



Co-funded by the Erasmus+
programme of the European Union
Project Number: 2017-1-IT01-KA202-006241



Learning Opportunities, Instruments and Investigation Techniques
to fight the growing phenomenon of MISSING PEOPLE in Europe

Guidelines

to provide unaccompanied children with aftercare services once they are found.

- Supporting LGBT victims -

Instituto Príncipe Real

Partners



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1. Introduction

It is assumed that the recipients of this guide already have a considerable set of transversal knowledge and skills of intervention in the area of domestic violence.

As it is a guide to good practice for professionals who are involved in the field and who are in direct contact with victims, this manual is characterized by the pragmatism in the language used and the focus given to the various issues. This document is an introduction to this area of intervention and research, with no pretensions of exhaustiveness, not including the depth and problematization of typical concepts of an academic work. However, some sections include bibliographical references that facilitate access to other documents by the reader interested in deepening their knowledge and skills in this area.

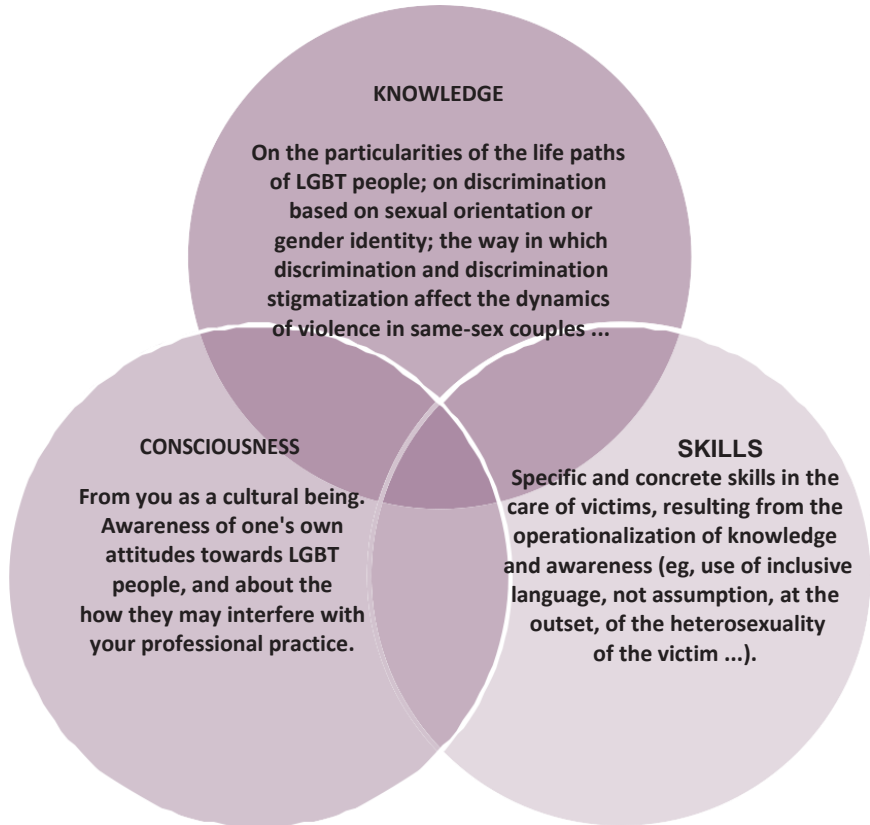
Studies on homophobia usually use attitudes towards LGBT people. These works suffer from some of the limitations of the studies on attitudes, given their individualistic character, being seen as individual evaluations, without taking into account the social sharing of these prejudices and how they anchor in representations and discourses marked by asymmetries of power that are mirrored in social institutions - that is, the existence of these prejudices in relation to homosexual persons is motivated by socially shared ideologies that pretend that this sexual orientation is seen as negative.

2. Skills for individual and cultural diversity

Care and follow-up of victims of violence belonging to minority groups, discriminated against or stigmatized (such as LGBT people), will be more effective, adequate and sensitive if practitioners manifest what the literature began by calling 'intercultural competencies' - and which more recently have been described as 'competences for individual and cultural diversity'. The three-dimensional model suggests that professionals working with LGBT victims will be more competent if they develop three distinct but interrelated dimensions:

1. **Knowledge about the specificities of LGBT people**, about discrimination based on sexual orientation and gender identity or about the particularities of domestic violence in same sex couples;
2. **Self-awareness as a cultural being** (ie, with values), that is, awareness of their own attitudes towards LGBT people and how they can influence their professional practice;
3. **Specific and concrete competencies** in the care and follow-up of victims, such as the use of inclusive language or the non-assumption that the victim is initially heterosexual.

Competence for individual and cultural diversity



Note: Adapted from Israel and Selvidge (2003): Contributions of multicultural counseling to counselor with lesbian, gay, and bisexual clients.

4. Knowledge

It is essential that professionals working in the area of violence have adequate knowledge about the functioning of discrimination and marginalization that affect LGBT people and that, as described above, can be operationalized in the insult - invisibility - isolation triad. In parallel, they should know the particularities of violence in intimacy relations directed to LGBT people. The study of this guide to good practice meets this objective. Nevertheless, we recommend the study of additional materials, including several of the documents listed in the bibliography, as well as participation in training actions aimed at the same effect.

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5. Consciousness

Even in the presence of adequate knowledge, professional practice with LGBT victims will be weakened if professionals do not express an awareness of their own attitudes and the heterosexist bias that can characterize their care and victim assistance skills. Most people grow and develop in a heterosexual and tendentially homophobic social climate - and victim support professionals are no exception. In this way, we recommend that any training action in this area includes dynamics and exercises designed to work the conscience and the attitudes of the trainees. At the same time, practitioners can work on these dimensions even outside the context of formal training or awareness raising: through individual exercises and reflections on their attitudes; getting in touch with LGBT people, for example through community centres, or participating in playful, community or political events organized by LGBT associations; or critically watching documentaries or pieces of fiction (such as movies, books, etc.) about the lives of LGBT people.

6. Skills

The professionals who work with the victims have the duty to be equipped with skills and general strategies of interview, care and intervention with victims. However, the goal of establishing an empathetic and trusting relationship of help is even more crucial for LGBT victims, because in the face of a history of discrimination and stigmatization, many LGBT victims may find it difficult to trust and build a working relationship with the professional, for fear of being also by this person. Indeed, these fears can be seen as understandable, and there is widespread evidence of discrimination against LGBT people in the services themselves, even today

In this way, it seems essential to reinforce the role of competences for the construction of a person-centered professional relationship, characterized, for example, by a humanist approach (see authors of humanistic and phenomenological approaches in psychology, Carl Rogers). According to this perspective, non-directive interview techniques based on active listening should be favoured, using open-ended questions, clarifications, paraphrases and reflections, where the technique's posture should be guided by empathy, genuineness and unconditional acceptance - that is, without value judgments.

Moreover, professionals working in certain areas (eg health, mental health, social services, law) have an increased ethical, social and professional responsibility for removing the stigma associated with non-heterosexual persons, as these / the professionals themselves have contributed throughout history to their stigmatization.

The affirmative intervention approaches have precisely led to a new orientation towards intervention among LGB individuals, redirecting the attention of the individual to the homophobic context in which it develops, and its effect on their development and well-being. In this approach, regardless of the scientific discipline or theoretical model underlying the intervention, the role of the technician is to value the experiences and diversity of the lives of non-heterosexuals. This valorisation only occurs if the technician actively invests in putting into practice a set of competencies, from language, to strategies in relation to the victim, or even service policies (at the organizational level), that reflect inclusiveness (rather than heteronormativity, or even homophobia).

In this way, we recommend that professionals develop and implement a set of competencies, including, but not limited to:

- Do not assume from the outset the heterosexuality of a victim of violence;
- Do not assume that the person accompanying the victim to a service is not the aggressor (and may be of the same sex as the victim);
- Use inclusive language from the point of view of gender and sexual orientation, both with regard to the victim and the abuser (ie including options as a partner or partner in issues of marital status or relational interviews);
- Use non-pathologizing language (ie do not use negatively or explicitly homophobic connotations as well as avoid using terms such as 'normal' 'Natural', 'problem', etc.);
- Do not avoid directly approaching sexual orientation and not minimizing it by referring to sexual orientation as an alternative option, choice, or alternative lifestyle;
- Do not inquire or seek to inquire about the reasons why the person is LGBT, that is, not look for causes for sexual orientation or gender identity, nor presume them from the expressions of gender;
- Do not seek to intervene with a supposed neutrality ('intervention should be the same for all people'), ignoring the specificities and experiences of LGBT victims regarding their minority status;

- Make no effort to be overly comfortable, over-identifying with the victim (for example, mentioning friends and family members who are gay / lesbian; changing non-verbal communication to show that you are very comfortable with LGBT issues; or striving to show excessive closeness);
 - Avoid assuming and / or making claims based on common stereotypes about LGBT people;
 - Avoid assuming and / or making claims based on common stereotypes about gender expressions (eg too feminine / too masculine, not sufficiently feminine / not sufficiently masculine);
 - Do not assume that the victim, because he or she reveals that he is lesbian, gay, bisexual or trans, has information about LGBT issues (ie, it is important for the professional to have knowledge about the subject, not only for himself and for his benefit professional, but also to be able to transmit them to the victims);
 - Do not assume that the victim lives 'outside the closet' or wants to 'leave the closet' in their various personal, social and professional contexts;
 - Be able to recognize and identify the increased challenges of the victim without identifying themselves with others as LGBT, in addition to assuming the victim of domestic violence, ie realizing the impact of the experience of stigma and discrimination (eg acceptance rejection in family context peer acceptance / rejection perceived discrimination in work or other contexts religious or cultural conflicts etc);
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- Know how to recognize the degree of "internalized homophobia" of the victim (ie, whether it is low, moderate or high), and its impact on victimization and on the dynamics of violence.
 - To adapt as much as possible the proposal of intervention to the process of coming out of the victim;
 - Do not assume that, before a victim who identifies as lesbian, gay or bisexual, there are no children involved or exposed to marital violence;
 - Provide community resources for LGBT people;
 - Provide adequate online resources for LGBT people;
 - Identify possible sources of specific social support for the victim (networks of friends, community associations, etc ...);

- Support the person's experience as a LGBT person and the internalization of a positive discourse about themselves (eg not alert to the dangers of living in an open way and not say that it will be difficult to find an intimate relationship where they feel valued);
- Introduce changes in your workplace or professional group in an active way towards greater LGBT organizational competence - eg developing material in the service that is free of heteronormativity (information leaflets, online pages, posters, campaigns, etc.) ;
- Know how to recognize your supervisory needs, additional training and specific readings.

Professional support for LGBT victims of violence is not without specific challenges. First, identifying the roles of victim and offender may be less obvious to the professional. In same-sex couples, the offender can accompany the victim to services (for example, hospital emergencies) and be perceived as a friend of the victim - especially in cases where there is no legal conjugality. In parallel, in some situations, reciprocity of abuse can add challenges to the immediate identification of the primary aggressor - especially in same-sex couples where gender roles may be more absent or diffuse. In the same vein, the absence of obvious differences in physical power and / or gender roles can be used by the abuser to camouflage or deny abuse.

A second challenge may be to gain the confidence of the victim who, even when addressing a service, can expect discrimination and secondary victimization. It can be particularly challenging, but essential, to talk to the victim about the fear they feel of being stigmatized and discriminated against by professionals and services, helping to reduce their fear.

The absence or scarcity of specific or inclusive resources is a challenge not only for LGBT victims, but also for professionals - for example, a lesbian woman may not be comfortable with being housed in a shelter, and there are no resources of the same type for male victims. In the same vein, difficulties may arise when referencing LGBT people to colleagues (from the same area or from others, such as health, social work, etc ...) about whom they are not sure that they will have specific competencies and that will not revitalize the LGBT victim.

This difficulty of referral and referral will be increased if we consider that, in some situations, specific support may be necessary for issues associated with psychological distress. In fact, the minority condition regarding sexual orientation and gender identity constitutes in our society a risk factor for mental health, with differences not only in prevalence but also in the patterns of psychological problems of people.

Aspects associated with stigma, discrimination and victimization may, in particular, be translated into emotional disturbances (depression, anxiety, post-traumatic stress), as well as high levels of alcohol and / or other substances, widely documented in the LGBT population.

The risk of suicide is particularly high, especially in the trans and LGB youth population. It is therefore necessary to find a support network to which cases can be referred and where more specialized evaluation and intervention can be carried out, but whose practitioners are at the same time sensitive to individual and cultural diversity. The same will be fundamental to the level of specific health care (eg sexology health services aimed at trans people in hormonal and / or surgical treatments, services aimed at people with HIV / AIDS, among others).

7. Attitudes towards LGBT people

- Professionals seek to understand the effects of stigmatization (eg prejudice, discrimination and violence) and their various manifestations on the lives of LGBT people and, in particular, domestic violence between persons of the same sex;
- Professionals understand that homosexuality and bisexuality are not indicators of mental illness;
- Professionals understand that sexual and romantic attraction as well as same-sex sexual behaviours are part of the various manifestations of human sexuality;

- Professionals are encouraged to recognize how their attitudes and knowledge about LGBT issues may be relevant to the assessment and intervention, in particular, of same-sex violence, and seek supervision or refer to cases where necessary;
- Professionals seek to recognize the unique experiences of bisexual people;
- The professionals try to recognize the unique experiences of trans people;
- Professionals seek to distinguish between sexual orientation issues and gender identity issues when working on domestic violence between persons of the same sex.

8. Relationships and families

- 1) Professionals seek to know about and value the value of same-sex relationships;
- 2) Professionals seek to understand the particular circumstances and challenges faced by parents in homoparental families;
- 3) Professionals recognize that LGBT families may include individuals who do not have (recognized) legal or biological relationships;
- 4) Professionals seek to recognize how sexual orientation and gender identity can have an impact on the family of origin of LGBT people and their relationships with them, including possible situations of intergenerational domestic violence.

9. Diversity

- 1) Professionals are encouraged to recognize the challenges associated with multiple, and sometimes conflicting, cultural norms, values and beliefs that are experienced by LGBT people of cultural and / or ethnic minorities (ie, to gender roles, gender expressions, family roles);
- 2) Professionals are encouraged to recognize the influence of religion and spirituality on the lives of LGBT people;
- 3) Professionals seek to recognize generational (cohort) and age differences in LGBT people;
- 4) Professionals seek to understand the specific problems and risks of LGBT youth;
- 5) Professionals are encouraged to recognize the particular challenges faced by LGBT people with physical, sensory or cognitive-emotional disabilities;