Transnational Report

Comparing the findings of the five partner countries

written by

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Table of Contents

1   Introduction

The Look Wide Project aims to develop working methods for social services to make these services better accessible for LGBTIQA people without them having to experience further discrimination – a goal that could be reached by integrating sexual and gender diversity into existing working methods and approaches.

So, on a national level, interviews as well as desk researches were conducted, resulting in five national reports, which this comparative report will now bring together to summarise the findings and highlight differences and similarities between the countries.

In the interviews LGBTIQA people talked about what experiences they have perceived as helpful or unhelpful in the existing support system. Also, organisations were interviewed in order to find out what kind of knowledge and skills they already have and which kind of training they still need concerning GBV against LGBTIQA people.

The five countries taking part in this project were each represented by one organisation (Spain: SURT, Italy: Differenza Donna, Greece: KMOP, Hungary: Háttér Society and Germany: Dissens). The individual Needs Assessment Reports of each participating country have all in all drawn a very differentiated picture concerning the political and social starting points.

This comparative transnational report brings together the different findings of the five individual national reports and builds the basis of the guide for professionals we will write in this project.

2   Legal and Political Frameworks

Although the political and legal surrounding conditions for LGBTIQA people, represented or made tangible by various laws and guidelines vary in the five European countries involved in the project, there are also common elements and anchors. All of the countries have, for example, committed themselves to actively oppose violence against its citizens by signing the Istanbul Convention (2014). Also, all of them do, in some specific way, include the protection of LGBTIQA people against forms of discrimination on national levels.

Yet, on both international and national levels, a critical revision of existing legal frameworks needs to be done. This chapter aims to give a short insight into existing legal and political structures of the project's members. By illustrating already established juridical structures, the hard political work done mostly by NGOs and activists will be shown – also, however, the problematic deficits in the present legal and political frameworks protecting LGBTIQA from GBV.

The Istanbul Convention

On the 1st of August 2014, a convention against violence on a European level, the Istanbul Convention, was implemented. With its full name, the *Council of Europe Convention on preventing and combating violence against women and domestic violence,* and its 81 articles, its main aim is to protect European citizens "against all forms of violence, and prevent, prosecute and eliminate violence against women and domestic violence."

The implementation of the Istanbul Convention in its theoretical form takes three steps ranging from signing, to ratifying it and finally, coming into force. As of the five member states of the Council of Europe that are involved in this project, all of them have at least signed it. With the exception of Hungary, the remaining four have ratified it, so that it could come into effect. That can be counted as good steps being taken.

Invisibility

As the Convention's title suggests, GBV is treated here mainly as concerning females affected by GBV (presumably thought of mostly as cis and straight). So, GBV could be seen as a specific form of violence that is directed against a woman because she is a woman. Though statistics show that women are affected by GBV disproportionately, they are not the only social group to do so. Furthermore, the Istanbul convention does not define who is included in the term "woman".

LGBTIQA may or may not view themselves as women or women only. They may also not be meant by the category women in the Convention. To represent LGBTIQA people's rights towards integrity against any form of violence, the category of people affected by GBV either needs to be diversified in the Istanbul Convention or a new, broader category needs to be accounted for.

Macro- vs. Micro-structure: from European to National Level

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

Misconceptions about GBV

With the desk researches each project member has conducted, the scope and content of GBV is in need of revision. Domestic violence or physical abuse of women, as the Istanbul Convention mentions, are not the only forms of violence that LGBTIQA face. In fact, the project's research found out that both LGBTIQA people and the organisations working with them differentiate between different forms of violence that are in no means clear cut from one another. Zooming in from a broader macro level to a more intimate micro level one finds:

Structural Gender-based Violence

- *Institutional and state-run violence*: by the police, discriminating laws, institutions like the medical health care system, language-barriers etc.

- *Broad structural violence*: racism, antisemitism, classism, sexism, ageism, ableism, religion, body politics etc.

Interpersonal Violence

- Forms of violence by intimate partners, including family violence

- Stalking, mobbing, sexualised violence, social exclusion etc.

The different categories will be defined and described in more detail in chapter 4, where different forms of GBV will be analysed.. This short listing is in no means exhaustive but still clearly shows that violence is a broad category.

Adequate support

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

Existing laws in need of revision

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

3   Methodological Frameworks

The project's aim is to develop working methods for social services to make services accessible for LGBTIQA without experiencing further discrimination, which will be done by integrating sexual and gender diversity into existing working methods and approaches. This section will deal with the project members' methodological frameworks of their research. What has been done to get a picture of both LGBTIQA affected by GBV and organisations working to protect, counsel and/or advise LGBTIQA about the consequences and possible aftermath of GBV, and help them heal? This chapter aims to provide anonymous information about the research participants, the selection of individuals and organisations as well as information on how the interviews were conducted.

3.1   Interviews

LGBTIQA people and the organisations working with them were asked what they experienced as helpful or unhelpful in the existing support system. This was mostly done in the form of individual face-to-face interviews in the organisations' rooms or in private places.

3.2   Demographic Data on LGBTIQA Interviewees

A total of 29 LGBTIQA affected by GBV have been interviewed in the five partner countries. The topics set were about their experiences on receiving help. Three of the partnering countries had 7 interviewees and one project partner 6. The Italian partner constitutes an exception with only 2 interviewees. In their National Report (Needs Assessment) it was stated that many potential interview partners did not feel ready to talk about their experiences. They attribute the short number of participants to the general condition of isolation and invisibility. This might be interpreted as a mirror image of where the LGBTIQA community often finds itself. If available, the data shows a rather young group of LGBTIQA participants, ranging from 12–39 years. Háttér Society, the Hungarian project partner, surveyed a specific young group. Their research revolved around pupils who were 16–20 years old. Since "older" LGBTIQA did not respond to the advertising of the project's surveys, different questions remain: a) do "older" LGBTIQA not attend specific services and if so, why? b) what are the factors that lead to their global invisibility and c) does an age-shift in LGBTIQA and GBV occur, making their main struggles with GBV invisible or do they potentially face more general problems like ageism, deteriorating health etc.?

Apart from having problems in gathering enough interviewees, the uneven representation of LGBTIQA has been an issue. Not all of the project's partners gave data on the question of sexual orientation. As of gender identity and/or expression none of the 31 interviewees self-identified as inter. Since one can self-identify as inter and simultaneously as a woman/man/…/trans/, it is not self-

evident, how this fact should be dealt with. Similar to the question on the age of the interviewees, several questions emerge: a) is the group or category of inter people also underrepresented in the surveys because of their generally known underrepresentation in the LGBTIQA community? b) (or) are there specific forms of GBV affecting inter people that are not successfully addressed in the community or the specific surveys, like forced genital operations, and were they not adequately addressed in the advertising of the interviews because of that?

Although most of the partners do not mention that fact, the question about a clear division between the category of LGBTIQA affected by violence and the category of LGBTIQA professionals remains debatable or at least unclear. Dissens, the German project's partner, stated that this division could not be maintained. Every interviewed organisation work more or less according to the peer-to-peer principle. This shows to what extent this working principle is important to the services in Germany. Because of that, Dissens estimates that a co-existence of being a professional and being affected by GBV would be rather high. They attribute this to the great amount of peer-to-peer and/or community-based approaches in the counseling of LGBTIQA prevalent in Germany.

Due to their expertise on this topic, Differenza Donna (the Italian project member) decided to focus specifically on intimate partner violence within lesbian couples.

Most of the interviewees at the time of the interviews have been living in rather big cities or metropolises. The question remains whether the situation of LGBTIQA in smaller cities or rural regions can be subsumed under the experiences of LGBTIQA in bigger cities.

Only one partner included the inquiry of the interviewees' educational backgrounds (Germany). Since most of the interviewed LGBTIQA identified as having a rather high or long educational background the connection of education and/or class issues and GBV cannot be adequately addressed here.

3.3 Demographic Data on the Interviewed Organisations

The organisations that have been interviewed range from peer-to-peer projects, LGBTIQA counseling centers, human rights organisations, to violence attention services – run by public administration services or by NGOs or non-profit organisations. Overall, 52 professionals have been interviewed. Háttér Society interviewed professionals working as school psychologists or social workers. Differenza Donna aimed to create a diverse picture by taking a broad selection of jobs of the professionals into account. They were lawyers, psychologists/psychotherapists, social workers or activists working in different Italian regions with different areas of expertise – ranging from LGBTIQA issues, GBV in general or GBV against LBT.

In relation to the type of service, the Spanish partner SURT, makes a methodological and theoretical distinction between GBV services that address women and between LGBTIQA information and

violence attention services. In practice though, the distinction is not that clear cut. General GBV services that might originally address women only – and by that meaning cis women only – might already have a lot of trans women or non-binary (etc.) visitors that do not make themselves distinctly visible. The German partner organisation talked to two professionals working on intersex issues, a topic that is mostly recognised as a big blind spot for many professionals. A lack of knowledge – which would have to stem from the community (intersex organisations) itself – is widely acknowledged. The "I" in LGBTIQA is too often forgotten. Professionals should – but often do not – know how to adequately support intersex people. This is why cooperation, sharing knowledge and knowing whereto counseled people can be referred is crucial.

Since no person explicitly categorised themselves as intersex, it will not be possible to derive useful information from the interviews into the guide that is to be written.

4   Theoretical and Methodological Principles of Services

The purpose of the following chapter is to illustrate how the existent services work. This includes both the services that LGBTIQA people affected by GBV visited and the ones where the interviewed professionals work. To compare the quality of the different services locally and transnationally the illustration will focus on the following subjects. The main topic is, whether gender and sexual diversity are central elements in the actions of the services. Also, to grasp the topic in its details, the survey asked about the services' definitions of violence. Then the report will depict the ways in which the services work, and finally, the peer-to-peer approach and its application will be compared.

4.1   Are Gender and Sexual Diversity Central Elements in Actions?

For most of the partnering project members this question can only be answered twofold. The German partner, Dissens, mostly interviewed professionals working at queer or LGBTIQA services. Here the answer is clear. All of the services have gender and/or sexual orientation as a central element of their actions, yet in different ways. Ranging from specific services for adults affected by GBV to a service dedicated to LGBTIQA youth. Except for the service focusing on adult people affected by sexualised violence, every single one works for the whole LGBTIQA spectrum and its issues. The specialised anti-GBV service for adults focused exclusively on the target group of adult cis hetero women, though "allowing" trans women to use the service. Whether this might be an implicit welcome or rather a kind of "tolerance" remains debatable.

Three of the project members answer the question of this paragraph with a "yes, but". SURT differentiates between three types of services, namely general LGBTIQA services, GBV attention services and services against discrimination and LGBTIQA-phobia. Whereas all of them unify by taking gender and sexual diversity into account the problem rather lies in the intersection of gender and sexual orientation and GBV. The GBV attention services mainly address and reach hetero cis women with their core concept of empowerment. In their practice they clearly lack knowledge of LGBTIQA realities. On the other hand, services dedicated against LGBTIQA-phobia and discrimination against LGBTIQA people mainly concentrate on the issue around reparative justice. They engage in the legal paradigm, without zooming in on the empowerment of people affected by violence, but rather in data collecting and statistics. SURT recaps that it remains to be more profoundly explored how a feminist approach could be articulated in that practice. KMOP, the Greek partner organisation, makes a distinction between professionals working at organisations and those experts working individually. While all of the organisations claim gender and sexual diversity to be

central elements in their actions, the individually working experts do not see these issues as vital in their work stating that they treat all people the same way. Differenza Donna portrays a similar picture compared to Spain. Here, there are services run by government that mainly encourage people affected by GBV to report hate crimes and stress the collection of data to fight the issue of underreporting of crimes. Services run by civil service organisations (CSOs), on the other hand, refer to the Istanbul Convention, are dedicated to hetero cis women. Services for LGBTIQA with a focus on GBV are still scarce or completely missing. Finally, Háttér Society positions itself on the side of the spectrum with the highest need for catching up. Gender and sexual diversity are not central elements in any actions, trainings or services provided by school psychologists and social workers working with students. There is a clear division set by professionals and a separate treatment of GBV (supposedly only affecting girls) on the one hand and LGBTIQA issues on the other. Yet, most of them clearly see a connection between GBV and so-called bias-motivated violence and bullying in the interviews.

4.2   Definitions of Violence

Since it is crucial to have a proper definition of violence or GBV to tackle issues revolving around it, this chapter focuses on common and country-specific definitions of forms of violence that emerged from the research. In general, most of the services and professionals have a broad understanding of violence including structural violence like the "hetero-cis-patriarchal system". However, clear definitions do not exist comprehensively in written form, either as internal documents or published and made accessible to people. SURT specifies that the interviewed services base their vision of GBV as rooted in hegemonic masculinity that is understood as a violent way of performing gender. This wider view on violence broadens the framework of intervention practice at attention and support services that were traditionally addressed to hetero cis women. Although the definitions and terms used by the services in Spain vary, they are broader than the legal definition given by the Istanbul Convention for instance. This leads to tensions between the operating legal framework in Spain and the theoretical and methodological frameworks of the services. Concluding, SURT states that there is one challenge all services have to cope with: How to articulate their theoretical principles in consented methodologies and how to specify what a wide definition of GBV means and how that in turn affects their professional practice.

Differenza Donna reveals that only two out of ten interviewed professionals provided a definition of GBV referring to the Italian National Action Plan on violence against women, also the one included in the Istanbul Convention. None of the other respondents were able to identify any specific definition or refer to any international human rights instruments, mechanism or treaties. They see this result as possible outcome of the current state of affairs in Italy, where a majority of the existing available services is provided by volunteers who often have no specialised training on GBV and related issues.

In one instance, the interviewee stated that, given the lack of specific knowledge on the phenomenon of GBV, the people affected by GBV had been referred to other, more specialised service providers. Differenza Donna sums up that the majority of the general public lacks awareness and information on the issue of GBV against LGBTIQA people, and thus, often does not recognise its symptoms and manifestations. Raising awareness and providing more information, both among professionals and the general public, is necessary.

The definitions of violence of the Hungarian interviewees were split. The experts talked about GBV directed at young women and girls as sexual violence, harassment, degrading remarks, and intimate partner violence, among others. GBV against LGBTIQA was declared as bias-motivated bullying based on their gender identity, gender expression and/or sexual orientation as well as sexual violence and intimate partner violence affecting LGBTIQA youth.

The Greek partner KMOP revealed that some organisations use the European women-centred definition for GBV, inspired by or based on the Istanbul Convention. Others give their own definitions that usually associate GBV with gender and sexual orientation. Furthermore, the majority agreed that the needs of LGBTIQA people affected by GBV differ from the needs of hetero cis women affected by such violence, as this form has itself different characteristics. That is: such violence towards the community is based on homo-, bi- and transphobia. An important issue KMOP mentions is that of invisibility or minimisation: As violence against hetero cis women is more easily identified and understood, they as a group are also more likely to receive better treatment, also from the public, the media etc. LGBTIQA affected by GBV on the other hand, may not perceive themselves as affected by violence, or may be unable to define and understand their own needs. As one professional explained: "[…] It might include a part of internalised homophobia or transphobia. But also, if someone is part of a population that constantly undergoes many forms of discrimination, including violence, cannot integrate all of them because they will not be functional. Therefore, from one point they accept this situation and continue their life."

Out of the German interviewees, two organisation representatives mention definitions of violence on their website for people to know about what they will encounter, the others say that they have a broad understanding of violence, encompassing structural sorts of violence.

Apart from making LGBTIQA people who are affected by GBV invisible or minimising their struggles, another painful practice is possibly restraining awareness-raising campaigns. Homophobic and patriarchal perceptions still prevail in society, which leads to people adopting the view that LGBTIQA people themselves cause the violence they have to endure. This strategy of victim blaming also poses a political tool to downplay LGBTIQA issues.

4.3　　Quality Criteria: How do Services Work?

The investigated services in this project differ in whom they address or imagine as visitors to be counseled. The aim of this paragraph is to find common and distinctive factors in their work. In Spain, many local support services for LGBTIQA are part of gender equality departments. Differences between GBV attention services and LGBTIQA services against discrimination and LGBTIQA-phobia appear in the practice, as they are also conceptually designed in different ways. Whereas the first one operates within a women-centred approach towards GBV, the latter one focuses pretty much on reparative justice, as depicted in paragraph 3.1. This might be a core problem, not only in Spain. Strict criteria of the services or the lack of training of professionals have been referred to as possible factors that hinder the adaption of an intersectional view: A view where the aforementioned superficial division of gender and experienced violence can no longer be kept up, theoretically as well as in professional practice.

In Hungary, targeted services were school-based psychologists and social workers working either in schools or organising programs for students in family service centers. There, they mostly work as psychological advisors with individuals but they also hold groups and trainings for teachers, and regularly consult with teachers. The professionals talked about the importance of prevention and holding groups. Some hold community-building groups that help participants to know more about one another and discuss social exclusion and hate. Háttér Society concluded that services and actions aiming at prevention seem fragmented and not really coordinated. In a given institution, it depends on school psychologists whether they only provide individual counseling or also hold groups for students and teachers. This individualises social problems. The more school psychologists are trained to work on these issues and have the chance to reflect upon and develop their methodology, the more students they can reach out to. Although it should not make a difference whether one is interested in participating in such a training or not. With properly implemented laws they should be compulsory.

Other services in all five countries include helplines, direct anonymous counseling – with or without prior notice – face-to-face or via phone. A lot of services offer groups, lectures or discussions. Mostly they are addressed to LGBTIQA people, their families, educators and other professionals that interact or cooperate with people of the community. They provide medical services, consulting and psycho-social counseling or legal support. Some also address LGBTIQA migrants. Others provide victimisation certificates, which can be used in the Asylum Service or an asylum interview. Sometimes accommodation and food for LGBTIQA in need is made available. Specific services record incidents of discrimination, whereas others spread information regarding HIV and sexually transmitted diseases and also offer free testing on some. House and job placement are also vital points for some services.

Experts in the field in Greece criticise that the existent referral system is either not official or not strong enough. Even though there is no official referral system, organisations direct people to the relevant NGOs, in case their needs are not covered in their own service. If there was an official referral system, the circulation of crucial information would be faster and more effective. On top of that, networking would be made accessible much easier.

Another key factor is social empowerment. Dissens points out that all organisations that were interviewed work in a depathologising manner. In short, people are not different per se, but made different and treated as different by society. Half of the interviewed professionals see the roots of psychological problems in living in a minority position. Due to structural discrimination, this can lead to and cause so-called minority stress. Each interviewed organisation there considers an intersectional approach to be the best. As critical points experts in Germany report a crucial need for professionalism. Repeatedly, LGBTIQA have to waste their time by educating the counselors themselves about LGBTIQA-specific issues – time that finally comes off of the period in which the actual GVB is discussed.

Across all five countries nearly all interviewed professionals regarded their visitors as "experts on their own cause" which is linked to a specific working principle that is widespread in the LGBTIQA community: the peer-to-peer approach. Self-empowerment is at the forefront which we will see in the next paragraph.

4.4   Peer-to-peer Support: A Special Working Principle

Another working paradigm that is quite widespread and without an exception acclaimed by LGBTIQA and experts is the "peer-to-peer" approach. Some also use the term "community-based". In short, a peer is someone who is similar to yourself. But an expert and a help-seeking person do not have to be exactly similar as far as the discrimination they face goes, but they should belong to the same community in a certain way, as a form of relatability. All of the investigated services in Germany work more or less according to this principle. The aim is to bring people together who are as similar as possible to empower each other and come together to fight for one common cause. The national reports show that peer-to-peer support is widely accepted and implemented in Italy, Greece, and Germany. Háttér Society claims that it is basically non-existent in the Hungarian school system. However, the comparison between students facing bullying at school and adults attending a counseling center might not be on the same level. One Hungarian expert states that coming out as gay as a psychologist working in a school, made his work really difficult because his opinions were being labeled as distorted, because of him being gay himself. This is an example of how and why trying to

work peer-to-peer can go wrong. However in Germany (Berlin) it is becoming more common to have a contact person for gender and sexual diversity in schools. This is, if available, a LGBTIQA teacher.

Under the term of "inclusive and innovative work teams", the Spanish project partner describes that a more challenging but also enriching practice would be that the LGBTIQA affected by GBV can become volunteers or even part of the professional team, thus blurring the line between professionals and the people affected by GBV for a more egalitarian relation, thus implicitly giving a definition for peer-based work. Critical points towards that paradigm are also mentioned. A Greek expert warns that "experts may identify themselves with a case or get competitive […] since most of them are also victims of discrimination". Own experiences of violence or being LGBTIQA itself is not sufficient. A transparent approach and knowing one's boundaries and having reflected upon one's experiences is, of course, crucial in a fruitful community-based approach. Because of the ongoing stigma and pathologisation, the public can presume that there are no experts inside the group. The community is given a voice if more possibilities arise to work peer-to-peer.

5 LGBTIQA Going Through Forms of Violence

5.1 Types of Violence Reported in Services

The services report an overall broad spectrum of violence with no area remaining untouched, be it in intimate partnerships or family contexts, in the workplace, at school, in the street or within the health care system. Every person brings with them many violent situations/positions, especially LGBTIQA whose identities entail being transgender, intersex, people of color (PoCs) and/or disabled. Many of them experience violence on a daily basis. Those individuals are also less likely to seek help from the services at all. This leads to the individualisation of problems, which is a big issue and a crucial reality within oppressed groups. Certain consequences of social structures become individual problems, e.g. through being treated as mental illnesses, and thus invisible to the services. Many organisations report that massive violence takes place in childhood and within relationships. These forms of violence seem to be even more taboo for LGBTIQA than for hetero cis individuals. Due to common stereotypes and misconceptions, if the perpetrator is not a cis man in partnerships, services tend to not believe the person affected by violence and/or not give proper support.

Also, certain stereotypes reproduce violence and even lead to people being retraumatised. The claim that people only identify as LGBTIQA because they have experienced massive violence in childhood, reverses causes and effects. It also stigmatises the whole LGBTIQA community as being based on being affected by violence. Many LGBTIQA are not sensitive as to where violence begins. Only very massive violence and discrimination is perceived as such. Internalised societal LGBTIQA-phobia and not being taken seriously leads to a widespread normalisation of violence.

Many LGBTIQA people are affected by sexual violence. They are a target because the perpetrators perceive them as LGBTIQA. Whether it is corrective rape or the exploitation of seeming trust, violence often felt like a normalisation on a gender level.

Most organisations also paid attention to consequences of structural discrimination, for example homelessness, stereotypical portrayals, permanent situations of exclusion (like gendered toilets). Most LGBTIQA experience microaggressions on a daily basis. As to interpersonal violence, services report discrimination within partnerships or coming from family members. The threat of being outed without consent is widespread. Traditional and/or religious families can pose a threat.

Community violence is reflected in bullying, fights or sexual harassment, whether it is within the educational setting, at work or in public space. "Public space", here, means both the streets and public services. Housing is a problematic issue. Access to housing is difficult. Mainly trans women are affected by violence among roommates or in shelters.

Another form of community violence becomes apparent when LGBTIQA people choose not to come out of the closet within their community. This leads to social isolation and the lack of connections within the community. At the workplace or the labor market in general, trans women once again pose a specific vulnerable group. Often they are made invisible and their access to jobs is severely precarious. Having a job, on the other hand, is sometimes connected with abuse exerted by their bosses and colleagues.

The services also name institutional violence expressed directly against particular people affected by GBV. Mentioned is structural violence expressed by individuals and groups or indirectly against entire groups of people by existing policies and procedures. Within the health care system especially trans women are more likely to suffer violence prior to changing their names. Both transgender minors and other transgender people without access to official treatment are being discriminated against.

Structural violence is often related to migration, refuge and asylum seeking. If services include LGBTIQA refugees in the discussion, multiple vulnerabilities are found. Often paternalistic practices in the process of the asylum application prevail or are being made invisible through so-called "welcoming societies". Professionals working at the "intersection" of LGBTIQA communities and migration claim that there is a certain tendency to normalise violence associated with migration processes. They attribute this to a prevalent cultural deterministic perspective. People that are (factually or perceived to be) part of a specific culture are seen as "violent" or as belonging to a culture that normalises violence. There is the idea of violence as a way of survival for people with backgrounds of long-lasting and rampant exclusion and discrimination. A seemingly vicious cycle that experts falsely perceive to be a cultural, not a societal problem.

Within the legal and penitentiary system, many trans women are imprisoned in male modules. This factor is unbearable. Also, the access to prisons in order to help incarcerated LGBTIQA is mostly nonexistent.

Services report cases of forced marriages or sexual exploitation as form of criminal violence. Some services refer to violence layers to account for its multifactoriality. Within this paradigm, trans women accumulate the most layers of violence.

To conclude, experts identify certain specific vulnerable phases. Violence increases significantly when women – cis or trans – come out as being lesbian.

5.2   Types of Violence Experienced by LGBTIQA

LGBTIQA also report a broad spectrum of violence within their interviews. People have negative everyday experiences. Yet, not all of them are perceived as bad enough to consider counseling or

seeking help because of them. This has nothing to do with the seemingly small instances of violence, but with the normalisation of violence. Like the service staff, LGBTIQA claim to have internalised societal LGBTIQA-phobia. Minors report of the fear to come out as LGBTIQA because of bullying and social exclusion.

Intimate partner violence is also mentioned, as well as violence within the families of origin. There is a prevalent fear of being rejected by their parents because of coming out as LGBTIQA.

For transgender people, for example, there are medical and legal regulations of transitioning within the health care system, which are very painful and pose violent obstacles. People need to be pathologised and have a certain diagnose before they are coerced to a forced therapy. This is the beginning process of transitioning. Many LGBTIQA cannot properly take care of their traumatising consequences of sexualised violence. They are afraid that having an additional, official diagnosis (PTSD) this will prevent their transition. Another aspect within health care is the violence in relation to reproductive rights by same-sex couples. Their access to monetary benefits in the field of reproduction is significantly smaller and often they are not even welcomed in the clinics even if they pay privately.

Because violence of any form is perceived to be always present in the back of their minds, many report that they have to think about how to deal with a situation before it happens. This constant need to be attentive is very stressful and the mental load poses a psychological form of violence.

Sexualised violence is often a form of punishment for deviating from traditional gender roles, whether its being corrective rape or abuse within an intimate relationship.

As of interpersonal violence, some report self-violence as a result of internalised LGBTIQA-phobia. Next to intimate-partner violence, family violence is very common. Most of the violence exerted by female family members is more social and psychological than physical, although not less harming. Examples are the refusal to use the chosen name or pronoun of a person, the rejection and distancing of the family when the person is "out", or the threat to out the person to members of the extended family. Many reported that their parents were unable to understand their preferences and generally disapproved of them.

Within the community or public sphere, there is much bullying and verbal street violence initiated by strangers. Finding a home poses a serious difficulty as well as the working conditions within the labor market or problems with employability. Some trans women affected by GBV refer to sexual exploitation both in the country of origin and in a host country. Last but not least, police brutality is named as a specific form of perceived violence.

5.3   Experiences and Opinions of LGBTIQA People about the Support Received

The experiences and opinions vary greatly. A big group in Greece, seemed to be satisfied with the services to which they were directed. The organisations were perceived as supportive and to have helped them understand themselves and create a more supportive context. LGBTIQA recommended for more people to contact these services, in order to be supported and to feel part of an inclusive environment.

In Spain, the support services and most of the experiences at public health care were also mostly considered good, but with a significant difference between the generalist services and the specialised ones. Overall, the majority of the interviewees attending LGBTIQA services agreed that they have received helpful assistance and orientation in a warm environment, where they have felt understood and accompanied, never judged. Some of them even express their gratefulness to the exceptional reparative and empowering process in which they have been involved thanks to these services and the professionals working on them. Regardless the reason of consultation, professionals show a deep interest beyond the specific query. SURT finds negative experiences mostly within public social services. There, LGBTIQA face less sensitivity and knowledge of sexual and gender diversity.

Some LGBTIQA interviewees in Hungary report that no support services were available at their schools. If available, they mostly talked about the deficiencies of the service. Being faced with empathy but without really helping out is a big factor. On the other hand, several people stated that empathetic school psychologist can indeed be very helpful, even if they are not at all trained about the needs of LGBTIQA students: "She did not know much about LGBTIQA issues, she asked a lot, but you know, that felt good. The very fact that she asked questions". Others felt supported by organisations outside the school, like organisations that were invited to hold school programs.

The interviewees from Germany reported to need several attempts to find support and a half of the interviewed never actually addressed a counseling center because they were afraid of further discrimination. Positive experiences entail the possibility to remain silent during individual counseling sessions. Also, that the consultant repeated basic principles over and over again leaving the person in a state of respectful self-determination. For many interviewees being trans in a peer-to-peer counseling center felt like something "normal", something that did not have to be explained. A certain empathic attitude was perceived to compensate for the lack of specialist LGBTIQA knowledge. It was central for others to be in the counseling, as a human being and not as a specific gender. This is in line with the view that some LGBTIQA uphold. That is, they think, gender should not always be seen as a central element. Not every experience and every reaction should be seen in the context of the person's gender. The issue here is also that often the same behavior is judged

differently depending on the actual or perceived gender of a person. Interviewees found it essential to understand and hear from the counselors that they had no own responsibility for the violence they (have) face(d). The topic of empowerment also arises. Some LGBTIQA people report that one important point of counseling is, that one is not incapable of action even in the face of structural violence. One interviewee is an activist against street violence because the person felt empowered by the counselor/s.

On the negative side, many of the interviewed German LGBTIQA claim that the service center did not know many narratives for transgender people and lacked specific expertise on the complex of trans and trauma. Since it is very difficult to transition when there is a trauma-related diagnosis, they sought help. Sadly, neither a violence counseling center nor a trans counseling center knew about that. Because some unsensitised experts interpret transness as a result of violence that needs to be healed, some LGBTIQA people feel that they must show gratitude for the fact that a not-peer-counselor accepts their queer perspectives without pathologising or trying to "correct" them. Because many have made experiences with patronising and pathologising therapists, they seek for low-level counseling, to finally speak at eye level without a specifically defined hierarchical relationship. Overall, many interviewees claim that they feel left alone in the counseling process because they keep specific topics a secret, for example being transgender, because they fear to be retraumatised. This behavior can prevent therapeutic effects. In general, most people criticise the apparent distinction between anti-discrimination counseling centers for LGBTIQA and anti-violence centers for cis people.

Italian LGBTIQA extensively defined the peer-to-peer model as an effective and positive working method. However, as LGBTIQA are not isolated from the rest of the people, there is a strong wish that all people irrespective of their gender should welcome and be willing to help LGBTIQA s of GBV. The responsibility has to be shared. Differenza Donna's main research subjects were female same-sex couples and their experiences of intimate-partner violence. Most interviewees agree that there is an unwillingness on the part of the LGBTIQA community itself to openly acknowledge and speak up about the issue of intimate-partner violence. This is motivated by the fact that they want to focus on presenting a united front against "outsiders". They are concerned about giving LGBTIQA relationships a negative characterisation which could in turn be used by conservative and right-wing politicians in order to work against LGBTIQA rights.

6 Deficits and Proposals for Improvement

Following the description of the forms of violence LGBTIQA face, numerous deficits became apparent. Most of the interviewees also had proposals for improvement so that a wide picture of constructive criticism emerges. To allow for a diverse perspective the chapter will be split into what the services think and what LGBTIQA visitors believe.

6.1 What the Services Think

Not Enough Services

Most of the interviewed organisations diagnose a shortness of services. Also, many of the available places seem to be merely first contact points without follow-up services. This clearly does not reflect people's needs towards help or counseling. Another controversial aspect is, whether forms of violence should be addressed by particular organisations. There are requests for separating issues but there is also a certain desire to connect and network throughout services. Whereas a clear distinction between the topics of the services could lead to a higher degree of professionalism, there are also negative outcomes. Different organisations would compete for monetary resources that are already scarce and the more visible a service, the likely it would get support.

Prevention

The aspect of prevention vs. the limitation of damage can be seen as derailing in this discussion, since it is not on topic. Nevertheless it is worth mentioning because it has been referred to frequently. Also, some services already provide brochures to sensitise and empower the youth. The Greek partner concludes that sex education and gender issues should be part of the national educational curriculum. This way acceptance, respect and tolerance towards diversity could be promoted, possibly leading to a more liberal society and thus having positive effects on the rates of GBV.

Intersectionality

As mentioned before, most centers provide single issue counseling. A three-dimensional view is missing here, though. Intersectionality is important because violence against LGBTIQA people might surface as racist, classist, and/or ableist discrimination. It might be a fashionable buzzword, as SURT puts it, but the complexity of different forms of oppression and privileges should always be integrated. Often only specific help against one type of problem does not lead to long lasting or permanent solutions. There should be a debate whether it is fruitful to sensitise all services comprehensively or if there should be "safer spaces" for experts/s/people of the community affected by multiple forms of oppression, such as for Black or LGBTIQA of Color.

Opening Gates for Transgender People

There is the strong wish for facilities and services that were – explicitly or implicitly – originally addressed to hetero cis women to open their gates for trans , trans women, inter and non-binary people

and many more. Though some can already be visited or used by other genders, LGBTIQA and experts reveal that there are some pseudo openings when in fact they are not able or willing to open their gates for „new" clientele. Not being explicitly addressed and only partially tolerated is another form of violence LGBTIQA face. As a group they are made invisible and left behind.

Representation

The question of "who speaks to whom" also emerged. Services with only one trans counselor cannot meet the needs of every trans LGBI person or any other that wishes to be represented by their counselor. This is not or not only a question of preferences. Since the connection is crucial for the counseling quality, being seen as represented among the staff members is one of the important quality criteria. Though it is not of any importance to play authenticity off against expertise, the best solution would be a broad range of service staff with different gender identities (and other intersections) combined with a full set of expertise around GBV.

Peer-to-peer

An approach that is partly already implemented in some services seems to missing in others and therefor proposed. Breaking off the strict boundaries of experts versus affected LGBTIQA gives space to fruitful, lesser hierarchical interventions. If only non-affected experts talk about the presumed needs of certain groups this can lead to pathologising and victimising them. Something already widely used in the past, which has led to stigmata, marginalisation and discrimination. The key here is "nothing about us, without us!" Some interviewees welcome the chance for s that formerly attended the services to become volunteers or even part of the professional team. This would blur the lines of expertise in a productive way and pave the way for a more egalitarian relation.

Monetary and Human Resources

The quality and availability of services can be seriously deteriorated by something that is not in the hands of the services: the budget. Almost all of the interviewed organisations have problems regarding monetary issues and human resources. For example, services available in Italy are mostly run by volunteers. In order to improve the service, more economic and human resources are needed. Existing trainings are fundamentally important. If there are no financial resources to support any participation in the programs, they are, however, of no use. Interviewees state that it seems impossible to attend such seminars due to the high workload in the services. Before any further education or trainings are available, existing personnel resources of the organisations should be taken into account.

Psychotherapy, Diagnoses and Transitioning

Low-level counseling is a very helpful tool for short-term interventions, to begin to work on traumas or start healing processes. Since most of the services are either first contact points without follow-up services or have limited temporal resources, many people affected by GBV also want to engage in psychotherapy. Not few LGBTIQA need trauma therapy but places are scarce. For people who plan

to transition, therapy reflects a potential double-edged issue. They expose themselves to the risk of losing the important diagnosis of gender dysphoria, which is a prerequisite for further processes of transitioning legally. The chances for transitioning drop with every additional diagnosis by a therapist. People report to either delay specific topics in their therapeutic processes or they completely avoid certain topics, thereby risking further trauma.

General Visibility and Awareness of GBV

LGBTIQA affected by GBV are not easily recognised as such not only by the experts, but also by themselves. This has nothing to do with looks or the like, but rather with the fact that many LGBTIQA affected of GBV do not report acts of violence because they do not perceive them as violence. This has also nothing to do with the severity of the crimes. Mostly they state that violence of any kind permeates their daily live so intensely that that it becomes invisible. The strategy of victim blaming and internalised LGBTIQA-phobia can also lead to the impression that one is the cause for one owns suffering. Through awareness-raising campaigns LGBTIQA and the general public can be sensitised for this topic. The trope about what GBV is and whom it affects influences the dissemination campaigns. Some experts claim that a narrow understanding of GBV excludes specific groups of women and LGBTIQA people from the services. It is essential to look wide, to develop specific dissemination campaigns to outreach the citizenship while helping creating new imaginary. Imaginary beyond the one of a hetero, able-bodied, white cis woman that was abused by the hetero able-bodied cis man.

The legal visibility is also missing. Though there are existing laws to protect against GBV, most experts without a legal profession do not fully comprehend the current legislation regarding LGBTIQA people's rights.

Specific Forms of GBV: Intimate-Partner Violence and Lesbophobia

As of specific forms of violence SURT cautions to consider the impact of lesbophobia. They found that less lesbian women come to the LGBTIQA services. Still they conclude that the impact of lesbophobia is not lower but it might be operating in more subtle ways. Differenza Donna found that the most common forms of violence within lesbian couples are harassment and psychological violence. This group may face additional challenges related to their isolation, the lack of a support network, coming out issues, and multiple forms of discrimination adding up and based on their gender and sexual orientation. Even though not widely recognised, intimate-partner violence exists within the LGBTIQA community as well. Since there are certain stereotypes LGBTIQA already face, the burden is higher to report GBV within close relationships. This feeds on the mentality "what happens in the community, stays in the community." The avoidance of outing a person or making "the community" lose its face, leads to under-reporting. It is absolutely essential to stop this vicious cycle.

Networking

The wish for networking, locally or internationally, frequently turns up. Most services lack an official referral network. Organisations need to know what services are provided by others and where a LGBTIQA person affected by GBV can be referred to. The majority wants a coordinated and cooperative network and the adoption of an integrated approach between different services appear to be essential to work effectively. On a bigger scale some experts working in the field desire to be trained on practices used by other – EU or not – organisations and exchange opinions, views and experiences. They want to get to know and apply effective working models and good practices e.g. from abroad (like an anonymous post box in the case of Háttér Society).

Professionals' Attitudes

An important issue is the attitude and approach of the experts. Services need to accept LGBTIQA realities and work with them without trying to change them or even questioning the realities. As every human being LGBTIQA also want to be taken seriously and not being stylised as exotic. Pathologising non-normative forms of life or individualising problems need to be reflected on the experts' side. Attitudes and working methods need to be transparent for users of the services. Unfortunately, support services are no safe spaces without discrimination. Common stereotypes, like the trans narrative of "being in the wrong body" are frequently reproduced if experts are not sensitised on the topic. Trying or willing to help is not the only prerequisite for actually being of help. It is not an attitude to not know what genital mutilation for intersex people is. Fundamental knowledge with regard to GBV and LGBTIQA issues needs to be mixed with an emphatic, human attitude on eye level.

Accessibility

Additionally, interviewees state that for a better accessibility of the services, the digital realm needs to be improved, to reach more people. Especially the interviewed German experts emphasize that it is important to have digital offers. In two out of three interviews experts say that services must offer support via telephone, e-mail or chat. Three of the interviewed German organisations receive inquiries from all over Germany in this way. They think that this should be expanded, since it is not possible to have a special counselling centre for all conceivable topics in every district. Digital services would also improve the accessibility for minors: Many reports of deficits evolve around being an LGBTIQA minor. Services also need to be trained in questions concerning transitioning/being LGBTIQA when under age.

Training Recipients

In conclusion, the question arises whether training queer counseling centers about forms of GBV might in theory be easier than training and sensitising violence-related support centers for the issues of LGBTIQA.

6.2   What the Interviewed LGBTIQA Think

LGBTIQA visitors of the services also report deficits and give punctual proposals for improving certain issues.

Professionals' Attitudes and Knowledge

The attitude and approach of the experts is also, of course, fundamental for the interviewed LGBTIQA. They wish to be treated with more openness. When faced with experts that seem to lack knowledge about LGBTIQA issues, most feel like they need to work harder to move the topic away from where the counselor thinks it should go, to where they actually need help. There is no need in professionals trying to change them or even questioning their realities. As mentioned in 5.1. even support services under the umbrella term anti-violence or anti-discrimination are no safe spaces without discrimination. Many LGBTIQA criticise that they cannot address a mainstream service without doing educational work there prior to getting help, unfortunately. They face the reproduction of common stereotypes, like the narrative of "only men can be perpetrators". Knowledge about structural violence and trauma seem to be scarce.

Low-level Contact and Safe Points

Some wish to have the possibility to get to know the counselors before the actual counseling begins. This could be managed by offering drop-in hours or a very low-threshold first contact. Brunches or picnics organised by the services on a regular basis can open the gates for certain groups of people and reduce certain obstacles to even out themselves as s of GBV. LGBTIQA in school contexts find missing safe points at schools inadequate. Teachers or other staff to whom they could turn to if they want to talk about GBV and bias-motivated school bullying are essential. On the one hand they represent a visibility on the topic. On the other hand, to know that cases of being discriminated against are so important that the school offers specific help, raises awareness on the topic and can ultimately lead to a higher sensitivity to discriminations based on different grounds.

7 Opinions about the Political and Legislative Frameworks

There are already existing but also missing legal frameworks to protect LGBTIQA affected by GBV or at least protocols to report instances of violence. This chapter focuses on the opinions of services and LGBTIQA about the current political and legislative frameworks.

Some Achievements

The Greek partner mentions that several provisions were passed, including gender recognition, which allows transgender people to change their legal gender freely without undergoing any medical interventions. Positive changes also include the civil partnership of same-sex couples and the permission of child fostering by same-sex couples.

Existing Laws

The **Greek** partner argues that there are reasonable doubts about the practical use of existing laws. Although common law comprises of provisions protecting citizens' rights, including LGBTIQA, it does not refer specifically to them. The continuous lack of punishment may lead to insecurities and cultivate the perception that discrimination will continue to exist. Thus, this intensifies a feeling of institutional discrimination and it might affect people's health as well, both physical and psychological. The awareness is also an issue. Experts working individually and some other participants did not recall or were not aware of any laws or provisions protecting LGBTIQA people from GBV. Many lawyers and judges that do not work in the field, are not familiar with these provisions, leading to the provisions not being used that often. In general, the public is not aware of the existence of these provisions.

The **Italian** project member also shares that Italian legislation and policies are not adequate to prevent discrimination and violence against LGBTIQA people nor to protect them and their rights. They state that the policy and legal framework do not take LGBTIQA people into account and do not identify them as right-holders.

The **German** partner demands 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, that is, to have the power to decide fully over their transitions instead of psychiatrists deciding. And equal rights for intersex people, for instance with regard to waiting until a child can decide before doing any surgeries.

National Agendas

The **German** project partner identifies an urgent need of national agendas against GBV that are also given the necessary resources. There, not only straight cis women should be addressed, but instead LGBTIQA people should be explicitly mentioned and cared for. According to the Italian respondents,

institutional attitudes and approaches differ when addressing GBV against women and GBV against LGBTIQA people. There is a big gap to be filled.

Conforming with Human Rights
Nearly all professionals interviewed by **Dissens** demands making inter, trans, non-binary legislation in health and ID-related laws conform to human rights. This means ending genital mutilations of intersex people or giving minors more rights, e.g. help them transition if their parents are not supportive. They also demand equal childcare and adoption rights for LGBTIQA and queer constellations of parenting and granted access to care for trans people in general but especially non-binary people after sexualised violence must be given.

Better Training or Training at all
All partnering projects agree that a professionalisation regarding LGBTIQA issues needs to be done. The **Spanish** partner adds that training in applied tools and competences is even more urgent and that there are huge mistakes in the terminology during some trainings. In **Germany,** many services said the state and its authorities should have a better conception (or any conception at all) of LGBTIQA 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 LGBTIQA people. This specifically includes police and similar authorities, as most marginalised people hesitate greatly to contact them, for fear of further discrimination.

Neo-fascist or Right-wing Politics
One **Italian** interviewee stated that the shared oppression LGBTIQA people face, further exacerbated by the current socio-political climate in Italy, constitutes a challenge to identify and diversify the different forms of discrimination and violence. Under evolving right-wing political views LGBTIQA and experts working with them fear of losing already achieved goals and steps instead of improving their situation.

The **Hungarian** partner also raises concerns regarding the recent strengthening of right wing politics. People there are concerned about a stronger state control over schools, and teachers. Principals are afraid of accusations of being "too liberal". This leads to difficulties in inviting civil service organisations (CSOs) into state schools, since it is not the director who decides, but a governmental authority controlling schools.

Reporting Violence – Collecting Data
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, in **Germany** for example, 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.

Resources and Areas of Responsibilities

Háttér Society criticises that legislation and social reality are not in line. There are missing links between theory and practice. "Things are really not thought over" is one quote illustrating that fact. Crucial monetary and personnel resources are missing. Social workers or school psychologists have to work in different settings at the same time. They have to work in nurseries, elementary and secondary schools, too, so they will commute between two or three institutions, not being able to really work properly. Often, there is one person for 1000 students with very limited space.

Dissens reports that Germany's authorities leave almost all the LGBTIQA 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. In some cases NGOs are hardly being heard or completely left out of the processes of legislative change.

Some participants interviewed by **SURT** point out that file reporting is so time consuming that the process of supporting the s is forgotten. Due to a lack of human and economic resources, professionals attending at the women's information and GBV attention services are the same. People that may lack the knowledge and specialisation on LGBT issues.

Specific Focuses

KMOP demands legal frameworks to include separate provisions for each form of violence triggered by sexual orientation and gender identity. Whether it is domestic, public, verbal, physical, psychological or something else.

8   Training Needs for Professionals

This chapter focuses on training needs that emerged from the interview processes of each of the respective partner projects. Most of the issues pointed out are similar in each of the countries. Therefore, key needs are portrayed in a list of 13 focal points:

1. Reflecting Attitudes

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. When faced with people who challenge certain basic norms about sex, gender or sexuality, most (privileged) counselors 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:

- 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 behavior, for example a counselors' own normative behavior?

2. Specialised Knowledge

Professionals need to know about the specificities of LGBTIQA life and issues revolving around discrimination and specific forms of violence.

- Are the concepts and definitions clear and are the services fully able to identify and distinguish GBV against LGBTIQA people vs. hetero cis women?
- Are the experts able to talk about things and even help clients if they have difficulties with naming or talking about specific issues?
- How is "being" LGBTIQA intertwined with trauma? (or intersectional multiple forms of oppression)?
- What are microaggressions and what are the following stresses and psychological strains on LGBTIQA people?
- "LGBTIQA" consists of more than 3 letters and is only an umbrella term – those trained in "some of the letters" need to know that it doesn't automatically contain the other ones and there might me more specialised knowledge waiting to be discovered.
- What are basic and specialised methods? Are defense strategies important and what about non-revictimising support methods?

- Where to look for supplement material? (Knowledge of books, websites, groups and available services for reference)

3. Visibility

Organisations and professionals need to learn how to become more visible with their programs and what exactly they entail. People live in cities with support systems they do not know about.

- What is a certain program or service really offering? And what not?
- Services have to realise: What are we trained in and where do we need more education?
- And how can we improve our visibility?
- How can services raise more awareness for GBV in the context of LGBTIQA realities?
- Do all of the services know about juridical decisions and laws to be applied?
- Is there enough data on the prevalence of bullying or the proportion of LGBTIQA people in society?

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, analyzed 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 clientele and also appeal to "new" people, e.g. non-binary folks? Or, how can services bring different clienteles together?
- What kind of change does the service want or 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 properties of violence against LGBTIQA people?

6. Dismantling Prejudice

Professionals may have discriminatory views on LGBTIQA people and issues.

- What are the mainstream or discriminatory views?
- How can they be dismantled and what needs to be (un)learned?

7. Intersectionality

Diversifying institutions needs to be done in order to fully grasp the intersections of GBV and other forms of discriminations various people face.

- Does the service adopt a decolonial feminist view or rather a euro-centric one?
- What about a required training in intercultural competencies?
- Who does the service address? Are there guides on working with LGBTIQA youth? What about the elderly with their specific needs? Is ageism a topic?
- What are the groups restrained from using the services? Does the service account for ableism in society?
- Are various identities represented among the staff of the services in terms of ethnic background, being dis/able-bodied, different gender identities, a wide range of younger and older professionals etc.

8. Making Connections Visible

Mainstream misconceptions about LGBTIQA people and issues result in bad counseling, 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 marginalisation?
- How can the services acknowledge discrimination as well as violence as being structural instead of individualising it?

9. 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 marginalise 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 marginalised people and change their behavior, learning from their past "mistakes"?

10. Legal Issues

There is a lack of qualified implementations of existing laws to protect LGBTIQA from GBV. Still, there also are working instruments to use to detect, report and protect people.

- Are the organisations trained in GBV and the forms it could take (e.g. discrimination in the workplace or in the providing services, physical abuse, humiliation)
- Are they educated on the provisions that protect these people's rights?
- Is there access to examine and analyze real cases of LGBTIQA victimisation to learn from?

11. 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?

12. Networking

Inside the community and in the services, there need to be spaces of interchange, reflection and intervision.

- Is there enough space to share different professional experiences, conceptual frameworks and methodologies?
- Who attends trainings that are non-mandatory?
- What about networking "outside the field"? It is vital for police officers, lawyers, judicial authorities, social workers, psychologists, etc. to be further educated and psychologically empowered.

13. Tangible next steps

Theoretical points and observations and findings always need to be implemented into concrete steps that need to be done.

- What is there to do after the capacity building program? In what order?
- Who will take care of what?
- There is a high fluctuation in social domain leading to deficits in knowledge transfer. How to not sensitise each service over and over again?
- Where do the necessary resources come from?
- How can the team of Look Wide provide the necessary resources?

9   Good Practices

The following chapter lists and describes existing services or organisations that have been located by each of the project partners. German ***Dissens*** mentions two counseling centers. The first one, ***Lesbenberatung***, is a Lesbian Counseling Center founded in the 1980s originally for lesbian cis women. To this day they have broadened their target group including LGBTIQA. In the 1990s they have founded an anti-violence section called ***LesMigraS*** against intersectional discrimination and violence for LGBTIQA of color, Black LGBTIQA and/or LGBTIQA with migration backgrounds. The service they provide has an especially high quality because they call many kinds of violence by their names. Forms of violence that are usually normalised and made invisible. Also, they do empowerment work addressing people of all ages, alongside with regular counseling work. The organisation's understanding of violence can be found on the homepage which is empowering and political at the same time. It makes it clear for potential users in which cases the services are available and it raises awareness for different forms of violence.

http://lesmigras.de/lesmigras-home.html

https://lesbenberatung-berlin.de/Willkommen.html

The Refugee Project of the Berlin Gay Counseling Center (***Berliner Schwulenberatung***) is also mentioned as a good example. The section offers specialised services for LGBTIQA refugees. Next to psychological counseling and legal advice, they also put a focus on health care and have opened several refugee shelters exclusively for LGBTIQA refugees. They have published awareness-raising brochures for translators and further training is provided for the employees of other shelters.

http://www.schwulenberatungberlin.de/post.php?permalink=lgbti-refugees

Differenza Donna mentions the ***Bologna helpline for women affected by GBV*** as a good practice in Italy. They sadly admit that it still remains a very isolated practice in the country, and its reach is limited due to the volunteer-based structure of the service and its resource constraints. A common problematic issue of most of the services internationally.

KMOP offers two Greek examples of good practices. To introduce the topic they want to make clear that the field of GBV against LGBTIQA can take various forms as for example "school bullying domestic violence, discrimination or violence in the workplace or any other environment, street violence, violence towards sex-workers, trafficking or violence towards refugees". On these grounds good practices need to be specified regarding the context and the form of violence. This is the position

of modular, discrete units that concentrate their work and energy on a specific form of GBV. As opposed to a more centralised approach the selective approach can put more efforts into specifically targeting one form of violence and also professionalise and sensitise experts working in the field. KMOP recommends the service of the *'11528 – By Your Side' Psychological Support Helpline*. They offer psychological support to LGBTIQA affected by violence. Another good example is the *'Tell us' project implemented by Colour Youth*. Their work ranges from providing psycho-social support, recording of violent and discriminative incidents based on gender identity, gender expression and/or sexual orientation, as well as organising trainings addressing to "doctors and psychologists that work with sexual gender-based violence victims."

SURT names one national best practice, namely the *Municipal Violence Circuit of the city of Barcelona*. They are an inter-institutional collaboration project for the extensive treatment of GBV, founded in 2001, lead by the City Council and the Health Consortium. Their work includes GBV specialised services and they network with the local police, health care primary attention centers and services for sex workers. SURT concludes that the attention in intimate-partner violence is already well consolidated, while the attention in the rest of fields referred in this law is still in process of incorporation in the Circuit. As opposed to the Greek project partner, SURT notes that a wider concept of GBV broadens who the service is addressed to and the kind of violence. Another new challenge for the circuit is the inclusion of LGBTIQA. Shelters have been traditionally thought for hetero cis women and they identify most women are not ready for "the cohabitation with men" – that is, any other identity other than cis woman. A solution for the future is the opening of a new LGBTIQA attention center. This will constitute a reference center of information and attention for the LGBTIQA community, considering their characteristics.

Háttér Society points to their cooperation with a women's organization (NANE) providing help for women and children who are victims of GBV. This organization also provides its services for women living in an abusive partnership with another woman. Háttér also mentions the organization's own research activity as a basis of preparing needs assessments and also provides them with data and arguments that they can rely on when working on advocating for LGBTIQA rights. Other programs they point to are the school program *"Getting to know LGBT people"* operated by Labrisz Lesbian Association and Szimpozion since 2000, training 10-20 new volunteers each year. These volunteers are invited by about 30 schools per year, so that they reach approximately 1000 students annually. Also, the program is often invited to Human Rights Days and health education events in schools. Another good practice is the network called the *"Diversity Education Working Group."* Its aim is to support diversity education and anti-bullying programs and activities at school. Set up in 2018 and

initiated by the Hungarian LGBT Alliance many other agencies soon joined to build a network: Amnesty International Hungary, the Network of Human Rights Educators, Haver Informal Jewish Education Foundation, Hintalovon Child Rights Foundation, Kék Vonal Child Crisis Foundation, the *"Getting to know LGBT people"* school program, the "Live Independently – Live In a Community" group formed by people living with disabilities, the UCCU Roma Informal Education Foundation and the MONDO children's rights project of the Hungarian Civil Liberties Union.

10   Conclusion

To sum up, although we find a great deal of differences in the respective countries' outcome of the research, there are also many issues that come up transnationally. Many people in the different support systems of the countries face the same problems, even if the specifics of the areas of work are not the same.

The fact that the areas the project ended up depicting in the specific countries varied from organisation to organisation shows itself as a big advantage: While we are not broadly able to transnationally compare the exact same kinds of services, we are able to gain insight into different areas in different countries sharing quite a large amount of the problems they face.

The guide and the capacity building program, which have yet to emerge from this project, should take as a starting point the basic work principles and the default ways of work. It should thus be able to offer the experts andprofessionals much to be learned from a wide range of different areas on the topic. Just as there was not a single target group that participated in the project's research, there should not be only one specific group as thetarget audience of the guide, nor of the program, but rather a general knowledge production that will be fruitful for as many domains as possible, should be the aim. We should talk about issues, basic professional attitudes, and methods of work. The positive impact of **_LOOK WIDE_** will be a big and decisive one, if we not only tackle specific areas in social work, but the general domain of social work itself.

Making the knowledge production of this project as broadly availability as we possibly can will let many social institutions profit from the work which we are assessing here. All the sub-topics arranged in chapter 7 give a good insight in the issues we will need to address in the guide and the programs.

Furthermore, a key aspect that we will need to address is the need for good financing by political agents. The vast number of voluntary workers illustrates the fact that the domain of combating GBV against LGBTIQA in general is in urgent need of better funding and general awareness, especially in order to be able to implement the findings that this project entails. We need _funded_ agendas on every level (transnationally, nationally, per district, per organisation etc.), with tangible steps to be implemented in order to improve the support structures and be able to reach out to as many LGBTIQA as possible.