other forms of GBV that occur in the home unit or in other spaces. Moreover, not all violence that occurs in the domestic sphere is related to gender inequalities.

Violence against women puts emphasis on the subject on the receiving end of violence: women and girls. Men are understood as perpetrators of violence while women are seen as passive receivers with almost no agency. This over-responsibility of women can lead to victimization. From this conceptualization the cause of violence is not linked to gender inequality but to societal values. It was useful to raise awareness of and achieve the recognition of this phenomenon. However, the roots of violence are not taken into account and violence towards LGBTIQ+ people is invisibilized.

Gender-based violence focuses on gender discrimination and understands that violence is a reflection of unequal relationships within the patriarchal system perpetuated by gender roles. From this paradigm, it is assumed that GBV affects mainly women.

Gender-related violence emphasizes the differential socialization between men and women and in existing inequalities and the importance of gender roles and stereotypes, but it goes beyond the intimate-partner violence within heterosexual couples, which is the main form of violence associated with GBV. In this sense, different forms or expressions of this violence are made visible. This definition includes the violence directed towards inter people and people with non-normative sexualities and gender identities that are targeted due to their societal perception of “inadequacy” or “transgression”.

LOOK WIDE’s definition of gender-based violence is rooted in the same broad vision as gender-related violence. First of all, violence is not seen as episodic but normative and functional. It is not seen as an individual problem, but a social phenomenon. In this sense, a political definition of violence will enable the identification of cultural and legal forms of violence. Secondly, violence that is targeted against inter* people and people with non-normative sexualities or gender identities or expressions is included. This inclusion should not obscure the violence targeted at women and girls due to their gender, and as the result of the historical unequal power relationship between men and women. Finally, it aims to focus on the structural causes and inequalities underlying the violence as a way to avoid victimisation.





As professionals in the field of GBV and LGBTIQ+phobia, it is very common to face difficulties finding the time or the space to reflect on the conceptual aspects of our practice. The urgency of everyday work hinders the possibility of critically rethinking these aspects and being aware of the ways that they influence our work. However, the theoretical models that guide our praxis are crucial. Regarding the challenge of integrating a gender and a sexual diversity perspective shown in this guide, this activity is an invitation to reflect, both individually and/or collectively, on the different conceptual frameworks used by different professional and to become aware about how they guide our practice. The following questions can be used as an introspective activity and/or to conduct a discussion during a training session or workshop with specialized professionals.

Write each question in the middle of an A4 paper, brainstorm two minutes about each and write down everything that comes to mind. Then have a look and think deeper about what you wrote. If you are doing this exercise in a group, each person could share their answers with the rest.

- What are the intervention models of the different GBV and LGBTIQ+ services in your context?
- What are the most challenging tensions of the different conceptual perspectives?
- What are the common resources from which we can build a common framework?
- Are there groups that are excluded from accessing the services? What measures can be taken to guarantee access to different groups?

► 3.4 Legal framework

Although the political and legal framework surrounding conditions for LGBTIQ+ people —represented or made tangible by various laws and guidelines— vary in the five European countries involved in the project, there are also common elements and anchors. All of the countries have, for example, committed themselves to actively opposing violence against their citizens by signing the Istanbul Convention (2014). In addition, all of them do in some specific ways include the protection of LGBTIQ+ people against forms of discrimination at national legal levels.

On both international and national levels, a critical revision of existing legal frameworks needs to be done. This chapter aims to give a short insight into existing legal and political structures of the project's members.

► 3.5 GBV European legal framework

Gender-based violence, including domestic violence, as defined in the Council of Europe Convention on preventing and combating violence against women and domestic violence - the so-called Istanbul Convention - is a serious violation of human rights, particularly with regard to women, as defined in the Beijing Declaration and Platform for Action (1995), the UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW, 1979) and its Optional Protocol (1999), CEDAW General Recommendation No. 19 on violence against women and, more recently, in the UN resolution of 25 September 2015 for the adoption of the 2030 Agenda for sustainable development.

The principle of equality and the prohibition of discrimination on the basis of sexual orientation are enshrined in the European Union Treaties and Charter of Fundamental Rights, all of them included at present in the Treaty of Lisbon:

- Article 10 of the Treaty on the Functioning of the European Union (TFEU);
- Articles 2 and 3 of the Treaty on the European Union (TEU);
- Article 21 of the EU Charter of Fundamental Rights.

Albeit limited to employment, occupation and vocational training, the Framework Employment Directive also prohibits discrimination based on sexual orientation (Article 21(1)).

The Istanbul Convention¹ (Council of Europe, Convention on preventing and combating violence against women and domestic violence), as the benchmark for international legislation on tackling gender-based violence, frames gender-based violence and violence against women as a gendered act which is 'a violation of human rights and a form of discrimination against women'. Under the Istanbul Convention acts of gender-based violence are emphasised as resulting in 'physical, sexual, psychological or economic harm or suffering to women, including threats of such acts, coercive or arbitrary deprivation of liberty, whether occurring in public or in private life.'

As the Convention's title suggests, GBV is treated here mainly as concerning females affected by GBV (presumably

1: The Istanbul Convention entry into Force 01/08/2014 - 10 Ratifications including 8 Member States.



thought of mostly as cis and straight). As such, GBV could be seen as a specific form of violence that is directed against a woman because she is a woman. Though statistics show that women are affected by GBV disproportionately, they are not the only social group that are. Furthermore, the Istanbul convention does not define who is meant by 'women'. LGBTIQ+ may or may not view themselves as women or women only. They may also not be referred to by the category women in the Convention. To represent LGBTIQ+ people's rights to protection against any form of violence, the category of people affected by GBV either needs to be diversified in the Istanbul Convention or a new, broader category needs to be accounted for.

The specific GBV laws in Germany, Greece, Italy, Spain and Hungary have been grouped together below:

COUNTRY	N° OF LAW	MORE INFORMATION
SPAIN	1/2004 Organic law	On comprehensive protection measures against gender violence
	5/2008 Catalan law	On the right of women to eradicate sexist violence ²
ITALY	154/2001	Measures against violence in family relationships
	38/2009	Urgent measures on public security and the fight against sexual violence, as well as on persecutory acts
	77/2013	Ratification and implementation of the Council of Europe Convention on preventing and combating violence against women and domestic violence
	119/2013 femicide law	On the fight against gender-based violence
	Legislative Decree 80/2015	Leave for women victims of gender-based violence
HUNGARY	The Criminal Code- amended on July 2013	A domestic violence offence (called "relationship-related violence") was introduced in the new Criminal Code in July 2013. Domestic violence was not a "specific criminal offence" until July 2013.
GERMANY	The AGG 2006 ³	Is meant to provide broad protection from discrimination, from different types of unequal treatment (especially in the workplace etc.). While this legislation does ensure that you are legally able to challenge a particular type of discrimination you face(d), it hardly does anything to combat concrete instances of violence or for people who have faced GBV.
GREECE	Articles 6, 7, 8 and 9 of this act and Articles 299 and 311 of the Criminal Code)	Domestic violence" is the commission of one of the following offences against a family member

2 · This Catalan law makes a broader definition of GBV where different spheres are acknowledge (IPV, but also family, workplace and community violence), but it pertains to cis women.

3 · Allgemeines Gleichbehandlungsgesetz, "General Equal Treatment Act", an antidiscriminatory legislation.



► 3.6 LGBTI European legal framework

Within the European Union, the rights of LGBTIQ+ people are considered differently under the laws of individual sovereign States. Some have adopted legislation recognising unmarried couples, others have recognised the right to same-sex marriage (Belgium, the Netherlands, Luxembourg, Spain, Portugal, Iceland, Norway, Finland, Sweden, Denmark, France, the United Kingdom and Ireland) and some countries recognise the right to adoption by same-sex couples, albeit in various forms.

Violence and discrimination against LGBTIQ+ people constitute violations of the international human rights legal framework, which recognises the rights of all persons to equality and non-discrimination. The core principles of human rights are enshrined in the United Nations Charter, the Universal Declaration of Human Rights, and in other international human rights treaties. Among others:

- Universal Declaration of Human Rights (UDHR)
- Article 2: Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth, or other status.
- Article 7: All are equal before the law and are entitled without any discrimination to equal protection of the law. All are entitled to equal protection against any discrimination in violation of this Declaration and against any incitement to such discrimination.
- International Covenant on Civil and Political Rights (ICCPR).
- Article 2(1): Each State Party to the present Covenant undertakes to respect and to ensure to all individuals within its territory and subject to its jurisdiction the rights recognized in the present Covenant, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.
- Article 26: All persons are equal before the law and are entitled without any discrimination to the equal protection of the law. In this respect, the law shall prohibit any discrimination and guarantee to all persons equal and effective protection against discrimination on any ground such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.
- International Covenant on Economic, Social and Cultural Rights (ICESCR)
- Article 2: The States Parties to the present Covenant undertake to guarantee that the rights enunciated in the present Covenant will be exercised without discrimination of any kind as to race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.
- Convention on the Rights of the Child (CRC).
- Article 2: States Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.



Also United Nations human rights treaty bodies have repeatedly stated that sexual orientation and gender identity are included among prohibited grounds of discrimination under international human rights law. These include: the United Nations Human Rights Committee (General Comment No. 18, para. 7), the Committee on Economic, Social and Cultural Rights (General Comment No. 20, para. 7), the Committee on the Rights of the Child (General Comments No. 4, para. 6; General Comment No. 13, paras. 60 and 72), the Committee against Torture (General Comment No. 2, para. 21), and the Committee on the Elimination of Discrimination against Women (General Recommendation No. 28, para. 18; General Recommendation No. 27, para. 13).

The situation is very fragmented: many countries have introduced some sort of anti-discrimination legislation, whereas others have no legal framework which prohibits discrimination of LGBTIQ+ people. Very few countries have adopted horizontal anti-discrimination laws to protect LGBTI people in all spheres of life⁴.

Despite the European legal framework on LGBTIQ+ rights, each country needs to assess the provisions and incorporate them into national law. In the European context, and especially among the five partner countries of the project, the most advanced law is found in Catalonia.

*The Law 11/2014*⁵ guarantees LGBTIQ+ rights and aims to eradicate homophobia, biphobia and transphobia. It is a groundbreaking law, even for the European context, which includes many of the historical demands of Catalan sexual and gender liberation social movements. Moreover, the preamble of the legal text states that the aim of the law is “to develop and guarantee the rights of lesbians, gays, bisexuals, transgender and intersexual people (LGBTI) and to avoid situations of discrimination and violence, to ensure that in Catalonia, sexual and affective diversity can be experienced in full freedom”. The law, furthermore, contemplates the creation of a specific support service for LGBTIQ+ people who have suffered or are at risk of suffering discrimination or violence because of their sexual orientation, sexual or gender identity. Article 27 is dedicated to the right to integral, real and effective protection. Specifically, it establishes that “Public administrations of Catalonia must guarantee LGBTIQ+ people who suffer or are at risk of suffering any type of violence or discrimination the right to receive immediate, comprehensive, real and effective protection.” The right to support and legal assistance (article 29) states that Catalan public bodies “must establish the necessary mechanisms to ensure that LGBTIQ+ people have the right to receive all the information and specialized legal assistance related to discrimination and the various types of violence exerted against these people.” With regard to security (article 18), the Law 11/2014 establishes several lines of action, such as the application of a protocol for the support of victims of LGBTIQ+phobic aggressions and for the promotion of reports of the victims. In Spain there are two other laws worth highlighting: the Law 13/2005 of the modification of the Civil Code for the right to marry and the Law 3/2007, regulating the rectification of the registering of information relative to a person’s sex. However, this second law, concerning trans people, is limited to the regulation of a change of name in information of sex in the national

4 · This Catalan law makes a broader definition of GBV where different spheres are acknowledge (IPV, but also family, workplace and community violence), but it pertains to cis women.

5 · Allgemeines Gleichbehandlungsgesetz, “General Equal Treatment Act”, an antidiscriminatory legislation.



identity document, requiring the presentation of a diagnosis of gender dysphoria and the demonstration of a minimum of two years of medical treatment, and only taking into consideration adult Spanish nationals.

In Greece, there is limited legislation concerning this matter, usually leaving LGBTIQ+ persons unprotected and without support. Some fundamental rights are enshrined in the Constitution of Greece.

To be more specific: *article 2/paragraph 1, article 4, 5, 20 and 25*. The aforementioned articles refer to the protection of people in general and do not specifically mention the LGBTIQ+ community. The Law 3304/2005 is the first law passed specifically against discrimination, as clarified in article 2: "any act of direct or indirect discrimination or discriminatory treatment is banned, including any form of harassment or insulting act due to the above reasons". However, the provisions of this law are restricted to protecting victims of discrimination in the workplace. In the Greek legal context it is important to mention two other laws: the Law 4285/2014 for combating certain forms and expressions of racism and xenophobia via the penal law and the Law 4356/2015, which establishes the right of same-sex couples to civil union, even though same-sex marriage is not legally acceptable, and that the relationships between the two parts of the union follow the provisions of the law that apply to married couples. Same-sex marriage is not yet considered to be legal, nor is child adoption by same-sex couples. Nonetheless, current legislation approves child fostering by same-sex couples. In May 2018, a modification to article 8 regarding the requirements of becoming foster parent was passed, permitting child fostering, not only by married couples or individuals, but also by couples that have contracted a civil union.

In the Italian criminal legal system, discrimination is regulated by the so-called "Mancino Law". In its first formulation, the law included sexual orientation, but this ground was then eliminated from the text in the final draft. Legislation protecting individuals from discrimination on grounds of sexual orientation is confined to the scope of the EU Employment Equality Directive 78/2000 (Legislative Decree No. 216/2003), which prohibits employment discrimination on the grounds of religion or belief, disability, age or sexual orientation. Notwithstanding European Parliament resolutions of 4 February 2014 and 18 January 2006 on Homophobia in Europe, which called on all Member States to take action "in the fight against homophobia and discrimination on grounds of sexual orientation and to promote and implement the principle of equality in their societies and legal systems", Italy is still lacking laws and policies for the equality and inclusion of LGBTI people. It is possible to refer to legislation focused on violence against women (VAW), regardless of the registered sex of the victim or the perpetrator, in the absence of specific provisions prohibiting GBV against LGBTIQ+ people. Although the Italian National Action Plan on violence against women is focused on violence perpetrated by men, the document includes Italy's condemnation and prohibition of "any form of gender-based violence."

Before *Act 76/2016*, "Regulations on civil unions between persons of the same sex and discipline of cohabitation", Italian domestic law did not provide any alternative union to marriage, either for homosexual couples or for heterosexual ones; thus, the former had no means of recognition. Following a 2015 ruling (*Oliari and Others vs Italy*)



of the European Court of Human Rights (ECHR), where the Court unanimously ruled that the country's failure to provide any form of legal recognition for same-sex couples violated Article 8 of the European Convention of Human Rights, Italy became the 27th country in Europe to legally recognize same-sex couples.

In Germany, the General Act on Equal Treatment guarantees equal rights for all citizens, irrespective of their gender or sexual orientation. It prohibits the discrimination of LGBTIQ+ people. In the summer of 2017, Germany's Federal Government widened its **National Action Plan Against Racism**, in which homophobia and transphobia were outlawed. Same-sex marriage has been legal since October 2017. Due to Germany being a Federal Republic, many states have pre-existing anti-discrimination laws. By signing the Treaty of Amsterdam (EU) Germany amended its national anti-discrimination laws to include sexual orientation. Marriage for all now also allows same-sex couples to jointly adopt a child: previously it was merely possible for one partner to adopt the other's biological or adopted child.

In Hungary, there is legislation on equal treatment that bans discrimination on the basis of sexual orientation and gender identity, and the Criminal Code also explicitly refers to hate crimes ("violence against a member of a community") committed on the basis of sexual orientation and gender identity.

Regarding the rights of trans people, in Europe there is the possibility of recognising the gender of choice in all states with the exception of Albania, Kosovo, Macedonia and Cyprus. In most countries, however, a diagnosis of gender dysphoria is required in order to solicit the modification of personal data, with the exception of some states such as France, Malta, Ireland, Belgium, Denmark, Norway and Greece.

► 3.7 Public policy and service design: the need for a joint approach

In situations of GBV, LGBTIQ+ people generally do not receive adequate support. Support services are mainly directed towards hetero cis women affected by violence perpetrated by cis men. Sexual diversity is not integrated in working approaches and, as a result, LGBTI people do not consult these services or, when they do, they will most likely not receive services adapted to their needs.

It has become clear that a wide range of laws need to be changed in order to properly deal with GBV against LGBTIQ+ people. Existing articles, codes and paragraphs must be modified so as to be inclusive of a wider range of cases and identities. "Implicit" laws, which have to be aptly interpreted by a court in order to adequately include multiple forms of GBV, must be changed to explicitly cover these cases, since the everyday realities of LGBTIQ+ people are not included in anti-GBV laws. Regulations need to be fixed and the addressees explicitly named. Furthermore, there need to be clearly assigned authorities or institutions for anti-discriminatory work. The work against discrimination and violence needs to be collective, paid and visible. The consequences of GBV need to be widely known, as well as the possibilities to counter them.



Since the right to be protected from violence is a human right, LGBTIQ+ people need to be at the very least fully protected by each member state's Constitutional Rights and their implementations. Thus, the responsibility for guaranteeing that LGBTI people who live in Europe be protected from GBV, slides from the European to nation level. This can lead to long delays in political debates, as it did in Italy with an anti-homophobia bill which has been in Parliament for discussion since 2014, or the fact that Italian Criminal Code law included sexual orientation in its first formulation but not in the final draft. In cases where the allocation of responsibility to a specific institutional agency or a ministry is not clear, the political demands to be included are left to be cared for mostly/exclusively by human rights organizations, NGOs or activists from the LGBTIQ+ community itself.

In light of the above considerations, the need to structure and implement services for LGBTI people affected by violence of GBV is clear. Although the situation is different between countries, it is clear that in none of the five countries has an adequate level of protection been achieved.





Hate crime and hate speech in a European legal context:

Hate crime and hate speech aim to undermine the dignity and value of a human being belonging to a particular social group – based on their skin colour, ethnicity, religion/belief, gender, sexual orientation, gender identity and sexual characteristics. On a wider scale, it sends a negative message to LGBTIQ+ communities, their supporters, and the rest of the society.

As we can see from the Rainbow Europe Annual review regarding hate crimes and hate speech, by comparing the five partner countries, it is possible to see how Italy is totally lacking in laws and policies.

Germany, too, is far from being fully up-to-speed, even if it has a policy plan tackling hatred (based on sexual orientation).

In Spain there is no hate crime law as such, although discrimination under the grounds of sexual orientation or gender identity is seen as an aggravated offence. However hate speech is especially difficult to fight with legal instruments in Spain. Currently, under the recent reform of the Penal Code, behaviours such as transphobic or homophobic insults are no longer considered an offence in Spain. However, as seen in previous chapters, Catalonia boasts pioneering law on homophobia.

In Greece, on the other hand, there are two relevant laws: 4285/2014 - Article 1- and 4356/2015 - Article 23 - that have amended the Penal Code, thus leading Greece to develop appropriate policies and achieve a decent level of protection for LGBTIQ+ people.

Hungarian law does not refer to “hate crimes” or “hate speech” per se. The Criminal Code (Article 216,332), however, defines and punishes bias-motivated criminal acts with explicit reference to sexual orientation and gender identity. In relation to bias-motivated criminal acts committed against LGBTIQ+ people, there are two groups of relevant acts in the Hungarian Criminal Law: sui generis acts, where the description of a criminal act explicitly refers to bias when defining the motive and the aim of the criminal act; and other criminal acts that do not demonstrate an explicit bias motive, but whose qualifying circumstances⁶ demonstrate a “malicious motive,” which includes bias motive, based on someone’s belonging to a social group.

6 · A qualifying circumstance is a feature of a criminal act specifically included in the definition of the crime in the Criminal Code that imposes a higher sanction for the act.

It is important to underline that no partner country has adopted policies tackling intersex hatred. In this regard, in Germany the (necessity of the) existence of a third /non-binary gender option has been discussed. In 2013, a controversial change in the law (PStG) was passed, forcing intersex children to have no gender marker on their birth certificates, and therefore also in their subsequent ID documents. NGOs stress that this document gap is forced and not optional. The right to transition into a third gender was not legalized, but recently a court ruled that grown-up intersex people can leave the gender marker open. The Federal Constitutional Court ruled in 2017 that there should be a third gender option and that the law be changed accordingly by the end of 2018. Legal changes are currently being discussed in parliament, and the question of whether, for such a transition, a medical diagnosis needs to be provided will be of particular interest. Important linguistic novelties have been introduced in German, and Germany did, in fact, carry out the changes demanded by the federal court, reforming the Civil status law. Previously, there were only the statuses M and F, and the forced blank for inter infants. As a result of the reform of the Civil status law, people can now change their gender marker from M to F or F to M, delete the gender maker, or obtain a new, third one (D for "diverse"). A diagnosis of a "variant of gender development" is required in order to obtain these. While politicians sought a law for inter persons only, activists tried to prevent this, and pushed for a solution for other groups of people - in addition to seeking to impede the need for a diagnosis - albeit their efforts were ultimately unsuccessful.

The considerations and analysis released highlight that the level of protection and prevention of hate crimes and hate speech is still inadequate and fragmented, often applicable only in some regions of the countries being compared - the existence of a legal framework doesn't mean that it is also applied.

MIGRANT MAN DENIED ASYLUM



Asylum seekers in European Union countries will no longer be subject to psychological tests to prove their homosexuality, according to a decision by the European Court of Justice (ECJ) on 25 January 2018.

According to ILGA World's latest report on state-sponsored homophobia, 78 countries in the world still criminalise people on the basis of their sexual orientation, and five of these countries apply the death penalty for this "crime". As a result, many LGBTIQ+ people decide to flee from their homes to countries where human rights of LGBTIQ+ people are generally more respected. Some choose to flee to Europe. However, seeking asylum in Europe can be a complicated and daunting process. The unique problems faced by LGBTIQ+ people from these countries do not disappear when they cross European borders.

The recognition of sexual orientation and gender identity as a valid reason for protection, however, has only created the condition to protect LGBTIQ+ asylum seekers, leaving intact a number of problems that are specific to cases presented by lesbian, gay, bisexual, transgender and intersex people.

The underlying problem is that there is still not enough awareness that LGBTIQ+ asylum seekers have distinct vulnerabilities, resulting in concrete consequences in handling their cases as asylum seekers. The UNHCR itself has pointed out that different LGBTIQ+ groups experience discrimination in different ways and suffer different persecutions. For example, lesbian women are often victims of honour crimes and punitive rape; their economic and social situation often affects their access to asylum procedures and their persecution is perpetrated on the dual basis of gender and sexual orientation. Gay men are most at risk of immediate violence and are the primary victims of laws criminalising same-sex sexual relations. As far as bisexual people are concerned, sexual orientation is often wrongly conceived as a choice and not as an element of identity. Trans people are the most at risk of marginalisation. Finally, intersex people are often perceived as having a disability related to their anatomy. For these reasons, the following is an example of a European Court ruling on a migrant's appeal.

In *F v. Bevándorlási és Állampolgársági Hivatal*, **the ECJ declared the illegality of the use of psychological reports based on projective personality tests⁷ in determining sexual orientation of asylum**

7 · In that regard, although it considered that F's statements were not fundamentally contradictory, it nonetheless concluded that F lacked credibility on the basis of an expert's report prepared by a psychologist. That expert's report entailed an exploratory examination, an examination of personality and several personality tests, namely the 'Draw-A-Person-In-The-Rain' test and the Rorschach and Szondi tests, and concluded that it was not possible to confirm F's assertion relating to his sexual orientation.

seekers. The asylum applicant, a Nigerian man identified as F, sought asylum in Hungary, arguing that he has a well-founded fear of persecution because of his homosexuality. The Bevándorlási és Állampolgársági Hivatal⁸ rejected his asylum application. While the Immigration Office concluded that F's application was not "fundamentally contradictory," the Immigration Office found that F's statement about his homosexuality "lacked credibility" based on one psychologist's report (para. 22). F appealed this decision to a Hungarian court, and the case was eventually referred to the ECJ.

Legal context:

- *European Convention for the Protection of Human Rights and Fundamental Freedoms : Article 8(1)*⁹
- *European Union law: Directive 2005/85/EC (Article 2,4,8,13,39); Directive 2011/95 (Article 30,4,10,39,40); Directive 2013/32/EU (Article 4,10,15,46,51,52)*

In April 2015, F submitted an application for asylum to the Hungarian authorities.

In support of that application, he claimed, at the first interview conducted by the Office, that he had a well-founded fear of being persecuted in his country of origin on account of his homosexuality. By decision of 1 October 2015, the Office rejected F's application for asylum. In that regard, although it considered that F's statements were not fundamentally contradictory, it nonetheless concluded that F lacked credibility on the basis of an expert's report prepared by a psychologist. This expert's report entailed an exploratory examination, an examination of personality and several personality tests, namely the 'Draw-A-Person-In-The-Rain' test and the Rorschach and Szondi tests, and concluded that it was not possible to confirm F's assertion relating to his sexual orientation. F brought an action against the Office's decision before the referring court, contending in particular that the psychological tests he had undergone seriously prejudiced his fundamental rights and did not make it possible to assess the plausibility of his sexual orientation.

8 · Office for Immigration and Citizenship of Hungary, hereinafter "Immigration Office".

9 · 'Everyone has the right to respect for his private and family life, his home and his correspondence.'

VIOLENCE AGAINST LGBTIQ+ PEOPLE: DEFINITION, TYPES AND IMPACT



4

The project *LOOK WIDE: developing a working method to support LGBTIQ+ victims of gender-based violence by integrating gender and sexual diversity* aims to develop working methods for specialized services (support services working with people affected by gender-based violence) to make these more accessible for LGBTIQ+ people without them having to experience further discrimination. This goal can be reached by integrating sexual and gender diversity into existing working methods and approaches. This chapter provides an outline of manifestations and types of violence LGBTIQ+ people often face in our societies.

Definitions of violence and gender-based violence

The Violence Prevention Alliance (VPA)¹⁰, a network of WHO Member States, international agencies and civil society organizations working to prevent violence, addresses the problem of violence as defined in the World report on violence and health (WRVH), namely:

"the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation." ¹¹

This definition, however, has been criticized for focusing only on individual acts of violence and ignoring forms of structural violence pervading our societies, and for its exclusive focus on physical violence. Critiques also emphasize that the terms and definitions used to describe gender-based or gender-related violence should seek to problematize sexist, sexualising or norm-driven bullying, harassment and violence, whoever is targeted.

Gender based violence (GBV) is violence directed against a person because of their gender. It is a phenomenon deeply rooted in gender inequality, and is based on ideologies that support the idea that women are subordinate to men. As a result, a large proportion of GBV is aimed specifically at women and girls and is often interpreted as "violence against women and girls" (VAWG). Although traditionally linked to VAWG, GBV also affects those perceived as not conforming to prevailing sexual and gender norms.

10. <http://www.who.int/violenceprevention/en/>

11. <http://www.who.int/violenceprevention/approach/definition/en/>



LGBTIQ+ people can face different manifestations of gender-based violence (GBV) e.g. hateful attitudes towards their sexuality, gender identity or gender characteristics, as well as domestic or intimate partner violence.

► 4.1 Homo-, bi- and transphobia as gender-based violence

Homophobia, biphobia and transphobia are commonly viewed by researchers as based on prejudices, misunderstanding, false information, stereotypes, or fear that may or may not have deep societal, social, religious, historical, cultural, or other justifications. We should, however, also consider how our societies divide people into groups (e.g. men and women, or cis and trans people), and how these groups are then hierarchized in such a way that one group is privileged and the other is discriminated against. LGBTIQ+phobia is a form of this discrimination. Prejudices as well as social structures of power are often learned in one's primary family or in other social groups, and are maintained by educational institutions and state level policies, deepening the inequality and unequal treatment faced by LGBTIQ+ people.

LGBTIQ+phobic violence is gender-based violence. Similar to other forms of gender-based violence, it occurs as a result of normative gendered expectations as seen in the previous chapter. In societies and different communities there are social expectations about acceptable gender behaviours or gender roles, and anyone can become a target of physical or verbal attacks for transgressing predominant concepts of these roles and behaviours. Many examples can be found of transgressing expected or dominant concepts of gender roles, as societies' roles are complex and can vary, but here are just some of the obvious ones:

- Gay men transgress the concept of masculinity in that they are sexually attracted to other men.
- Lesbian women transgress the concept of femininity in that they are sexually attracted to other women.
- Some men and women transgress the concept of masculinity / femininity in that their gender expression does not match the prescribed gender expression (e.g. if a man's gender expression is seen as "too feminine" or a woman's gender expression as "too masculine").
- Some women transgress the concept of femininity because they demand the same treatment as men (e.g. in the family, workplace, or in public life).
- Trans people transgress the concepts of gender, because they overcome the idea that gender derives from one's sex characteristics.
- Non-binary trans people also transgress the concepts of gender because they identify themselves outside the two culturally accepted genders (male and female).
- Intersex people, by having bodies that cannot be classified either as male or female, transgress the concepts of two distinct sexes and reveal that the concept of two distinct sexes is culturally constructed (the fact that all bodies have to follow the compulsory cultural norm can be seen in the medical treatment of intersex people).

The term has gained an even broader meaning during recent years: violence and discrimination based on sexual orientation and gender identity are also regarded as forms of gender-based violence. LGBTIQ+ people are also



affected by gender-based violence: they are attacked because they do not conform to the gender norms of the societies or micro-communities they live in. Bias-motivated violence based on sexual orientation / gender identity or expression (SOGIE) constitutes a form of gender-based violence driven by a desire to punish those seen as defying gender norms as not conforming to these destabilizes the prevailing heterosexist system.

► 4.2 LGBTIQA+phobic hate crimes

To record a crime as a hate crime the police need be satisfied that the victim or any other person believes the reported crime was committed because of bias against a social group. To be considered a hate crime by a court two elements are needed:

1. Crime element: Proof that a crime has been committed, such as physical assault, some forms of verbal abuse, repeated harassment, etc.
2. The bias element: Proof that the crime was related to prejudice against a protected characteristic (e.g. sexual orientation, gender or gender identity, national or ethnic origin, race, religion and / or disability). This can be concluded from words or behaviour during the incident or immediately prior to or following it as well as other indicators.

A crime is a homophobic or transphobic hate crime if the perpetrator's motive to attack was the victim's real or perceived sexual orientation, gender identity and/or gender expression.

Bias indicators

Bias indicators are one or more circumstances that suggest that a crime may have been committed with a bias motivation. They provide objective criteria by which to judge the probable motive, but do not necessarily prove that an offender's actions were motivated by bias. Bias indicators should be used to decide whether to investigate further the views and motives of the perpetrator.

Bias indicators are useful for police, prosecutors and NGOs to analyse whether a reported crime might be a hate crime. Many countries and organizations have compiled their own sets of bias indicators.



A non-exhaustive list of bias indicators

Victim/Witness Perception

- Does the person directly affected, or do the witnesses, perceive that the incident was motivated by bias?

Comments, Written Statements, Gestures or Graffiti

- Did the suspect make comments, written statements or gestures regarding the affected person's community?
- Were drawings, markings, symbols or graffiti left at the scene of the incident?
- If the target was property, was it an object or place with religious or cultural significance, such as a historical monument or a cemetery?

Racial, Ethnic, Gender, and Cultural Differences

- Do the suspect and the person affected differ in terms of their racial, religious or ethnic/national background or sexual orientation / gender identity?
- Is there a history of animosity between the affected person's group and the suspect's group?
- Was the person affected engaged in activities promoting his/her group at the time of the incident?
- Did the incident occur on a date of particular significance (e.g. Pride events)?

Organized Hate Groups

- Were objects or items left at the scene that suggest the crime was the work of a paramilitary or extremist nationalist organization?
- Is there evidence that such a group is active in the neighborhood (e.g., posters, graffiti or leaflets)?

Previous Bias Crimes/Incidents

- Have there been similar incidents in the same area? Who were those affected?
- Has the person affected received harassing mail or phone calls or been the victim of verbal abuse based on his/her affiliation or membership of a targeted group?
- Was the person affected in or near an area or place commonly associated with or frequented by a particular group (e.g., a community centre)¹²

Violence may be carried out by the state (as in laws prescribing corporal punishment for homosexual acts), or by individuals engaging in intimidation, bullying, mobbing or assault. Violence targeted at people because of their perceived sexual orientation or gender identity can be psychological or physical and can extend to murder. It has been for a relatively short time in history - since the mid-20th century in Europe - that states do not sanction homosexuality. In many of these states, violence against LGBTIQ+ people has been classified as a hate crime.

12 · This list of bias indicators is based on OSCE/ODIHR: Understanding Hate Crimes: A Handbook for Bosnia and Herzegovina. 2010. pp. 9-10. <https://www.osce.org/odihr/104165>



Criminal assault

In much of the European Union, acts of violence against a social group are legally classified as hate crimes, which entail harsher sentences if convicted. In some countries, this form of legislation extends to verbal abuse as well as physical violence.

Legislation against homo- and transphobic hate crimes

Members of the Organization for Security and Cooperation in Europe began, in 2003, to count hate crimes based on sexual orientation (as opposed to those covered by generic anti-discrimination legislation) as aggravating circumstances when a crime had been committed.

Legal and police response to these types of hate crimes is hard to measure, however. Under-reporting and the lack of consistent data collection are also factors that hinder measuring concrete developments. Systemic failures can be detected when it comes to the implementation and application of the law in case of hate crimes against vulnerable group members. These systemic failures are:

- regular under-classification of hate crimes,
- regular failures on the part of the police to undertake law-enforcement measures,
- failures of the authorities to take investigative steps.

Prevalence, underreporting

There exists conclusive evidence that anti-LGBTIQ+ hate crimes persist across Europe. The FRA European LGBT Survey (2013) found that more than one in four (26%) LGBTIQ+ people had been attacked or threatened with violence in the five years preceding the research. Figures are even more worrying when it comes to trans people, since a third (34%) of all trans respondents say they were physically or sexually attacked or threatened with violence in the five years preceding the survey. National victimization surveys, as well as cases collected by civil society organizations and reported to the Office for Democratic Institutions and Human Rights (ODIHR), show a high number of anti-LGBTIQ+ hate crimes across the region. The FRA LGBT 2013 survey also shows that homophobic and transphobic violence remain underreported across Europe. Namely, more than one in five (22%) incidents experienced by the respondents in the five years preceding the survey have been reported.

The most prevalent forms of homophobic incidents range from name calling and public ridicule, public outing, rumours, intimidation, social isolation and exclusion and cyber bullying to physical or sexual assaults and death threats:

- almost 20% of all respondents report at least one experience of homophobic violence in the last three years prior to survey being conducted,
- 10% of were physically assaulted,
- almost 20% of were threatened with violence or the use of force,
- almost 10% of experienced unwanted sexual contact.



Gender inequalities and gender-based prejudices are even worse for trans people, who are particularly at risk of GBV because they challenge traditional gender norms and roles.

The impact of hate crimes

People victimized by violent physical hate crimes are likely to experience more psychological distress than victims of other violent crimes. Specifically, victims of crimes that are bias-motivated are more likely to experience post-traumatic stress, safety concerns, depression, anxiety and anger than victims of crimes that are not motivated by bias. Hate crimes send messages to members of the victim's group that they are unwelcome and unsafe in the society, victimizing the entire group and decreasing feelings of safety and security. Furthermore, witnessing discrimination against one's own group can lead to psychological distress and lower self-esteem.

Hate crimes have the potential to cause injury and distress both at the individual and community level. Experiencing a traumatic event can cause physical, emotional, or psychological harm, regardless of whether bodily injuries occur during the attack. In more serious situations, an acute stress disorder can develop. Even though reactions to traumatic experiences are individual and therefore can be different, they can be grouped into several categories. Most of the reactions of those affected are combinations of these categories, according to the classification of Hamer Vidmar (2016):

Emotional reactions – fear, shame, anxiety, helplessness, insecurity, sadness, depression, a feeling of losing control, panic attacks, feeling guilty, distrust in other people, oversensitivity, constant changes of mood, and other intense emotional reactions;

Physical reactions – dizziness, body tremors, muscle tensions, psychomotor disturbances, sweating (particularly palms), headaches, high sensitivity to light exposure, feeling cold in lower body (particularly in feet), heart palpitations, high blood pressure, low blood sugar, digestive problems, hyperarousal, difficulty speaking, difficulty breathing, various stages of shock;

Behavioral reactions – reticence: refusing communication, isolation, crying, aggression, verbal outbursts, impatience, drug or alcohol abuse, self-harm, suicide attempt;

Cognitive reactions – disorientation, confusion, difficulty with concentration, difficulty speaking, forgetfulness, distraction.



► 4.3 State violence against intersex people

“In a world where the overwhelming majority of people and governments only know and accept two sexes (‘male’ and ‘female’) the existence of intersex people and their bodies is not recognised. Instead, healthy intersex bodies are considered to be a ‘medical problem’ and a “psychosocial emergency” that needs to be fixed by surgical, hormonal, other medical and sometimes psychological means,” writes OII Europe in their publication *Standing up for the rights of intersex people* (ILGA Europe, 2015).

All over Europe, intersex people face pathologization and extreme violations of their human rights. After birth, as children, adolescents and adults, intersex people face violations of their physical integrity, including medical interventions like surgeries without personal, prior, persistent and fully informed consent. This can cause psychological trauma as well as severe physical impairments, ranging from infertility, painful scar-tissue or lack of sensation to osteoporosis and urethral issues.

Intersex children face the risk of a disturbed family life due to taboo and medicalisation. They are also at risk of dropping out of school, due to the effects of medical treatments and bullying. Intersex adults may have difficulty finding a job due to lack of education, physical impairments or a lack of self-esteem caused by social stigma. There is a reported higher risk of poverty due to lack of education as a result of pathologization and related trauma. At every age, intersex people can face stigma, structural and verbal discrimination, harassment, lack of adequate medical care, lack of access to needed medication, lack of legal recognition, and the invisibility of their bodies in our society.

Intersex organizations and their supporters therefore demand to put an end to mutilatory and “normalising” practices such as genital surgeries, psychological and other medical treatments through legislative and other means. Intersex people must be empowered to make their own decisions regarding their own bodily integrity, physical autonomy and self-determination.

► 4.4 Intimate partner violence in same-sex and trans people’s relationships

It was the women’s movement that called attention to domestic and intimate partner violence, and it was male violence against women that they focused on. However, recent studies show that intimate violence between same-sex partners and against trans people is often underestimated in public consciousness (Viggiani, 2015). Trans women are particularly vulnerable and unprotected in violent relationships, because of greater economic and social barriers.



LGBTIQ+ people report the following forms of violence when asked about their relationship experiences:

- jealousy and related accusations (often preceding violent attacks);
- constant control (via phone, or text messages);
- physical violence: pushing, beating;
- isolating the partner (from friends and family);
- blackmailing (e.g. threatening with job loss);
- harassment (during the relationship or after breaking up);
- sexual violence;
- dating violence (violent behaviour or threatening with violence at the beginning of a relationship);
- insisting upon changing the partner;
- violent fits, breaking or slamming objects¹³.

Just as in any relationship, violent partners want to control their partner's behaviour through violent or coercive behaviour, or punishing their partner if they resist their intention to control. Those who commit violence want to satisfy their own needs and desires; they learn violent behaviour by following patterns; and they commit violent acts if the risk of punishment is relatively low. The homo- and transphobia of society helps violence to go unnoticed and unpunished, as those affected by violence are often isolated and cannot ask for help from their family, support service providers or judicial authorities.

In addition to various structural, cultural, individual and interpersonal barriers relating to service provision, these factors are relevant for LGBTIQ+ service users:

- concerns about LGBTIQ+phobia in service provision;
- perception and recognition of gender-based violence in the context of intimate relationships among LGBTIQ+ people;
- knowledge of and connectedness to local LGBTIQ+ friendly services or community;
- knowledge, skills and outreach of service providers.

► 4.5 Conclusions: violence against LGBTIQ+ people in the everyday experiences of service providers

As part of the project, partner organizations prepared needs assessments based on their research and interviews with service providers and LGBTIQ+ people affected by violence in their respective countries. Based on these, a comprehensive needs assessment study was produced. According to this, the services report a broad spectrum of violence with no area remaining untouched, be it in intimate partnerships or family contexts, in the workplace, at school, on the street or within the healthcare system. Those who turn to services bring with them many violations of their fundamental rights, especially those LGBTIQ people whose identities entail being transgender, intersex,

13 · See in booklet prepared by Háttér Society as part of the Bleeding Love project (bleedinglove.eu): <http://hatter.hu/sites/default/files/dokumentum/kiadvany/bleedinglove-infokiadvany-0.pdf>, p. 22.



people of colour (PoCs) and/or disabled. Many of them experience violence on a daily basis, even though they are less likely than many other groups to seek help from the available services. This leads to the individualisation of problems: certain consequences of social structures are viewed as individual problems (e.g. as mental illness), and thus remain invisible to services.

There are stereotypes that reproduce violence and lead to people being retraumatised, for example the claim that people only identify as LGBTIQ+ because they experienced significant violence in childhood, reversing causes and effects. Many LGBTIQ+ people are desensitized to violence, thus only significantly violent incidents are perceived as such. Trans people are especially vulnerable to many types of violence in many scenes of their everyday lives, from family to social environments and institutions.

Microaggressions

Microaggressions are behaviours that subtly or indirectly communicate a derogatory or otherwise hostile message to the recipient. They happen when people's biases against marginalized groups (from the denial of the existence of LGBTIQ+phobia to assumptions of sexual pathology or abnormality) reveal themselves in a way that individuals belonging to these groups are left feeling uncomfortable or insulted, e.g. when they are misgendered or burdened with disturbing questions either intentionally or because of lack of information. Microaggressions have the power to make those on the receiving end feel socially uneasy, culturally out of place, or even physically unsafe. Most LGBTIQ+ people experience microaggressions on a daily basis and even at therapy and support services where they turn for help. Many studies have found that the more people experience microaggressions, the more likely they are to report symptoms of depression, psychological distress, and even physical health issues.

As for interpersonal violence, services report intimate-partner violence as well as violence coming from family members. The threat of being outed without consent is widespread.

Community violence is manifested in bullying or harassment, whether it is within educational settings, at work or in public spaces, the street and public services (including housing).

The services also remarked upon institutional violence manifested directly against specific people affected by GBV. Within the healthcare system, trans people in particular are likely to suffer violence prior to legal gender recognition.



Structural violence is often manifest in the context of migration, refuge and asylum seeking. If services include LGBTIQ+ refugees in their work and reports, multiple vulnerabilities are found. Paternalistic practices in the process of the asylum application often prevail or are rendered invisible. Professionals working at the “intersection” of LGBTIQ+ communities and migration claim that there is a tendency to normalise violence associated with migration processes. People who are (or are perceived to be) part of a specific culture are seen as “violent” or as belonging to a culture that normalises violence. Thus experts tend to perceive problems as cultural, not social ones.

Divergent understandings of gender and gender roles and different levels of acceptance still remain as barriers to the social integration of LGBTIQ+ people, requiring continuous and systematic engagement by both civil society as well as governments and services to ensure the protection and safety of all LGBTIQ+ people.



IDENTIFYING TYPES OF VIOLENCE



The following cases are fictional but based on elements of true stories of people who turned to GBV support services.

Goals: To identify different types of GBV against LGBTIQ+ people and to understand how these are intertwined with structural violence.

Method: individual or group work, group discussion

Time: 30 minutes

Materials needed (optional): Copies of the cases sheet

Description of the activity: Participants read the cases individually or in groups, and then the facilitator asks questions to promote discussion.

CASE 1

Sofia has been living in a city for eight years. She was born in a smaller town in another region of the country and left home to go to college when she was 18. Two years ago she started a relationship with another woman (previously, she had relationships with men). The women are committed to a long term relationship.

Recently, after much consideration, Sofia has decided to come out to her parents. She talked to her mother first. Her mother was understanding, but concerned about her husband's reaction. Sofia came out to her old friends, too, but did not dare to talk to her father. Her mother however insisted on talking to him, so Sofia eventually agreed.

His father got angry; he told Sofia that she was a disappointment. He kept asking her whether some man had hurt her, insisting on this "explanation."

Sofia feels bad about her family and has begun to feel doubts about her relationship. Sometimes she thinks coming out was not worth it. She does not feel her relationship is secure enough and thinks that she may have generated an unnecessary conflict in her family. Her father is very upset and she feels sorry for her mother who has to cope with this.

CASE 2

Aida and Anna have been together in a relationship for four years. Anna's friends are now the closest people in Aida's life, too. They say they have a very intense relationship, with many ups and downs. There are times when both are angry and they have also hit one another. Aida is Mexican and she managed to settle her legal situation in the country by living in a registered partnership with Anna. She has precarious jobs, even though she is an architect. Anna was born in the country and comes from an upper middle class family. She came out to her family when she was 16 years old.

Anna does not understand why Aida does not tell her family that she is a lesbian, but Aida is afraid of losing the little contact she has with her parents. A few months ago Anna told Aida that she must come out to her family, otherwise she would leave her. She also tells that Aida is not a real lesbian and dresses in a very "feminine" way to hide. Aida does not feel prepared to talk to her parents. The situation between them is very tense; they have argued a lot recently, Anna has hit Aida and thrown things at her.

CASE 3

Alex is a trans man who arrived from Columbia four years ago. It was here that he transitioned and that is why he says that he feels at home in the city where he lives now. When he came out as trans at home and began to use his new name, many people from his environment in Quito, family and friends, stopped talking to him. Still, he continues to have a very close relationship with his mother and brother, they write and talk to one another regularly. Alex has found a new network of friends in his new life.

His legal situation as an immigrant, however, is unsettled, so he is forced to accept very precarious, irregular jobs, mostly domestic work. To earn his living, he must work even when he is ill.

In addition, he had to leave the room he had been renting, and finding a new one has not been easy: prices are high, and most people do not want to share a flat with a trans person. The last time he went to see a room for rent, he was laughed at and the renters asked him if he was a paedophile.

QUESTIONS FOR DISCUSSION:

Where do the situations of violence take place? What is the relationship between the people involved?

What types of violence can you identify?

What are the factors that have a negative impact on the situation of Sofia, Aida and Alex?



► 5.1 Competence profile of professionals

Professionals supporting LGBTIQ+ people affected by GBV need to be competent on at least two distinct but interconnected levels:

- They need to be able to provide inclusive and affirmative services for LGBTIQ+ individuals as well as to take into account aggravating factors for their health and mental health outcomes,
- They also need to be able to efficiently identify and address different types of GBV in any context in which these may occur, their multiple consequences, and the need for personalized services.

5.1.1 Competence profile of professionals working with LGBTIQ+ individuals

As a prerequisite, professionals working with LGBTIQ+ individuals need to provide a safe and inclusive space for any sexual orientation and gender identity and to establish an intersectional and affirmative approach. They have to be aware of different legal and human rights contexts in different countries and how experiences of discrimination in different cultures shape the psychological reality of LGBTIQ+ individuals. Sexual orientation and gender identity can be either in the foreground as the main cause or the background as one of the underlying or aggravating factors of GBV. It is essential to allow for a range of expressions regarding these experiences.

Some basic principles for professionals to keep in mind are the following:

- Respecting self-identification is crucial. Professionals should not interpret or seek specific elements that “justify” sexual orientation and/or gender identity. A person’s sexual orientation and/or gender identity shouldn’t be assumed on the basis of appearance or gender expression. In general, no professional (specifically mental health professionals) can be better aware of a person’s sexual orientation or gender identity than they are. Therefore, trying to change someone’s sexual orientation and/or gender identity is unacceptable in all circumstances and it is a direct violation of human rights. Additionally, professionals should not make assumptions nor ask information about a trans individual’s anatomy (sex characteristics).
- Recognizing and understanding that sexual orientation and gender identity are distinct and not necessarily connected constructs, and being able to differentiate them when working with LGBTI people. All sexual orientations and gender identities are normal and they are not mental illnesses or symptoms of a mental illness¹⁴. This applies both to homosexual and bisexual orientations and to all forms of gender identities; bisexuality or identifying as non-binary is not an indication of ambivalence or a transitional stage.

14. Even if they have been present in the disease catalogues DSM and ICD for a long time or are still partially present. Gender identity dysphoria is only present in DSM 5, and which is expected to align with ICD-11 in its next revision, thus removing gender identity as an illness from all classification systems.



- Understanding that gender is a non-binary construct that allows for a range of gender identities, and that a person's gender identity may not align with their sex assigned at birth. A person's gender identity may or may not be included within the gender binary. Professionals should never assume that they are more aware of the pronouns which an individual uses, and should not use any names or pronouns other than the ones that the individual suggests with their self-identification. Professionals should not insist on the use of the name written in the official papers and, in their opinion, the pronoun best suited to it.
- Professionals should not consider that exploration of sexual orientation or fluidity of gender identity are symptoms of disorders or indication of psychopathology. Gender dysphoria is not a mental disorder and should not be considered as a common experience or expression for all trans people. Professionals should not in any circumstances recommend that trans and/or intersex people undergo medical procedures that are not necessary for their health, if they do not wish to do so.
- Recognizing that stigma, prejudice, discrimination and violence affect the health and wellbeing of LGBTIQ+ people, as well as the effects of institutional (systemic) barriers on the lives of LGBTIQ+ people.
- Creating a supportive and affirmative environment where LGBTIQ+ people are able to explore their sexual orientation and their gender identity. This may include trying out different names, pronouns, or gender expressions.
- Professionals should recognize their attitudes, perceptions and prejudices and knowledge and how they affect the quality of our services concerning LGBTIQ+ people and their families, seeking consultation or making appropriate referrals where necessary.
- Recognizing and respecting the importance of LGBTIQ+ relationships, regardless of their legal recognition.
- Understanding the ways in which the family of origin may impact on a person's sexual orientation, gender identity or expression. This may have an impact on their family of origin and their relationship with them, mainly because of widespread LGBTIQ+phobia.
- Recognizing the challenges related to multiple and often conflicting norms, values, and beliefs faced by LGBTIQ+ members who may also be members of racial and ethnic minority groups, as well as other communities the person is also part of ¹⁵.
- Considering the influences of religion and spirituality in the lives of LGBTIQ+ individuals.
- Recognizing the unique problems and risks that exist for LGBTIQ+ youths (e.g. the extent of the consequences of homophobic bullying).
- Being aware of and understanding the impact of HIV/AIDS on the lives of LGBTI individuals and communities - especially in the historical context of the AIDS epidemic of the 1980s in comparison with current medical and research knowledge.
- Understanding the unique employment issues that exist for LGBTIQ+ individuals, such as high unemployment rates and discrimination in the workplace.

15 · We focus on racial and ethnic minorities because they also face discrimination on this basis. White and Christian individuals in countries where white Christian, individuals are the majority might face LGBTIphobia, but not as white Christians.



- Increasing the knowledge and understanding of sexual orientation and gender identity through continuing education, training, supervision, and consultation.
- Recognizing the necessity for and the benefits of an interdisciplinary approach when providing care to TGNC (trans and gender non-conforming) people and striving to work collaboratively with other providers.
- Promoting social change that reduces the negative effects of stigma on the health and well-being of trans and gender non-conforming individuals.
- Acknowledging that, while LGBTIQ+ individuals might share common experiences, they are unique individuals with different needs and lives. It is crucial to recognize these differences and the different ways these individuals experience discrimination and stigma. Every individual and every identity represented in the acronym (as well as all other identities that are not specifically mentioned here but included in the LGBTIQ+ spectrum, such as asexual, queer, non-binary, etc.) has discreet needs and different life realities.

5.1.2 Competence profile of professionals working with LGBTIQ+ people affected by GBV

Most, if not all, LGBTIQ+ individuals have experienced some form of violence because of their sexual orientation, gender identity, sex characteristics, and/or gender expression, a kind of violence rooted in homophobia and/or transphobia and/or the gender binary as they appear in different social and cultural contexts. These violent acts are not usually classified as GBV, since LGBTIQ+phobia and the negative effects of the gender binary are so pervasive that their full extent remains invisible. As in most cases of discrimination, because homophobia, biphobia, transphobia and the gender binary have not been recognized and identified as such, it is challenging to properly address their more subtle expressions and fully disentangle all facets of their consequences. For example, consequences of LGBTIQ+phobic, violence and discrimination include, but are not limited to, physical and psychological trauma, legal and financial repercussions, social exclusion, academic and professional deterrents etc. In this context, the strong linkage between homophobia, biphobia, and/or transphobia and GBV has long remained unnoticed, although sexism is the common denominator.

Types of GBV towards LGBTIQ+ individuals can occur in all social contexts and with a wide range of threat towards the life and well-being of those affected. As a result, needs for support and/or rehabilitation may also vary significantly. For example, a trans student that may be bullied and socially excluded in school in a western country and a lesbian refugee from an African country that has experienced corrective rape are both persons affected by GBV; however, their medical and psychological needs for support, and also their access to proper support services, are extremely different.

In all cases of GBV, a main principle for professionals in the field is teamwork and a multidisciplinary approach. Working with people affected by GBV can be enormously difficult and challenging and it is vital to have a team comprising of professionals who come from different scientific fields. Such a team's aim is twofold:



Firstly, to address all aspects of support and rehabilitation process, to help those affected to better navigate and ensure that they find proper support according to their requirements (e.g. medical, psychological, legal, psychosocial), and to create a realistic support plan (short term or long term, depending on available services).

Secondly, that the team serves as a network to protect all professionals involved, guaranteeing higher quality of services. A well-functioning team can also safeguard its members from burning out from the exposure to secondary trauma and from relieving responsibility beyond their field of expertise.

It is essential that professional teams dealing with GBV are trained to work with LGBTIQ+ individuals, through continuous education on up-to-date scientific data, human rights protection, and legal aspects of sexual orientation and gender identity status in different countries, religions, and socioeconomic contexts. Furthermore, it is crucial that they are in touch with local LGBTIQ+ communities, and familiar with the different cultural expressions, experiences, and challenges which may be contradictory to their own cultural experiences, assumptions, and beliefs. Teams should also include professionals that are LGBTIQ+ themselves, and properly trained to deal with GBV, in order to integrate their expertise. Finally, they need to work towards reaching out to communities and individuals by creating focal points for LGBTIQ+ issues in their organizations. This practice has the added value of facilitating change and fostering diversity in the organizations that host the focal points by promoting visibility of LGBTI individuals and issues.

5.1.3 Legal knowledge

Working with LGBTIQ+ people affected by GBV, can be complicated from a legal point of view. As previously pointed out, in many countries, GBV legislation refers only to women as victims. For example, according to the European Institution for Gender Equality (retrieved in June 2019), in Bulgaria, Hungary, Slovakia and Ireland, rape is considered to be committed only against women. LGBTIQ+ individuals are often invisible when considering and discussing GBV policies and initiatives and, in many instances, they are not protected against specific forms of discrimination and violence in national legislation.

Professionals should also have extensive knowledge of legislation about LGBTIQ+ rights, identities and protection and, at the same time, on legislation surrounding GBV (such as intimate partners violence, domestic violence, rape, sexual assault and harassment), as well as legislation on bullying and all kinds of violence that can be underpinned by gender discrimination.

As a consequence, professionals should have a solid grasp of national and European legislation, in order to help and guide LGBTIQ+ people affected by GBV through the appropriate legal options and possible actions.

5.1.4 Reflection on own stereotypes

Taking into account the nature of working with LGBTIQ+ individuals and the social stigma around non-heteronor-



mative sexual orientations, gender identities, expressions and characteristics, it becomes evident that professionals have to confront their own attitudes and beliefs in order to be able to provide a truly safe space and services with inclusivity and empathy.

Beyond the prerequisites of good intentions, adhering to a code of ethics, and factual scientific knowledge, working with LGBTIQ+ individuals means acknowledging, working on, and trying to overcome systemic and internalized homophobia, biphobia, interphobia and transphobia. Systemic LGBTIQ+phobia translates into widespread, deep rooted stereotypes, attitudes, and beliefs about lesbian, gay, bisexual, trans, queer, and intersex people, their lives, experiences, relationships, and realities. These stereotypes seep into people's minds and professionals can have them, too. However, they are rarely identified or addressed in formal training or by professionals themselves.

Acknowledging and accepting the existence of these internalized stereotypes and the commitment to creating an atmosphere of safety and trust is the cornerstone of applying best practices and providing affirmative services. In many instances, it is not only helpful but also safer to consult a specialized supervisor, as well as to continue experiential work on internalized stereotypes.

At the end of this chapter, we include two examples that can also be used as tools to raise questions and promote awareness of our own stereotypes. It is a questionnaire and a guided fantasy. You can take some time to consider these questions, share and discuss them with your colleagues and friends.

Remember: Being a professional is not about always having the right answer, but being able to ask the right question.

► 5.2 Prevention

GBV is a human rights violation that doesn't only include types of violence that are perpetrated by men against women, but might also refers to violent acts against LGBTIQ+ individuals, should they be people with gender-nonconforming identities. The reason why LGBTIQ+ people or people with non-stereotypical gender expression might also be victimized in the context of GBV acts is exactly because their bodily sex characteristics, sexual orientation, gender identity or gender expression could question or cast doubt on the dominant and stereotypical role that masculinity has in most social contexts around the world. In other words, LGBTIQ+ people or gender non-conforming individuals, in many occasions may face the same danger of suffering violent acts as women, a danger rooted in the same gender norms, with individuals having less social power and less power in their intimate relationships as well. That of course doesn't change the fact that cis straight women around the world have a higher probability of experiencing violence at some time in their lives, but it is an element that gives us a holistic understanding of the issue and makes clear that femininity – or, perhaps more precisely, the absence of stereotypical masculinity - is a key factor that makes someone's victimization more likely. At this point, it is essential to understand and remember that "gender" is structured by social and power relations within which religion, age, ethnic



origin and other social categories are intertwined. Consequently, it is not something solid, but instead governed by fluidity, and responds to changes that come from the political and cultural environment. (UNHCR, 2003). From this point of view GBV is often understood in terms of all the different types of norms and stereotypes that come with the gender binary, gender identity and/or expression in any social aspect of human action.

Taking this into account, it becomes evident that effective and appropriate prevention strategies can be built only after identifying the particular risk factors for each type of GBV in each setting, as well as providing specialized activities for each target group. Possible target groups are: potential perpetrators, people affected by GBV, and actors involved with the identification and care of those affected.

In any case, prevention strategies are most effective when all actors, including people affected by GBV, are involved in designing, implementing and evaluating them. There are many factors that can strengthen prevention strategies, such as organizing and rebuilding support systems and services in families and in communities, and creating or improving monitoring and documentation procedures for GBV incidents on grounds of sexual orientation and/or gender identity and/or gender expression.

Because GBV against LGBTIQ+ individuals is rooted in the aforementioned gender norms, there are two main fields to work on that could promote long term and lasting prevention:

- **the improvement of the formal and traditional legal system** in order to empower, protect, and destigmatize LGBTIQ+ people, promote equal rights in all aspects of social life, protect trans and intersex individuals and ensure self-determination/autonomy for trans and intersex people, especially when it comes to medical procedures, create a code of ethics for health and psychosocial support professionals, draft protective laws to combat LGBTIQ+phobic bullying etc.
- **the constant effort towards transforming socio-cultural norms based on patriarchal and sexist representations.** This could include any social context, such as school and academic education, professional environments, family and community awareness against homophobia, transphobia and interphobia, health services, etc.

In any aspect of the above efforts, it should never be forgotten that the LGBTIQ+ community has to have a leading role and always enjoy close collaboration with the decision-making authorities.

There are strategies that can be implemented by one or more group/organization of professionals in order to contribute to preventing GBV against LGBTIQ+ people. Such strategies include the development of information, education, and communication campaigns, empowering LGBTIQ+ people through the strengthening of community networks, representation in the leadership structure and in decision-making (also involving but not only



being limited to cis straight men), engaging children and youth, raising awareness, and ensuring compliance with standards of accountability and codes of conduct.

Development of information, education, communication campaigns

These campaigns target beliefs, attitudes and behaviours, and they can focus on human rights including LGBTIQ+ rights, knowledge and information on GBV. They can also provide a mapping of available services for those directly affected. These campaigns should involve trained LGBTIQ+ individuals in leadership positions and can be tailored to particular groups (eg. schools, religious institutions, health services) through a variety of media (posters, pamphlets, television ads, etc.).

Empowering LGBTIQ+ individuals through strengthening of community networks and representation in the leadership structure and in decision-making

Local LGBTIQ+ communities should assume a leading role in prevention strategies in all stages (design, implementation, and evaluation). Experts from local communities should be identified, recruited, and trained in order to work with support from NGOs, UN agencies and the public sector. LGBTIQ+ individuals should inform decision-making at all stages and they should also be trained to assume leadership positions.

Engaging cis straight men, children, and youth

Since it is cis straight men that perpetrate most GBV acts against LGBTIQ+ people, they should be the focus of specific actions and campaigns, in order to promote change and provide role models.

In order to promote lasting change in communities, prevention should focus on children and youth through parents and school. Gender stereotypes can be addressed through families with the appropriate training. An excellent example is the formation of Gay Straight Alliances¹⁶ in schools which promote acceptance and protect LGBTIQ+ students. Schools should redesign their curricula to include classes on human rights, sexual health, and awareness of gender roles.

Raising awareness

NGOs and public sector actors should be trained in human rights regarding sexual orientation and gender identity, national and international legislation, gender awareness, homophobia, biphobia and transphobia.

Ensure compliance with standards of accountability and codes of conduct

16 · Gay Straight Alliances are student-led or community-based organizations, found in middle schools and high schools as well as colleges and universities, primarily in the United States and Canada, that are intended to provide a safe and supportive environment for lesbian, gay, bisexual, and trans children, teenagers, and youth, as well as their cisgender heterosexual allies.



Humanitarian workers as well as public sector actors should adhere to relevant codes of conduct. Sanctions in the case of breaches should always be upheld.

► 5.3 Detection, common indicators and data collection

The detection of GBV is the first and often the most difficult part of the support and rehabilitation process. The stigma attached to LGBTIQ+ people creates an additional burden of fear and shame for individuals affected by GBV.

LGBTI people affected by GBV can belong to any gender and age group. Known indicators for GBV can be:

- Depressive symptoms (including suicidal thoughts and/or attempts),
- Anxiety symptoms
- PTSD symptoms (e.g. nightmares, flashbacks, constant feelings of anxiety and stress, avoidance of stimuli reminding the trauma, depersonalization, feeling of alienation)
- Self-destructive behaviours
- Abrupt changes in relations with family and friends
- Substance abuse, difficulties in personal relationships
- Eating disorders
- Aggressive behaviour
- Sudden difficulties in school performance
- Arrested development (in children)

Specific LGBTIQ+ groups might be more vulnerable to GBV, such as LGBTIQ+ sex-workers, refugees, homeless individuals, people involved in chemsex, LGBTIQ+ children who rely on supporting adults etc. Though these are not indicators in and of themselves, they should be borne in mind by professionals when trying to detect and/or identify GBV.

The role of the community

Given the above, it becomes clear that community involvement is essential at all stages of detection and identification of GBV among LGBTIQ+ people. This way a double pathway is created for LGBTIQ+ people to access support and rehabilitation services more easily and vice versa. This also helps with data collection and analysis, in order to clarify specific challenges and risk factors and to uphold advocacy policies.

Furthermore, confronting the double burden of both being LGBTIQ+ and affected by GBV, may generate an



individual's fear of being stigmatized in their own communities, by professionals and/or institutions. Community outreach can disseminate knowledge on what constitutes GBV, de-stigmatize people in such situations, and also help in the creation of more inclusive and empowering services.

5.3.1 Data collection

For data collection it is essential to use inclusive language and forms. Regarding language, there are some basic rules:

- Ask about names and pronouns and make sure to use the ones that the individual indicates. Do NOT use any names or pronouns other than the ones that the individual suggests with their self-identification.
- Do NOT assume and do not ask questions about an individual's anatomy or sex characteristics.
- Do not assume someone's sexual orientation and/or gender identity based on appearance or gender expression.
- Do NOT interpret the structure and the form of LGBTIQ+ interpersonal relationships according to heteronormative norms around relationships and heteronormative gender roles.

On forms, it is important to offer options for all sexual orientations, gender identities, and sexes assigned at birth, bodily sexes, as well as relationship statuses.

Galop, an organization based in London, provides a good example of how to construct demographic questions:

Example Demographic Questions

How would you describe your sexual orientation?

Asexual

Bisexual

Gay

Heterosexual/ straight

Lesbian

Pansexual

Queer

Prefer not to answer

In another way (please specify)

How would you describe your gender identity?

Woman (including trans woman)

Man (including trans man)

Prefer not to answer

In another way (please specify)



Have you ever considered yourself to be a trans person?

(Trans is an umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth. Trans people may describe themselves using one or more of a wide variety of terms, including (but not limited to) transgender, transsexual, gender-queer (GQ), gender-fluid, non-binary, gender-variant, crossdresser, genderless, agender, non-gender, third gender, bi-gender, trans man, trans woman, trans masculine and trans feminine).

Yes

No

Unsure

Prefer not to answer

Do you consider yourself to be a person with a variation of sex characteristic (VSC) or an intersex bodied person? (A term used to describe a person who may have the biological attributes of both sexes or whose biological attributes do not fit with societal assumptions about what constitutes male or female. Intersex people may identify as male, female or non-binary).

Yes

No

Unsure

Prefer not to answer

► 5.4 Supporting LGBTIQ+ people affected by GBV: first reception and long-term support

There are some basic principles that should underpin all services provided to LGBTIQ+ people affected by GBV. These guidelines have as a prerequisite that professionals should be trained to address LGBTIQ+ people's needs and offer appropriate services.

Confidentiality. While absolute confidentiality is non-negotiable in the provision of psychosocial and medical services, there are some additional parameters to consider. It is often observed that service providers might reveal beneficiaries' LGBTIQ+ identity to family members or to the support network without their consent ("outing"), thinking that they are already aware of this information or, especially in cases of minors, that their guardians should be made aware in order to better support them. Although such a disclosure might originate from good intentions, it constitutes a breach of confidentiality and could lead to further victimization.

Avoidance of re-traumatizing. Asking too many details or information about a violent act, making assumptions, or trying to make the people affected by GBV come out as LGBTIQ+ might lead to further psychological trauma and a sense of exclusion. Respecting people's boundaries - especially after violence - is imperative in order to avoid further trauma.



Provision of inclusive services. Services provided should contemplate intersectionality. In many instances, people affected by GBV hold multiple identities, such as being a person of colour, disability, socioeconomic status, etc. At the same time, providers should strive to take into account all of these factors, as well as cultural and religious background. These factors might alter the meaning of the violent acts described by or even the significance they hold for people affected by them. Protection and legal aid. Services provided should include care for the ongoing protection of the people affected by GBV, especially if there is a high risk of recurrence of the GBV acts. Access to legal aid should be facilitated, both for the acts that have already happened as well as to avoid future risk. Professionals should be trained in LGBTIQ+ issues so that LGBTIQ+ people receive the same quality of service after GBV.

Mapping and reference system. Service providers, especially first responders, should map all available resources and other services in the field, both in the public and the private sector, including NGOs, first response-emergency centres, hospitals, police and legal departments. They should refer people affected by GBV accordingly, after verifying the quality of services provided in order to ensure a safe space for LGBTIQ+ individuals.

5.4.1 Psychosocial support

Accessible psychosocial support is necessary and crucial for every person affected by GBV. As a part of the first response right after the violent act, or as a long-term therapy, it can help the individual cope with the psychological trauma. Group therapy and participating in group sessions with other LGBTIQ+ who share the same experience of some kind of GBV often prove to be extremely helpful and empowering. At the same time that LGBTIQ+ people affected by GBV deal with trauma, they might also be negotiating coming out in various contexts, and they might also face their own internalized homo-/bi-/transphobia; this concurrence of adversity often exacerbates the consequences of GBV.

Professionals should also never underestimate the need to support, inform and even educate those in people's immediate environment (such as family and friends) about short-term and long-term consequences of this kind of violent acts, resulting trauma, and also LGBTIQ+ issues. In many occasions, professionals need to work with family and friends in order to help them recognize their own LGBTIQ+phobia and break down their stereotypes regarding both LGBTIQ+ and violence, in order to be able to fully support the affected party and avoid unintentionally re-traumatizing or shaming them.

In any given case, mental health experts and professionals providing psychosocial support (as well as medical and legal aid professionals) should follow the basic guidelines that define the code of ethics and good practice in providing mental health services to LGBTIQ+ individuals deriving from the UN¹⁷(2015), the World Health Organization and ICD-11, the American Psychiatric Association (DSM 5, as well as the position documents of 2013 and 2018),

17 · <https://www.ohchr.org/en/issues/discrimination/pages/jointlgbtistatement.aspx>



and the guidelines expressed by the American Psychological Association (2012 & 2015).

5.4.2 Reporting

First of all, the individual affected by GBV is the only one to decide if they want to proceed with reporting and initiating legal procedures. All first response professionals should be aware of how to give people affected by GBV all the necessary information in order to make an informed decision. Of primary and utmost importance is that the person affected by GBV (especially if physical violence has occurred) has to be examined by a health professional (doctor, medical staff, etc.) as soon as possible after the violent incident, and to request that all findings are documented. This is the only way to ensure that they will have all the necessary data to proceed with subsequent legal actions.

It is crucial that the affected person has an experienced and empathetic professional to accompany them through this process if necessary. After this first step, the person should have easy and open access to all kinds of professional support (legal and psychosocial) for consultation regarding all available options and possible outcomes of the reporting procedure. In order to ensure support and prevent re-traumatizing, legal and psychosocial support professionals should work in close cooperation.

During this whole process, it is of great importance to correctly identify the incident as GBV, and not as an interpersonal conflict. GBV is a distinct form of violence, deeply rooted in societal and cultural norms, that deepens and derives from sexism and homophobia. Therefore, it also carries the additional burden for the affected person of and being subjected to structural discrimination.

5.4.3 Shelters: Admission and exclusion

LGBTIQ+ people affected by GBV face the additional challenge of often being excluded from shelters, since many shelters have a policy of accepting only cis women. For example, there are known instances of shelters refusing to accept cis gay men, and being reluctant to accept trans women that have not been through legal gender recognition processes. Also, there is no provision for intersex, non-binary, trans and gender non-conforming individuals.

Most professionals working at shelters have little or no experience with LGBTIQ+ people affected by GBV, as well as little or no knowledge of specific issues and challenges that they face. This lack of knowledge often creates practical issues that professionals are not able to adequately resolve in an inclusive and non-discriminatory manner.

In shelters, educating and training professionals may not be enough, since traumatized cis women affected by GBV may feel threatened by gender expressions perceived as male (regardless of one's gender identity), which may lead to microaggressions, discrimination and further traumatizing of trans and gender nonconforming individuals.



To make sure that the shelter is a supportive place for everybody, staff need to be properly trained in dealing with discriminatory incidents. A possible solution would be LGBTIQ+ shelters for people affected by GBV, where properly trained professionals can create a safer and more supportive place for LGBTIQ+ people affected by GBV.



SELF-CARE TIPS FOR PROFESSIONALS



A very important issue that should never be disregarded is the self-care of providers and their protection from secondary trauma and its consequences. Working with vulnerable groups, and especially persons affected by GBV, can lead to burnout, PTSD, depressive symptoms and a persistent sense of despair. Professionals should exercise basic principles of self-care, have regular supervision and create an in-organization code to protect their mental health and well-being.

Constant anger in work, stress, fatigue, and irritation are among the symptoms that should never be overlooked and are often related to working with GBV cases as a consequence of indirect exposure to trauma. As much as it is essential, listening to trauma stories also demands an emotional toll, which in turn negatively affects professional functioning.

In short, issues to keep in mind about self-care and self-observation for service providers include:

- Secondary trauma indices: abrupt mood swings, irritability and aggression (often with beneficiaries), headaches, hypertension, sadness, fatigue, issues with sleep etc.
- How often do these happen? Are they periodic or stable? (keep in mind that stable is more concerning)
- Beware of the vicious circle of witnessing and recording traumatic experiences: denial, suspicion, doubt, contact with trauma, and belief in testimony, secondary trauma, sense of guilt and responsibility, over-accountability, distancing, denial.
- Necessary: breaks from the field and related work and conversations, with short and frequent breaks better than longer, spread-out ones. Good practices: try to avoid overtime. Spend free time actively. Explore other topics and hobbies. Take regular holidays or long weekends. Thinking about work content in your free time could be a warning sign that should not be ignored.
- Self-care: Do not forget favourite past-times, rest, supervision, contact with loved ones.

► 5.5 Recovery

The process of recovery for anyone affected by GBV is complex and long-term. As we have already mentioned, this might be even more difficult for LGBTIQ+ people, because GBV can be followed by the often-involuntary disclosure of their sexual orientation and/or gender identity; as a result, they might also face discrimination due to LGBTIQ+phobia, on top of the negative effects of trauma.

The recovery process is positively influenced by a sense of safety, justice and empowerment after the traumatic event(s). An LGBTIQ+-inclusive environment and a supportive network that helps people affected by GBV to make a complaint in the first place, and to displace the sense of guilt and shame, are good first steps towards recovery. At the same time, together with the necessary rehabilitation process from any and all medical and mental health issues that might have occurred, it is crucial for the individual to have a sense of belonging. LGBTIQ+ communities everywhere should work on being fully inclusive and intersectional, and people affected by GBV could recover faster when in touch with their local community.



HETEROSEXUAL QUESTIONNAIRE



If you have a colleague that doesn't feel comfortable working with **LGBTIQA+** this might be a good reflection activity for them, but also for all professionals working with **LGBTIQA+** people.

These are questions lesbians, gay and bisexual people get a lot (for example, after coming out). For trans or intersex persons the questions differ a little and revolve around gender and bodily sex characteristics. These are also stereotypes **LGBTIQA+** are often reduced to. Because we all learn these stereotypes growing up, not even **LGBTIQA+** individuals are immune from them.

Remember: Having these biases does not make you a bad person. Choosing to recognise them and work on them makes all the difference!

1. What do you think caused your heterosexuality?
2. When and how did you first decide you were a heterosexual?
3. Is it possible that your heterosexuality is just a phase you may grow out of?
4. Is it possible that your heterosexuality stems from a neurotic fear of members of the same sex?
5. Isn't it possible that all you need is a good gay/lesbian lover?
6. If heterosexuality is normal, why are a disproportionate number of mental patients heterosexual?
7. To whom have you disclosed your heterosexuality? How did they react?
8. The great majority of child molesters are heterosexuals (95%). Do you really consider it safe to expose your children to heterosexual teachers?
9. Heterosexuals are noted for assigning themselves and each other to narrowly restricted, stereotyped sex roles. Why do you cling to such an unhealthy form of role playing?
10. Why do heterosexuals place so much emphasis on sex?
11. There seem to be very few happy heterosexuals. Techniques have been developed that you might be able to use to change your sexual orientation. Have you considered aversion therapy to treat your sexual orientation?
12. Why are heterosexuals so promiscuous?
13. Why do you make a point of attributing heterosexuality to famous people? Is it to justify your own heterosexuality?
14. If you've never slept with a person of the same sex, how do you know you wouldn't prefer that?
15. Why do you insist on being so obvious and making a public spectacle of your heterosexuality? Can't you just be what you are and keep it quiet?

Taken from Homophobia: How we all pay the price. Warren J. Blumenfeld (Ed.). 1992. Beacon Press: Boston, USA. Pages 203-204.

GUIDED FANTASY



“A walk in the park”

(adapted from Dundalk Outcomers Facilitator’s Pack)

Estimated time: 30 minutes

Requirements:

- Quiet space without interruptions
- You can play slow soft music if helps settle room
- Keep the pace of the exercise slow and calm

Purpose: Sometimes, even if we don’t realise, we live by some norms that have shaped us through our lives. With this exercise you can begin an honest conversation about them, while recognising that we all have our norms and stereotypes.

Procedure for Guided Fantasy (20 mins)

Slowly read and consider the following guided fantasy.

Close your eyes. Take a minute to imagine yourself in a public park. At the moment, no one is there. It’s a warm summer’s day, the trees are heavy with leaves and the sun breaks through to make you feel warm. There is a slight breeze; you can feel it on your face. As you look forward you can see a path winding its way far into the distance. Around the path there are flowers, grassy patches of cut grass and large leafy trees. The only sound is of birds singing. You hear the birds and smell the freshly cut grass; you feel the heat of the sun and are refreshed by the slight breeze. You look in front of you and decide to follow the path. You begin to walk and you move along the path and hear human voices in the distance. You look first to your right and then to your left, you notice a young child kicking a football. The child throws the ball into the air and catches it as it falls. You notice the ball fall hard into the child’s hands. Two people are playing with the child – you smile and wave towards them noticing the smiles on their faces. You continue to walk around some large trees and pass two people sitting on a bench. They are laughing loudly – you try to hear what they are saying. You move again along the path and see a couple walking towards you holding hands. They walk past you as you look at them. As you walk on a number of men are sitting on a bench by the path, talking and laughing – you look at them one by one. As you walk on you are nearing the gate of the park, you walk through the gateway and in front of you, you see this building (make relevant to environment). You walk into the building and then into this room. You sit on the chair and feel it under you. You begin to slowly open your eyes and come back into the group when you are ready.

Questions to consider

- When you saw the child with the ball, was the child female?
- The two people you saw with the child, did you imagine them to be the child's parents?
- The two people sitting on the bench: what did they look like? Were they white and able-bodied?
- The couple holding hands that were walking towards you; were they an old or retired couple, were they able-bodied, were they non-white, were they two women or two men?
- The group of men on the bench, were they young or old, were they able-bodied, and were they white?
- Did anyone in your park wear clothing or jewellery that made you think they were from a different culture than your own?

Was everyone in your park: – White? – Able Bodied?– Young or middle-aged?

- Were there couples of the same sex?
- Were there any retired or old people in your park?
- Were there different ethnic groups in your park?
- Why do you think that you saw the park in that way?
- How do you think that the way we see the world influences our work?

LESBIAN COUNSELLING BERLIN / LESMIGRAS BERLIN: "IN THE CASE OF IDENTITY, THERE IS NO EITHER-OR"



The service was founded in 1981. In the beginning, most clients were white lesbian cis women. Today the service has a broad target group and can be accessed by everybody within the LGBTIQ+ spectrum. In 1999 the anti-violence section was founded, which specifically works against intersectional discrimination and violence.

Their perspective on violence and discrimination comes from a perspective of multiple belongings. The service states on their homepage that lesbian and bisexual women, trans* and inter* people do not only experience discrimination on the basis of sexual orientation: as human beings, their experiences are also defined by being black/of colour or white, being dis_abled, their gender/sexual identity (or identities) or sense of belonging. This is why the service conducts their work in empowerment, anti-discrimination and anti-violence from the perspective of multiple belongings and works against multiple discrimination. Due to a combination of multiple belongings, lesbian and bisexual women, inter* and trans* people are often affected by more than one form of discrimination, such as racism, sexism, ableism (discrimination based on disability/impairment), ageism, classism (discrimination based on social classes), homophobia and transphobia. They always find themselves at different intersections of identities and forms of discrimination. The service works towards a society in which people with multiple belongings are able to show and live out their whole personality. They chose this framework for this very reason, and they state: "In the case of identity, there is no either-or".

Their understanding of violence includes numerous forms of emotional, mental, physical and structural violence/discrimination, which can be carried out by other people, the state or other institutions. They also address the fact that interpersonal, state and structural forms of violence and discrimination influence one another and must be addressed in conjunction with one another. The service works according to certain standards. One is that they believe that people who have experienced violence have a responsibility and a right to confront the experience: persons affected by violence are the ones who know best what they need. They should be able to choose their own path to take action. The service puts the needs of the person who has experienced violence at the centre. The service believes that the social conditions and collective structures which perpetuate and foster violence/discrimination must be, and can be, fundamentally changed.

The service is also an inspiring practice in terms of availability and accessibility, with personal counselling, telephone counselling and counselling by email. The digital forms of counselling can be used nationwide. Counselling is available in many languages, as are their online resources, with both geared towards people of all ages.

The staff is made up of (almost exclusively queer) people who are affected by similar structural discrimination to which the service users are exposed. They try to provide consultants who face the same kind of structural discrimination with clients when needed e.g. BIPoC consultants support BIPoC clients.

PROPOSALS FOR MULTI-AGENCY WORKING METHODS



6

► 6.1 Introduction

In the context of the fight against GBV affecting women, there are many experiences of formalized multi-agency work and different bodies and organizations which recommend it as a more efficient approach. The Council of Europe, as an international organization focused on upholding human rights, democracy and the rule of law in Europe, states that multi-agency work and coordinated referrals are part of a minimum standard services should meet to combat GBV. As LGBTIQ+ people are less represented by standard responses to GBV, and thus become less visible and their needs less understood, multi-agency work becomes even more necessary. The questions that arise here are, on the one hand, what can we learn from the experience of multi-agency work in combating GBV against cis heterosexual women, and if they are applicable to LGBTIQ+ people; and, on the other hand, if LGBTIQ+ people can be included within such existing networks.

The Council of Europe Convention on preventing and combating violence against women and domestic violence, mostly known as the Istanbul Convention, aims for the prevention of violence, victim protection and an end to the impunity of perpetrators. The article 7 of the Istanbul Convention poses the need for comprehensive and coordinated policies to prevent and combat all forms of violence covered by the scope of the Convention.

WAVE (2017), a network of European women's NGOs working in the field of combating violence against women and children, declare in their Handbook for the implementation of the Istanbul Convention that single-agency interventions are less effective in preventing violence than a more holistic, coordinated multi-agency approach.

LOOK WIDE aims to bring together the expertise in the LGBTIQ+ sector and the experience on multi-agency work in mainstream GBV services. However, the question that emerges from this goal is whether the multi-agency coordination standards in the fight against GBV affecting women can be applied to the fight against GBV affecting LGBTIQ+ people, and if so, how can we learn from these experiences? What are the challenges we may face in the process? And what are the changes or improvements that need to be made?

In the transnational comparative report —previously summarized— networking at local, national or international levels emerges as a key element for an effective and holistic approach of GBV affecting the LGBTIQ+ community. The report shows the need to establish coordinated networks between the different agencies and services focused on preventing and combatting GBV directed towards LGBTIQ+ people. As LOOK WIDE stands for a feminist and gender diversity approach to GBV, we suggest establishing new networks (in the territories where networks



are lacking), and to coordinate with existing networks in the field of GBV against women (which may not incorporate LGBTIQ+ perspectives), from which the challenge of how to integrate a feminist and sexual diversity perspective emerges.

Drawing from European standards and qualitative data collected from the training sessions implemented during the LOOK WIDE project, this chapter aims to offer guidelines on how to establish an efficient multi-agency project adapted to the needs of LGBTIQ+ people.

► 6.2 Multi-agency work

Multi-agency work refers to the coordination of different agencies concerned with the same issue to improve overall effectiveness facing the problem. In the field of GBV affecting women, effective multi-agency cooperation is regarded as a fundamental factor in guaranteeing help and preventing further violence. Following the Istanbul Convention, state parties need to coordinate measures and implement them in cooperation with relevant actors. The state agencies include the judiciary, public prosecutors, law enforcement agencies, local and regional authorities, as well as non-governmental organizations (NGOs) and other relevant organizations and entities (article 18, paragraph 2).

While administrative coordination and collaboration is fundamental, the agencies typically involved in combatting GBV are very different and vary in size, power, status, structure, resources and responsibilities, from peer-to-peer projects, LGBTIQ+ counselling centres, and human rights organizations to GBV and antidiscrimination services run by public administration services or by NGOs or non-profit organizations. It is essential to be aware of the power imbalances between institutions, agencies, individuals, and grassroots organizations. Becoming aware of these differences is necessary for better and more efficient working. In this sense, the Istanbul Convention recognises the work and expertise of NGOs, and asks states parties to cooperate effectively with these organizations (article 9). As such, multi-agency work addressing GBV affecting LGBTIQ+ people must include LGBTIQ+ organizations, and their valuable expertise should be recognized.

Nonetheless, multi-agency cooperation and coordination of services requires more than acknowledging the actors involved, and implies establishing protocols and developing interagency standards, intervention chains, referral processes, and process monitoring and evaluation.

In summary, the structure of the multi-agency team needs to be clear as regards:

- Membership and commitment
- Work procedures
- Coordination of roles and tasks
- Chairing multi-agency meetings



► 6.3 Coordination procedures

Efficient multi-agency cooperation requires different levels of coordination which may bring together a heterogeneous and complex range of agents and sectors. First, coordination among the different institutions, administrations and organizations is formalised by protocols and intervention network systems. In addition, stable spaces for interdisciplinary coordination are desirable in order to develop commitment and leadership during the process. Hereafter, it is also helpful if the responsibilities, roles and tasks of each agent and professional of the network - as well as the time they dedicate - are delimited. .

A problem most multi-agency networks face is that the professionals who get involved do so voluntarily, and that their commitment mostly depends on their personal interest. In order to guarantee this commitment, dedication to the network should be considered and recognized as a part of the job of the professionals involved. Leadership and commitment are an essential part of multi-agent coordination and should be reflected upon from the very beginning. In this sense, an operational decision-making body capable of responding to the needs of the network is required to avoid a network based on the voluntary work of professionals without decision-making power.

A coordination mechanism can be established at different working levels. For example, territorial networks could help in specific areas, and sectorial commissions could be useful when managing specific themes or phases of the intervention process. This structure should be flexible enough to adapt to the specific needs of each territory.

For our purposes, four phases of intervention in GBV are taken into consideration: prevention, detention, attention and recovery (see previous chapter of this guide for further information). An institutional coordination team should also drive, follow, control and evaluate actions taken in the comprehensive intervention in GBV.

What follows are some of the responsibilities in ensuring efficient coordination:

- To guarantee access to inter-agency information. Information about all the resources and services of a given area needs to be shared among the professionals. However, it must be considered how this affects the specific people that are being supported.
- To guarantee the dissemination of protocols to all agents.
- To establish cooperation mechanisms. Working methods should be established by consensus and shared among all the people involved in the network.
- To learn from good practices, be they local or from different contexts.
- To enable cooperative coordination between all relevant actors.



► 6.4 Coordination among services

In multi-agency working, services need to be coordinated. The Istanbul Convention states that general support services have an important role assisting people affected by GBV and referring them to the appropriate specialized services. Professionals in general support services need to be provided with adequate resources, and trained to assist persons affected by violence and refer them to the appropriate services: they are the “gateway” for most people affected by violence. As several studies show, women affected by GBV usually contact general services such as healthcare or social services first, rather than specialist ones. However, professionals of general services lack the knowledge to detect violence and to give gender-sensitive attention to those affected. In order to guarantee efficient violence detection, professionals working in general services need to be trained to be able to detect and identify violence.

A gender perspective and knowledge of violence indicators is lacking in most of these services. On the one hand, general services lack the training to assist LGBTIQ+, particularly after GBV, and to refer them properly to specialist services. On the other hand, specialist services tend to be more coordinated with other specialist services rather than with general services. In order to reduce this gap, the involvement of general service professionals is crucial.

Appropriate referrals are also key elements in minimizing repeated referrals which may cause secondary traumatization. Thus, referrals must be appropriately directed to specialist support services. A successful implementation requires referral systems and pathways centred in the person that are familiar to all the agents involved.

In summary, recommendations for the collaboration among relevant services and coordinated referrals involve:

- Developing consensual specific detection strategies and violence indicators based on LGBTIQ+ population, and sharing them properly with all services.
- Ensuring that service providers are skilled, gender-sensitive, have ongoing training and conduct their work in accordance with clear guidelines, protocols and ethics codes.
- Creating and implementing human rights-based and person-centred referral systems, and ensuring their development.
- Standardizing referral mechanisms and protocols and to share them within the services.
- Agreeing on minimum standards for support services.
- In what follows, specific recommendations are included:
- Professionals from general services within the networks usually lack **training in LGBTIQ+ issues**, so first, it is essential to train the professionals of general services in existing multi agency networks. So far, very often this commitment depends on the individual interest of specific individuals, thus, when these people change jobs, the topic falls to the wayside. To avoid this situation, it should be ensured that there are enough people trained in



the matter. Ideally, each general service should have key professionals with knowledge of supporting LGBTIQ+ people affected by GBV.

- Changing the **language**. To include diversity is the first step in making LGBTIQ+ people visible, and their access to the service possible.
- Adapting the service to the **needs of LGBTIQ+ people**. LGBTIQ+ are not a homogenous group, thus practitioners need to understand the unique experiences of the people they support.
- A serious consideration of the model, methods and tools: most of them are based on a **heteronormative model** which considers violence through the framework of intimate-partner relationships, where the man perpetrates the violence and the woman is the affected party. This model does not include support services for gay men exposed to intimate partner violence, or for lesbian women committing this kind of violence. People should receive support regarding their needs. There is a lack of adequate risk assessment tools for LGBTIQ+ people.
- **Structural aspects** of GBV and the discrimination LGBTIQ+ people face should be considered, such as the feminization of poverty, difficulties in accessing healthcare and housing, and precarious work. A holistic outlook is needed in order to take on board how all of these aspects intertwine and impact on specific individuals. This involves including professionals from different sectors who are not usually included within GBV networks, such as professionals from employment and housing.



RETHINKING THE NETWORK



This activity is an invitation to undertake an analysis of existing GBV networks. It also gives guidelines on what aspects to consider in the creation of new coordinated working methods from a gender and sexual diversity perspective. Assuming each context may vary according to the type of organizations, conceptual and legal frameworks and public policy, these questions aim to start the reflection on how to coordinate, with who, and - at a deeper level - how to establish a shared wider look at GBV.

1. Building the network

<p>Relevant partners to include in the network</p>	<p>Which organizations are working in the fields of GBV in general or in LGBTI rights/sexual diversity/non-discrimination? What services are assisting people affected by GBV? Are they somehow coordinated? Is there any existing network? Who is part of it and who is not? How can we generate a common space?</p>
<p>Analysis of the network</p>	<p>If there is an existing coordination among services and organizations, what are its strengths? What are its weaknesses? What does it need to improve? If there is not a network, which challenges are we most immediately facing, and what measures can be done to respond to them?</p>

1. Common definitions

<p>Theoretical and conceptual frameworks</p>	<p>What are the definitions of GBV of the different agents of the network? What are the most challenging tensions between the different conceptual perspectives, and how can a common framework be developed?</p>
<p>Methodological approach</p>	<p>What are the working visions of the different services of the network? What are the most challenging tensions between the different intervention models and how can we meet them? What are the common/shared backgrounds from which a common framework can be built? Are there groups who are excluded from accessing the services? Which measures can be taken to guarantee access to different groups?</p>
<p>Minimum standards</p>	<p>What are the minimum standards of the services/network? Do they apply the CE's minimum standards regarding a non-discrimination and human rights approach? Are the applied standards adaptable to this approach?</p>

1. Structure

Clear and effective working structure

What is the structure of the network? What are the commitments of each of its agents?
 Who is going to lead and coordinate the network, and how? According to which standards?
 How are the roles and tasks distributed?
 What does the role of chairing meetings involve?

1. Participation and inclusion of affected persons

Empowerment and participation

Is the empowerment considered, and how? What is the role of the affected person?
 Are persons affected by GBV included in some way in the partnership?
 Does the network promote their inclusion as experts?
 Are people facing multiple and intersecting discrimination included?
 How?
 Which challenges may arise from this partnership? How can we overcome them?



DAP- The LGBT Domestic Abuse Partnership
London (UK)



<http://lgbtdap.org.uk/>

Galop is a non-profit organization based in London which focuses on supporting LGBTIQ+ people facing hate crime, sexual violence or domestic abuse. Galop is the lead Partner of the London LGBT Domestic Abuse Partnership (DAP).

Context

There are almost no LGBTIQ+ borough-based domestic violence services in London and local services are not always accessible to or appropriate for LGBTIQ+ people affected by and perpetrators of violence. There are a small number of housing options for LGBTIQ+ people fleeing domestic violence and there is no emergency refuge accommodation in London, which is particularly challenging for gay/bi men and trans people. There is no LGBTIQ+ perpetrator programme in the UK.

Partnership

The DAP is a unique LGBTIQ+ partnership providing comprehensive advice, advocacy and support to LGBTIQ+ people fleeing domestic violence.

The partnership is composed of five organizations with different tasks and roles in order to get the maximum amount of help with a minimum amount of hassle:

- **Galop** – caseworker and support
- **National LGBT DV helpline** – telephone/email support
- **London Friend** – counselling & group work
- **Stonewall Housing** – housing advice/advocacy
- **Switchboard** – telephone support/signposting 7 days a week

From 2013 to 2017, DAP supported over 2,300 domestic violence people in all London boroughs. The DAP model has been replicated in other UK cities.

DAP recognises that women and girls disproportionately experience domestic violence and other forms of GBV. Dynamics of gender and sexuality are considered in the support they provide. In this sense, specific factors of non-heterosexual relationships are considered: being outed, threatened etc.

The success of the DAP model is due to various factors. First, people that are given support don't have to explain nor educate the organization about their identity/situation. Second, people can get help without having to contact lots of organizations, as Galop can signpost to other specialist domestic violence/LGBTIQA+ organizations – e.g. immigration, substance use, mental health, etc. Finally, the network has gained insight, alliance and respect from specialist women's groups, and from local and central government.

Barcelona Circuit against Gender Violence

Barcelona (Catalonia)



Barcelona
Circuit
against
Gender
Violence

<http://ajuntament.barcelona.cat/bcnantimasclista/en/preventing-and-acting/barcelona-circuit-against-gender-violence>

Context

The widening of the definition of GBV in Catalan Law 5/2008 has had an impact in the definition and practice of services, moving from intimate-partner violence to different manifestations of GBV which include the family context, labour sphere, and the community. However, intimate-partner violence is already consolidated, while attention to the rest of spheres referred to in this law is still in process of incorporation in the Circuit. Moreover, the Circuit has started to deal with GBV experienced by LGBTIQA+ people, be it intimate-partner violence or otherwise. This new and innovative measure depends on the political will to jointly deal with GBV and LGBTIQA+ issues.

Partnership

The Circuit is an inter-institutional collaboration project for the comprehensive treatment of GBV. Founded in 2001 and lead by the City Council and the Health Consortium, its aim is to promote coordinated action among different professionals and sectors working for the prevention, detection and attention of GBV cases in the city. Since its beginnings, the coordination of programmes, services and resources has been considered a key element in the efficient fight against GBV.

Provision of assistance to LGBTIQ+ people was introduced in the Circuit in 2016. At present, the practical inclusion of LGTBIQA+ people is pending a process of definition of the protocols for detection and support, and the establishment of the appropriate referrals systems. On the one hand, staff are being trained on this issue, as some of the professionals are in need of knowledge and practical skills to deal with these cases. On the other hand, an LGBTIQ+ centre has recently opened, aiming at becoming a reference centre for information and attention for the LGBTIQ+ community.

7. CONCLUSION

LOOK WIDE shows violence is present in many LGBTIQ+ people's lives, in public and community spaces (schools, workplace, housing and streets) as well as in their families and intimate partnerships, and even in public institutions. The European and national legislative provisions confer protection against each type of violence, and victim support services operate in each partner country. There is, however, still much work to be done in order to secure immediate, comprehensive, real and effective protection for LGBTIQ+ people affected by GBV, as well as to ensure their right to information regarding support services.

One of the main goals of this project was successful: the most pressing training needs of professionals were identified. These include: obtaining knowledge (of every letter in the acronym, and intersectionality and complexities), obtaining visibility (for people to know they can get help at a certain place), reflecting on practice (challenging each person's own normative thinking and structures within the service, opposing discrimination inside the service).

Although the project showed that training professionals is important, this alone is not enough. When services are designed in fixed ways which do not aid the interplay of complex perspectives, professionals who are sensitized may feel frustrated to see that their motivation is in contrast to the larger intervention model or public policy framework. For LGBTIQ+ to have access to inclusive, helpful support services, sexual and gender diversity must be integral parts in their working methods and approaches. However, not only do the working methods have to evolve, but so too the definitive conditions of the work done with people affected by GBV. What LGBTIQ+ people need is gender equality and social justice, but our study shows that they don't receive it in a holistic sense.

The same goes for national and international laws. As seen in this guide, every country present in our partnership has different laws. In Italy, people have to rely on the constitution to find protection as there are no specific, existing laws. Hungary has a hate crime law, but LGBTIQ+phobia is not considered GBV. In Catalonia there is a law that addresses violence against LGBTIQ+ people very specifically. In Germany, the laws against violence can be interpreted in a way that includes anti-LGBTIQ+-hate crimes, but it still depends on the lawyers, the judge and the case itself. Only when it comes to very specific fields - work and housing - is discrimination explicitly prohibited. But what about all the other spheres of life? LGBTIQ+ people need the same protection, no matter where they live or where they are from. There has to be a change in the law. And the laws need to be better than they are now.

We found tremendous differences between the support services LGBTIQ+ people can access. Some countries provide state-run services while in other countries there are only associations working with LGBTIQ+ affected by violence. In Germany, most of the services exist because people founded the kind of place they needed themselves. The state does fund some of them, but only for as long as the politicians support the ideas behind the services. Moreover, many services rely on voluntary workers. It is a delicate situation.

LGBTIQ+ people need good, stable, reliable support services that know how to handle their issues – like everybody else who is or has been affected by violence. For this to happen, the services need more resources. More people should be employed in them, especially LGBTIQ+ people. Voluntary-based services need to be funded and peer-counselling services need to be supported by politicians. The project's research shows the extent to which a variety of counselling places are needed and in demand (since, especially after having experienced violence, you need to be able to choose where to go and to find adequate help depending on your situation). The people who can choose mainly go for community-based services - services that employ LGBTIQ+. On the other hand, the research shows that much of the work against GBV targeting LGBTIQ+ people is unpaid and voluntary - especially if the service is working peer-to-peer. This is also indicative of widespread LGBTIQ+phobia, as well as the marginalisation of important knowledge which the communities themselves hold. LGBTIQ+ professionals are often seen "only as LGBTIQ+", a reason for which their expertise is ignored and their possible professionalism often unacknowledged in society.

As shown in the LOOK WIDE research, being discriminated against in a service where a person went to get support happens very often. Many of the interviewees talked about this topic. As a result, integrating gender and sexual diversity in the work of social services has to be the starting point, and this guide aims to be a useful tool in achieving this. But the work continues in more ways: services working with intersectional approaches are needed, and there is still a lot to do in relation to multi-agency work and, of course, improvement of political and legal frameworks.

In conclusion, the following things are required at a state level:

- More / better legislative protection for LGBTIQ+ people
- Same / similar protection by law in all EU countries
- National budgets to grant more / better funding for LGBTIQ+ issues / anti-violence projects and services

And the following are needed regarding the services themselves:

- There should be more LGBTIQ+ staff in services
- There should be more services led by LGBTIQ+ people
- It is necessary to raise awareness for LGBTIQ+ matters in all people working in the anti-violence social sector
- Services need (monetary) resources for the necessary awareness training
- There need to be more resources for new services to be created, especially community-based ones

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