

COVID-19

The Magnifying Glass

on Challenges of LGBTQI in The Netherlands



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1 Introduction

This report was made as a needs analysis for an online resource which should support service providers in the Netherlands to support LGBTQI¹ people in the way they deal with COVID-19. The resource is going to be developed by a team of partners from the UK, Greece, Luxembourg, Portugal, Romania, and the Netherlands in the context of the EU Erasmus+ project “RAINBO: Raising the Digital Literacy of Professionals to Address Inequalities and Exclusion of LGBTQI Community”.

The research for the needs assessment was done between August 2021 and January 2022. It consisted of a desk research (literature review) and field research through a survey and interviews with providers and LGBTQI people.

In this report, we will first go into the desk research in the Netherlands, and then on the field research. In the end of the report we formulate conclusions.

Next to this country report on the Netherlands, the RAINBO project will also produce country reports on the UK, Greece, Luxembourg and Portugal and a publication on the international literature review.

One of the respondents called the COVID-19 epidemic a “magnifying glass” of the situation of LGBTQI people in the Netherlands. Like in most crises, this epidemic makes us see the reality more clear and stark. In the Netherlands, middle class white lesbian, gay and bisexual people feel more lonely and have less contacts, sex and fun. This is most difficult for younger people. But the most serious challenges are beneath the surface of what the middle class notices. Poor people, double-discriminated coloured people, and vulnerable groups among immigrants and transgenders are faced with stark isolation, loss of income, lack of housing and health risks. Especially when they are undocumented and therefore not entitled to basic support in a society that only “awards” basic rights to people who are formal citizens.

¹ Lesbian, Gay, Bisexual, Transgender, Queer and Intersex. In this publication we use the acronym LGBTQI, except when we are referring to specific groups (like LGB) or when we are quoting research that use a different acronym.



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2 Desk Research

2.1 Challenges faced by LGBTQI people during the COVID-19 epidemic

2.1.1 Legislation

The Netherlands is a progressive country with a relatively good legal system to protect the rights of LGBTQI people. The Equal Treatment Act (1994) forbids discrimination on sexual orientation and gender identity in employment, education, housing, healthcare, cultural affairs and social services. In 2001, the Netherlands was the first State to open civil marriage for same-sex couples including adoption by same-sex couples. However, in the last few years the legislative progress has stalled and the Netherlands fell back on the legislative scoring list of ILGA (the international federation of LGBTI organizations).

2.1.2 Public opinion and LGBT resilience

Five years ago, a public opinion survey showed that only 7% of the Dutch viewed homosexuality and bisexuality negatively; 10% viewed transgender people negatively. However, 3.8% of gays and lesbians were victims of violence, compared to 2.4% of heterosexuals. And 32% of the respondents stated they would take offence when seeing two men kiss and 23% when seeing two women kiss (in comparison to 12% who would take offence when two people of the opposite sex kiss) (Kuyper, 2016).

Three years ago, the most recent monitor of the living situation of LGBTIQ showed that in a range of areas, safety and perceptions of safety are still lower among LGB people than among heterosexual people. Lesbian, gay and bisexual people are less likely to meet the standards for healthy physical activity, are more likely to have used hard drugs on occasion, tend to have poorer psychological health, are more likely to have suffered from depression, are more likely to experience poor health in general, and to suffer from chronic health conditions or illnesses. Additionally, lesbian and gay people had visited their GP more often in the year prior to the survey. The statistical difference between homosexual and heterosexual orientation among people who



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used hard drugs on occasion and lower psychological health were large. Bisexual people reported having a poor lifestyle and health on nearly all aspects, and these differences were also fairly large (Beusekom & Kuyper, 2018). In other research focusing on transgender people, it is shown that the health and well-being - including their employment situation – was even worse for transgender people (Vennix, 201; Van Oosterhout, 2018). These differences in health and well-being are relevant for VET professionals in social work and health care.

On the request of the government, the national institute for well-being (MOVISIE) did a desk review on research literature about LGBTI issues at work (Dankmeijer, 2011) which showed that in education, about 30% of teachers does not come out yet and have more stress and health problems than heterosexual teachers. More in general the review showed similar challenges in other sectors, with bisexuals and transgenders having an even more difficult time than gay and lesbian employees.

2.1.3 The school system

The Dutch school system is decentralized and schools are quite autonomous, which limits the influence of the government on social safety in the sector and on how citizenship skills are taught. This is a conscious neoliberal choice of the government, which is widely supported by the parliament (Dankmeijer, 2020).

Discrimination in schools is forbidden by the General Education Act and the Equal Treatment Act. The Education Act states that schools are not allowed to refuse students; if they do not have space for students or students cannot comply to the school system, they are obliged to find another school for them. There are some schools of very conservative religious denominations who are constantly looking for the legal limit of the Equal Treatment Act. For such schools, there is a tension between the freedom of religion and the protection against discrimination.

The promotion of government priorities is monitored by the School Inspectorate, but on the more detailed level it is subject to negotiations between the government and the national school board associations. An example of this is the adoption of the School Safety Act in 2015 (Wet van 4 juni



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2015, 2015). After negotiation with the national associations of school boards, the “antibullying” law was reduced to three points:

1. The school should periodically monitor school safety themselves
2. The school should have a policy plan to address safety in the school
3. The school should appoint a coordinator for the safety policy

In this way, it was prevented that the government would set real criteria for the quality of safety policy or that the government would be able to monitor the safety of individual schools.

2.1.4 Development of national policy on LGBTI issues

The national LGB grassroots organization COC Netherlands and the national expertise center on LGBTI issues in schools Edu-Diverse have long advocated for legal regulations to promote mainstreaming of sexual and gender diversity in schools. According to GALE, the Dutch national policy changed from “ambiguous” to “supportive” in 2001, when the government developed a more or less coherent national policy for the first time. Before that, there was a decade of incidental projects and initiatives, but without a coherent policy. In 2001, the government took the lead and a more substantial budget was made available, not only to fund the national LGB association but also for projects focused on mainstreaming sexual and gender diversity in schools. In 2007, the government decided to formalize the mainstreaming strategy by establishing national “hetero-homo” alliances in the areas of education, sports, elderly, the army, the police, municipalities and local communities.

The LGBT grassroots organization COC took part in these alliances but focused itself on grassroots empowerment of LGB people by promoting Gender and Sexuality Alliances in high schools, and later also in VET institutions. But in the meantime, the COC started lobbying the government for a monopoly on LGBTI funding. In 2018 this led to the demise of the “hetero-homo” alliances, and the funding was redirected to a grassroots coalition of COC Netherlands, TNN (Transgender Network Netherlands) and NNID (national organization for people with intersex conditions). Since then, little mainstreaming work has been done in the education sector.

In 2007 COC Netherlands started to advocate for a legal inclusion of LGBTI issues in the key curriculum objectives. In 2012 this lobby succeeded and - after pressure of the parliament - the



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government added the phrase “schools should make sure students respect diversity, including sexual diversity and sexuality” in the key curriculum objectives for primary and secondary education (Koninklijk Besluit 470, 2012). COC Netherlands continued lobbying for a similar change in the qualification frameworks for vocational education and training. This succeeded when a similar clause was included in the VET qualification framework in 2019 (Koninklijk Besluit 163, 2019).

2.2 Good Practices

The Netherlands have a long history of LGBTQI activism and mainstreaming of LGBTQI sensitivity in education and in other sectors. The number of good practices would be too large to describe here. Therefore we have chosen to focus on good practices in education and on a few good practices in care that are specifically relevant for the RAINBO needs assessment.

2.2.1 LGBTQI in VET projects

In 2010, a theatre group AanZ (“Your Turn”) from Nijmegen developed a specific performance on sexual diversity for VET students entitled “Doesn’t look good” (“Geen Gezicht”). The performance was based on quotes of VET students themselves. The performances were very successful in triggering students to discuss sexual diversity. The government decided to fund a series of more elaborate projects in VET, combining this trigger with training and consultancy. A first series of three projects (2013-2018) was done as a partnership between COC Netherlands, AanZ and Edu-Diverse. AanZ offered theatre performances, Edu-Diverse did research, trained teachers and did consultancy for VET institutions on how to include LGBTI sensitivity in their curriculum and in their policy, and COC Netherlands promoted GSAs and maintained the contact with the Ministry. The impact of this project was evaluated by the Radboud University and found to be an effective strategy (Elfering, Leest & Rossen, 2016). In the context of these projects, Edu-Diverse developed the “My-ID” training and teaching methodology, which focuses on both specific LGBTI issues and on “deep diversity” in a broader sense. This approach helped VET teachers to see LGBTI sensitivity as part of a broader



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strategy for key social skills, citizenship and safety. Edu-Diverse also developed a toolkit for integration of LGBTI topics in a spiral curriculum and school policy (Dankmeijer, 2016) and a reader with concrete classroom activities (Dankmeijer, 2018).

In 2018, Edu-Diverse was replaced in this project by the national Foundation for School Safety, who developed a different teacher training partner with a more technical didactic focus. The school consultancy was dropped from the fourth project, which took place in 2018-2019.

2.2.2 The My-ID methodology

Edu-Diverse shared its office and staff with GALE, which took over the expertise and decided to develop a proposal to try out the My-ID methodology on the European level. The [SENSE project](#) ran from 2019 until 2021. The theatrical trigger was replaced with a strategy to facilitate student participation to create a trigger for discussion with fellow students. During the project, it became clear that most students were thinking about methods in which they could remain anonymous, but which would still be visual. This resulted in 3 stop-motion video clips (easy to develop animations) and a Dutch website [GIN-GEN.com](#) where VET students can ask questions and get them answered by a Team of LGBTI VET students².

The Dutch teacher training was reviewed for international use (Dankmeijer & Polytarchi, 2020) and a short background reader was developed (Dankmeijer, 2019). A manual was developed on how to help schools to develop a spiral curriculum which includes LGBTQI sensitivity (Boldrini et al, 2020). Finally, a competence framework was developed for possible student qualifications in the area of LGBTQI issues (Escalona Corral, 2020a), and the linked qualifications of teachers (Escalona Corral, 2020b). Because VET qualification frameworks are different across Europe, this was not easy. But the framework was mainly meant as a trigger to open up the European discussion on whether LGBTQI issues should be explicitly included in VET courses and qualifications (Dankmeijer, 2021a).

² Here are the trigger videos students developed: [ROC van Amsterdam](#) (Netherlands, Amsterdam), [Fra Luca Pacioli](#) (Italy, Tuscany), [Euroform](#) (Italy, Sicily), [EUROTraining](#) (Greece, Athens).



2.2.3 Pink 50+ Ambassadors and the Pink Passkey

The mainstreaming strategy to support LGBTIQ + elderly is organized by a national “Pink 50+ Consortium” which consists of the national COC, the national federation of elderly organizations ANBO, and the national institute on well-being MOVISIE. The core of the strategy is to raise the sensitivity for LGBTIQ + elderly in care institutions. To make sure this is going to be mainstreamed and not just dependent on ad hoc training, the Pink 50+ Consortium cooperated with ISO quality assessment professionals to develop an ISO quality assessment instrument for care institutions, which was labelled the “Pink Passkey”. The assessment procedure consists of interviews and research in the care institution and a check of the procedures and the content of intake and training of personnel. An institute can only get the Pink Passkey when they can explicitly show their efforts on this and the way they anchored the sensitivity in the institutes’ routines and policy. The award of each Pink Passkey is celebrated with a lot of local publicity, for example by transporting the symbol for the Pink Passkey in a large pink Rolls-Royce to the care institution, and asking the city major to hand out the Pink Passkey to the director of the care institute, while being photographed and broadcasted by the local media.

The second part of the strategy is to recruit Pink 50+ Ambassadors. Pink 50+ Ambassadors can be anyone, but usually they are LGBTIQ+ elderly who want to contribute to elderly care to be more sensitive for gender identity and sexual orientation. Pink 50+ Ambassadors come from every stream of life, which means that some of them will be highly educated and professional, while others are not. This is why every aspirant Pink 50+ Ambassador gets an intake conversation in which they are asked what type of task they are feel up to. For some, this might be just handing out leaflets, for others this might be to visit a local care institutions and promote the Pink Passkey, and for others, this might also include organizing publicity, doing peer education sessions, appearing on radio and television, and lobbying the local authorities. The Pink 50+ Ambassadors are regularly trained, there is an elaborate dedicated members’ website (<https://www.roze50plus.nl/>) for them and they have regular social gatherings. The training for the Pink 50+ Ambassadors is very basic; it is mainly about how to use some preprepared PowerPoint presentations, how to do these presentations in an attractive way and how to engage in conversations and dialogue.



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2.2.4 Training for schools

- **My-ID training:** Edu-Diverse and GALE developed a range of course modules about gender and sexual diversity. The courses focus on explaining and discussing how the norm of heterosexuality works, by using the “OGLO” model that was developed by GALE. In addition, a “discrimination spiral” model is used to scientifically explain how social norms lead to instinctual responses of fear, avoidance and anger, to negative attitudes, to excluding and discriminatory behavior and to negative stereotypes, all of which make social norms more rigid and dysfunctional. The key to breaking this negative spiral is to better handle natural “fight or flight” instinctual responses in students and teachers (and school leaders and politicians) to anything that is more or less different from the situation and values they are used to. The OGLO model and the discrimination spiral provide teachers with a framework to recognize behaviours they see in school, which both connects to general mechanisms of exclusion and to specific mechanisms around gender and sexual diversity. This motivates teachers to specifically engage with topics around gender and sexual diversity because they understand that the specific mechanisms are just reflections of more general dysfunctional mechanisms in society. A totally specific “LGBTQI” approach would cause a range of challenges in terms of a lack of priority for “such a limited topic” and fear of repercussions. Both models also help teachers to see why giving or correcting information on gender and sexual diversity is usually not effective to change attitudes and behavior of prejudiced people and it offers alternative strategies. This is especially important for teachers because they function in a context where “transferring knowledge” is tradition and considered a prime objective of the school (guides to the training in EN, NL, GR, IT: <https://www.gale.info/en/projects/sense-project>).
- **Dialogue Under Pressure Training:** The national Foundation for School Safety also developed a training which was used to train VET teachers. In this training, the focus is on making teachers aware that adequate teaching in polarized situations involves both “inviting students to a discussion” and limiting responses that “cross limits”. The strategy on how to do this is sought in a model for how to organize a didactic dialogue. This dialogue technique has 6 steps:
 1. Start the conversation by setting ground rules for the discussion
 2. When a student makes a remark, ask what the students know about the topic



3. The teacher asks for different opinions and personal or social “stories”
4. The teacher then asks students which stories feel most comfortable to them
5. The teacher asks how the situation would be for somebody who is LGBT
6. The conversation ends with a discussion on how the class can better talk about such topics

The Foundation for School Safety offers a range of trainings, of which sexual and gender diversity often is an aspect (the webpage on the LGBT Dialogue Under Pressure training:

<https://www.gendi.nl/thema/handreikingen-voor-leerkrachten/>).

- **Training Dealing with Sexual Diversity Taboo:** Omgaan met taboes (program)
<https://www.gale.info/doc/countries/netherlands/NL-2009-Omgaan-met-taboes-trainershandleiding.pdf>
- **E-Wise online course on teaching about sexual diversity in high schools** <https://www.e-wise.nl/vo/docenten/course/1562/lesgeven-over-seksuele-diversiteit>
- **E-Wise online course on teaching about sexual diversity in primary schools** <https://www.e-wise.nl/po/leraren/course/1851/bespreek-seksuele-diversiteit>

2.2.5 Online courses on care

The Dutch national institute on MOVISIE developed a 30 minute e-course for care-givers on how to sensitively support LGBT clients (<https://www.movisie.nl/training/online-training-hoe-ondersteun-je-lhbt-clienten-hulpvragen>), LGBT elderly clients, (<https://www.movisie.nl/training/online-training-hoe-ondersteun-je-lhbt-ouderen-hulpvragen>) and transgender clients (<https://www.movisie.nl/training/online-training-hoe-ondersteun-je-transgender-clienten-hulpvragen>).

MOVISIE also developed short e-modules on “Coming In for LGBT with a Bicultural background (for professionals and for volunteer supporters (<https://www.movisie.nl/training/online-training-coming>), contact with transgender persons in public service organizations – on how to address them properly (<https://www.movisie.nl/training/online-training-contact-transgender-personen-publieke-dienstverlening>).



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2.2.6 Daily interventions in school

- LGBT student counselling: LHBT leerlingenbegeleiding (article)
<https://www.gale.info/doc/worldmap/netherlands/NL-2015-Dankmeijer-LHBT-aandachtspunten-in-de-leerlingenbegeleiding.pdf>
- Dealing with coming-out in class: Omgaan met een coming-out in de klas (article)
<https://www.gale.info/doc/worldmap/netherlands/NL-2004-Dankmeijer-Omgaan-met-coming-out.pdf>
- Gender & Sexuality Alliances (GSA) Network (website, with separate sections for students and teachers) <https://www.gsanetwerk.nl/>
- Action guide for GSAs: Actieboek (handboek met tips voor GSA leerlingen)
<https://www.gayandschool.nl/kennisbank/gsa-docentenhandleiding/>

2.2.7 Teaching & peer education

- The development of a spiral curriculum on sexual diversity: Het ontwikkelen van een doorlopende leerlijn (article) <https://www.gale.info/doc/worldmap/netherlands/NL-2011-Dankmeijer-Handreiking-seksuele-diversiteit-in-een-doorlopende-leerlijn.pdf>
- Compendium of sexual diversity classroom activities: Werkvormen voor mbo opleidingen
<https://www.gale.info/doc/worldmap/netherlands/NL-2018-EduDivers-MBO-WERKVORMENMAP-Omgaan-met-wat-je-niet-verwacht.pdf>
- Draft for a detailed VET specialization programme on gender and sexual diversity: Concept voor een uitgewerkt programma voor een keuzedeel seksuele diversiteit voor mbo
<https://www.gale.info/doc/worldmap/netherlands/NL-2018-EduDivers-Keuzedeel-Diversiteit-concept-sept-2018.pdf>
- How to link to thematic celebration days on LGBT issues: Aansluiten op themadagen/weken (guide) <https://www.gale.info/doc/worldmap/netherlands/NL-2019-Dankmeijer-Suggesties-incidentele-voorlichting-seksuele-diversiteit-VO.pdf>
- Respect 2get=2give (1-3 lessons for prejudiced vocational education students)
<https://www.gale.info/doc/worldmap/netherlands/NL-2009-Empowerment-Respect-2get=2give.pdf>



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- Ideas on teaching from GSA students: Lesideeën vanuit het GSA netwerk (web page)
<https://www.gsanetwerk.nl/lesideeen/>
- Video clips with teaching suggestions: Videofilmjes met lessuggesties (web page)
<https://www.movisie.nl/tool/aantrekkelijke-voorlichting-over-seksuele-diversiteit> (web page),
see also www.rozeinbeeld.nl (website)
- Lesson with the video Ruben <https://www.gale.info/doc/worldmap/netherlands/rubenles>
- Different in More Ways Than One (Dubbel Divers: lessuggesties bij verschillende thema's)
<https://www.gale.info/en/database/methods/different-in-more-ways-than-one>
- Voice OUT! (6-12 weeks curriculum on identity, respect, human rights and media)
<https://www.gale.info/en/database/methods/voice-out>
- Peer education (links to local groups) <https://www.gendi.nl/gastlessen/>
- Discussing homosexuality with religious young people: Homoseksualiteit bespreken met gelovige jongeren (article) <https://www.gale.info/doc/worldmap/netherlands/NL-2007-Dankmeijer-Open-en-respectvol-Maatwerk-December-2007.pdf>

2.2.8 School policy guides

- Where do you start? Booklet. (Waar begin je?) A booklet with suggestions how to start with LGBT issues in school based on interviews with students and teachers
<https://www.gendi.nl/inspiration/waar-begin-je-de-teamtool/>
- How to interactively develop an LGBTI school policy:
<https://www.gale.info/worldmap/netherlands/mijnid-gayenergy-label>
- Open & Out: a checklist and suggestions for the content of a good LGBTI school policy
<https://www.gale.info/doc/worldmap/netherlands/NL-2014-Dankmeijer-Open-&-Out-tien-regenboogsleutels.pdf>
- The pink line in safety at school (De roze draad in veiligheid op school): a booklet for school leaders on how to guide the development of an LGBTI school policy
<https://www.gale.info/doc/worldmap/netherlands/NL-2008-Dankmeijer-De-roze-draad-in-veiligheid-op-school.pdf>



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- Mbo toolkit “Dealing with what you don’t expect” (“Omgaan met wat je niet verwacht”), a guide to integrate lessons about gender and sexual diversity and the implementation of supporting policy in VET courses and institutes

<https://www.gale.info/doc/worldmap/netherlands/NL-2016-EduDivers-MBO-TOOLKIT-Omgaan-met-wat-je-niet-verwacht.pdf>



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2.3 Available Support Services

2.3.1 Organizations

Stichting School en Veiligheid (Foundation on School Safety)

Funded by the Ministry of Education to support safety in schools.

Zwarte Woud 2, 3524 SJ Utrecht, 030 285 6531

Gendi: <https://www.gendi.nl> (web site on sexual and gender diversity in schools)

COC Netherlands

LGB grass roots organization. Funded by the Ministry of Education, directorate Emancipation to promote Gender & Sexuality Alliances of students and LGB peer education.

Nieuwe Herengracht 49, 1011 RN Amsterdam, 020 623 4596

LGBT Switchboard

Is a taskforce within COC Netherlands. This is a helpline for general information about LGBTIQ+ topics. Recently LGBT Switchboard developed a better way to refer LGBTIQ+ people in emergency situation to help services.

020- 623 6565, <https://switchboard.coc.nl/>

TNN (Transgender Network Netherlands)

Federation of transgender organizations.

Atlantisplein 1 (Kamer 2.14), 1093 NE Amsterdam, 020 205 0915

NNID (Dutch Organization for Sex Diversity)

Association for people with intersex conditions.

Staddijk 91, 6537 TW Nijmegen, 024-3430000

Transvisie



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Consultancy and care organization offering support for trans people, trans children and for parents of trans children.

Niasstraat 1 3531 WR Utrecht, 085-1303846

GALE (Global Alliance for LGBT Education)

International organization of LGBTI issues in education and training. Also holder of the expertise of Edu-Diverse.

Vinkenstraat 116-a, 1013 JV Amsterdam, 020-7372957

MBO-raad

Federation of VET provider employers

Houttuinlaan 6, 3447 GM Woerden, 0348 753 500

Ministry of Education, Culture and Sports (OCW)

Department of Emancipation, Department of VET (mbo)

Rijnstraat 50, 2515 XP Den Haag, 070 412 3456

College van de Rechten van de mens (Human Rights Institute)

The Institute for Human Rights protects, advances, monitors and sheds light on human rights in the Netherlands. Independent supervisor of human rights in the Netherlands.

Kleinesingel 1-3, 3572 CG Utrecht, (030) 888 38 88

Inspectie van het Onderwijs (Inspectorate of Education)

Independent supervisor of the quality of education. People can provide complaints of signals, but will not get individual feedback on this (the Inspectorate is not an ombudsman). The supervising reports of schools are published on <https://www.onderwijsinspectie.nl/zoek-scholen>.

St.-Jacobsstraat 200, 3511 BT Utrecht, <https://www.onderwijsinspectie.nl/contact>



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2.3.2 Referrals and grass roots web resources

Referrals which are specific for minors are indicated with an asterisk*.

- Acute help*: <https://iedereenisanders.nl/alles-over-hulp-vragen>
- Jong en Out*: COC meetings online and face to face for LGBT minors <http://jongenout.nl/>
- Transvisie*: meetings for transgender youth and their parents
<https://www.transvisie.nl/lotgenotencontact/contact/>, specific transgender care
<http://transvisiezorg.nl/>
- Respect to Love: COC group of bicultural; LGBT youth <http://www.respect2love.nl/>
- Drop-in for multicultural LGBT youth in Amsterdam <https://veiligehavenamsterdam.nl/>
- Drop-in for multicultural LGBT youth in Rotterdam <http://thehang-out010.weebly.com/about.html> and The Hague Haag <http://thehang-out070.weebly.com/about.html>
- Stichting Maruf is a foundation that is aiming at more awareness around Islam, gender and sexual diversity <http://www.stichtingmaruf.com/>
- community organizations with the Christian religious background: rainbow Forum (Regenboogforum) (all denominations) <http://www.movisie.nl/kennisdossier/lhbt-emancipatie>, ContrariO (reformed and reformatory) <http://www.contrario.nl/>, HolyFemales (lesbian and bisexual women) <http://www.holyfemales.nl/>
- COC group for LGBTI (mentally) disabled people: <http://www.zonderstempel.nl/>
- List of care institutions with a Pink Passkey(Roze Loper): <https://www.rozezorg.nl/organisaties>
- LGBT friendly police officers: <https://www.politie.nl/informatie/melden-of-aangifte-doen-bij-roze-in-blauw.html>



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3 Field Research

3.1 Interviews with providers

3.1.1 Profile of participants

Among the interviewed providers we had 3 psychologists, 3 owners of commercial venues and 1 magazine editor. Among the LGBTQI interviewees, there was one international activist who as a volunteer also functioned as a liaison for providing services. Some of her relevant remarks as a provider are also covered in this chapter. All the providers live and work in Amsterdam, some also work of have clients/customers from other areas in the Netherlands.

3.1.2 The status of LGBTQI people during the pandemic

The providers who provide counselling recognize the seven challenges for LGBTQI as identified by the UN independent expert on SOGI, but most do not believe that COVID-19 was a main cause for these challenges among middle class Dutch LGBTQI. However, COVID-19 caused serious problems for people who have no residence permit or who have bad housing conditions (living small and/or together with others). Still, most admit that isolation and loneliness increased. One provider calls COVID-19 a “magnifying glass”.

Pros and cons of isolation

A gay news provider living with HIV reported having seen a lot of loneliness, especially during the first lockdown among both older and younger people up to 35. The impossibility of going out and not being able to have sex, was a big burden for these groups, especially when they were used to a sexy lifestyle. For some, this was not such a problem but for others it was a big burden.

One provider said, also based on own experience, that having a partner and good housing makes it easier to deal with the epidemic by “cocooning” together. She also noted that this relative isolation may even feel good. For example, one of her LGBTI clients, who is an introvert, was not unhappy



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about the lockdown, because it allowed him to not engage with social demands. But on the long term, this just results in keeping his support network weak.

Interviews by the HIV+ magazine “Hello Gorgeous” illustrated the importance of being touched regularly, sexually or not. This has always been a concern for HIV-positive people, because despite all the knowledge about HIV, the fear of people and even of professionals of HIV-contagion is still lingering. This fear of contagion is now also a main theme in the COVID-19 epidemic. For example, medical practitioners more often want to use gloves even in situations where this is medically not relevant.

The denial of sex and cruising as an essential part of gay culture

LGBT people had much less sex during the epidemic. Discussing this theme is a bit sensitive. In general, there seems to be a social judgment that “sex” is a non-essential aspect of life that people can easily do without. Providers remark this is not true, and it is also a denial of the important role of cruising and sexuality in the lives of gay and bisexual men. “It is not only the sex itself, but also the experience of cruising that is part of the culture and well-being of gay and bisexual men. Gay cruising is a combination of being social but at the same time allowing for remaining anonymous and uncontrolled by heteronormative restrictions (like “romantic” relationship ideals). This is historically and culturally an important aspect for part of the gay community. But this is generally not recognized, and even within the gay community it may be controversial and loaded with a sense of guilt and shame.”

Pride on social function of commercial venues

The interviewed commercial providers note that their business was commercially successful until the Corona epidemic. They are all very proud of the social function of their venue in the gay community. Although the Dutch government offers financial support for businesses during lockdowns, not all costs are reimbursed, so the financial reserves are getting drained. This is a constant concern of the owners and a source of stress.



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Concerns about “doing nothing” and isolation

Gay venue owners also note that staying home during lockdowns and “doing nothing” is a challenge when you are used to work hard and to take initiatives all the time. These commercial providers also point at the severe consequences of lockdowns for their staff. Many members of the bar/club/sauna staff are from other countries and have left these countries because of discrimination and conflicts with their family. They don’t know many people in the Netherlands yet, so they have no family support and only a small social network. Their colleagues at work are their only network and they form a kind of informal family. Many of the foreign staff live in single rooms, often part of a rental house where they live with others, sometimes even sharing a room. So during the lockdowns, they could not really go out, but staying in was also very difficult and without privacy. This way lockdowns decreases their well-being and increases their isolation, which can have serious mental effects. One owner says: “that really cuts in” (“dat hakt erin”).

Severe challenges for (undocumented) vulnerable groups

A provider who works with vulnerable LGBTQI people, like poor people and refugees, sees all the challenges mentioned by the UN Special Rapporteur. She sees lots of isolation, transphobia, homophobia, challenges to find a place to live, dangers in hostile families and cultural problems. Especially when clients are undocumented, the situation is severely challenging because due to being “illegal” they don’t have access even the most basic rights or services. If they stay in a refugee centre or homeless shelter, they often cannot keep adequate social distance and there are a lot of infections with COVID-19, which in turn leads to repeated mandatory quarantines. This in turn increases their isolation, loneliness and desperation. Even online contact is difficult in these situations, partly because there may not be computers or an Internet connection available, and partly because of the lack of privacy - which would make it dangerous to talk about sexual and gender diversity. Refugees and undocumented people also have to deal with the inadequate policies and insensitive bureaucracy of the IND (the Dutch Immigration and Naturalization Service) and racism in a range of service providing organizations.



Bureaucratic rules prohibiting help

Bureaucratic rules can stand in the way of service providers doing their job properly. For example, calls for help are often only taken on the request of direct family. But when an LGBT person does not have genetic family to rely on and only his friends are helping, this can create desperate situations. One interviewee mentioned the case of a gay man who was desperate because of his isolation and loneliness and threatened to commit suicide. Help services were called by his friends but refused to help because they were no “family”. The desperate gay man was so upset that he became violent. His friends had to lock him up in his room while they were fruitlessly looking for help. But while they were at this, the man broke the window, climbed on the roof and jumped to his death. This is a very painful example of how providers could have helped but didn’t. It is not always just a question of LGBT-friendly attitudes, it is also a mix of general bureaucratic rules that are generally insensitive to situations, and sometimes bureaucratic protocols are insensitive to LGBTIQ contexts by being rigidly heteronormative.

Cooperation within the LGBTIQ movement

There are a number of small initiatives like the Qollective, Maruf and other local groups who cooperate to provide relief for coloured and most vulnerable groups in times of COVID-19 and beyond. The cooperation between these small coloured self-help groups has increased during the epidemic, but the cooperation between them and the “white” mainstream LGBTQI movement has remained at the same level of working next or in competition to each other. The LGBTQI coloured initiatives work mostly apart from the mainstream LGBTI movement like COC Netherlands and its local branches. Some providers are critical of the COC and consider the organization too much focussed on their own “LGBTI” mainstream interests and too little activist. The claim the COC is strategic about what they can politically gain, but they have less interest in working in areas where political change is less feasible, like providing adequate services for vulnerable refugees, for undocumented LGBT people and for black transgender prostitutes.



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COVID-19 safety measures in venues

Some of the providers who see themselves as community leaders in the “gay” scene, are taking extra measures to secure the safety of their clientele regarding COVID-19. They are a bit frustrated with other bar-owners who are more commercial and take the safety measures less seriously (by not securing social distance or number of visitors in the venue, or not properly checking the QR-code). One community leader was especially concerned about the effects of the low level of safety precautions in the large gay circuit parties. He heard that a lot of people who went there fell ill with COVID-19 and he wonders if circuit parties became super spreading events.

Gay venues noted that the mandatory check of QR codes did pose some challenges at times because a number of visitors object to this.

A gay sauna saw a big decrease in younger visitors, maybe because it had to close earlier during partial lockdowns. Young people are going out later, and older (often pensioned) people are more free during the daytime.

Stress about ongoing epidemic without end

During the third lockdown in December 2021, commercial providers had the feeling that “the end is not in sight”, that the epidemic may go on and on, with lockdowns every few months. This creates new insecurity and it forces them to think about they can keep running a venue under these conditions. If COVID-19 tests would become mandatory for visiting a bars they fear it may be the end of all social bar life. They stress again that LGBTQI bars are like alternative living rooms where you meet you “chosen” family.

The high need for meeting in bars was illustrated by one bar owner who described the temporary opening of bars in the summer of 2021 as having a “nice exuberant but also friendly atmosphere” which had “the excitement of dancing on the edge of the volcano”. But this sense of relief and escape also resulted in more people getting drunk and probably also in using more drugs. One provider had the impression that the lockdowns increased drug use among gay men; in addition he thinks they are relying more on dating apps like Grinder; research has shown that using dating apps is related to increased drug use.



Frustration about not learning from the HIV epidemic

A news provider notes that for a lot of long term survivors, men and women, the COVID-19 epidemic reminded them of the beginning of the AIDS crisis. Mainstream medical practitioners compared the epidemic to the Spanish flu, but for HIV+ people this was irritating because the medical practitioners seemed to forget that we had a much more recent worldwide epidemic that killed millions of people. It seemed that society did not learn much from those experiences. All the discussions and polarization about the need and effectiveness of different prevention measures and treatment are repeating everything that happened in the beginning of the AIDS epidemic. Also, there was irritation because during the HIV+ epidemic it took ages before tests were developed and medication became available. It was clear that an epidemic spreading among the general public got a much higher urgency than the HIV+ epidemic when it was seen as mainly affecting gay men.

Resistance among trans people

One provider thinks that trans people have gotten a lot more possibilities in the last few years, but that there is a lot of resistance that medical practitioners still have some say in their choices and in their transition process. He thinks this creates a lot of anger against the medical profession and against institutions.

Coping mechanisms becoming overstretched

Some providers note that COVID-19 caused helpdesks to be less reachable or not reachable at all. There is an attempt to make everything – including helpdesks – digital and automated, with the effect that people are treated as numbers and do not get the service they want at all. They just get rerouted from one standard answer to the other all the time. People experience this “being just a number” as very offensive and it makes them feel powerless and without control. It increases their sense of alienation. One provider thinks that the current protest against the COVID-19 policy in the Netherlands is one of the results of this increasing alienation. People don’t have the feeling that they are part of the response to control the epidemic, and they also have the feeling that the government, the bureaucracy and the service providers are working *against* them instead of working *with* them. This creates a lot of anger. This anger may not be rational, but it is still there. So



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we hear over and over again that people say “we are done with COVID”. This is not rational because COVID is not done with *us*, but it shows that the coping mechanisms of people are being overstretched.

3.1.3 Good practices

Advantages and disadvantages of online counselling

Providers mention that working online has advantages and disadvantages. Advantages are that counsellors can see more people more easily (less travel time) and that with some advice and training, counselling sessions can very well be done online. There are Dutch resources and training to help counsellors in this and which provide some specialist online therapy tools them (“Psyflix”, Bram van der Boom & Tim Wind), including privacy-secure online counselling platforms (“Zaurus” for individual sessions and “Therapieland” for group sessions). Disadvantages are that using public online platforms is privacy-insecure, that not all clients have constant and reliable Wi-Fi connections and that many of the more vulnerable clients living in refugee centres or crowded shared rooms do not have a Wi-Fi connection or privacy at all. Also, being behind a laptop all day can get tiring and most therapists are happy to return to face-to-face services. Some therapists think online counselling does not give the therapist the full insight in non-verbal expressions and authentic human contact. One interviewed therapist said: “Everything becomes more so-called efficient, but in reality the real quality human contact gets increasingly lost. This impact is heavily underestimated.”

Supportive role of authorities

The commercial providers are happy with the financial government support. The government pays a large part of the staff salaries, a small fee for steady costs and a partial reimbursement for lost profit.

One provider praised the role of the municipal health service. The health service provided the gay clubs with one central contact person, who was always very clear about when they could open and under which conditions.



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HIV+ people were denoted by the government as a section of the population that had additional risk, and were therefore entitled to get the annual flu vaccination and the COVID-19 vaccinations earlier than the general population.

Online course and webinars

There are a number of national gender and sexual orientation alliances of professional providers that were set up by the Ministry of Education (and Emancipation) which provide online courses and webinars for health providers. The trainings of MOVISIE for municipal civil servants are also continued.

Doing polls and reporting on community experiences

One news provider mentions that his magazine did polls on COVID-19 among its readers and published articles about experiences. This can be supportive.

Delivering bar-products at home

One of the bar owners told how in the beginning of the epidemic he frantically tried to still make some money. The team offered the customers to bring the products to their home and they spend a lot of time on rebuilding the website to make it more interactive and attractive, to keep the bond with the customers. This kept the team busy, but financially it did not make much of a difference. And although the response of our customers was very good and supportive, for the staff it did not add much to their social life. Just delivering foods and drink is not the same as the social contact you have in a bar.

Serosorting

In the poll of the HIV+ “Hello Gorgeous” magazine, it was noted that the already common gay strategy of “serosorting” (having sex only with people with the same HIV-test result) is getting extended only having sex or only socializing with people who are perceived not to be a risk of COVID-19 infection.



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Tailoring of services

Several providers stress it is essential that care providers deliver tailored services. Provision of care and well-being services is not standardized work that can be offered in ready-made packages. There has to be space for the human measure and individual needs. One example is a client who had children. When there was a lockdown, she was not able to come to therapy sessions, not even online, because her little children were always at home and pulling at her feet. So she asked for the possibility to have a session in the evening. Initially the provider refused this, because he said: “my shop closes at six”. But later he came back on this decision, because more clients were in crisis and could not be helped during the daytime. Each person has a different lifestyle and every lifestyle has its own related stress issues, which means that work needs to be tailored to these needs.

Lending meeting space

One provider lent his practice room to a group of older psychotherapists who could not meet safely for group supervision at their homes anymore because in their homes there was not enough space to take social distance.

Providing flexible services

Psychosocial counsellors often work in a regular care-institute, but these environments restrict them in the way they can support their clients. For example, they are limited to a number of sessions of a certain length and they are obliged to use specific therapy protocols. Having a private practice next to such a regular job makes the counsellor more flexible and they can be more helpful. They can decide to be flexible in their protocol and rates. One provider is of the opinion that counselling is only adequate when the counsellor is *really helping* the client, also in an economic sense and in ways to change the political situation that causes the psychosocial problems. So even offering free services and political activism is part of such private practice flexibility.



Making LGBT venues safe for COVID-19

In the summer, LGBT venues were open but took a number of protective measures. Access was only possible with a valid proof of being vaccinated or having been cured (QR code), the traffic in the venue was regulated by making walking routes one-way, bars were shielded with plexiglass, and it was advised to meet or have sex only with one person at a time.

If the venue had a darkroom – in which in normal times also group sex takes place – it was made less dark so that people could more easily take social distance. But social distance measures were impossible to control by the venue staff.

If possible, the ventilation was increased. A provider notes that in some countries the level of required ventilation is set by law, but in the Netherlands it is not.

Social function of walk-in safe spaces and venues

Most providers – both counsellors and owners of commercial venues – note that walk-in safe spaces, bars, clubs and saunas are not only services for dating and sex, but also provide an important social function. Many visitors do not have that much social network, and many have less or no contacts with their genetic family. Gay venues provide an important space for socializing and being together without being judged. Many describe this space as a living room, or a “second” or “chosen” family. Some LGBT venues are better at this than others, it depends on whether the owner is in the game for commercial reasons or (also) has a social ambition. One way to provide a good social function is to have an open door policy, to be clear that everyone is welcome and to provide a friendly atmosphere. This provides a sense of a loose informal family.

Activating venue staff

Commercial venue providers can combat the sense of boredom and loneliness of staff during lockdowns by actively keeping the social contact going among the staff. Owners can make a roster which more or less forces staff to get out of their rooms and to do things for the bar. They could give them responsibilities and project tasks like producing the annual promotion calendar. They could use the income from calendar sales to give an additional bonus to the team. Another way to



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keep the staff busy is to ask external organizations to organize trainings, which increases professionalism but also helps the social contact going.

An added benefit of such activities is that the family feeling of the staff increased and that it decreases the risk that they will look for another job. This is what is happening now in more commercial venues with a less “informal family” work culture.

An example of mutual support is the case of a bar staff member who was very depressed and had become alcohol addicted. The waiting lists for alcohol rehabilitation were very long and the situation of the colleague worsened quickly. With a joint effort, his colleagues and friends succeeded to get him into a program. The bar-owner concludes that LGBTIQ need persistent informal “family” members, who do not give up and will not allow themselves to being pushed away by bureaucratic providers.

Community action to change services

After the incident of a colleague committing suicide, the staff of a gay bar organized a donation campaign for LGBT switchboard, which actualized its website to make more clear where to find help in these kind of urgent situations, and the staff had conversations with the municipal health service on how they could improve the way they act on urgencies where there is no genetic family to take the initiative.

Cooperating with other LGBT venues and groups

Commercial providers did not have much contact with each other before the epidemic. In 2021 the Amsterdam association of owners of LGBT venues decided to organize a joint Rainbow Walk. Customers were invited to do a puzzle tour along the bars and have a drink here and there. This was a success; it was busy and sociable.

Counsellors and activist volunteers recount that they are increasingly networking with LGBT organizations for the most vulnerable LGBT groups, like refugees and transgenders. The organizations for LGBT people of colour have an informal mutual aid agreement.



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Working with vulnerable coloured LGBTQI people

In the interview with a lesbian activist the question arose how to make contact with coloured communities from the position of a white cisgender woman. The activist said that the municipality only granted a community support budget if it was applied for by an alliance of organizations. The lesbian alliance agreed that they allowed themselves to make mistakes. They set up a central group which offered trainings to recognize white privilege. As a trainer, they hired a heterosexual black woman who had more trust of black LGBT people than white LGBT people would have. Another way to make sure the trust of coloured people was won, was to not reserve budget for white initiatives and to give the lead and budget completely to vulnerable coloured LGBTQI women.

3.1.4 Needs for training or online resources

The providers gave us a wealth of suggestions for the online support the RAINBO project intends to develop. The suggestions range from abstract to very concrete suggestions.

1. One activist care provider admits she has little trust in cisgender hetero providers. But if she has to give suggestions on how to improve their competences, the first thing would be to make them aware that LGBTIQ people have specific challenges and how to be sensitive to signals of this.
2. A second suggestion would be to be very aware of safety issues. For example that online sessions may not be safe enough for LGBTIQ people who live at home or in shelters because of the lack of privacy. Or because they are dependent on the people they live with.
3. It is also important to realize that as a provider you cannot always *guarantee* safety. You can offer it during your own services, but the situation that the clients are in may make guaranteeing safety beyond that impossible.
4. In the direct support of clients, the first need is to empower them. They often are confused about their feelings and feel powerless. They need to be made aware that the situation they are in is not *their* fault but the fault of the system.
5. The second thing that needs to be done is to bring them into safe contact with other people in the same situation and like-minded people. This creates more recognition and a sense of empowerment. This could be done by organizing a safe space - a regular meeting which is



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welcoming for queer people. For vulnerable people it is needed to provide the visitors with everything they need: travel costs if they cannot afford that themselves, food, games, music.

6. What we need, this provider says, is “radical education”. Providers need to be aware that their work is political. If you restrict your work to the consulting room, you individualize the challenges, but these challenges are rooted in social and political repression. You cannot function professionally when you don’t recognize this. So providers need to acknowledge that being a good and trustable provider requires being a political activist.
7. The provider advises the RAINBO project to model it’s online resource on the Pedagogy of the Oppressed, as conceptualized by Paulo Freire. In the material, an intersectional approach should be visible. For example case studies should not only be about middle class well-off white gays or lesbians, rather, it should focus on the most challenged groups - which might be black immigrant trans people for example.
8. Cisgender hetero providers need to be made aware of the gaps in their services. At the same time, they should be made aware not to pathologize sexual orientation or gender identity as such. Regrettably, this is still too prevalent in traditional psychosocial support because of the influential backdrop of the Freudian and psychotherapeutic approach.
9. It would be good when source materials come from therapists of colour.
10. Another issue that needs to be faced is the “fragility of cisgender heteronormativity”. Just like “male fragility”, cisgender heteronormative fragility can be an enormous roadblock to sensitivity in dealing with LGBTIQ clients. If LGBTIQ clients would be unhappy with the service and criticize the counsellor, they could quickly become defensive when they experience cisgender heteronormative fragility.
11. Psychologists need to be aware that their clients can only be helped by structural change and that therefore therapists need to be politically active to support the needed system change. They need to ally with organizations that resist oppression, across the spectrum, meaning LGBTQI organizations, antiracist organizations, organizations dealing with poverty and anti-capitalist movements. Providers who are serious about their work should get



involved in political action, for example by organizing or participating in demonstrations against inadequate and troubling policies, and by highlighting abuse by police officers.

Other care providers have less activist recommendations, but still recognize an extra effort needs to be made.

12. Professionals should be flexible in order to be capable to serve the most vulnerable groups.
13. Even when clients ask services are outside of your responsibility or expertise, you can still be attentive and empathetic.
14. Some technical suggestions for how to handle online individual and group sessions would be helpful. This includes how to work with a computer, while at the same time doing sessions.
15. Maybe the RAINBO project can come up with some suggestions on how to better sense the mood of the clients while you are online, or how to deal with conflicts when they happen online. This is more difficult to deal with than in life sessions.
16. It might also be very helpful to teach providers to be clear about their responsibilities, and to support their ability to say “no” to demanding clients if they ask questions or make demands that you cannot cater for.
17. The provider thinks it is a priority to offer some knowledge about affirmative LGBTI counselling. One part of this is the use of language. This refers to pronouns, but also to the use of labels. For example, most trans people don’t want to be called “a transgender” but rather “a transgender person”. Or they may prefer to be called “a man” or “a woman” or “a trans man” or “a trans woman” (instead of “a transman” or “a transwoman”). This is not something that you can always prescribe in advance, it depends on the language, perspective and sensibilities of the client. But insensitivity on this is likely to create a feeling not taken seriously and distrust by the client.
18. Using correct pronouns and labels is also an organizational issue; it should be appropriately described in the client’s file so that other providers don’t start to make mistakes all over again.
19. It would be useful to offer interactive training, if this is possible within the project format and considering the sustainability of the course.



The other providers (from the HIV+ community and the commercial venues) have suggestions that pertain more to the direct experiences they encountered in the community itself.

20. it would be interesting if the course could give attention to the paradoxical attitude towards sex in general and gay sex specifically. Sex and cruising is part of the LGBT community and the lives of LGBT people. That should be recognized and providers should be sensitive to the paradoxical attitudes towards it.
21. The online support should contain attention for how to deal with loneliness; a concrete case study could be how to handle “nothing”; what can you do when people have nothing to do (no work, no school, no leisure, no social contacts)?
22. The online support could suggest how to deal with addiction when people try to alleviate their loneliness through drugs and online sex; this could be done in cooperation with regular drug and alcohol rehabilitation centres (e.g. in NL: Mainline).
23. If the online support offers suggestions on how to deal with multicultural staff from different countries, who have little or no social network, this would be very useful.
24. The online support can suggest how service providers can support and maintain the sense of community. What did this epidemic teach us, especially in the area of community maintenance?
25. The online support should consider the role of alienization and polarization: where do people get their information? How can we assure that people get the facts right? How can we reduce their sense of being “lost” and not being in control any more?

There was one comment on the potential format of the online support tool:

26. A care provider notes it will be a challenge to develop a “course” or online support platform in such a way that it caters both for service providers who need quick answers, and for the need to go into more depth about LGBTI affirmative counselling. For example, one could imagine that a therapist wants some specific information on how to deal with a specific question of a transgender client. But at the same time, most of such questions will have an in-depth background that has more to do with heteronormativity and the general attitude



and sensitivity of skills of the provider. Providers who are not trained in LGBT affirmative counselling or don't have that experience because of their own life context probably need more extensive training to acquire those affirmative attitudes and skills. It may be that they are not aware of ready yet to invest enough time in this in-depth part of the platform. They may not yet recognize the need or they don't have that much time. So maybe it would be good to make a platform that allows people to quickly access information, but at the same time entices them to also do other - more in-depth – units. Short “access” points or modules could consist of short films, themes or other types of modules that provide quick answers but at the same time referring to other more in-depth modules.

3.2 Interviews with LGBTQI people

3.2.1 Profile of participants

Of the seven interviewed LGBTQI people, 4 were 60+ gay men who participated in the “The Pink City Village” community network of older LGBT people, a gay man, a trans man and a lesbian activist. All live in Amsterdam.

3.2.2 The status of LGBTQI people during the pandemic

LGBT-friendly care for middle-class LGBT

One of the respondents had fallen ill with Covid 19 and had to be hospitalized. He was on a breathing apparatus but did not need to go to intensive care. He was very happy with the care he got at the hospital and he did not notice any homophobia or unpleasantness. His male partner visited him regularly and although they had to be apart because of infection risk, there was no surprised or unpleasant behavior from caretakers.

Such general positive experiences with care providers were also shared by other interviewees. The increased the waiting lists for medical services were acknowledged but not seen as a serious problem.



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Although most of the interviewees recognized a sense of isolation during the epidemic and especially during the lockdowns, most did not experience this as a problem. Some even felt that this as positive: a time “off” social obligations and a time for reflection. It should be noted that these comments are probably biased, because we interviewed mainly middle class people with a good income, and we were not able to access interviewees from more vulnerable LGBTQI groups. The organizations catering for vulnerable people did not want to invest time in giving the researcher access to their clients; they already got too many such requests and they were not convinced this would help their clients.

Some men mentioned that it would not be wise to go to the suburbs and to be visible as a gay man there. They considered this risky because working class young people and Islamic people in these neighbourhoods might react aggressively to gay men. Now and again these young men venture into the city centre and to gay men in the focus group know which routes these young men take. They said it was wise to avoid those streets and parks in the weekends and in the evenings to “avoid trouble”. The men also recognized that the safety of gay men could be less in rural areas. This shows how these men are aware of living in a relatively safe and well-off “bubble” in the centre of Amsterdam; there are aware of the homophobia and transphobia outside of the bubble but take care not to put themselves at risk.

Changing generational views

The lesbian activist reflects that in comparison with the rest of the world, the Netherlands has a better situation because there is much less poverty. But experiences still differ a lot. Even the view of the older generation lesbians differs quite a lot from the younger lesbians. For example, lesbians of about 20 years old don’t call themselves lesbian anymore. They call themselves gay, queer or homo, but not lesbian. For older lesbians who have fought for a long time for lesbian visibility, this may be awkward. Loneliness was and remains an issue for all generations, but was exacerbated by the epidemic.



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Bureaucracy not sensitive to epidemic

One respondent notes that when he was without a job in the beginning of the epidemic, it was frustrating that the online and automatic bureaucracy of the unemployment office still required weekly proof of application letters. The bureaucracy was not adapted to the lockdown situation in which most companies were closed and there were no jobs at all. The letter writing became a senseless act which served only to comply with the bureaucracy. Still, his unemployment advisor understanding, although he could not do much more than friendly inquiring about the situation. Obviously, this was not an LGBTQI specific challenge but one of the many challenges for vulnerable people in general and one aspect of the neoliberal policy in which vulnerable people need to be “forced” to “take responsibility”.

Phlegmatic attitude

One respondent works at the airport. There the Corona restrictions were not implemented very well. Often the passengers had to stand closely to each other in line, despite social distance directives, because there simply was no space to implement the social distance directives. The same problem occurred in the employees waiting room. Although the chairs were marked to indicate that employees should not sit next to each other, there was no space for everybody to sit. “Some people are serious about this, other people don’t worry at all”. The respondent is not overly bothered by this. “People make their own choices. I keep myself on the safe side, I usually keep a mask on and often stay on the side of the waiting room where there are less people. Anyway, my co-workers often made rude jokes and homophobic comments and I prefer not to be part of that.” When pressed for more reflection on this, the respondent admits that he thinks the carelessness of the airport and the security company are related to their priority to make a profit, which makes them less concerned about the risks and well-being of employees (or passengers). But he does not feel able to make a difference in this, so he remains phlegmatic about it.

Lockdowns, sex and risks

Most respondents mentioned that they had very little or no sex in the past one half years. The older interviewed people don’t perceive this is a big problem, although they can imagine that it will be



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more of a problem for younger people and “partygoers”. One respondent meets younger people at work and he sees how they feel challenged and frustrated, how they break the rules more intentionally and how they are “fed up and finished” with the Corona measures. Especially during the lockdown of the last months, they had no school, no work and no parties, nothing at all but staying at home. This is not unique for LGB or trans people. He thinks that isolation is nowadays less of a problem for LGBT people nowadays because of dating apps. But still he knows gay men had considerable less sex than before. He and his partner have an open relationship but they did not have any sex with other people in the last two years.

3.2.3 Good practices

Professional attitude

The gay men all had service providers - especially private practitioners - who are used to a diversity of clients and to a considerable number of gay clients in their practice. They had no negative experiences. They phrased their good experiences as: “I am open about my being gay and having a relationship with a male partner. When this could pose a medical risk, I am open about it and my practitioner responds in an inquisitive and supportive way. They don’t show in any way that they are resistant to diversity”; they were used to that kind of professionalism. One respondent changed his private practitioners for another, who was gay himself. “I just feel more comfortable with him; you don’t have to be hesitant in telling about private issues.”

The importance of friends and informal family

Another comment was: “you have to have it from your friends”, which is colloquial for saying that a friend’s network is important to be supported. The Pink City Village is one of the organizational structures that supports building and maintaining such friends’ networks, and there are also such (smaller) networks specifically for coloured people.

One of the gay men stressed that it is very useful and refreshing to “also” maintain contacts with straight people. He works as a volunteer in centre for children, and finds this very rewarding.



Specific services

One of the respondents came up with some specific practices that they found sensitive to LGBTI needs. For example he knew of a hotel that offered standard rooms which catered for three persons. He said: “this is convenient, it takes into account that rooms are not always booked by couples, but that a relationship can also consist of a triad.” This reminded the researcher of a research he did years ago about the client-friendliness of “gay” hotels in Amsterdam and which resulted in a list of specific LGBTQI services such hotels could offer (like free condoms, giving a free LGBT map of the city, tailored advice on going out – including ‘underground’ or specific ‘tribe’ parties –, warning of dangerous areas, friendly monitoring nightly guests to secure that customers are not robbed by illicit prostitutes, offering help with reporting discrimination or violence if needed, late breakfast).

Gender clinics

The trans respondent has positive experiences with the services of the gender clinic, both in the past and during the current medical check-ups. The providers are friendly, thoughtful and careful. But he also noted this service is only medical. He misses ongoing psychological support. During the transition, the psychosocial support for transgenders is done very well, but after the transition this ends. He thinks that transgenders need more ongoing support to cope with issues that may be still limiting their “new life”. For example, how to deal with relationships and other people. This also pertains to the sense of self isolation many trans people have after transition; not feeling to be really part of society. “In your new life as a transgender, you keep on carrying a kind of secret. You don’t want to talk about your past life anymore, but you are constantly confronted with questions and situations in which this is relevant. For example, when another man asks whether you have done military service. This is such a moment where you are hesitating, because you don’t know what to answer. And if you don’t want to reveal that you have a history as a transgender, it is a very difficult question to answer, it is like a secret. It can make you feel like a fraud.”

These issues are not dramatic, but they constantly remain issues that you have to deal with. How do you relate to men? Do you want a relationship? With a man or woman? When and how do you reveal your history and your body? Is it worth to take the risks involved with revealing your



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background in order to have a relationship or to be social with other men? These questions are not so simple to answer as he originally thought.

The Lesbian League podcast

The lesbian activist mentioned the good practice of the “Lesbian League”. In May (2020) two young lesbians started a podcast about lesbian life in times of the epidemic. It became hugely popular: two young lesbians talking with each other in the living room about how they lived and felt. They started inviting others every episode. And later they went public, doing their podcasts live and at the same time broadcasting them. Last year, the respondent attended a live podcast which was organized in a large conference centre in Utrecht, a theatre with room for several thousand people, but due to restrictions of COVID-19, there were “only” 300 lesbians. The respondent was one of the oldest attendants, most of the participants were in their 20s. The event was very emotional and the sense of relief of being life together with so many lesbians was felt throughout the hall. The Lesbian League also makes use of the Discord app, which facilitates hosting interactive meetings online and which is used mostly by younger people. The Lesbian League regularly organizes online lesbian film screenings, and then discusses them afterwards. This is a very good formula to engage people and to make them feel less lonely. “It is a way to lose your loneliness” the respondent says.

The Generations Quiz

Another example is an activity she is involved in herself: her organization “Upside Down” offered an online “Meeting Generations Quiz”. In this quiz questions are asked like: “how do you recognize a lesbian?” For a lesbian audience, this is not a stereotyping question but a funny way to exchange views on how to express your identity. And it became clear that when you ask this question to an older lesbian who came out in the 60s or 70s, the answer is be very different from the answer of younger queer women in the 2020s. So this is a way to bridge generations. Doing this online also makes it possible to involve people from other countries. For example, the online Meeting Generations Quiz also had Dutch participants who are currently living in Spain. Those people would



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never have been able to participate in face-to-face activities, and the COVID-19 epidemic opened up ways to build lesbian communities across borders.

Sustainable community events

Lesbians were also before the COVID-19 epidemic more lonely than average people. There were already projects to relieve loneliness among lesbians and for example older or different kinds of disabled LGBT people. “An important learning point that we already learned before the epidemic, is that interventions to relieve loneliness cannot be one-off events. If you organize a single event and then stop, the sense of loneliness even increases. So the learning point is that these strategies have to be sustained over time. They should not be single events but continuous services.”

Opportunities through online events

One advantage of online work - which the LGBT movement learned during the COVID-19 epidemic - is that much larger audiences can be reached. When the pride in 2020 could not be celebrated live, the pride organization decided to replace it by a series of online events. These online events were also streamed by the local television station in Amsterdam and on the national commercial LGBT channel. This resulted in about a million viewers in 2020 and in 2021 the audience had grown to about 3 million. These are huge numbers the movement would never have been able to reach before the COVID-19 epidemic.

Online organizing is also a way to organize more effectively. For example, lesbian activists were able to engage a Canadian lesbian singer to make recordings of her performances available for free to our Dutch online events. This would never have been feasible because of the costs when you focus only on face-to-face events. Now, the lesbian movement also has such performances on dedicated Instagram channels and they created a lesbian playing list on Spotify. This also serves to make lesbians more visible and to make lesbian artists more known in the lesbian community, which makes it also an aspect of community building.

Previously the LGBT pride movement would hire famous heterosexual artists for pride events.

When they started working online, the lesbian movement reflected on this and realized they had been implicitly excluding lesser-known lesbian singers who were also looking for a chance. So the



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epidemic helped them to recognize some structural and internalized exclusion mechanisms. They have advised the Pride organization to now invite more LGBTQI artists.

White / straight homework

There is a website www.withuiswerk.nl (“whitehomework”) which asks critical questions to people in order to teach them how to deal with their white privilege and how to be an ally of the anti-racist movement. For the RAINBO project this website is already interesting as a resource on white privilege, but it would also be interesting to have a “straight” privilege “homework” tool.

Lion Storm rap group

The lesbian respondent mentions Lionstorm, a Dutch queer lesbian rap group that criticizes heterosexism in a radical way, for example in their song [WTJMDZ](#).

3.2.4 Needs for training or online resources

Most of the LGBT interviewees did not have very explicit suggestions for training or online resources. Most of them did not feel very qualified to give suggestions to professionals.

1. Some gay men said that professionals need “to have an eye for other people”, meaning that they should be open and interested for the needs for people who are different from themselves, for diversity. They added that in suburbs, rural areas and other countries it is too common that providers are “trying to make you conform”.
2. Especially in other countries it might be useful for professionals to recognize that LGBTQI do exist, and that their qualities and practices are not always the same as traditional heterosexual relationships. There may be more than two partners involved, they may be non-monogamous, they may have limited contact with their genetic family, they may have different relationship and community dynamics and so on.
3. It would be good if professionals could organize an informal exchange group with like-minded people who deal with similar challenges. In times of COVID this could also be done



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online. This could be for a specific group like trans men, but possibly a wider LGBTIQ participation could also work to discuss such issues.

4. Referrals to existing formal and informal social networks, like the Amsterdam Pink City Network.
5. Informal social LGBTIQ networks that don't have a safe online meeting platform could be supported by mainstream organizations by providing them with for example professional Zoom or even more privacy-secure meeting services.
6. An online resource could help LGBTIQ communities to reflect on and build international solidarity. For example, how logical is it that we have easy access to vaccines, but others do not and are staying in refugee camps where they are not even safe for rape and violence. What can Western LGBTIQ communities do to alleviate these situations?
7. The online resource could ask critical questions to people in order to teach them to recognize their privilege and how to be an ally. This could be a copy and/or variation on the "whitehomework" website.
8. When white or straight privilege is discussed, it can be done without accusing people, but by making the experiences of everyone important. Even when you are privileged in one way, you might be unprivileged in another way. By discussing this, you can create empathy for less privileged people and understanding of the general mechanisms of privilege and discrimination.
9. Another aspect of training on privilege is that people who are highly educated use their brain to understand things, but on issues of diversity, the appreciation of how it *feels* is more important. For this aspect of learning it is important to use methods that appeal to feelings rather than cognition. For example, the Dutch Federation of Trade Unions uses "diversity cards" (created by Marten Bos) to reflect on images of diversity in terms of how you feel about them, rather than to describe them or judge what they represent. Another example is the use of quality competence cards. You can ask participants in the training what competence they are most proud of and what it means to them. Different types of competences means different things for people from different classes or cultures. This is easier to talk about; you can talk about them in rational words but at the same time you



recognize the feelings behind them. Just by hearing the experiences and opinions of others, you realize how things are felt different by others and how your own feelings relate to these differences.

10. Another example is how to teach about pronouns. Rather than explaining about pronouns cognitively, the trainer can just ask the respondents to change their name on the screen or on their name tag by adding their preferred pronouns to their name. You can explain that this is a way to make the environment safer for people who want to avoid to be addressed on first and possibly wrong impressions. This direct way of putting it into practice makes it less controversial than a plain instruction on how to do it “correctly”. When people are expressing their wonder or resistance to doing this, a trainer can explain that it is not provocation or “wokeness” but just a way to make other people feel safer. A trainer could also ask participants why they feel resistance to this, but that is risky because it may feel as a challenge and criticism. Some participants may not be able to express their aversion to this properly, especially when they are not used to talk about uncomfortable emotions. It is better to say: “I notice that you don’t feel quite comfortable with this, do I get this right?” Then they don’t have to explain their feelings and only have to say “yes”.
11. When mainstream organizations make a support product for or about LGBTIQ people, it is recommended to developed: “nothing *for* LGBTQI *without* LGBTQI”. Even though a mainstream organization may provide high quality services in general, is really needed to make space the target group, otherwise it will be difficult to make a real connection. And “making space” means also: to provide them with a paid job. If LGBTIQ people see that a mainstream organization, or even a white middle class LGBT organization, is earning money “over their backs”, they will not trust the provider and this may ruin the relation with their community.



3.3 Online Research

The online responses were collected between September and December 2021 through an online questionnaire with 28 questions. Questions 1-5 were relating to independent variables (age, country, gender, sexual orientation, service user or provider, questions 6-17 were for LGBTIQ+ and questions 18-28 were for providers.

3.3.1 Profile of the respondents

In total, 62 Dutch respondents took part in the online survey. 27% (16) were providers of services for LGBTIQ+ people, and 73% (44) were LGBTIQ+ respondents and service users. Since these numbers are rather low, we should be cautious with the percentages in this report. They may give indications of the situation, but they are too low for solid scientific conclusions.

52% was male, 20% female, and there were 2 trans men and 5 non-binary respondents. 4 respondents indicated another gender identity or preferred not to disclose their gender identity.

Most of the respondents were LGBTIQ+ (95%) and only 3% consider themselves heterosexual only. 72% of the respondents was gay or lesbian, 14% was bisexual and 14% consider themselves “other”, preferred not to say or did not fill in the question.

Most of the respondents (47%) were over 60 years old. This was probably partly due to the fact that the recruitment of the respondents was partly done in active networks of LGBTIQ+ elderly. This choice was no accident, because we suppose that LGBTIQ+ elderly suffer in different ways from the COVID-19 epidemic and we wanted to know their needs.

3.3.2 Experiences of LGBTIQ+

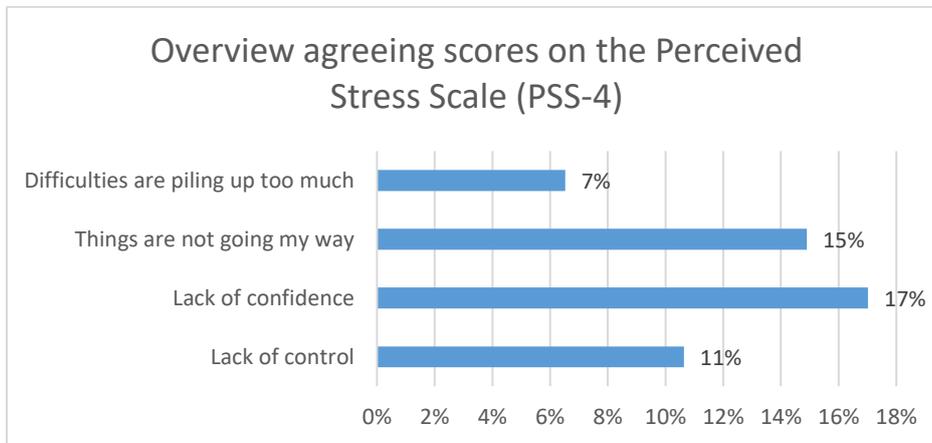
The first two questions we asked LGBTIQ+ respondents was about how they scored on two scientific scales for stress and depression. The average score on the PSS-4 question battery on stress was 4.6. The total possible score on this question battery is a 16, with values over 10 representing serious distress. So it seems that the Dutch respondents were not very stressed due to the epidemic. It should be noted that the results were not collected during a lockdown but in a



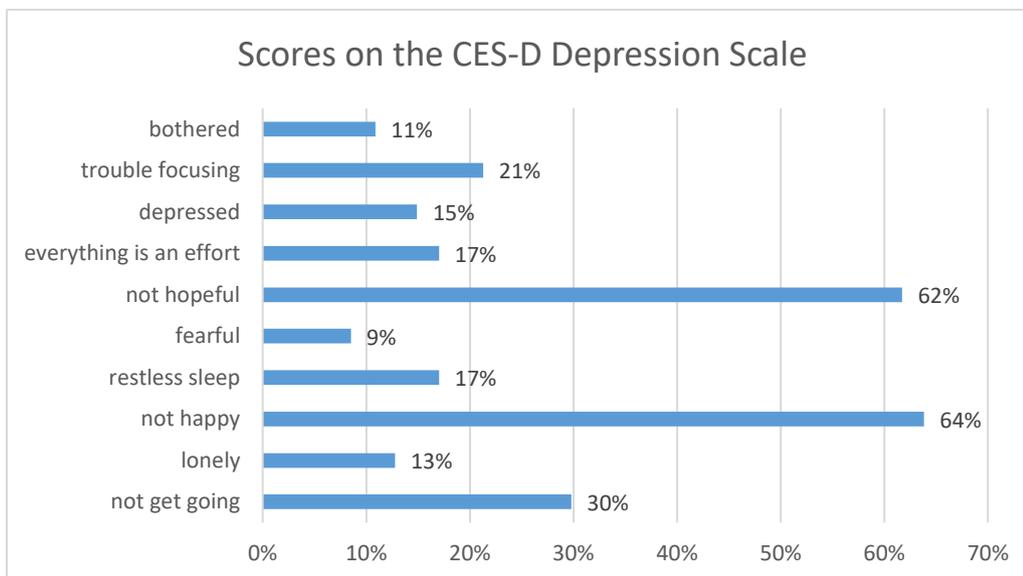
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relatively were relaxed intermediate period after the 2021 summer and before the Dutch December 2021 lockdown.



The other question battery was the 10-item CES-D scale on depression. On this scale, a score of more than 10 counts as depressed. The Dutch respondents scored 9.4 at average, so just under the cut-off point for depression. At average, the Dutch respondents scored 26% as being depressed. But when we look at the scores for specific questions, we see that the scores were not distributed evenly. The Dutch respondents scored much higher on “not being hopeful” and “not being happy” than on other items.

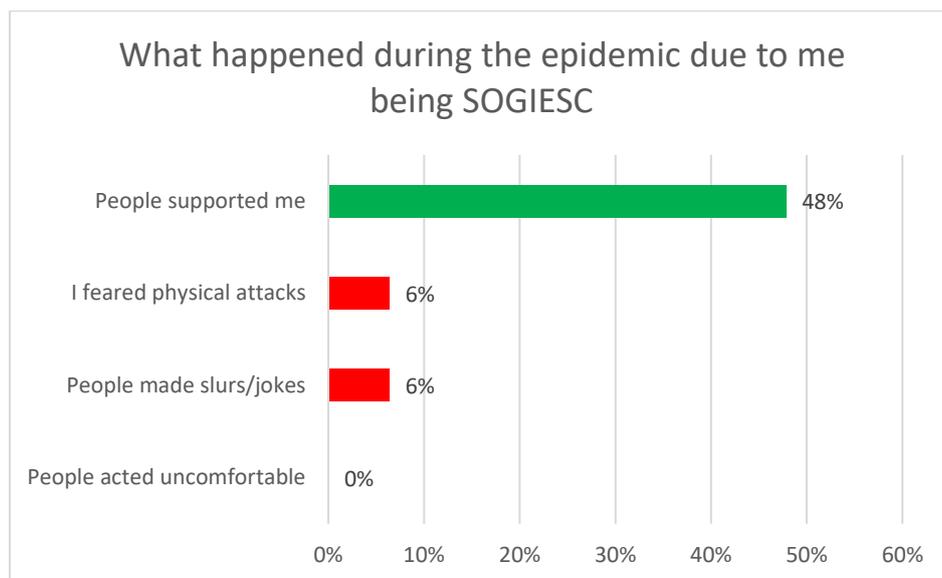


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A lot of respondents were insecure whether this was due to the COVID-19 epidemic; 53% denied this, 40% thought this was partly so and 6% agreed that your stress level had to do with the epidemic.

Most respondents (80%) did not think that homophobia and transphobia increased during the epidemic; 17% thought it did increase.



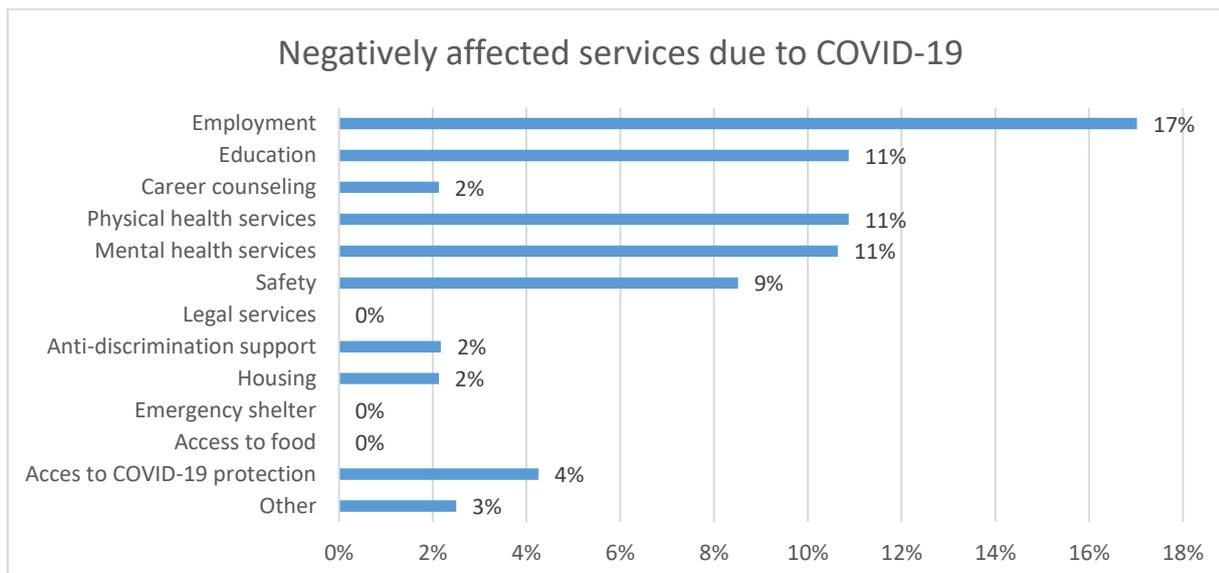
Half of the LGBTIQ+ respondents felt that they were supported during the epidemic as being LGBTIQ+, while only a few persons had negative experiences.

About half of the respondents (48%) looked for support service during the epidemic, while the other half did not (52%).



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Only a few of the LGBTIQ+ respondents thought that services had been negatively affected by the epidemic. Only 1 respondent thought that this was due to their sexual orientation or gender identity, while 3 respondents were not quite sure.

About half of the LGBTIQ + respondents (52%) thought that their professionals were adequately prepared to support them in the context of the epidemic, while 14% (6) did not and 34% (15) were not sure. One intersexual respondent reported unfair judgment by a service provider.

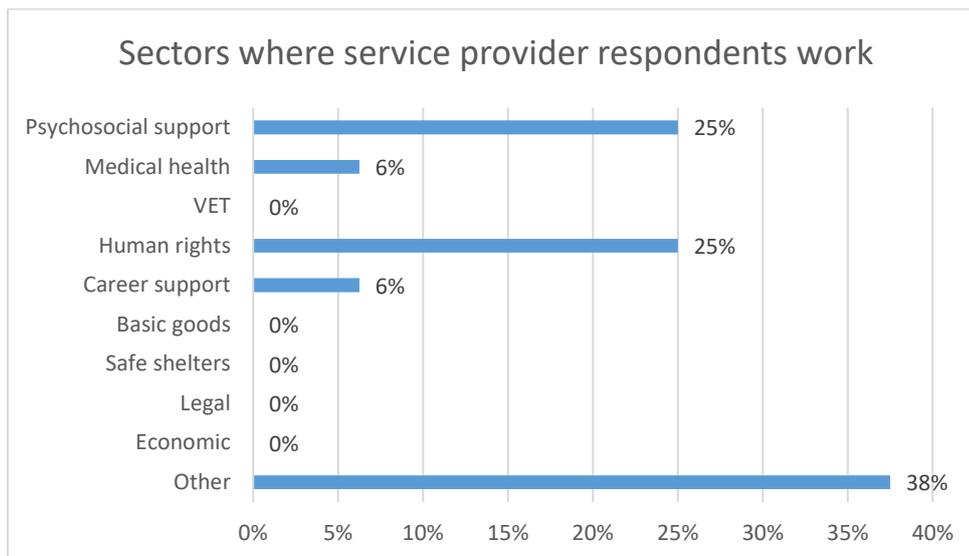
3.3.3 Needs of providers

The 16 service providers we reached mainly worked in the mental health and human rights sector. 47% of them worked in LGBTIQ+ NGO organizations, so some of the providers offered psychosocial support in the context of human rights rather than from care institutions.



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Except one, all providers have provided services to the LGBTIQ+ target group during the epidemic. 75% of the providers have been working online in this period, 19% did not. 64% found this challenging, 36% did not.

A minority of 3 of the providers (20%) thinks that may need different or additional support during the COVID-19 epidemic compared with non LGBTIQ+ people, while 4 (27%) agree they need different support. Eight providers (53%) are neutral on this. This is relatively surprising because the majority of the providers in the Dutch survey are LGBTIQ+ themselves. We also asked if providers were aware of specific challenges of LGBTIQ+ during the epidemic. Also somewhat surprisingly, we found that 5 (31%) were not, 4 (25%) were not sure and only 7 (44%) for today were aware of such specific challenges. Only two of these said that they were very well aware of the challenges of LGBTIQ+ during COVID-19.

47% of the providers said they were trained on supporting LGBTIQ+, while 41% said they were not (12% - 2 persons were unsure about this). 29% said to be interested in training on this, but 47% did not and 24% was unsure whether that would be useful for them. We studied the answers of the providers to find out if there was a logical connection between their awareness of specific challenges and their need for training. The review was inconclusive: there were some respondents that did not answer the questions on training needs, while they also admitted that they were not



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aware of specific challenges. Providers who never had any training were also not more interested in training than providers who did have training before. The only expected relationship was that providers who did have training in the past on LGBTQI+ topics, were less interested in further training.

Half of the providers answered the question on specific themes they might want to have training on. It was clear that the providers were *not* interested in an explanation of key concepts. The highest scoring needs were:

1. Referrals
2. Access for LGBTQI+ two online services
3. Challenges working remotely

Other needs that scored over 60% were:

4. Challenges for LGBTQI+
5. Providing remote services
6. International good practices
7. Support services



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4 General Conclusions

In general, we could conclude that the Netherlands is compared to other countries a quite supportive country for LGBTIQ+.

4.1 An equality perspective is not always sensitive

Service providers are not always aware of the specific challenges facing LGBTIQ+, but the general attitude is positive and in principle supportive. LGBTIQ+ people themselves have little insight in the quality of service provision; they are already happy when the provider is “friendly” and “sensitive” in general. LGBTIQ+ clients don’t want to be seen as “different” and may therefore deny specific needs.

The supportive attitude of cisgender heterosexual providers, and especially VET providers, seems to mainly take place within an “equal treatment” perspective. This perspective is that there should not be and there is no real difference between heterosexual and other sexual orientations and between cisgender and other gender identities. It is a “live and let live” perspective which includes a certain disinterest in marginalized diversities. This attitude of relative indifference has been labelled “tolerance at a distance” by researchers and “fake tolerance” by LGB peer educators.

This becomes even more clear in the interviews, which were all done with LGB providers. Some of the more experienced LGB providers were quite sceptical that cisgender heterosexual providers would be willing to be open and sensitive enough to LGBTIQ clients or customers. They stress the importance of supporting the self-care within the LGBTIQ communities themselves. They also stress the importance of taking an intersectional perspective and have a focus on the most vulnerable groups among the LGBTIQ communities: poor people, undocumented people and trans people.



An equal treatment perspective combined with a general “caring” intention does not lead to adequate support for LGBTIQ+ students because it does not recognize the heteronormative bias and limiting structures that are built in the cultural environment. We could even suspect that hetero-privileged “caring” attitudes are laudable in their individual attempts for support but counterproductive in their implicitly leaving out attempts to structurally change the environment.

4.2 COVID-19 and the “mainstream” LGBTQI+ population

The COVID-19 epidemic does not seem to have dramatic specific consequences for the “mainstream” LGBTQI+ population (middle class gays, lesbians and bisexuals). This is mainly due to two reasons:

1. The social attitudes towards LGBTQI + people were already positive before the epidemic, and there has been no regression in this in the Netherlands during the epidemic.
2. The government and local authorities have been generous in their financial support, which secured that most people kept their job and that LGBTQI associations and commercial venues did not go bankrupt.
3. Despite having less opportunities for socializing, dating and having sex, most of the more affluent LGB population does not seem to experience a big problem with isolation or loneliness. In part, such a sense of loneliness is denied, for another part it is relieved by having adequate income and housing, a steady partner and some friends they still can see privately.

4.3 Not having a partner, loneliness and lack of sex during lockdowns

Despite this, the interviews give anecdotal evidence that for LGBTIQ+ people who do not have a partner (often younger people and older people) and rely for their social contacts on associations and commercial venues, have lost a great part of their social (and sex) life and infrastructure. For them isolation and depression is a serious challenge. Our statistical research was not large enough to assess how big this challenge is in the Dutch LGBTQI+ population. Our own limited results do not



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point to a large percentage of the LGBTQI+ population being isolated, stressed or depressed; but our sample was small and consisted mainly of older lesbians and gay men who were quite happy with their situation. But we can expect this is a wider problem; in 2013 a research among LGBT people found that 42% of the gay men did not have a steady partner and 32% of the lesbian women did not have a steady partner. For bisexual women, this percentage was 32% and for bisexual men 36%. These percentages are much higher than among heterosexuals (De Graaf, Bakker & Wijsen, 2013; p. 11). Some of the interviewees point out that dating, cruising and sex are an integral aspect of LGBTQ subcultures and that this aspect is often denied or downplayed because of rejection, shame or a unconstructive political correctness (not wanting to confirm stereotypes, but by avoiding issues implicitly ignoring non-heteronormative realities).

4.4 Challenges for LGBTIQ+ refugees, immigrants and undocumented people

Our interviews gave a definite impression that LGBTQI+ people on the margins of society were seriously challenged by the COVID-19 epidemic, even in the Netherlands. We are referring here to the many immigrants that come to the Netherlands from discriminating countries. Many of these immigrants are undocumented (“illegal”) in the country or have a very limited social network. They often have little income, no or crowded housing and no privacy. This increases their vulnerability for isolation, loneliness and depression, but also for COVID-19 itself. Lockdowns and restrictions on bars and other gay venues (where they often work) increases this risk of isolation, especially when their housing situation is less than ideal. In some cases - when they are undocumented - it may also pose a risk for losing their job and income. For example, people who rely on prostitution for their income may find themselves without clients or in dangerous work situations with abusive clients. Several providers signal the need to focus on these vulnerable subpopulations, and the need to do this by giving *them* the lead and the required budget. Some of the providers also point out that vulnerable subpopulations cannot be helped only in a therapy context; *real* help requires system change in the environment, which requires political activism.



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4.5 Good practices

Both the desktop research and the interviews with providers and LGBTQI people provided a host of good practices: 33 in total. And there are much more good practices available. The huge number of good practices is an obvious result of the long history of the LGBTQI movement in the Netherlands, the elaborate LGBTQI community infrastructure, the available funding and a large number of mainstreaming initiatives and strategies. GALE distinguished between denying, ambiguous and supportive countries and it is clear The Netherlands is in a phase of advanced supportiveness. Still, this does not imply there is no work to be done any more. For example, the signals of interviewees that mainstream bureaucracies and policies concerning vulnerable people are not sensitive and work out destructive for certain groups, show how a general lack of sensitivity and specific heterosexist mechanisms still lead to exclusion, reduced well-being and suicide.

4.6 Needs of providers

The number of providers in the survey research was limited and most of the responding providers were working in the LGBTIQ+ rights movement. Despite this it appeared a large number of them did not appear to be aware of the specific challenges of LGBTIQ+ clients in times of COVID-19. It may be we missed the providers in our research that are most in need of support. From the international literature review it became clear that LGBTIQ+ communities are overburdened with requests for help, and in the Netherlands a number of specific providers for LGBTIQ+ communities refused to take part in this needs assessment because they got to many requests for help and for research. Because the active providers are already overwhelmed, we should not overestimate how much time they could invest in online training. If we offer online support for providers, we need to make the resources short and link into concrete challenges providers are facing.

The highest scoring needs for training or resources by provider respondents on the survey were:

1. Referrals
2. Access for LGBTIQ+ two online services
3. Challenges working remotely

Other needs that scored over 60% were:



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4. Challenges for LGBTQI+
5. Providing remote services
6. International good practices

The interviewed LGBTQI people were little aware of their needs of providers and expressed their needs as mainly that providers should be open, fair and sensitive. The LGBTQI providers themselves were much more explicit in what providers need:

1. Make sure online counselling can be private and secure
2. Offer providers tools on how to do counselling online and use computers
3. Organize or support formal and informal safe meeting spaces face-to-face or online (but make sure this is ongoing, sustainable and not ad hoc)
4. Become aware of white and straight cisgender privilege
5. Offer information on what it means to be LGBTQI+ “affirmative”
6. Don’t rely on knowledge alone, work on awareness and how to handle emotions
7. Be aware of the need for structural and systemic change and take position in this
8. Make sure to develop “nothing *for* LGBTQI *without* LGBTQI”.



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