

Needs Assessment Country Report

Germany

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Look Wide Country Report Germany by



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Introduction

The following report describes the results of the small research carried out under the EU funded project "Look Wide - Developing a working method to support LGBTI victims of GBV by integrating gender and sexual diversity". In this Needs Assessment, LGBTIQA people who have been exposed to violence have been asked about what has been experienced as helpful and what as unhelpful. One of the focal points were the experiences these people had in the support system. In addition, the interviews were held with professionally involved persons who work in various positions in anti-violence and anti-discrimination counselling centres, crisis centres and human rights organisations, as well as with persons conducting research in the area of the subject. As the title suggests, the aim is to develop working methods for social services that make their services accessible for LGBTIQA people – without experiencing further discrimination. This will be done by integrating sexual and gender diversity into existing working methods and approaches. The aim of the Needs Assessment is to show how exactly this can be achieved and what the specific needs are of LGBTIQA people who have been exposed to violence.

For that purpose we identified people who work in anti-violence services and anti-discrimination services and interviewed them to find out what kind of knowledge and skills they have, but also which training needs they have when it comes to LGBTIQA people and violence. This was carried out in the form of face-to-face interviews. LGBTIQA people were also invited to be interviewed through counselling centres and relevant networks. The findings will provide the basis on which the capacity building programs for this personnel will be developed. In addition, a methodological guide will be produced to enable services to access the knowledge. This will be published and disseminated in English and in the five national languages respectively.

This report gives an overview of the results of the needs analysis. As the topic of violence against LGBTIQA people and the legal and political framework varies much in different European countries, the report starts with some basic information on the partnering country. In the second chapter, there will be some anonymous information about the research participants, the selection of individuals and organizations as well as information on how the interviews were conducted. Chapter three shows how the interviewed organizations work. The question of whether and how gender and sexual diversity already play a role in working methods is also taken into account. Chapter four shows what forms of violence LGBTIQA people are exposed to, what types of violence there are services for, where people find support and what experiences LGBTIQA people

have made with the support they receive. Chapter five will highlight the shortcomings in supporting LGBTIQA people and discuss suggestions for improvement. Chapter six will give opinions on the political and legislative framework. Chapter seven summarises the training needs for professionals and chapter eight shows the identified best practices of existing services.

1 LEGAL AND POLITICAL FRAMEWORK

This brief chapter has the purpose of providing a short insight into the German context concerning Gender-Based Violence (GBV) and related support structures. There will be only a rough, non-exhaustive overview over juridical, legislative and cultural aspects which frame the issue at hand.

1.1 GBV as a Legal Issue in Germany

The AGG (Allgemeines Gleichbehandlungsgesetz, “General Equal Treatment Act”¹), an anti-discriminatory legislation passed in 2006) 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 fight against a certain discrimination you face(d), it hardly does anything against concrete instances of violence or for people who have faced GBV.

In most cases, as a person having faced GBV, you will be advised to address the issue via the police, who may or may not be aware of specific LGBTIQ issues. Most likely as an LGBTIQ person you may be afraid of further discrimination by the police themselves who are probably not trained in queer matters. In addition, the danger of racist discrimination by the predominantly white and mostly conservative or even right-wing police staff is keeping many people of Color, especially those with insecure statehood status, from reporting incidents to the police. While not the whole police apparatus may be problematic, there is a general apprehension against certain authorities. While the police mostly care about filing charges against certain offenses, they might in some places also offer support directed against GBV, they might register the incident as gender-based violence or discrimination, resulting in statistics concerning GBV. Alternatively a case of GBV can be registered on websites of some NGOs as an alternative to police registration.

An official definition of gender-based violence does not exist in the German political context, unless the issue revolves around women (mostly thought of in family context, as cis, straight etc.) In general, talking about GBV will mostly bring up connotations of violence against women by male (presumably cis, straight etc) perpetrators. Also, in racist discourse, you might encounter the white majority attributing GBV to people of Color and/or migrant communities, obfuscating GBV by white and/or non-migrant people.

¹ See

http://www.antidiskriminierungsstelle.de/SharedDocs/Downloads/DE/publikationen/Refugees/Fluechtlingsbroschuere_englisch.pdf?__blob=publicationFile&v=13

There is always room for interpretation in the mostly quite elusive wordings in the law texts of interest for GBV cases. Yet, it is never quite sure whether a certain law does apply or not. Apart from the AGG, worth mentioning in the context of GBV are 2 paragraphs in the German penal code (Strafgesetzbuch, StGB). Firstly, §130 (“Volksverhetzung”) is a paragraph against “inciting hatred” against parts of the population. Whereas this seems to be mostly applied against neo-fascist actions and racist incidents, this “incitement of hatred” can also be applied against anti-LGBTIQA actions. Secondly, the §46 is one that comes quite close to being a “hate crime” legislation. The paragraph takes into consideration the motives and incitements for the crime committed, i.e. a crime with a basis in anti-LGBTIQA prejudice may (but also may not) be punished harder. However, a paragraph explicitly dedicated to combating hate crime does not exist.

In recent years, the (necessity of the) existence of a third / non-binary gender option is discussed. In 2013, a controversial law (PStG) change was passed, forcing intersex children to have no gender marker in their birth certificates, and therefore also in their subsequent ID documents. NGOs criticize 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 also grown-up intersex people can leave the gender marker open.² The Federal Constitutional Court ruled in 2017 that there must be a third gender option and that laws etc. have to be changed accordingly until end of 2018. There are currently law changes being discussed in parliament, especially interesting will be the question of whether for such a transition a medical diagnosis needs to be provided. In German, language novelties will be necessary (which already exist in activist circles and are getting more and more accepted).

Besides the main “Federal Anti-Discrimination Agency” (Antidiskriminierungsstelle des Bundes, “ADS”), issues around discrimination are not clearly assigned to one federal ministry. The “Federal Ministry of **Family Affairs**, Senior Citizens, **Women** and Youth” mostly claims discrimination to be their issue to be dealt with, the “Federal Ministry of the **Interior**, Building and Community” is concerned mostly with ID related issues, also the “Federal Ministry of **Justice** and Consumer Protection” deals with law changes.

1.2 Human Rights in Germany

The Government is led by the conservative christian union (CDU/CSU) since 2005 with changing partners of coalition. The Chancellor Angela Merkel is considered to be relatively liberal, yet quite

² See <http://dritte-option.de/trans-person-erreicht-die-streichung-des-geschlechtseintrags-nach-%c2%a7-22-abs-3-pstg/>

conservative when it comes to LGBTIQ issues. The EU, the UN, CEDAW as well as other countries via Universal Periodic Review and several NGOs are constantly and repeatedly reprimanding human rights violations in Germany concerning gender related issues. The law regulating “Transsexuals”, (Transsexuellengesetz, “TSG”) is in urgent need of revisions, multiple paragraphs are considered incongruent with human rights and the whole concept of the law is outdated and highly discriminating.

Intersex people are still subject to genital mutilation operations.³ Hostility against homosexuals and trans people is also a chapter in the “national agenda against racism”⁴, but this agenda is not equipped with a concrete plan for realisation or even money to back up the desired changes discussed.

Generally it must be noted that right-wing, extreme conservative and neo-fascist tendencies are growing in Germany and the State and the authorities are not really capable and/or willing to contain or oppose these tendencies. Especially with a right-wing government in Austria, the danger of neo-fascism is growing.

As of finding support in cases of GBV and allies against discrimination, the existence of places like the ADS are a good starting point to work against discrimination in a institutional way. Yet, in the case of LGBTIQ, the more privileged people like gay cis men are more visible and the less visible groups like trans and intersex people still have to fight for many basic rights. Support structures with intersectional knowledge may be hard to come by, if you live in less densely populated areas. In any case it has to be noted that some states in Germany have agendas to ensure better support service structures.

Almost all amendments to laws and policies are results of the work of NGOs that are in most cases not widely known. Without organizations like the recently founded national transgender NGO (Bundesvereinigung Trans* – BVT*) or all the vocal and visible activists fighting for change, we would see hardly any improvement in the legislations that foster structural discrimination.

3

see Klöppel, Ulrike: “Zur Aktualität kosmetischer Operationen „uneindeutiger“ Genitalien im Kindesalter”

4

<https://www.bmfsfj.de/blob/116798/5fc38044a1dd8edec34de568ad59e2b9/nationaler-aktionsplan-rassismus-data.pdf&sa=D&ust=1538245232655000&usg=AFQjCNEjK-SA-kHuZiYB8NAdEnUipV2gKw>

2 METHODOLOGICAL FRAMEWORK

The interviews with the LGBTIQ people as well as the ones with the professional participants were conducted in individual interviews (no group discussions).

The interviews with the professional participants took place in their institutions. The interviews with the LGBTIQ people took place either at their home, in cooperating counselling centres or in the rooms of Dissens.

The interviews lasted between 45 minutes and two hours.

The interviews with the LGBTIQ people were all individual interviews. In two of the interviews with the professional participants, several people took part (one with two counsellors, one with three counsellors).

A total of 16 interviews was conducted. In the case of the German context, the search for suitable interview participants quickly revealed that the distinction made in the application between LGBTIQ people and professionally involved persons could not be maintained. The reason for this is that the peer approach and the community-based approach are very widespread in Germany. This means that the people who work on LGBTIQ issues and violence/discrimination are usually LGBTIQ themselves and have been affected by violence/discrimination.

In the interviews, the professional participants were therefore asked to choose the role in which they would like to talk to us: As a professionally involved person or as a person who has experienced violence/discrimination.

In nine interviews, people decided to talk to us in their role as professional participants. These individuals work in anti-violence counselling centres or on counselling centers for LGBTIQ people. Seven of them mentioned situations in which they themselves had experienced violence while talking about their work. However, the experienced violence was not the focus of the interview. One person working in research has explicitly spoken to us about both areas of experience. In this interview both interview questionnaire (the one for the professionally involved and the one for the LGBTIQ, the violence) were used.

Six interviews were conducted with LGBTIQ people who had experienced violence and talked to us about this violence. Three of them also work in counselling/human rights organisations/health care specialised in work with LGBTIQ.

2.1 LGBTIQA interviewees demographic data

The LGBTIQA interviewees all live in one West German city and two East German cities. Two of them are big cities, one of them is a medium-sized city. The interviewed services are located in two big German cities.

Although we have spread the interview call widely, only transgender people responded. Since trans scenes are small, even in very large cities, we have decided not to make a table in which all data about a person is visible, due to privacy reasons, since the combination of the history of violence and the social position could lead to the persons identity.

Two of the interviewed persons were male assigned at birth. One is a trans woman and a lesbian. The other person is non-binary and they their sexual orientation is "questioning".

Five of the interviewed persons are assigned female at birth and are non-binary. One person specifies this in the interview (since non-binary is an umbrellaterm). They⁵ are gender fluid.

Three of these five call their sexual orientation queer, one person is pansexual and one person is asexual and gayromantic.

When it comes to disability, two people state that they are able-bodied. One person speaks of "mostly able-bodied" and says that existing problems may limit them, sometimes more and sometimes less. Two of them are not able-bodied and report physical and mental disabilities that are not visible at first glance.

Five of seven have no migration history themselves or in their families of origin. One person has a migration history within the EU. The family of one person comes partly from Eastern Europe. All interviewees are white.

Two live in poverty today, two are moderate-funded, one person is well-funded. Two people don't give any information about it.

Three have grown up in a big city. One person comes from a medium-sized city and three people have grown up rural.

Everybody's got a high school diploma. Four of them have a university degree. One person does not have a school leaving certificate. A person has undergone vocational training and a person does not provide any information.

⁵ The gender-neutral pronoun used in this report is singular they.

Three come from middle-class households. One person comes from a workers' household. Two people come from the lower class. One person does not give any information.

Three people are between 20 and 24 years old. Two people are between 30 and 34 years old. One person is between 35 and 39 years old. One person did not make a statement.

2.2 Data of the interviewed organizations

One organisation is a contact point for people in crisis. It is open in the evening and at night. It is in the process of opening themselves to transgender people. Until a few years ago the organisation was only open for cis women. People can come by without an appointment. They can spend time there or have a counselling. There are also events such as workshops or discussion evenings. They work peer-to-peer in terms of being affected by sexualized violence in childhood and youth.

One interviewed place provides support for LGBTIQ people. They started as a place only for lesbian cis women. Since the early 1990ies they opened their services for more and more parts of the LGBTIQ spectrum. They offer personal counselling and short telephone counselling and counselling without prior notice in crises. Counselling is also possible by e-mail and by chat. There is counselling in seven languages. There are also group offers to for some target groups (e.g. young people). There's an empowerment project, legal advice and outreach work with refugees. Some staff provides counselling for any kind of social situations and some staff is provides anti-discrimination and anti-violence counselling. They work peer-to-peer.

One interviewed service is a project by and for trans and intersex people. They were founded in the 2000s. They work peer-to-peer. There is peer counselling for trans and intersex persons. Relatives and professionals come to the counselling centre, too. There are also groups on specific topics and for specific target groups. The service also organises awareness-raising events, workshops and does public relations work.

Most of the counsellors work voluntarily. Here we spoke with the project management and one counsellor (in two different interviews).

One organisation we spoke to is part of a nationwide network that was founded 1990. They work nationwide and in regard of the federal state they are located in. The nationwide network focuses on LGBTIQ youth. The part of the network we spoke to works peer-to-peer. There is a national online counselling service for young people and young adults (mainly provided on an honorary

basis). Counselling is also available personally (for the federal state) and nationally via e-mail and chat. The service also represents interests, empowers and offers leisure activities (groups for young people and young adults). In addition to LGBTIQ, the work also focuses on adultism.

One interviewed organization is part of a larger institution that was founded in the early 1980ies. The service we interviewed has now existed for approximately 5 years and is a counselling centre that is explicitly there for intersex and trans people and their relatives. The interviewee works in the trans part of the organization and works exclusively with trans persons, their relatives – i.e. parents, children, partners – and specialists – i.e. social workers, therapists and teachers.

Another interviewed organization also is part of a larger institution founded in the early 1980ies. The service we spoke to is for anti-discrimination counselling. Target groups vary: gay cis and trans men, lesbian trans women and people with HIV - not necessarily gay. Intersex persons also use the service. It is about discrimination in the most different areas of life: work, living environment, education.

One interviewed organization is a human rights organization founded in 2015. It tries to network with many services that work on one topic. There are attempts to do nationwide political work. They represent the interests of their target group nationwide also politically. The aim is to change certain discriminatory laws and make them conform to human rights. Health care is also to be improved.

One interviewed organisation was also founded in the early 80ies. The first topic of the service was partnership violence in lesbian relationships. In this area, there were counselling and training sessions and awareness-raising events. The service still offers that today. Over the years, the service has expanded to LGBTIQ individuals and advises them in many situations: after violence and discrimination, during coming out and transition and also in family planning and legal matters.

A person who is currently working in research was also interviewed. This person has worked a long time as a social worker in different women's shelters, is/was affected by GBV and is now researching and teaching at a German university. This person talked to us as a professionally involved person and also as an LGBTIQ person affected by violence.

3 THEORETICAL AND METHODOLOGICAL PRINCIPLES OF SERVICES

3.1 Are gender and sexual diversity (and other categories) central elements in actions?

All nine organisations surveyed have gender and/or sexual orientation as a central element of their actions, but in different ways. Four organizations were established in the early 1980s and were, among others, the first organizations in Germany to work on the topics of sexualised violence against women or violence against lesbian women and gay men. These organizations are located in different German cities and each one has a large area of influence.

However, there are strong differences between the four organizations. At the beginning, one of the organizations focused exclusively on adult survivors of sexualised violence against girls in the family sphere and (without consciously setting this kind of focus/agenda) in the end they focused exclusively on the target group of adult cis hetero women. Main topics were sexual violence and its consequences. This organization has various counselling offices and projects. The project which was interviewed deals mainly with topics such as crisis, addiction, homelessness, poverty and social isolation. In the past six to eight years, processes of change have taken place in parts of the organization, since FLTIQ⁶ people have nevertheless started addressing these counseling offices – for lack of an alternative.

Two other organizations were founded out of the lesbian movement, as lesbian women were repeatedly not taken seriously in institutions for cis hetero women. For example, one interviewee reported that she had been told the same story over and over again: In (unconsciously) heteronormatively constructed institutions such as anti-violence counselling centres or women's shelters, lesbian women were often not believed to experience violence. However, this did not happen because the women openly told that another woman had committed the violence, but because the women could not name the gender of their partner for fear of discrimination. They only talked about the violence they were exposed to and how it worked. Since the described dynamics were untypical for a violent hetero relationship from the point of view of the counselling centres or

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Frauen, Lesben, Trans*, Inter*, Queer = Women, Lesbian, Trans, Intersex, Queer

women's shelters, the whole story was doubted. The necessity to hide their sexual orientation meant that they could not find help in the institutions.

These two long-standing organizations were founded against this background to provide services to lesbian women who experience violence in their relationships. Over the years, both institutions have opened up to people other than lesbian cis women. Today they are not only prepared for the complete LGBTIQ spectrum, but they also base their work on an intersectional feminism. As a result, not only sexual and gender diversity is addressed, but social power relations as a whole. People who are negatively affected by racism, classism, ableism and other forms of discrimination also find competent and non-discriminatory support there, today.

The fourth organisation was founded out of the gay movement and was initially only designed for gay cis men. In the past 35 years since the organization was founded, it has also spread widely and offers today various kinds of support in many life and problem situations and this also for various target groups. The broadening here first took place on the level of topics which can also affect the life of a gay man, but which do not only apply to gay men: addiction, living with mental illnesses, living with HIV, etc. Today the organization offers counselling in different departments and projects for the whole LGBTIQ spectrum in many different situations.

The other interviewed organizations were founded between 1990 and 2013 and also have sexual or gender diversity as a central element of their actions. However, these organizations are more specialised and focus on certain areas: Three interviewees work in institutions that have specialised in peer counselling for trans persons, inter persons and queer persons and are working mainly on specific issues concerning the legal and medical framework around inter and trans as well as on identity issues and on making a life in a society that recognizes only two cis sexes as legitimate and livable sexes.

The last organization interviewed also focuses on peer work, but this time on the whole LGBTIQ spectrum. In addition, there is a focus on the topic of age, as the organisation specializes in young people and young adults. This is an important focus as statistics show that in most families at least one parent reacts poorly to the fact that their own child is LGBTIQ⁷.

⁷ Sie liebt sie. Er liebt ihn: Eine Studie zur psychosozialen Situation junger Lesben, Schwuler und Bisexueller in Berlin. Verfasst von: Senatsverwaltung für Schule, Jugend und Sport (Hrsg.). Berlin: Selbstverlag, 1999, 96 Seiten. /She loves her. He loves him: A study on the psychosocial situation of young lesbians, gays and bisexuals in Berlin, written by: Senate Department for School, Youth and Sport (Ed.). Berlin: Self-published, 1999, 96 pages.

3.2 Definitions of violence(s)

Only two of the eight organizations interviewed have an official definition of violence. In both cases, this can be found on the homepage. This is good because people who are considering approaching the organizations will know in which cases they can/should address the organization. Both definitions are very broad and explicitly include structural violence. Publishing a statement like this makes it easier for people to use the services: In four of the six interviews conducted with LGBTIQA individuals, it became clear that individuals repeatedly hesitate to make use of a service because they think the experienced violence might not be bad or explicit enough to make use of a service. Both organizations hereby (try to) prevent this.

The other organizations all stated in the interviews that they have a broad understanding of violence, which also includes structural violence and social power relations. However, the definitions did not exist anywhere in written form (neither as an internal document, nor published and made accessible to persons looking for services).

3.3 How do services work?

3.3.1 principles of work

In the interviews, the organizations were asked, among other things, about their working and consulting standards. Certain principles were mentioned very frequently.

Seven of the eight organizations offer direct counselling. Five of the seven counselling centres have the possibility (sometimes limited in time) of offering counselling without prior notice. This increases the easy accessibility of the service. At all counselling centres, counselling can be provided anonymously on request and all services are free of charge, because they are provided by the city, state or municipality.

Two of the seven counselling centres have hours (sometimes limited in time) during which people can stay in the organization rooms without making use of a direct service. In both cases, this constitutes a safe place to be and helps different people to get to know each other.

Four of the five institutions also offer groups, lectures and discussions. These programme items fit in with the thematic orientations of the organizations and make it possible to make initial contact without going directly to a counselling interview and talking about one's own situation. This also increases the accessibility of the service.

All organizations regard those who make use of their services as so-called "experts on their own cause".

This means that counselling centres provide open-minded advice and do not provide direct tips and options for action unless the person seeking assistance explicitly asks for it. Behind this lies a concept that assumes that people know best about their life and circumstances and are therefore best placed to find the appropriate solution for the situation. Counselling is perceived as support and assistance in finding solutions. The counselling also strengthens the individual's self-confidence and confidence in their own competence to find solutions.

Solution orientation is therefore just as important a component of work as resource orientation. This was mentioned by all services interviewed. The aim here is to direct people's perspective to their resources and thus to be able to actively involve them in the support process.

The self-determination of the persons seeking support is at the forefront of all interviewed counselling centres. The same applies to self-empowerment. This is particularly important for people who have experienced violence, since violence generally results in a restriction of one's ability to act and can lead to feelings of helplessness. Supporting people in feeling powerful and noticing their own potential agency is therefore one of the main aims of counselling.

All eight organizations interviewed are working in a de-pathologising manner. This means that sexual and gender diversity is not seen as a disease or as pathological in any sense. This applies in particular to the conditions that are still considered pathological in the official disease catalogues. Organizations understand pathologisation (all to varying degrees) as a result of social power relations that result in differences being hierarchised. This means people are not different but made different. This othering processes can find expression in pathologisation. This perspective shows the way in the work with LGBTIQ individuals and has, besides the obvious political effects, also an empowering outcome for those seeking support.

Each organization interviewed reported that they describe interpersonal violence as socially framed.

They also mention this perspective in conversation with support seekers (where appropriate). This means that services see interpersonal violence not as detached from social power relations but as a part of discrimination structures which make interpersonal violence more likely.

This helps people to realize that the violence they face is not their fault but has its roots in the structure of society as a whole and discrimination in general.

Four organisations explicitly or implicitly mentioned that they also see the roots of psychological problems in the fact that living in a minority position can cause minority stress due to structural discrimination: This can have psychological side effects. When people report psychological problems or diagnoses, the counselors also see them against the background of a society that is structurally hostile to LGBTIQ issues.

Here it should be added that each organization considers an intersectional approach to be the best, even if each organization is 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 not finding adequate support in a service increases the more discriminations affect a person negatively. Reasons are: If services are sensitive only to one form of discrimination, they may reproduce discrimination with regard to the other characteristics. Furthermore in this case services that do not apply intersectional approaches do not (fully) understand how multiple discrimination works and what kind of effects that may result in.

All organizations that are offering counselling and groups reported regular intervention and supervision by an external person. Three organizations also reported (partly anonymous) documentation and fixed procedures in certain cases. Such cases are, for example, suicide or acute domestic violence. Here, the acute risk of danger is assessed and, depending on the outcome, certain measures are taken in consultation with the person seeking support.

Finally, the organizations reported on the need for professionalism. The staff should be appropriately and professionally trained in discrimination and violence and their consequences. This also means different forms of peer-to-peer work for all the organizations interviewed. Discussion about this will follow separately in chapter 3.4.

3.3.2 Topics they focus on

Although all organisations have a certain content, five of the interviewed organizations reported that they advise on all aspects of life. This is necessary because LGBTIQ people repeatedly report that

they experience discrimination in (other) counselling centres. In Germany there are specialist counselling centres for many topics. There is tenant counselling, debt counselling, counselling on marriage problems, on family planning, addiction etc. However, these counselling centres usually implicitly apply a white, cis heterosexual norm when counselling people and are not sensitive about issues revolving around discrimination, let alone their own privileged place in society. LGBTIQA people will therefore often address counselling centres that work on LGBTIQA issues with all the issues that occur in their lives. Each organisation reported users who spoke of negative experiences in other counselling centres. LGBTIQA people have to explain their way of life in other counselling centres and important counselling time is wasted in educating the counsellor about the issues they face. This is why five out of the eight organizations that were interviewed provide advice on topics from all walks of life – yet, without having received in-depth training for these specific topics. The supply gap shows itself all the more clearly here.

Two organizations report that the reason for seeking counselling is often a current, urgent incident. However, the counselling often reveals that the individuals have already had many experiences of violence or discrimination. In the interviews, these two organizations emphasise that they do not send anyone away simply because the topic does not fit in with the content of the counselling centre. So-called relief talks are then held in which the person experiences emotional relief because someone listens empathetically. If it is not possible to help with the content, further services are sought together. In one of the cases, the organization emphasises in the interview that they will continue to accompany the person through counselling until the person has arrived in another place well. They will therefore continue to provide counselling appointments until a different contact point is found. In the interviews, LGBTIQA people often reported that they were sent away after a counselling with addresses of other places and that there was the impression that there was no possibility of going to the first place again if the addresses were not suitable. This organization wants to avoid this.

3.3.3 Referrals

Two of the counselling centres interviewed belong to a larger organization. It offers services for many different topics in many different formats. These two organizations were the only ones who stated in the interviews that referring people is easy for them.

Everyone else finds it very difficult because discrimination is likely to occur in other counselling centres. This statement is also made in regard to anti-violence counselling centres, since most anti-

violence counselling centres are explicitly for cis women and so far only a few are open to topics like transgender issues. In the interviews, the organizations report that they therefore prepare the persons seeking support for the possibility that they could experience support but also discrimination at the same time in another service. Four organizations report that they regularly make telephone calls to other services and explicitly ask whether LGBTIQ people can be counselled there and whether someone there has received further training. Only if this is the case is the person is passed on with a clear conscience. Unproblematic transfer is also possible if an employee of an LGBTIQ service personally knows employees of other services. Often other services are not trained or not open, but individuals might be nonetheless. In this case, the employees from LGBTIQ services do not refer to another service but directly to a specific person who works in that service. The problem here is the large fluctuation in the occupational area of social jobs. The consequence is: only as long as that specific sensitized person works at a certain place, people can be referred to there. If the sensitized person stops working there, all of the research has to be done over again to find out whether the place is still acceptable for LGBTIQ people or, alternatively, where people can be sent instead. Therefore, it is often necessary for counsellors to figure out in which places sensitized people are to be found.

3.4 A special working principle: Peer-to-Peer

We have decided to give a separate sub-item to the peer approach because the interviews with the professional participants and those who have been exposed to violence have all shown that it is central. It was surprising to see the extent to which this point was important to the LGBTIQ people. The same is true for the organizations interviewed in Germany, as all of them work more or less according to this principle. The professional participants also had a very differentiated view of how peer-to-peer has a positive impact on the people seeking support. We would therefore like to deal with this separately here.

A peer is someone who is similar to you. This similarity has been defined and described differently in the different organizations.

Two advice centres use the term community-based. The point here is that only people who belong to the LGBTIQ spectrum themselves or live so close to LGBTIQ people that they are part of the community should themselves work in these centres. It is important to the organizations that the

employees who are not LGBTIQAs themselves share a close everyday life with LGBTIQAs family members. They must have an insight that is almost as intense as if they were LGBTIQAs themselves. Community based working also means that that an inter person might counsel a trans person, a trans hetero person might counsel a cis gay man etc.: The employee and person seeking support do not have to be exactly similar as far as the discrimination they face. But they should belong to the same community.

Most of the interviewed services use the term peer-to-peer and mean that trans people counsel other trans people and inter people likewise, etc. However, this is not always the case in every counselling centre. Yet, the goal is mostly to bring people together who are as similar as possible.

If a counselling centre describes itself as peer-to-peer, it must look at what exactly is meant by that. There are counselling centres which take the similarity of the counsellor more seriously than their professionalism. Such counselling centres were not among those who were interviewed. However, all interviewed organizations agreed that professional training is important, even when counselling is provided on a voluntary basis.

For the sake of simplicity, the term peer counselling is used here from now on when peer and community based is meant, since most of the organizations interviewed also used this term and none other than the differences already described were worked out in the interviews.

The organization which originally focused on adult women who experienced sexualised violence as girls uses the term “affected controlled approach”. Here the original approach was that women who have experienced violence work with women who have been through the same, i.e. are “affected” by the issue. Ever since the beginning of the opening for trans people, the focus has been on affected women working with other affected people, since no trans people work(ed) in the counselling centre.

The two concepts peer approach and affected controlled approach are described by the interviewed organizations as effective in a similar way. Here the points mentioned are named once and briefly explained.

1. The first thing that makes peer-to-peer so effective is expertise. People who are LGBTIQAs themselves often have much more practical knowledge than someone who has read about the

subject. Three interviewees said that they did not know exactly what to ask in a consultation. But the consultant knew what further steps were necessary.

2. The second point is higher empathy. LGBTIQA people report in the interviews that in other services they always have to assume that they are not understood and that they have to do educational work. This is not the case in a peer counselling centre. In addition, peer counsellors have no stigmatising perspectives on LGBTIQA or violence. These do not have to be reduced by a person seeking support as part of their counselling in order to receive support. One counsellor stated in an interview that LGBTIQA volunteers in non-peer counselling centres practically have to do translation work because they have to deal with people who need explanation on LGBTIQA matters to be made comprehensible. Therefore, people seeking support in a peer counselling session are more willing and quicker to talk about sensitive topics.

3. The peer approach makes it possible to establish a good relationship more quickly. Trust and identification are possible much faster. All LGBTIQA people have stated in the interviews that they feel more secure. They are not afraid of discrimination in a peer counselling centre and are more confident to be understood. They do not have to first assess the other person's position and then consider what they can and cannot say in which way. Six counsellors described situations in which people seeking support were immediately much more relaxed and open when it became clear in the conversation that they were talking to a peer. In peer counselling centres, LGBTIQA individuals but also those who have been exposed to violence do not have to hide or be defensive. They can be wholly there with their topics without having to justify themselves or be questioned.

Especially trans* people realise quickly whether the counselor is a peer or sensitized enough: Are they using the correct pronoun and/or name? Is it okay to change name and pronouns to test how it feels? If the service isn't used/open to this, people don't talk about even more sensitive topics like violence. Being a peer or being sensitized enough is the base for everything else in the process.

4. When people are in a bad shape and they enter a service facility, many feel that they are not able to live their lives properly. If a counsellor then reveals themselves as a peer, that instant may provide encouragement and the person might even serve as a role model. All the LGBTIQA people interviewed said that they immediately became more self-confident when they found out that they were talking to a peer in the counselling centre. They got the feeling that they could make it, too, if that person did. The violence and its consequences seemed to be much more manageable. In the

organization that works with young people, this also leads to visible instances of success for relatives: When parents arrive with their LGBTIQ children, it has a calming effect on the parents when they see very vividly in the form of a person that their child has a chance for a positive future. Prejudices and fears are reduced very concretely and parents tend to support their children much more after an appointment with an LGBTIQ counsellor. And also the child/young person can develop a more positive picture of their own future than is presented in the media. This is also a point that the sexualised violence counselling centre addressed very strongly in the interview: In the media there are almost only negative images of people affected by sexualised violence – people who need help and therapy and are portrayed as passive. Meeting people who are not like that, who work actively on the topic, seeing other nuances of other peoples lives helps those seeking support to develop a more positive picture of the future.

5. The peer approach has a very empowering effect and thus entails also has a political level: To be empowered means to understand oneself as an active subject with agency instead of a passive object. It is about having the feeling of having power over oneself and being able to influence one's environment effectively. This is especially relevant for LGBTIQ people, because for example trans* and inter* persons are still very much determined and restricted by legal and medical regulations. Especially these groups must be enabled to end this circumstance.

In general it can be said that the interviewed organizations all emphasise the importance of the peer approach and all at least implicitly state that this was one of the reasons for founding the organization. Three explicitly state it as a reason for their existence.

4 LGBTIQA PEOPLE AND VIOLENCE

4.1 TYPES OF VIOLENCE REPORTED IN SERVICES

The organizations report a broad spectrum of violence.

The services report on violence and discrimination in all forms and intensities across all areas of LGBTIQA people's lives: in partnerships, at work, in school, on the street, in the family of origin, in the health system. No area remains untouched.

In addition, they report that every person who comes to the counselling brings with them many violent situations. Often a current or particularly bad experience is the reason to come to the counselling. Especially trans* and inter* people as well as LGBTIQA people of Colour and disabled people (may) experience violence on a daily basis.

At the same time, it is precisely these groups who (can) hardly make use of services because they have to assume that they will only have to face even more discrimination in a counselling service.

In the interviews with the services it becomes clear that this situation leads to problems for LGBTIQA people. However, these problems are often pathologized: The consequences of the social structure become individual mental illnesses. In this way, an above-average number of LGBTIQA persons are labelled as mentally ill because they cannot deal with all the problems caused by society and discrimination.

Therefore, the hurdle of getting support is very high and the risk of trying can only be taken by people who have enough (other) resources. Only then a discrimination could be handled well after a violent experience. This means that many people do not seek help.

One service spoke of a trans woman whose clothes were set on fire in the street. She had received daily threats and insults on the street for several years. In this case, the occasion was ultimately to go to the consultation, so a very difficult one. She also reported everyday humiliation, spitting in the streets, insults in the subway, pushing. She was also affected by mental-emotional violence: She was being isolated at work, was bullied by colleagues and driven into quitting her job. In this case,

an additional structural problem is that the German police record the incident as homophobic violence. There is no distinction between homophobic and transphobic. All cases of gender-based violence are thus thrown together in the police figures.

Especially white trans* and inter* individuals and LGBTIQA of Colour, who turned to cis / women's organisations before addressing the interviewed organizations, report a lot of discrimination within the services.

The interviewed organizations all report that massive violence in childhood as well as violence within relationships is even more taboo for LGBTIQA individuals than hetero cis individuals. Many LGBTIQA people have had the experience of being told: You are only LGBTIQA because you experienced massive violence in childhood. This is (apart from a blatant reversal of cause and effect) stigmatizing and stands in the way of support. In partnerships, violence it is often a problem if the perpetrator is not a cis man. Then many services do not believe the LGBTIQA people.

The counselling centres which are sensitive enough for LGBTIQA persons and the peer counselling centres must therefore not only help process the violence experienced by LGBTIQA persons on the street, in family and relationships, but also deal with the violence that has occurred in other services.

What many organizations report is that LGBTIQA people have experienced certain types of violence on a daily basis for years that they are no longer called violence: Being gendered wrongly, being given looks, being asked inappropriate questions, disadvantaged treatments, not being taken seriously, pejorative comments in public space. When people are then asked whether they have experienced violence, they often say no, because only very massive violence and discrimination is perceived as such.

Also, many LGBTIQA people are not sensitive as to where violence begins. One organization reported that a person came and said that they had been beaten twice by their partner. After the conversation it was clear that several years of psychological and emotional violence had already happened without them labelling that as the actual violence that it was. This had not even been clear to the person seeking support.

Many services reported many LGBTIQAs affected by sexualised violence. This violence occurred in many different ages and contexts. Many LGBTIQAs report sexualised violence in the household of origin, many in relationships. Many believe to have been targeted because the perpetrators perceived them as LGBTIQAs. Either because the violence felt like a normalization on a gender level or because LGBTIQAs experience a lot of discrimination and perpetrators then gain trust through alleged respect for gender or sexual identity and then exploit it.

In the interviews, most of the organizations also paid attention to the consequences of structural discrimination: In society, being assumed not to exist at all has massive effects. This leads to concrete violent situations, e. g. when trans people are attacked on the street or trans youth become homeless. But also to permanent situations of exclusion, which begin with public toilets, continue with forms and finally include levels such as representation: In every book, film or series there are hetero cis persons, but no LGBTIQAs, and even if there is LGBTIQAs, they are often just sidekicks, losers and/or portrayed stereotypically. LGBTIQAs know that they have no place in society and experience this several times a day in small situations (microaggressions).

According to the interviews, the minority stress that is triggered here cannot be stated enough. All these problems intensify with LGBTIQAs people of Colour and/or disabled LGBTIQAs people. The individuals themselves often do not know why they are being discriminated against and it is difficult to react well. Moreover, they are discriminated against much more often and the amount of violence is much higher. They also find it harder to find good support.

One interviewed service stressed the point that most of the time it isn't obvious that the experienced violence is connected to being LGBTIQAs. The interviewee had cases where parents were very violent towards their queer child but not so much towards the other non-queer children. But when talking to other services about it they didn't see the connection or thought it has something to do with the behaviour of the child. So if services don't have a power-critical perspective, they are less likely to do justice to their LGBTIQAs clients.

4.2 TYPES OF VIOLENCE EXPERIENCED BY LGBTIQA PEOPLE

The interviews show that the structural level of discrimination has massive effects on all interviewees. They all describe negative everyday experiences due to the fact that they are not adequately represented and cannot feel welcome in society in general. This has a major negative effect on all interviewees. Many microaggressions are experienced, which accumulate over the years into a large pile of discriminatory instances. However, one of the six interviewees chose to consent to the interview solely because of this burden. He spoke very explicitly about the feeling that he is facing the borders of society because in the public view he doesn't and shouldn't exist. He reported a lot about being stared at on the street, about people who came too close to him on the street, pejorative comments and threats of violence on the street. During the interview it became clear that even the large sum of these (in his eyes) small situations he did not see as bad enough to seek support in a counselling centre. He said in the interview that he thought all this was not bad enough to consider counseling.

He notices the structural level in everyday life and describes that there are many situations that are nothing special for cis people but for him they are: He needs a strategy to feel and be safe. In these moments he feels alone and helpless because he has to find a way of dealing with a situation for which there is no real solution. A cis person would be/feel safe. But he isn't/doesn't. That's where he feels excluded and feels the limits in society.

He also describes in the interview that the danger of being affected by violence is always present in the back of his mind. He says he therefore cannot live at ease and without worries. He has to think about how to deal with a situation before it happens. He experiences this need to be attentive as very stressful and as psychological violence.

A transfemale person also describes many consequences of structural violence. First, she describes the German medical and legal regulations of a transition as a result of this structural violence (pathologisation, forced therapy, forced assessment). But she also describes a lot of street violence. She experiences insults and threats every day on the street and described in the interview several situations in which she was touched by strangers or insulted by strangers or threatened with death just because she passed by. She was insulted, persecuted and threatened to be beat, murdered. Because this violence happens every day, she feels very helpless in the face of it. She, too, lives

with a constant feeling of threat, which places a heavy burden on her. She describes many places as "places of fear" because violence must be expected there.

The other four interviewees all belong to the spectrum of non-binary trans persons. They also describe the structural violence in the interviews very vividly. However, the interviews focus on experiences with sexualised violence in childhood and adolescence or during adulthood through relationship partners or close friends. Two of these four also report some very aggressive situations of street violence in which one person was almost stabbed to death.

One of the individuals, who was raped in adulthood by a close person, describes this violence as corrective rape. The violence should push their gender back to the one assigned to them at birth. This is also reported by another one of the individuals who experienced sexual violence in the family during childhood and adolescence. Violence was a punishment for deviating from traditional gender roles and was exercised in the family only against this child and not against siblings conforming to gender roles.

One of the persons raped by a partner also described how the entire social environment was on the perpetrator's side. This person lost their entire social environment as well as access to the place of training and work. Then they left the big city and the country where the person lived.

Two people reported a particular form of institutional violence: In the treatment guidelines for trans it says that a trans person should not have trauma (or any other mental illness). If this is the case, it has to be checked whether the person is really trans or whether being trans is really a symptom of the mental illness. In one case a person was prevented from the transition because of another diagnosis, even though in the interviews with the services it was clearly stated that this is wrong. In two interviews with organizations it was said that a trans person is trans in the first place and needs support. This has a strong stabilizing character. Only then should further symptoms be treated. Another person reported that they could not take care of their consequences of sexualised violence in childhood, because they were afraid that their transition would be prevented. Even a hint of this led to a corresponding reaction of the therapist.

4.3 EXPERIENCES AND OPINIONS OF LGBTIQA PEOPLE ABOUT THE SUPPORT RECEIVED

Two of the seven LGBTIQA interviewees never addressed a service. One person thought the incidents were not bad enough. Another person was too afraid of further discrimination. They were afraid that as a trans person they would not be welcome in any service except those that are explicitly for trans people, but these were not trained to help deal with the experienced violence.

One of the persons raped in adulthood made seven attempts in three cities over several years to find support. The last of the seven places was a good one. This was a psycho-social counselling centre that was for cis women after sexualised violence. The interviewee experienced good counselling after violence for the first time there and in the course of time was able to gain as much confidence as needed to come out as a non-binary trans person. The counsellor then also came out as a queer. Therefore, the person interprets that this was one reason why the counselling was so good.

The quiet nature of the counsellor was described as particularly good: She had left the person at her own pace and it was also possible to remain silent during the counselling. It was also good that the consultant repeated basic principles over and over again, e. g. that there is a right to self-determination and that it is not okay if someone else does not respect it.

The other places before had only burdened the person more.

A therapist working in another psychological counselling centre had told the interviewee that the problem was not rape. The problem allegedly was that they couldn't cope with their own femininity. The therapist said the person would have to reconcile with the male and female roles and accept that such violence occurs. It follows that the therapist read the person as a cis woman and assumed that the perpetrator was a cis man (both wrong). The focus of the consultation was on quickly regaining function and having heterosexual sex again. The emotional reactions to the violence such as anger or grief were wiped away, no space was given to them and they would be described as inappropriate. The person came out as a trans and they labelled their desire as a queer. The therapist addressed this as an inappropriate rebellious reaction.

In the next counselling centre the person did not experience empathy. They were told that they themselves were violent if they wanted the perpetrator to suffer consequences.

In the next counselling centre, which was visited 2.5 years after the violence, the question was quickly raised as to why the person had not been “cured” after this time.

The person's feeling was that no one wanted to hear their feelings and reactions. The person describes that as confusing. They knew exactly what they were looking for in the consultation: encouragement, room for their own feelings and possibilities for processing. This became more and more unclear with every counselling centre experience.

The first good place was a political group that did voluntary activism around the issue of sexualised violence. They were the first to be on the interviewee's side, were empathetic and unquestioning. Since they work on a voluntary basis, however, they were rarely able to offer appointments. These were primarily for the relief of emotions. The activists there did not assume the interviewee or the perpetrator as cis and hetero. That was described as a good experience and led to their own politicization in terms of (queer) feminism. The person also describes it as very empowering to have met other survivors of sexualised violence who do political work on the subject of sexualised violence. This experience led away from the feeling of being powerless and in need of help and brought them closer to the feeling of being able to act on their own. The person today also is an activist on various queerfeminist issues and sees themselves as an expert.

After moving to another big city, the person again tried to call at advice centres - without success. There were only anti-discrimination counselling centres for trans or anti-violence counselling centres for cis persons. The person then looked for a therapy. However, the therapist is not competent in regard to trans (but claims this expertise nonetheless). She also interprets the transness of the person as a result of the violence and wants the person to work to heal it.

Immediately after the violence the person was very sure that counselling and therapy could help and will be helpful for them. Today, the person is unsure whether they would seek support again. They are very uncertain whether it is important what they have to work on, whether they have a right to support and whether they should have to deal with it themselves. The negative experiences thus had a damaging effect.

In therapy, the person feels that they must show gratitude for the fact that the therapist accepts queer perspectives up to a certain point without pathologise and correct them. This was a totally different matter in the visited trans* counselling centre. However, this place could only be of limited help in regard to violence, because the capacities there only permit one appointment in several weeks.

One of the persons who experienced sexualised violence in childhood and adolescence made only one attempt: They were at a counseling center for male survivors. Due to the website, the person was sure that they could not be openly trans there. There was information there, but it didn't look

very promising. So there, the person called himself a man, because they were assigned male at birth, to dodge discrimination.

There was only one appointment. The person was off much worse after this appointment. The counsellor wanted to know exactly what the person remembered. After the description of memory fragments, the counsellor said that they should let that rest. The person did not feel taken seriously but rather judged. They felt like the memories were not enough. But gaps in memory are a typical consequence of sexualised violence and not all violence is remembered in the form of an image. They had the feeling that they were not believed even though they came to the counselling with massive psychosomatic symptoms. Since this was the only service in the city that is for men who were affected by sexual violence, the person did not know where to go after that.

Since this service had (according to the website) a strange view on and notion of trans, it was very difficult to make an appointment there. A second one was out of the question for the person after the first appointment. The person felt pushed in one direction and would have liked to work out together with the counselor which steps could be good and how to proceed. The counselling was not open-ended. In the city there is a place that is open for cis women who survived sexual violence. This place started to be responsive for trans at that time. As a male assigned at birth, however, the person had no confidence that they would be well cared for there. There they felt unwanted as non-binary. There were no other counselling centres.

The appointment had negative consequences: frustration, feeling overwhelmed, helplessness and resignation. The person felt left alone and couldn't find a way to deal with the physical and psychological symptoms and, furthermore, had to learn that from the internet and from books. Through workshops, the person got to know other queer adults affected by sexualised violence. This helped a lot.

Despite these contacts the person started a therapy. In fact they didn't want a hierarchical relationship entailing pathologisation. That's why the person went into counseling first. But there was no choice. The therapy was partly helpful. But there, trans was not wanted.

The person can now formulate what they were looking for, but had to acquire this knowledge themselves and shift the handling of the violence into their private environment. Today they say it could have gone wrong.

The person was very afraid of retraumatisation due to an incompetent handling of trans issues. For this reason, too, the subject was kept secret. However, this prevented a real therapeutic effect since important topics could not be dealt with. All topics related to their own gender identity had to be

excluded from the therapy. The person actually poses the question what places like therapy and counselling are supposed to be good for if they cannot help with the central questions. Today, the person would only go back to a counselling or therapy with a lot of skepticism.

The second person interviewed who experienced sexualised violence in childhood went to a peer counselling center (peer in terms of sexualised violence). They wanted to talk to another affected person. In the transition the person had had many bad experiences with patronizing and pathologising therapists. The person did not want further diagnoses and evaluations, but wanted to speak at eye level.

The person was assigned female at birth and identifies as genderfluid (which falls under the umbrella term non-binary). Thus the person was open in the counselling from the outset. They wanted a place that really fits. As part of the transition, sexualised violence and its consequences had to be postponed. This had retraumatising consequences, as it resembles the structure of violence very much: sexualised violence in childhood and youth in the family is usually subject to a ban on speaking. The person must put the events out of sight. In the forced therapy in the context of transition, the person also put the events out of sight, too. This has aggravated various consequences of the violence. In the counselling on sexualised violence, the person did not want to have to put trans out of sight in order not to risk further retraumatisation.

The counselling center was originally for adult women who had experienced sexualised violence in childhood and had opened up to trans in the years before. It was important for the person to talk to a female socialized person, as in their eyes, manners and also reaction patterns to violence are strongly related to gendered socialization.

The person felt taken seriously and heard. They felt welcome and the consequences of the violence could be dealt with well. A neutral name and neutral pronouns were used and the counsellors knew how to use them. Due to a power-critical perspective on sexualised violence, the counselling centre had good perspectives on trans and transphobia. At those points where the person wanted to talk concretely about their own identification, however, the counsellor was overwhelmed and no longer had any good impulses. The person wanted to talk about how violence is used as a normalization tool. How violence could have shaped their own sense of identity. Or about the question of how to deal with gendered identity when society assumes that women are affected by violence and men are the perpetrators. With questions that affected gender in the broader sense (not only in the sense of women) as well as violence, the counselling centre was overwhelmed and not able to respond

accordingly. The person said in the interview that simple, basic concepts of Gender or Queer Studies could have created a common basis. After investigating this topic the person said it was about understanding gender as a social construct and not as natural etc. The person repeatedly made use of the counselling service over several years. The violent issues were well taken care of there. The cross-cutting issues of gender and violence had to be handled by the person in their private environment.

The interviewee had the feeling that trans did not affect the counselling process, which was good. Trans felt like something normal that didn't have to be explained. The interviewee had the feeling that they and the counsellor clicked on a personal level, although in gendered societies, relationships are primarily established through gender (since gender defines who can behave how and to who can be in relationships with each other and who has to be only friends etc.)

Through the affected controlled approach the interviewee had the feeling to be understood and to be able to speak very unconditionally and unapologetically. This means they had the feeling that they could simply say what they felt without having to explain it or make it comprehensible. The counselling center did not know many stereotypes and narratives for trans people. Where these were important for counselling, the interviewee could explain them and the counsellor listened and understood because she approached them openly and logically. In conversation, both of them came to a good conclusion, but expertise on the complex of trans and trauma was not there. The open attitude, talking on an equal level and the fact that trans was not exoticised – i. e. the attitude of the counselling centre – compensated for the lack of specialist knowledge. Also positively noted about this counselling center was that it was possible to have telephone appointments if the interviewee was not physically able to come to the counselling center.

The interviewee said it was fortunate that this was possible: first transition, then process the sexualised violence. Afterwards it became clear that the therapist would have prevented the transition. Only by getting to know other trans people who were also affected by sexualised violence it became clear that it is very difficult to transition when there is trauma as a diagnosis. Neither the violence counselling center nor the trans counselling center knew this. The interviewee spoke about other people's experiences: In Germany, the medical service of the health insurance decides on surgeries of trans persons. Therapists have to approve the surgeries. In the case of some persons from the environment of the interviewee, the medical service had said that the persons had to undergo therapy for further years. The theory was that maybe they're only trans because of the violence. The medical service wanted them to heal the trauma before they transition. However, this approach had severely destabilized the people and triggered crises. The interviewee did not want

this and had therefore decided to conceal the experiences of violence in trans therapy - despite the retraumatizing consequences.

One of the persons who had been raped in adulthood reported similar experiences in the counselling center: because gender didn't play a role in the counselling, the interviewee and counsellor could meet from person to person. The interviewee thinks that gender should not always be seen as a central element, not every experience and every reaction should be seen in context of the person's gender. The interviewee said that connections are often seen where there are none. The person also made examples. they said, often the same behavior is judged differently in a man than in a woman. A man is responsible and a woman impudent – with the same behavior. In this way, double standards are applied to the behavior. Women aren't supposed to be angry, but men are. Because gender was not central in counselling, these norms did not play a role either and could not have any negative effects on counselling.

This person said in the interview that violence was supposed to make them a woman, that it should have reassigned the gender role because they hadn't acted accordingly. The fact that they could be in the counselling as a human being and not as a male or female or any gender helped a lot. If they had been addressed as a woman, this would have only made things worse. The counselling centre was for adult women who had experienced sexualised violence. What is special about this is that the person did not have a coming out as trans. Because of that the counsellor could have thought that the person was a woman, but she obviously didn't assume that. That was lucky because the interviewee had the feeling that they did not have the strength to explain the counsellor anything about being non-binary trans. Fortunately, this was not necessary. The trans specific things the person had to process were done alone – by reading and teaching themselves (but the person thinks, this is ok, because they prefer this in many areas of life).

One interviewee reported massive street violence including being insulted, being addressed as a woman although trans non-binary and some very violent and threateningly expressed murder threats. After this incident, the person had six months of panic attacks in public spaces and repeatedly felt fear of death from the violent situation.

The interviewee was in a counselling center that was originally only for lesbian women and had opened up to other identities over time. The good thing about the counselling was that the interviewee could decide for themselves what they wanted to talk about. In a therapy previously

done because of something else, the therapist had always determined the topics. The counselling was strongly resource-oriented and made the person's own resources very clear. Also in terms of content it was a good counselling on the subject of violence. For a long time, the interviewee had blamed themselves for the situation. They thought that if they had just dressed differently or behaved differently it wouldn't have become so dangerous. The counsellor had good specialist knowledge and discussed with the interviewee how to behave in such situations. Concrete possibilities for action were provided. It was communicated that the person had reacted well and hadn't acted inappropriately. This made the person more capable of feeling powerful again and gave them their self-confidence back. The counselling center has very power-critical perspectives. In this manner, the counsellor made it clear to the interviewee how violence works through social relations. It is not the clothing or behaviour that makes people vulnerable to violence, but rather the position society assigns to these individuals (e.g. trans people). It was helpful a lot for the interviewee to understand that they had no own responsibility for the violence. Nevertheless, it was central to convey that one is not incapable of action even in the face of structural violence. That was an important point of counselling.

The interviewee draws much strength from the realization that it is not the fault of the trans people themselves to be facing so much violence. And that, nonetheless, sex and gender are violent norms. The interviewee says in counselling they understood that sex and gender are violent for everyone, but that cis people often do not feel this violence strongly as long as they stick to the gender roles. But as soon as people are outside of the roles and are trans or inter, the violence culminates in these people. The interviewee noted as particularly positive that the counsellor managed to say: 'violence is structural' and also to say that there are still possibilities for action and agency. Today, the interviewee themselves is an activist against street violence because they feel empowered by the counselling.

5 DEFICITS AND PROPOSALS FOR IMPROVEMENT

5.1 What the services think

In general, the staff report of a shortness of services. Support services where you can go more often than once are rare, many places are merely a first contact point without follow-up services.

Services with only one trans person means problem if the counsellor and the person seeking advice don't come into a good contact at a personal level, because the connection is important for the quality of the counselling. And especially trans is an important issue because trans people are also structurally forced into therapy and kept from talking about „other“ problems, as depression or trauma for example, for fear of losing the important trans diagnosis. Therapy is thus generally a potential double-edged issue.

Many would need trauma therapy, whose places are scarce anyway, but with LGBTQIA experience almost impossible to find, even in the bigger cities. All in all, if anything exists, people don't really have a choice. The shortness of services may be hardly visible because LGBTQIA people fear to get support anyway, fearing to be discriminated against. Mental support is often made a private issue (friends and family) for these reasons. Selfcare becomes a necessity which is in turn often exploited through marketing, capitalism etc.

The women's facilities for support after sexualised violence would have to open their gates for trans people, but it was also noted that the „old“ clientele (cis women) must not be driven away but must be still explicitly included. There needs to be transgender-related information for them as well, not only for the staff so that trans people can be safe in meetings etc. These kind of openings should furthermore not be pseudo openings when in fact the facility is not able or willing to open their gates for „new“ clientele.

It is demanded that counsellors know how different structures and systems are connected for LGBTQIA people: discrimination, violence, trouble with family, crises, trouble in everyday life, mental problems, losing jobs, being marginalized in society and more ... and how these issues may amplify each other into a downwards spiral.

People wish for counsellors to connect to their problems on a personal level: not dissociating from their clients through pathologisation, for example, and not individualising their problems, but rather knowing „this could happen to me / I could be in this position“, because violence and

discrimination are structural problems.

Services need to be able to accept LGBTQIA realities and work with them without trying to change them or even questioning the realities because they are different than the ones the counsellors experience. Many people report resistance on the counsellors' side to really delve into the clients' lives because of a feeling of „difference“ or because of their basic norms or worldviews being challenged. The counselling people should instead have general knowledge about LGBTQIA lives and not exoticise their lives like „how interesting“ or anything alike. LGBTQIA people need to be able to just be themselves, there.

Counsellors need to know that the clients come for a specific reason but also most often carry a huge baggage of past traumas which also needs to be accounted and cared for, especially because it is structurally not even that easy to distinguish one from the other for structural reasons.

And also in the bigger cities, the services for people facing multiple oppressions are exceptionally rare. If you are, for example, homeless and trans, the shelters might not accept your gender and other facilities don't work with so-called mentally ill people and send LGBTQIA people away because many of them have diagnoses. LGBTQIA people without legal residency status or people who are addicted to drugs also will face certain hurdles to find support. These people report to be sent to go elsewhere over and over again, from one place to the next, since no one is competent to deal with their combination of challenges.

The wish was reported that counsellors should not just send people elsewhere, but rather talk about what they *are* able to handle and then make that the subject of the consultation.

Many report of discrimination in support services. Some places have absolutely no idea of LGBTQIA and know nothing but cruel stereotypes which are then thrown at the clients (like the „in the wrong body“ trans narrative). One professional reported that there is an estimated chance of 50% for a consultation to go well. This is too small a chance for many recent victims of violence. LGBTQIA should be made viable anywhere in all the counselling centres (addiction, homelessness ...).

The biggest problems come to those most invisible and marginalised. One center reports this for the case of intersex people. Genital mutilation is still seen as normal by most doctors and support services don't have the knowledge to handle the needs of the affected persons, most do not even know what intersex means. Staff that is not sensitive to LGBTQIA issues may also think that being

LGBTQIA is something inherently visible and may not take their problems seriously if that is not the case. Especially for people in crucial phases of coming to terms with their own identity, this may be extremely harmful.

One center reports that it is not likely that a nationwide saturation of support services is possible, but that rather the digital realm needs to be improved for better accessibility from anywhere. Also the general visibility of centres needs to be improved greatly. By digital practices, via live chat or emails, far more people could be reached, yet, this would necessitate further training specifically for this kind of counseling (which in turn necessitates time and money and other resources).

Resources for relatives, kin and other close people are virtually reported as inexistent. Only one place accounts for that kind of service. Yet, much violence could be prevented in the first place, if the environment of LGBTQIA people would know enough about LGBTQIA realities. Also, queer counseling centres need to know more about forms of violence to be able to provide the services that the usual anti-violence services cannot account for in terms of LGBTQIA, although the queer places are too crowded already: too few paid staff positions. Many interviewees estimate that this kind of training might in theory be easier than training violence centres for LGBTQIA issues.

Most of the service centres provide single issue counselling. So one place might support trans people or another intersex person – being only trained in that specific area. But then, issues of intersectionality and mechanisms like race, class, and ability are left out. Intersectionality is very important, because violence against LGBTQIA people might surface as racist, classist, and/or ableist discrimination.

Reports of deficits are especially about being a minor/ youth. Services would need to be trained in questions concerning transitioning when under age, if parents don't support the transition. The access to medical services is much harder, also the access to the legal possibility of changing one's name or gender marker is often problematic. Studies suggest that in most cases, at least one of the parents is not supportive of their child transitioning. Children are in particular danger because there are many unsafe places and minors may not have learned, yet, how to defend themselves or cope with violent situations.

5.2 What the interviewed LGBTQIA think

The LGBTQIA interviewees report the following things:

One person talks about how they feel that they had been treated with more openness prior to transitioning in many support centres. Now, they feel, they have to work harder to move the topic away from where the counsellor thinks it should go, to where they actually need help.

One trans person affected of sexualised violence reports of misconceptions about transgender as well as about rape (like, „only men can be perpetrators“), and now that they pass as male, they have to deal with that kind of stereotyping (like, „you have to watch out, not to become a perpetrator yourself because men do that!“) ... The person can't address a service without doing educational work there.

Transgender seems to be a generally hardly known topic. Having good counseling after violence is hard enough. Finding support that is competent in transgender issues is virtually impossible.

One interviewee reports that they encountered no knowledge about structural violence and trauma: the specific knowledge about how present street violence triggers emotions of past instances of violence.

One person wishes to be able to connect on a low level for first contact. Things like a picnic or a brunch where anyone is welcome without having to talk immediately. They need a possibility to get to know the counsellors before counselling and also need to see the place first. Drop-in hours would be good, too, to have less barriers to attend.

6 OPINIONS ABOUT THE POLITICAL AND LEGISLATIVE FRAMEWORK

The desk research and the interviews with organisations and LGBTIQ people showed: Germany is in urgent need of a national agenda against GBV that is also given the necessary resources for realization. In this agenda, not only straight cis women should be addressed, but instead LGBTIQ people should be explicitly mentioned and cared for.

All the interviewed services said the state and its authorities should have a better conception (or any conception at all) of LGBTIQ issues: in terms of support services, curricula in schools and higher education, health systems. Trainings for employees in all fields are necessary for many institutions, services and facilities to be suited for LGBTIQ people. This specifically includes police and similar authorities, as most marginalized people hesitate greatly to contact them, for fear of further discrimination.

Although the efficacy of hate crime legislations is highly controversial, some kind of similar laws need to be installed for LGBTIQ people to be able to better confront perpetrators of violence and violent environments – in general, to feel at least a bit of protection against GBV. For further action against GBV official offices for registration of GBV need to be installed for statistics to be known, serving as possible starting points for measures against GBV. At the moment some associations have a registration but not many people know about it and in which cases it can be used. Because of that the registered numbers are low.

Germany's authorities leave almost all the LGBTIQ related work to the area of social work and outsources the respective responsibilities and tasks to NGOs to take care of the necessary changes to be done, once another law has been proved to violate basic human rights, for example (except for the cases where NGOs are hardly being heard and are completely left out of the processes of legislative change).

The interviews showed that necessary changes include: access to care for trans people in general but especially non-binary people after sexualised violence, making inter, trans, non-binary legislation in health and ID-related laws conform with human rights; ending genital mutilations of intersex people; giving minors more rights, e.g. help them transition if their parents are not supportive; equal childcare and/or adoption rights for gay marriage couples and generally better LGBTIQ adoption possibilities for queer constellations of parenting; an actual gbv agenda; an actual equal rights

agenda; an actual anti-neonazism agenda; in general, preventive plans against violence as well as the implementation of existing agendas like the Istanbul Convention or the Transgender Resolution implementing the informed consent model for trans people (to have the power to decide fully over their transitions instead of psychiatrists deciding); and intersex people (what would mean waiting until the child can decide before doing surgeries).

In conclusion, it needs to be said that in many terms of LGBTIQ (and especially trans) issues, Germany would only have to look at legislative changes as they have been seen in other countries like Argentina, Malta, Greece etc., where you have much more power over your own gender identity as far as ID and health policies are concerned.

7 TRAINING NEEDS OF PROFESSIONALS

Here are the 10 main points for the training needs that we were able to make out.

1) **Reflecting attitudes** – looking at chapters 3.3 and 3.4. about how the services work, it is easy to notice that there are certain basic principles of supportive counseling that virtually everyone should and (in most cases) does have. Yet, these seem to be suddenly out of order when it comes to LGBTIQA or other non-normative people. When faced with people who challenge certain basic norms about sex/gender/sexuality etc., most (privileged) counsellors or similar personnel seem unable to cope on a personal level and subsequently stop to be open-minded and accepting towards their clients.

A Training should thus entail items like (list is continued in the next points):

- * Why do so many so called “professionals” feel entitled to cling to normative ways of thinking and make their clients try to adhere to these norms as well?
- * How can we improve their ability to cope with their own norms being challenged?
- * How can we encourage professionals to reflect about their own place in society and their privileges in order to be able to have intersectional awareness etc.?
- * How can we teach critical thinking about norms and normative behaviour, i.e. the professionals counsellors’ own possible normative behaviour?

2) **Specialised knowledge** – Professionals need to know about the specificities of LGBTIQA life and issues revolving around discrimination and specific forms of violence.

- * How is “being” LGBTIQA intertwined with trauma? (or intersectional multiple forms of oppression, for that matter)
- * What are microaggressions and which are the following stresses and psychological strains on LGBTIQA people?
- * “LGBTIQA” consists of more than 3 letters – those trained in “some of the letters” need to know that that doesn’t automatically contain the other ones and there might be more specialised knowledge waiting to be discovered. “TIQA” people might else be disappointed to say the least.

3) **Visibility** – Organisations and professionals need to learn, how to become more visible with their programs and what exactly they entail. In our interviews we found people living in cities with support systems they didn't know about.

* What is a certain program or service really offering? And what not?

* Services have to realize: What are we trained in and where do we need more education? and: How can we improve our visibility?

4) **Accepting the need to change** – heteronormativity is showing itself in all kinds of structures and personnel and staff politics. Exclusion and discrimination need to be addressed, analysed and changed.

* How can a service become more inclusive (e.g. cis women spaces opening up for trans people)

* What does actual, practical change look like?

* How can a service keep the previous clientel with out and also appeal to “new” people, e.g. non-binary folks? Or, how can services bring different clientels together?

* What kind of change does the service want/need?

5) **Training queer institutions** – another idea is to train those places where LGBTIQA is already greatly established, but knowledge about violence is scarce.

* How can different fields of expertise be combined?

* What are the specificities of violence against LGBTIQA people?

6) **Dismantle Prejudice** – Professionals may have discriminatory views on LGBTIQA people and issues.

* What are the mainstream / discriminatory views?

* How can they be dismantled, what needs to be (un)learned?

7) **Making connections visible** – Mainstream misconceptions about LGBTIQA people and issues result in bad counselling, e.g. when being trans is thought of as a mental illness.

- * What are common misconceptions about LGBTIQA?
- * How does structural discrimination *make* people ill and do violence to them and what are the connections of discrimination, certain kinds of violence, trauma and marginalization?
- * How can the services acknowledge discrimination as well as violence as being structural instead of individualising it?

8) **Overcoming shame and guilt** – People in counseling and support services want to help other people and do not *want* to discriminate against LGBTIQA people. The issue is a structural one, where all of us, in privileged and in less privileged positions in society learn things about the world: views that tend to marginalize certain groups of people.

- * Teaching that a person/ a professional is not inherently bad if they themselves have committed acts of discrimination. This is something we all need to accept in order to move on and embrace the change needed in society and for individuals.
- * How can people become accountable and not defensive, open towards themselves, without feeling of guilt and shame or even fear and (self-)hatred?
- * How can the services/professionals learn to listen to marginalized people and change our behaviour, learning from our past “mistakes”?

9) **Dealing with conflict** – the previous point also entails learning to be able to deal with potential “bad” situations that might occur when counseling.

- * How can professionals trust the process and trust in their abilities to counsel, although – of course – not everything can always go right?

10) **Tangible next steps** – theoretical points and observations and findings always need to be “harvested” into concrete steps that need to be done.

- * What is there to do after the capacity building programme? In what order?
- * Who will take care of what?
- * Where do the necessary resources come from?
- * How can the team of Look Wide provide the necessary resources?

8 GOOD PRACTICES

We have found several best practices. The order of the description is not a valuation.

1. Lesbian Counselling Berlin / Les MigraS Berlin

The service was founded in the 1980s. At first there was only counselling for lesbian cis women. Today the service has a broad target group. In the 1990s the anti-violence section was founded, which specifically works against intersectional discrimination and violence. Thus the target group of the service is LGBTIQ people who are negatively affected by more than one discrimination mechanism. They can be contacted in all cases of violence and discrimination, can give legal advice and they also work with refugees. There is personal consultation, telephone consultation, consultation by e-mail and chat. The digital forms of consultation can be used nationwide. The consultation is possible in many languages, the internet presence can be read in many languages. People of all ages are addressed. Empowerment work is done and the service tries to improve the basic conditions for people through public relations work.

The understanding of violence of the service can be found on the homepage. This has several positive effects: For the LGBTIQ individuals it is clear in which cases the services are available. This also has an empowering effect, since the notion of violence is very broad and thus calls many kinds of violence by their name which are usually normalized and made invisible. This has political effects, too.

The whole service works against discrimination and violence and is open to all groups on the LGBTIQ spectrum.

They meet almost all best practice criteria (see annex of the report).

2. The Refugee Project of the Berlin Gay Counselling is also a best practice. There are specialised services for LGBTI Refugees: psychological counselling, specialised legal advice on asylum procedures and migration laws, specialised counselling on health care, especially for trans and intersex refugees. It should be emphasised that the project is committed to fighting violence among refugees. The project has opened several refugee shelters that are exclusively for LGBTI refugees. If someone is accommodated in another refugee shelter, the project staff will help with the paper work for a move. In addition, awareness-raising brochures have been published for the translators who translate the statements of the refugees during the asylum hearings. These are spread

nationwide. In addition, further training is provided for the employees of other shelters so that the situation of LGBTI refugees also becomes safer in other refugee shelters. The project also provides a drop-in center.

Some of the criteria of the best practice guide are fulfilled by the Refugee Project, whereas others are met by the Berlin Gay Counselling itself.

ANNEX

List of possible criteria for the selection of good practices

1. concrete criteria

Visibility

- Services take concerns of LGBTIQ into account
- Services raise awareness of LGBTIQ issues and GBV against LGBTIQ
- target-group-specific offers (which is also advertised)
- The material publicizing the service uses a gender sensitive language
- Does the organization providing the services conduct advocacy work? At what level (local government, national, international)? For instance, do they provide direct impact on policy design and reform?

Standards

- there are standards in the service (mission statement, basic attitude, also quality standards)
- these standards/ mission statement/basic attitude take LGBTIQ into account (explicitly)

- is there any form of community-based work?
(this can mean: services go into exchange with LGBTIQ or LGBTIQ have the possibility to contribute or the possibility to work there themselves or Are standards set in participatory processes and other consultative initiative or informal exchanges with the LGBTIQ community as primary stakeholder?)

- Do the services take social power relations in account? i.e. structural violence is taken into account?
(for clarification: does the service see violence as an isolated event between two individuals (that

wouldn't be good practice) OR does the service take into account the structural perspective of the person's social position? (i.e. racism, sexism and other discrimination structures are taken into account?)

- Does the service work...

- empowering?

- destigmatizing?

- depathologizing?

- as a partisan for the person affected by the violence? (i.e. is the employed person on the side of the person seeking advice? Or on the contrary does the employed person question the perspective or truth of what the person seeking advice says?)

- at eye level? i.e. who has the power to decide what happens next? (who decides whether to report something to the police etc)

- What's about...

MULTIDISCIPLINARITY: the operators working in the service guarantee a multidisciplinary of skills and competences, in order to guarantee support and protection respecting the cultural differences and the personal story of eachone

ACCOUNTABILITY: the service provides clear and comprehensible informations, also through the support of the cultural mediation service, if necessary. **AND** are there complaint mechanisms, remedies, monitoring bodies? (maybe this last criterion is more appropriate for services provided by the State)

CONFIDENTIALITY: In compliance with the national privacy legislation authorization must be requested for the treatment and use of data

ACCESSIBILITY in terms of NON-DISCRIMINATION: The service guarantees access to everyone, without any discrimination related to race, color, language, religion, political opinions or any other kind, national or social origin, status of migrant or refugee.

ACCESSIBILITY in terms of physical accessibility: For instance, can people with disability get access or people living in rural areas

and: Can people access information on the availability of these services? If so, where?

AVAILABILITY: Who is able to reach the service?

AFFORDABILITY: do users of the service have to pay for the service?

Impact

- LGBTIQ as a target group is actually reached? if not every part of the acronym is reached: Which groups within LGBTIQ are reached? Which impact does the service have concerning the different groups of persons in the LGBTIQ spectrum?
- How many people go there? How many of them are LGBTIQ?
- In case of advocacy work, what is its reach and scope? Does it provide direct input to policy design and reform?

Framework

- How many people work there? How many are paid and how many are working voluntarily?
- Is the service funded? How? Does the service receive government funding?
- Are those who work there qualified? What are the criteria within the institution?
- Are the services/offers free of charge?
- other framework criteria?
- TRAINING Personnel involved get a training and specific skills in in terms of violence against LGBTIQ people from a gender perspective? (capacity-building)
- NETWORK the service in order to guarantee persons support and protection, is part of formal and informal networks? (Coordination and knowledge-building)
- Is the service working at local level or has the service expanded to a national level)
 - if national: how did they do that? Do they have offices everywhere or are there digital services like counselling via chat?