



Mapping Study On
ACCESS OF LGBTI+s'
TO EXISTING SOCIAL SERVICES
IN THE NORTHERN PART OF CYPRUS



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ABOUT ASSOCIATIONS

QUEER CYPRUS ASSOCIATION



Queer Cyprus is a civil society organization that started out with the name of “Initiative Against Homophobia” in 2007 to change the discriminatory local legal legislation in the northern part of Cyprus and to create public opinion for the rights and freedoms of Lesbian, Gay, Bisexual, Trans and Intersex people.

The association, which continued on its way as Queer Cyprus in 2012; fights for a world where no one is discriminated against on the basis of language, religion, race, colour, sexual orientation, gender identity, gender expression, age and ethnicity. Therefore, Queer Cyprus embraces diversity and fights a feminist, anti-militarist, ecologist and veganist struggle against any oppressive mechanism.

The Queer Cyprus Association; is a civil society organization that works to combat discrimination based on gender, gender expression, sexual orientation and gender identity. Queer Cyprus is an organization that works in various fields such as law, education, psychology, health for the access of LGBTI+’s to human rights in cooperation with local and international organizations.

KAOS-GL ASSOCIATION

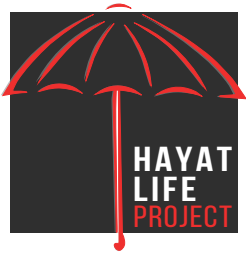


Kaos GL, celebrating its unofficial foundation date as to the publication of the first issue of Kaos GL Magazine in September 1994, has been fighting against homophobia, biphobia, transphobia, sexism, nationalism and militarism since the beginning of its establishment. In 2005, Kaos GL was established officially as the first association in Turkey working on sexual orientation, gender identity, expression and sex characteristics (SOGIESC).

Kaos GL conducts activities in many different fields such as law, education, art and culture, politics to endorse achievements to be done in this framework so that LGBTI+s may embrace freedom, justice and peace as their fundamental values. Additionally, they may conceive human rights as the rights of all human beings without making discrimination based on SOGIESC, language, race, colour, philosophical conviction, religion, religious sect, locality etc., and they may struggle against homophobia and transphobia in every aspect of life.

ABOUT PROJECT

LGBTI+ in Freedom from Exploitation (Life) Project



LGBTI+ in Freedom from Exploitation (Life) Project started with the slogan of “Where Lesbian, gay, bisexual, trans, intersex and beyond (LGBTI+) will be free from exploitation in Cyprus” on 8th of May 2019 and will last for two and a half years, is financed by the European Union and implemented by the Queer Cyprus Association in cooperation with KAOS-GL.

The project aims to contribute to the struggle against trafficking of LGBTI+’s in the northern part of Cyprus. It also aims to raise awareness of LGBTI+’s on sexual exploitation, and to support the effective and coordinated response against trafficking in human beings, as well as to enhance the access to rights of potential LGBTI+ victims and those at risk through the activities planned as mapping the situation of LGBTI+ sex workers in the northern part of Cyprus, publishing and dissemination the report of the mapping study.

Moreover, information sessions on LGBTI+ and trafficking in human beings for members and allies of Queer Cyprus Association, a focus group meeting in Turkey with attendance of civil society organisation representatives that work on the issue of trafficking in human beings with CSOs’ in Turkey that work with and on the issue of LGBTI+ sex workers, advocacy for a coordinated response that is inclusive of LGBTI+ victims, training sessions on LGBTI+ and trafficking in human beings for Queer Cyprus Association, Solidarity Line volunteers, distribution of informative promotional products to be produced within the scope of the project from peer-worker to worker to contribute to social assistance activities, mapping existing social services and access to these services, free social welfare services provided by a social worker assigned under the scope of this project to LGBTI+ victims, potential victims of trafficking and those at risk of becoming victims.

PREFACE

As the Queer Cyprus Association, we have entered a period of great transformation and development since the day we started our struggle in the field of anti-human trafficking. The struggle and the work we have done in this area have revealed an important roadmap for us. The inadequacy of the social service service, which has become more evident with the Covid-19 pandemic, together with the ‘Situation Mapping of LGBTI+ Sex Workers in Northern Cyprus’ study we carried out in 2019-2020 showed us the importance of this research once again. We would like to thank all social workers and LGBTI+s who contributed to our survey within the scope of this study. We would like to extend our gratitude to our researchers Buse Erzeybek and Saime Uluçaylı, Onur Yılmaz who helped us with the data analysis, also, to those who have not witheld their great contributions during the editorial process of this extensive report; Faika Deniz Pas-ha, Derviş Taşkiranlar, Doğukan Gümüşatam as well as Umut Güner from KAOS-GL.

LGBTI+ in Freedom from Exploitation (Life) Project
Queer Cyprus Association



TRIGGER WARNING

The experiences described in this report may be triggers for some readers as they include discrimination, violence, harassment and LGBTI+phobic behaviour.

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LIST OF SYMBOLS / ABBREVIATIONS

LGBTI+: Lesbian, Gay, Bisexual, Trans, Intersexes and Pluses

IFSW: International Federation of Social Workers

IASSW: International Association of Schools of Social Work

UNODC: United Nations Office on Drugs and Crime

SPOD: Social Policy, Gender Identity, and Sexual Orientation Studies Association

CSO: Civil society organization

KTAMS- CTCSTU: Cyprus Turkish Civil Servants Trade Union

ŞÖNİM: Violence Prevention and Monitoring Centres

NTB: Nicosia Turkish Municipality

KAYAD: Women to Support Living

HRHS: Hudson and Ricketts Homophobia Scale

ATLG: Attitudes Towards Lesbians and Gay Men Scale

CETAD: Sexual Education, Treatment, and Research Association

TOCED: Gender Equality Office

NASW: National Association of Social Workers

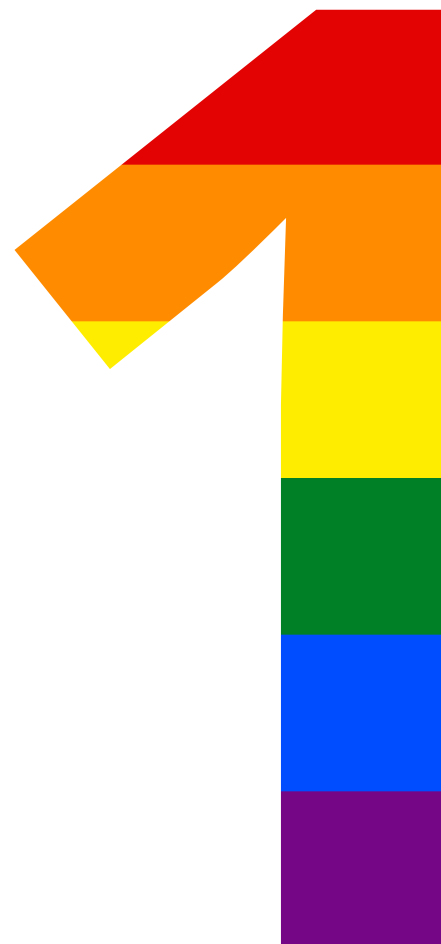
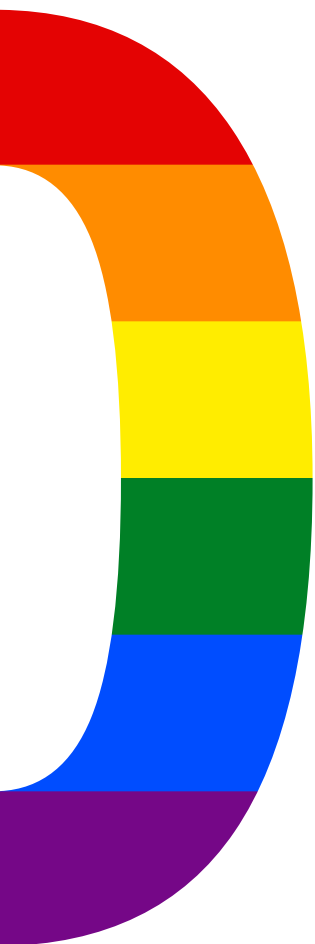
ŞÖDAM: 'Violence Prevention and Counselling Centres'

EQUINET: European Network of Equality Bodies

USA: United States of America

ENP: The European Network of Parents of LGBTI+ Persons





INTRODUCTION

01

INTRODUCTION

The scope and inclusive definition of social work has long been a topic of debate. In 2014, the International Federation of Social Workers (IFSW) and the International Association of Schools of Social Work (IASSW) defined social work as “*a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment (strengthening individuals and communities in economic, political, social, educational, gender or psychological terms) and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance wellbeing.*”¹. In this regard, the fight for groups considered to be vulnerable in society is central to this profession striving for social justice and human rights. LGBTI+s, one of these groups, faces discrimination, oppression, and exclusion not only in our community but across the world.

In a statement published in February 2021, the IFSW’s Human Rights Commission pointed out a global-wise lack of action defending the rights of LGBTI+s and said they were concerned for the community. These concerns were highlighted by social workers across all regions as they witnessed governments and policymakers turning a blind eye to human rights abuses and causing specific discrimination against LGBTI+s. The statement underlined that these abuses had a disastrous impact on people’s lives, not only undermining their physical, psychological, and emotional state but also affecting their employment and housing status. The abuses are further reinforced in countries that force transgender people to get medical treatment, sterilization or fulfil other demanding preconditions before they are able to get their identities legally recognised. The Commission voiced its concerns regarding the lack of action by social work associations to advocate for change in their own countries. “*A fundamental obligation of social work professionals is to challenge oppression and support the rights of all members of the community and society. It is not ethically acceptable to allow the ongoing human rights violations against the global LGBTQI community to continue*” it said. The Commission thus made the following recommendations with respect to the protection of LGBTI+ rights:

1. Protection (*Protect individuals from homophobic and transphobic violence*).
2. Prevention (*Prevent torture and cruel, inhuman, and degrading treatment*).
3. Regulation (*Repeal laws criminalizing same-sex relations and transgender people*).
4. Anti-discrimination (*Prohibit discrimination based on sexual orientation and gender identity*),
5. Emancipation (*Safeguard freedoms of expression, assembly and association for LGBTI people*)².

LGBTI+s have difficulty in having their needs met as a result of social exclusion, discrimination, and oppression. These problems exist not only in the society at large but also within their own communities and families. In other words, LGBTI+s suffer from acts of oppression and cruelty such as exclusion, neglect, and marginalisation by their own families and communities as well as society in general. These issues may, unfortunately, lead to human rights abuses (life, housing, advancement, etc.). Discrimination, exclusion, and oppression, in turn, cause personal and social problems because the mindset that accepts heterosexuality as natural and normal describes all other orientations and gender identities as deviation. This gives rise to the psychological, social, political, and cultural needs of LGBTI+s. Failure to meet their social needs then leads to a lack of access to resources (*housing, employment, healthcare, social assistance*), oppression and exclusion, lack of social support, and factors that undermine identity formation³.

¹ IFSW and IASSW: What is Social Work?, August 7 2014, <https://www.ifsw.org/sosyal-hizmet-nedir/> (E.T.: 26.02.2021).

² IFSW- Rights Commission: IFSW Rights Commission Highlight Concerns for LGBTQI People, February 22 2021, <https://www.ifsw.org/ifsw-rights-commission-highlight-concerns-for-lgbtqi-people/> (E.T.: 26.02.2021).

³ Buz, S.: Social Work with Lesbian, Gay, Bisexual and Transgender People. Society and Social Work, 2011, Vol. 22, No. 2, s. 137, 148, Anlindi <https://dergipark.org.tr/en/pub/tsh/issue/48441/613668> (E.T.: 26.02.2021).

Social work plays a key role in overcoming these social issues experienced by LGBTI+s. Therefore, one of the most fundamental responsibilities of social workers is to fight against discrimination directed towards their clients and co-workers on the grounds of their gender identity or sexual expression⁴. Moreover, schools of social work should teach their students about anti-discrimination practices and respect for every client to ensure social justice and help them develop their knowledge and skills.⁵

Social work professionals should first understand themselves, accept their own sexual orientation and gender identity, confront their prejudices, and then provide services in a non-homophobic context. Gates (2006) makes the following recommendations to challenge heterosexist structures in social work settings:⁶

1. Confront heterosexist agency policies (*for example, making the term “family” more inclusive*).
2. Advocate for LGBTI+ clients (*for the enactment of the legislation, etc.*).
3. Use gender-free language (*using the term “spouse” or “partner” instead of “husband” or “wife”, etc.*).
4. Display LGBTI+ inclusive literature in lobbying (*displaying a rainbow flag or keeping magazines in the agency, etc.*).
5. Keep an open mind.
6. Educate oneself.

The LGBTI Committee of the National Association of Social Workers sees social workers as key professionals in their efforts to ensure wellness, safety, and equality for all LGBTI+s. The Committee believes that social workers should be committed to local legislation, policies, and programmes that affirm, support, and value LGBTI+s as well as their families and communities⁷.

In light of all these recommendations, **six fundamental principles** stand out in social work settings with LGBTI+s:⁸

1. Intervention based on values and ethics.
2. Ecological System Approach (individual as part of their surroundings).
3. Respect for differences.
4. Empowerment.
5. Evidence-based practice.
6. Service provision based on social justice.

LGBTI+s face discriminatory practices and rights abuses because of their sexual orientation and gender identity, expression, and characteristics just as in many countries. In 2014, article 171 on ‘crimes against nature’ of the criminal ‘legal text’ of the northern part of Cyprus, which criminalized homosexuality, was repealed and amended as ‘libel and slander based on gender, sexual orientation and gender identity’. The ‘legal text’ was further amended to include article 172, prohibiting ‘psychological or economic violence motivated by prejudice or hate’ and article 174, prohibiting ‘discrimination against beneficiaries of public service based on gender, sexual orientation or gender identity’. Although legislators enact ‘legal texts’ to prevent discrimination against LGBTI+s, ‘administrators’ fail to take necessary measures. A 2012 study by Queer Cyprus Association on rights abuses showed that only 42 out of 100 people were out to their families and 90 were out to their close

⁴IFSW: International Federation of Social Workers. Draft document: Ethics in social work statement of principles, 2002, Geneva: IFSW General Meeting.

⁵CSWE: Council on Social Work Education. Educational policy and accreditation standards. 2005, (E.T.: 26.02.2021).

⁶Gates, T.: Challenging Heterosexism: 6 Suggestions for Social Work Practice, 2006. [https://www.socialworker.com/feature-articles/ethics-articles/Challenging_Heterosexism%3A_Six_Suggestions_for_Social_Work_Practice/\(E.T.:26.02.2021\)](https://www.socialworker.com/feature-articles/ethics-articles/Challenging_Heterosexism%3A_Six_Suggestions_for_Social_Work_Practice/(E.T.:26.02.2021)).

⁷NASW (a): Lesbian, Gay, Bisexual, Transgender & Queer (LGBTQ), 2021. <https://www.socialworkers.org/practice/LGBT>

⁸Morrow, F. D.: Sexual Orientation and Gender Identity Expression. In Sexual Orientation and Gender Expression in Social Work Practice, Ed: D. F. Morrow and L. Messinger, 2011, New York: Columbia University Press.

LGBTI+ friends, indicating rights abuses⁹. The “Study on Homophobia and Transphobia – A Population Study”, also conducted by Queer Cyprus Association, reveals that “trans women and trans men face the most severe stigmatisation among all minority groups”¹⁰. The sequel to the Association’s Study on Homophobia and Transphobia shows an increase in homophobic and transphobic behaviour among women while pointing to a drop in such behaviour among men¹¹. When we analyse human trafficking from an LGBTI+ perspective, we see that governments’ records keeping human rights abuses do not offer any explanation as to the ways in which LGBTI+s are vulnerable to human trafficking. An increasing number of studies show, however, that LGBTI+s run a higher risk of falling victim to human trafficking¹². In its 2020 report, the United Nations Office on Drugs and Crime (UNODC) is said to have detected 45,578 victims (from 135 countries) as of 2018¹³. Although the report does not contain any statistics on LGBTI+s, its specially dedicated section ‘LGBTI+: Unreported Victims’ describes the LGBTI+ victims as the invisible victims of human trafficking. In light of the findings from the Queer Cyprus Association’s own research on rights abuses and population studies, the Association expanded its work to cover the fight against human trafficking and started working on LGBTI+s and human trafficking in the northern part of Cyprus. In the first part of its study “**Situational Mapping Study of LGBTI+ Sex Workers in the northern part of Cyprus**”¹⁴, conducted in 2020-2021, the Association covers an ‘overview of the general legal framework regarding human trafficking, need for and importance of LGBTI+ inclusive fight against human trafficking and ‘legal texts’ in the northern part of Cyprus’. The second part of the study, based on interviews with various actors such as ‘public officials’, ‘politicians’, human rights activists, transgender and gay respondents deals with topics such as ‘overview of the social, economic, and ‘political’ structure, gender relations and gender politics, xenophobia, and international students’ and the final part ‘LGBTI+s in Human Trafficking: Human Rights Needs and Risks’ deals with areas such as the implications of sexual orientation, gender identity and characteristics, challenges with families, discrimination and violence, solidarity among LGBTI+s, basic human rights needs (*right to housing, education and socialisation in urban spaces, legal recognition of their gender, and working conditions of LGBTI+ people who are denied their right to work: sex work, bars, working as host/hostess*) and rights in terms of access to services, and disadvantages (*Healthcare and Social Service Needs and Rights*)¹⁵. The study concludes by saying that;

- Sex workers who work/are forced to work in nightclubs,
- International students, informal migrant workers,
- People living with HIV,
- Domestic workers and caretakers, and
- Local/migrant LGBTI+s (specifically gay and transgender women sex workers,

are at risk of falling victim to human trafficking. The study revealed that transgender people working in jobs that fall under the scope of sex trafficking are vulnerable to human trafficking. This vulnerability is mainly due to a lack of social equality encompassing sexual orientation, gender identity/expression and gender characteristics, high levels of discrimination and exclusion in the labour market and of family

⁹ Uluboy, Z.: Documenting Human Rights Abuses of Lesbian, Gay and Bisexual People in the northern part of Cyprus: First Report, Queer Cyprus Association, 2012.

¹⁰ Uluboy, Z.: Study on Homophobia and Transphobia in the northern part of Cyprus – A Population Study, First Report, Unspoken, Queer Cyprus Association, 2017, p.45. https://www.queercyprus.org/wp-content/uploads/2019/01/Anket_Birinci-As%CC%A7ama-1.pdf (E.T.: 01/09/2021).

¹¹ Ziliha Uluboy, Study on Homophobia and Transphobia in the northern part of Cyprus – A Population Study, Second Report, Unspoken, Queer Cyprus Association, 2017, p.16.

¹² Martinez, O. / Kelle, G.: Sex Trafficking of LGBT Individuals: A Call for Service Provision, Research, and Action. The international law news, 2013, Vol. 42, No. 4.

¹³ UNODC: Global Report on Trafficking in Persons, 2020, https://www.unodc.org/documents/data-and-analysis/tip/2021/GLOTiP_2020_15jan_web.pdf (E.T.: 04.04.2021), p. 31.

¹⁴ Cankurtaran, Ö. / Odabaş, A.: Situational Mapping Study of LGBTI+ Sex Workers in the northern part of Cyprus, Queer Cyprus Association, 2021,

¹⁵ Ibid., p. 69-73.

pressure as well as lack of legal guarantees for sex work.¹⁶ Rights abuses caused by 'lawmakers' and 'administrators', as highlighted by the study, suggest a need for strong social work.

The legislation and related social policies used by the 'social services department' in the northern part of Cyprus are mostly based on outdated regulations, dating back to the British rule, that no longer meet current needs or address current problems. Even though some 'legal texts' have been amended recently, there are problems in their implementation due to their contradictory nature. Moreover, as there are no regulations ensuring service provision to LGBTI+s, social work fails to be needs-driven, empowering or preventive.

The ongoing presence of the 'legal texts' inherited from the British rule and their applicability to most services even today bring a substantial impediment to the solution of social issues. Despite some improvements in the legislation that aimed to prevent rights abuses, there are still many more steps to be taken. In that regard, the amendment made in the criminal 'legal text' in 2014 decriminalising homosexuality is considered an important step for human rights. On the other hand, social work is also mainly practised under 'legal texts' that were drafted during the same era (British rule). One of the major barriers to accessing social services for LGBTI+s is precisely this legal infrastructure. For example, it is common knowledge that since the legislation is not inclusive, people wishing to receive in-cash assistance are asked to submit a medical report certifying that they are suffering from psychological problems due to social exclusion, discrimination or oppression as a result of their sexual orientation and gender identity, expression or characteristics. A medical report then becomes the proof of that person's incapacity to work, which then allows them to benefit from in-cash social assistance. This practice does not only reinforce discrimination and stigmatisation but also goes against the right to privacy, a fundamental human right.

1.1 Scope and Importance of the Study

This study focuses mainly on the current services provided by 'social services department' and 'social workers'/social work professionals' attitude towards LGBTI+s as well as LGBTI+'s insight about the services they receive with an aim to better understand the scope of the 'department's services in light of the results of the study *'Situation Mapping of LGBTI+ Sex Workers in the northern part of Cyprus'*¹⁷, conducted by Queer Cyprus Association. The aim of the study is to analyse how 'social workers' provide services to LGBTI+s and how and to what extent LGBTI+s benefit from those services.

For social work to have inclusive and non-discriminatory social assistance strategies, rooted in principles of human rights, one needs to establish the causes and effects of gender, sexual orientation, gender identity, and gender characteristics. Moreover, one of the most essential and indispensable ethical principles for a successful professional intervention is anti-discrimination. In that regard, newly qualified social workers take a professional oath to provide the best services possible to everyone who needs their help and service (*regardless of their gender identity, gender expression, sexual orientation, gender characteristics, age, disability, language, religion, political view, etc.*). Therefore, this study is important for demonstrating how LGBTI+s benefit from regulatory social services and assessing the adequacy and functionality of these services for their beneficiaries in relation to current resources and capabilities.

Current literature offers a variety of studies conducted in foreign countries on the needs of LGBTI+s and the services they receive. There is, however, very limited research in the area in the northern part of Cyprus. Research mostly focuses on attitudes of university students aspiring to become healthcare professionals towards LGBTI+s^{18 19 20}. A study conducted by Kutlu and Köseoğlu (2019) on the attitudes of social

¹⁶Ibid., p. 80.

¹⁷Özlem Cankurtaran & Ali Odabaş, *Situation Mapping of LGBTI+ Sex Workers in the northern part of Cyprus* Queer Cyprus Association, 2021.

¹⁸Yolaç, E.: *Levels of Internalised Homophobia and Depression Among LGBT People*. Master's dissertation Department of Nursing, Institute of Health Sciences, 2019: Near East University, Nicosia.

¹⁹Dürüst, Ç./Çağlar, M.: *Assessment of Social and Personal Life Perceptions of LGBTQ People*. Turkish International Journal of Special Education and Guidance & Counselling, 2015, Vol. 4, ss. 1300, 7432.

²⁰Uluboy, Z./Husnu, S.: *Turkish Speaking young adults attitudes toward transgender individuals: Transphobia, homophobia and gender ideology*. Journal of Homosexuality, 2020, 10.1080/00918369.2020.1813510

work students in the northern part of Cyprus towards LGBTI+s highlights an improvement in attitudes leading up to the last year of studies²¹. This suggests the benefits of their social work education, which allows them to change their opinion about discrimination and increase their awareness. Studies carried out by Queer Cyprus Association also reveal the problems LGBTI+s experience in accessing basic human needs such as housing, healthcare, food, and employment and also their negative experiences in accessing social services. This study demonstrates for the first time the scope and methodology of services offered to LGBTI+s by their local 'social services department' when they experience a problem (*family-related, health, violence, unemployment, social exclusion, stigmatisation, housing, etc.*) as well as an assessment from the perspective of the beneficiaries of these services.

1.2 Ethics - Informed Consent

Respondents participated in the study on a voluntary basis after signing a consent form, used for ethical purposes. They were not asked questions that might reveal their identity and were reassured that their data would be used in full confidentiality only for the purposes of this study and processed for further planning of services and statistical purposes.

1.3 Methodology:

1.3.1 Method

The study used a mixed-method. This method aims to deepen understanding and information about a specific topic²². Not limited by the constraints of a single method, this method allows for more comprehensive and satisfactory responses as well as a more detailed understanding of the information collected. In this sense, the qualitative and quantitative data collected during the study demonstrated in further detail the challenges and needs related to social work both for 'social workers' and LGBTI+s while taking into account the restrictions of the 'country and region' they live in.

1.3.2 Population and Sample:

The first part of this two-part study consisted of research into the social services provided to LGBTI+s and the way in which they are provided and of scales for 'social workers'. The study used total population sampling to reach out to 32 'social workers', all of whom constitute the study population, employed in 'district departments and centres of social services under the 'ministry in charge of labour and social security'.

The second part of the study measured the LGBTI+s' access to social services and the extent to which they benefited from them. The population was the LGBTI+s living in the northern part of Cyprus. As there are no clear statistics regarding the number in the population, we used various social media accounts (*Facebook, Instagram, Twitter*), Queer Cyprus's accounts (website, e-mail) and dating apps used by LGBTI+s (*Hornet, Grindr, Wapa, etc.*) to reach out to and recruit as many people as possible. Between 30 March 2021 and 15 May 2021, we reached out to a total of **196 people**, who together constitute this study's sample.

1.3.3 Data Collection Tools

The questionnaire for 'social workers' consists of five parts. The first part, developed by the researchers, consists of seven articles aiming to obtain demographic data about the respondents. The second part made use of the "Attitudes Towards Lesbians and Gay Men Scale", a measure of respondents' attitudes

²¹ Kutlu, P./ Köseoğlu, M.: (Attitudes of University Students Studying Social Work in the northern part of Cyprus Towards LGBTI+s: A Gender-Based Assessment) *Gender, Space, Place & Culture 7th International Conference on Gender Studies*, 2019, ss. 528, 544, ISBN:978-605-9595-30-08

²² Johnson, B./Onwuegbuzie, A.: *Mixed Methods Research: A Research Paradigm Whose Time Has Come*. Educational Researcher, 2004, Vol. 33, No. 7, p. 14, 26.; Davies, P.: *Contributions from Qualitative Research*, In H. T. Davies, M. N. Sandra, & P. Smith (Eds). *What works? Evidence-based Policy and Practice in Public Services*, ss. 291, 316., Bristol, UK: Policy Press.

towards homosexuals. The “Index of Homophobia”, by Hudson and Ricketts, was used in the third part, followed by the “Attitudes Towards Transgendered Individuals Scale” in the fourth part. The last part of the study consisted of questions on attitudes towards bisexuality that the researchers drafted on the basis of the review of existing literature as well as scales available in English.

The researchers developed the questionnaire on the LGBTI+s' assessment of access to social services after reviewing the available literature and getting inspired by a study (2021) conducted by the Social Policy, Gender Identity, and Sexual Orientation Studies Association (SPOD), with the permission of the researchers²³. This three-part questionnaire consisted of the first part on personal information, followed by a second part with questions regarding access to social services (*housing, social assistance, psychosocial support, post-violence support mechanisms*) and the last part with questions on the respondents' opinion about access to services.

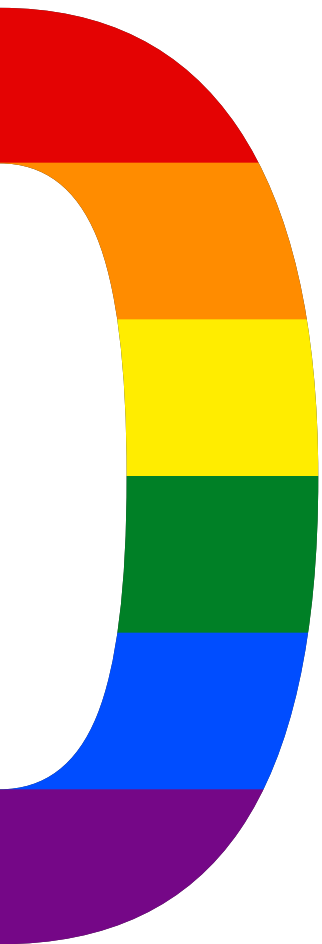
1.3.4 Analysis

The researchers used SPSS25 to analyse the measurement tools for 'social workers'. They used SurveyMonkey to collect and analyse the responses LGBTI+s gave to their questions.

After analysing the responses from both sides, the researchers compared and interpreted perspectives on and satisfaction with services provided versus services received.

²³ SPOD: Research Report on LGBTI+ Persons' Access to Social Services During the Pandemic, 2021.





FINDINGS

02

FINDINGS

Below are data that have been analysed under separate headings and then compared. The data consists of findings on LGBTI+s' access to social services in the first part, followed by findings on the attitudes of 'social workers' providing services to LGBTI+s in the northern part of Cyprus. These findings were then compared, analysed, and interpreted under the last heading.

2.1 Findings on LGBTI+s' Access to Social Services

This part consists of three sections: the first one on socio-demographic information about LGBTI+ respondents, followed by a second section on findings of their access to social services and the last section on their level of satisfaction with the services they receive.

2.1.1 Socio-Demographic Findings

Below is an analysis of respondents' personal information including place of residence, age, gender identity, sexual orientation, education, profession, citizenship, employment, source of income, health status, connection with civil society organizations (CSOs) and Queer Cyprus Association, and coming out experiences.

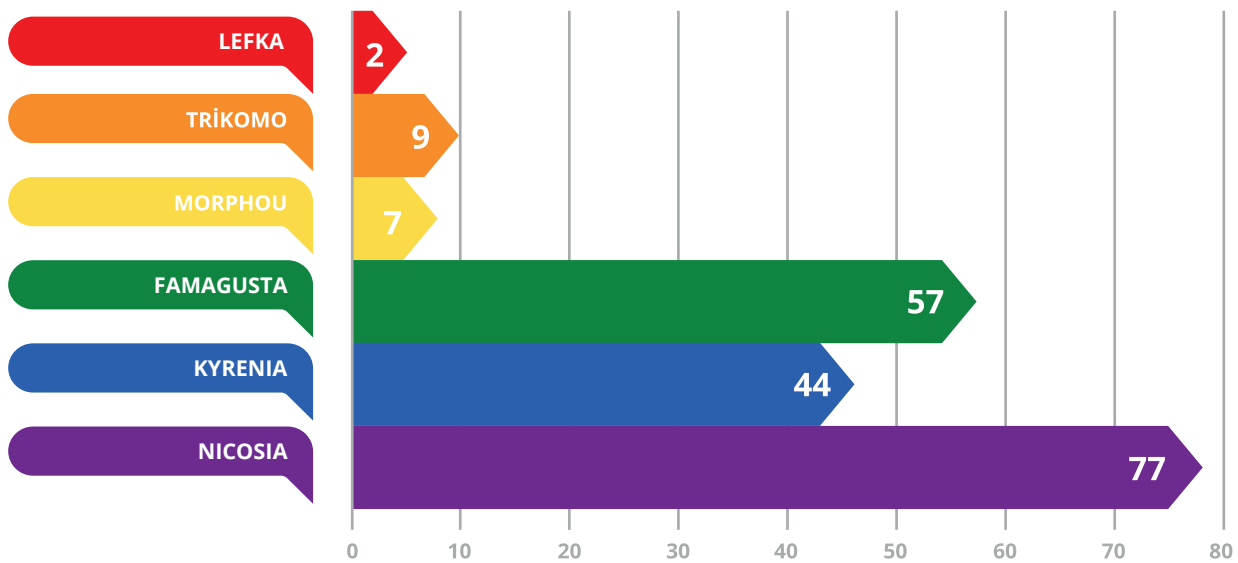


Figure 1: Breakdown by place of residence

Showing the breakdown of respondents by place of residence, **Figure 1** explains that respondents mostly live in urban areas rather than rural areas. Areas with the highest density are *Nicosia* (39.3%), *Famagusta* (29.1%), and *Kyrenia* (22.5%), respectively.

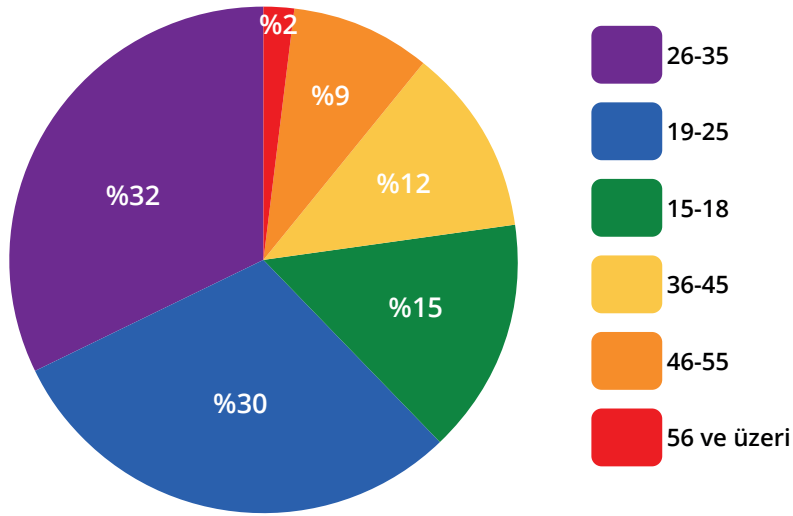


Figure 2: Breakdown by age

While respondents were aged between 14 and 68, most respondents were between 19 and 35 years old. The average age was 32.8. Breakdown by age is shown in Figure 2.

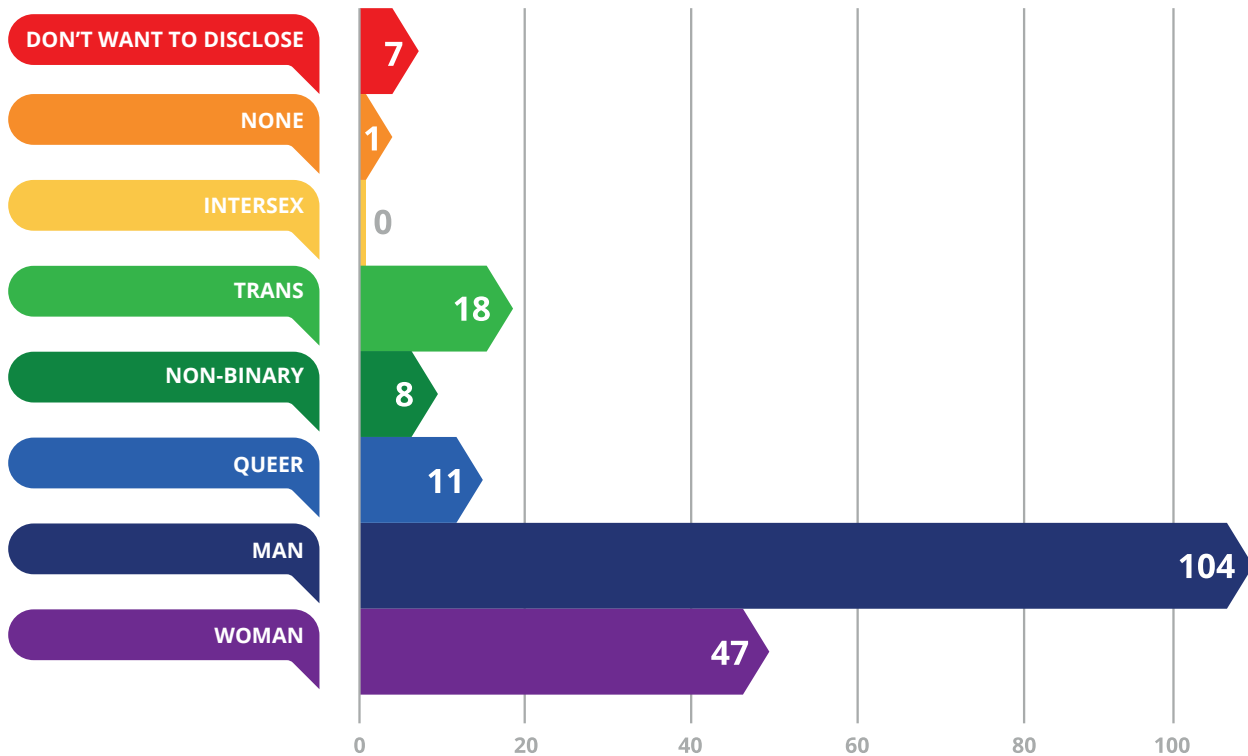


Figure 3: Findings on gender identity

Figure 3 shows the gender identity of the respondents, while Figure 4 shows their sexual orientation. Most respondents were men (53%), followed by women (24%), transgender people (9.2%), queer people (5.6%), and non-binary/gender-neutral people (4.1%) while a negligible part of the respondents (3.6%) preferred not to specify their gender identity.

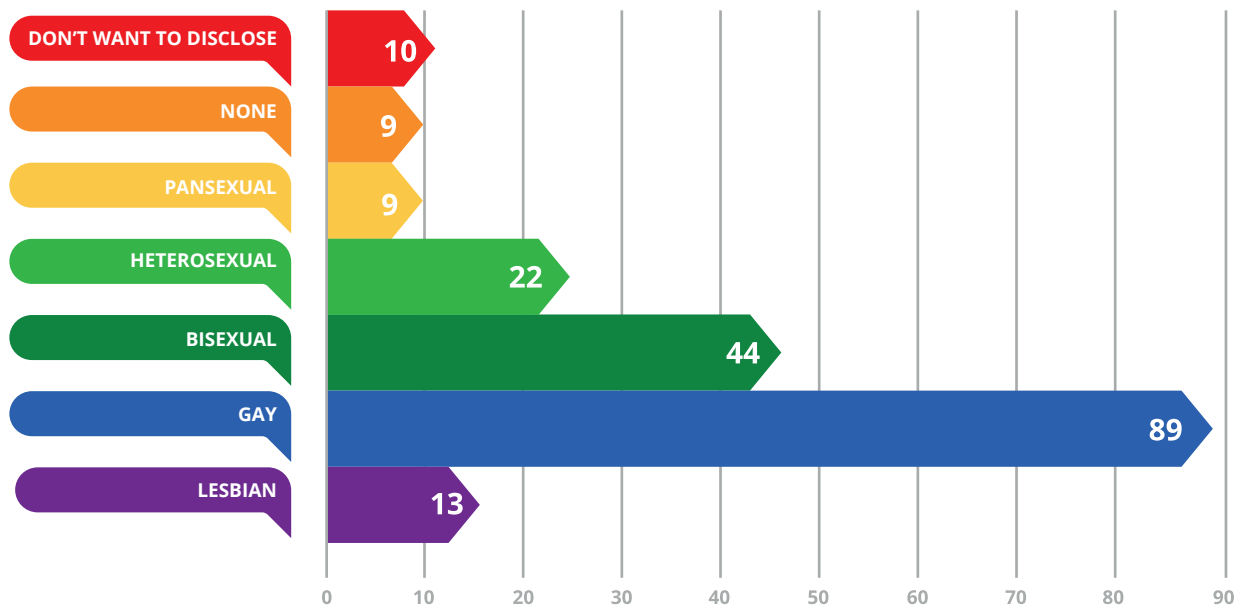


Figure 4: Findings on sexual orientation

Figure 4 shows a table detailing the breakdown of respondents by sexual orientation. Results show that most respondents identified as gay (45.4%) and others as bisexual (22.5%), straight (11.2%) and lesbian (6.6%). An equal percentage of respondents said they identified as pansexual or did not identify with any sexual orientation (4.6%) while some respondents (5.1%) did not wish to give information about their orientation.

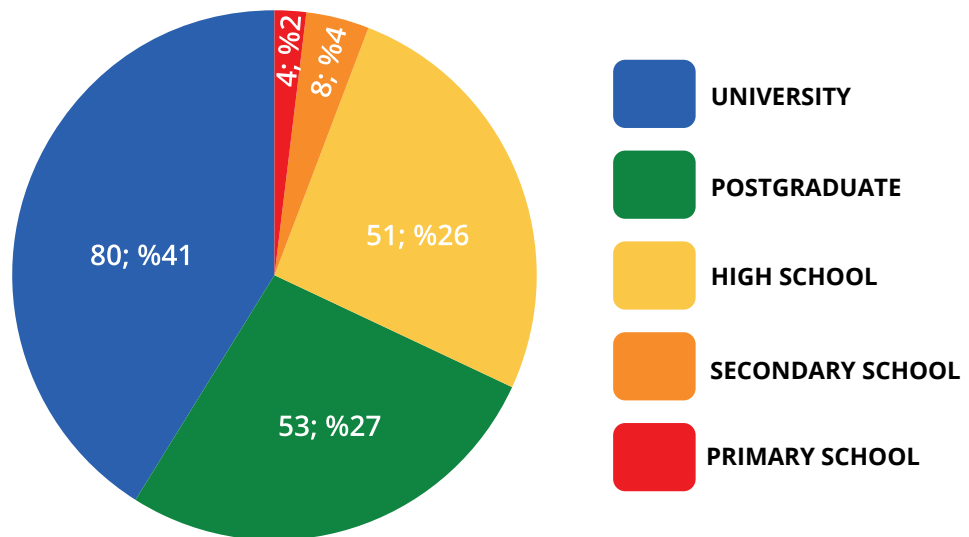


Figure 5: Findings on education

Figure 5 and Figure 6 show breakdowns by education and profession, respectively. Data show that most respondents are qualified professionals with a decent education, in that more than half of the respondents (68%) have university or postgraduate degrees.

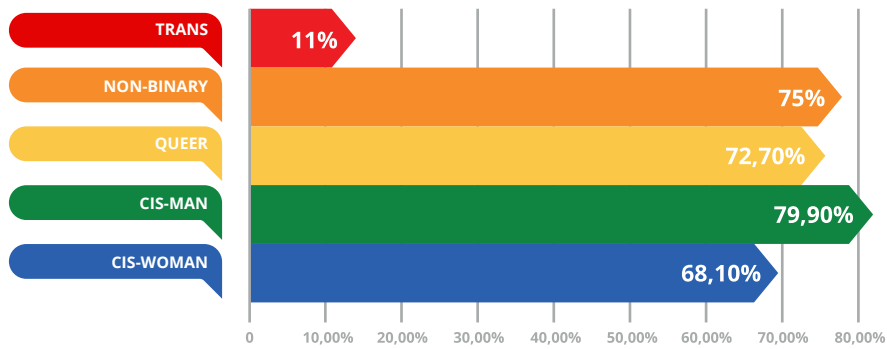


Figure 5 (a): Higher education completion- by gender identity

When analysed by gender identity, the responses indicate that *transgender people* have the *lowest level of completion in higher education* (11%). Research shows that discovering their sexual orientation and gender identity around the same time as their studies, the heteronormative educational structure, homophobic attitudes and behaviour of school administrators, educators, etc. within the school, bullying, and exclusion mainly hinder bisexual and transgender people’s access to education and undermine their educational career.²⁴

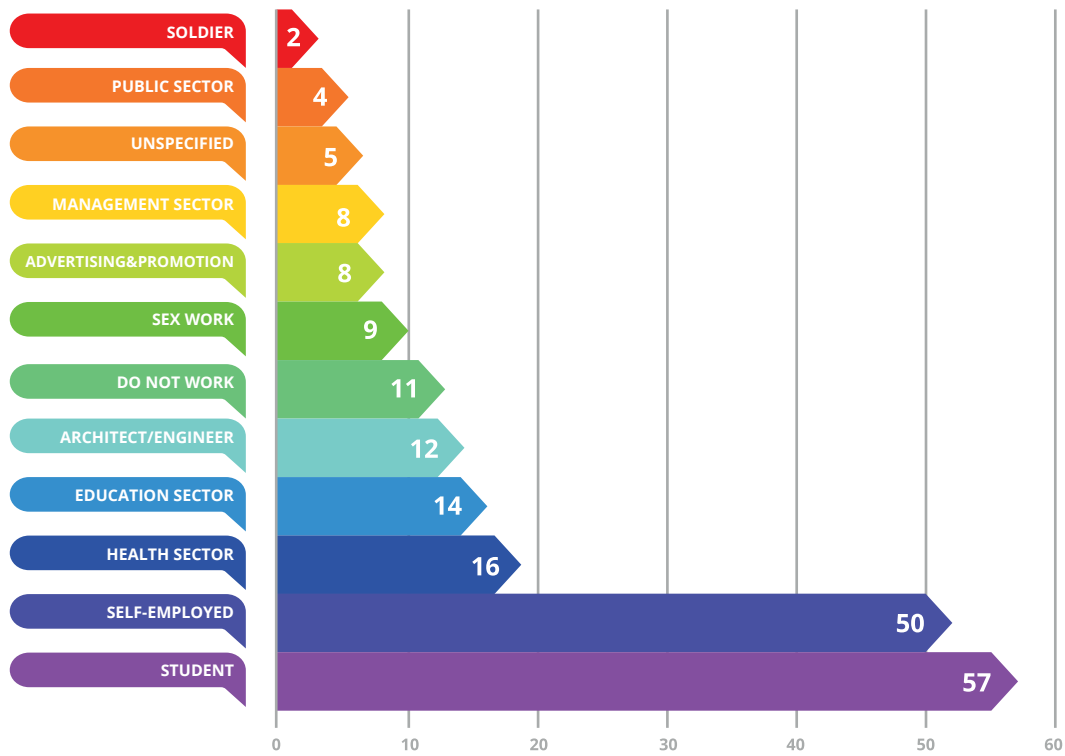


Figure 6: Breakdown by profession

Respondents were grouped into different categories according to their profession. Results show that the largest category consisted of *students* (29%), followed by *freelancer* or *self-employed people* (*translators and interpreters, freelance communication experts, artists, sales representatives, cooks, journalists, lawyers, pensioners, and psychologists*) (26%). Other categories of the profession were *healthcare professionals* (*doctors, nurses, chemists, biologists, dieticians*) (7.7%), *educators* (*academics and teachers*) (7%), *architects and engineers* (*computer, civil, and agricultural*) (6%), *sex workers* (4.6%), people working in *advertising and publicity* (*advertising, marketing, graphic design, and tourism*) (4%), *managers* (*HR managers, accountants, and managing economists*) (4%), people working in the ‘*public sector*’ (2%) and the *military* (1.2%), respectively. 2.6% of respondents *did not wish to specify their profession*.

²⁴Güner, U.: Impact of Heterosexist Discrimination on Gay, Bisexual and Trans Lives), Çalışma Hayatında, 2015, p. 23.

An analysis of the professions by gender identity reveals severe discrimination against transgender people. 50% of transgender respondents said they worked as sex workers, while 44% said they were unemployed. Discrimination is not only a determining setting for transgender people or in their career choices as many respondents said to have been subject to discrimination during the recruitment procedure, had their contracts cancelled because of their sexual orientation or gender identity, faced discrimination from the moment their gender identity and/or sexual orientation was revealed, had to quit their jobs as a result of oppressive and discriminatory behaviour or even been forced to resign. Such behaviour and attitudes in the ‘public’ and private sectors, where there is no gender equality and where gender roles are still assigned to what is considered to be a job for a man or for a woman, represent institutional discrimination on grounds of sexual orientation and gender identity.²⁶

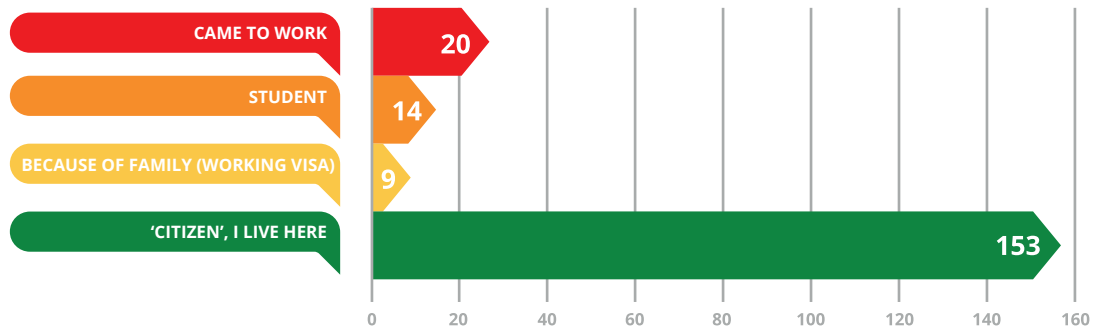


Figure 7: Breakdown by reasons to live in the northern part of Cyprus

A large majority of respondents (78.1%) said they were ‘citizen’/local’ in response to the question as to why they lived in the northern part of Cyprus. Other people indicated that they *came to work and were not a citizen* (10.2%), that they resided as *a student but they were not a citizen* (7.1%) or that they were *not a citizen but they were here because their families lived here* (4.6%). **Figure 7** shows the relevant statistics.

Two of the respondents said they came to the northern part of Cyprus in search of a job, one of them adding that they fled the violence they had experienced in their home country.

“Because of violence and exclusion in Turkey” (28, trans woman, sex worker).

“I came here to work” (30, trans woman, sex worker).

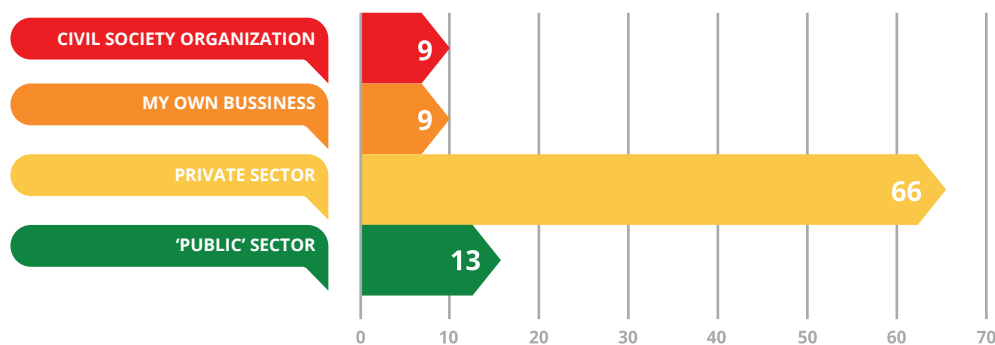


Figure 8: Labour market

Half of the respondents (49.5%) stated that they were currently *engaged in an income-generating activity*. Their areas/sectors of activity were grouped into ‘public’, private and civil society categories. Data reveal that a large majority of respondents (68.1%) work in the *private sector*, followed by those who work

²⁵ Doğan, E. T.: Assessment of Labour Market Discrimination on the Basis of Sexual Orientation and Gender Identity in Terms of Social Policies, 2015, ss. 57.

²⁶ Öner, A.: White-Collar Homosexuals: Discrimination in the Workplace on the Basis of Sexual Orientation and Anti-Discrimination Strategies, 2015, İstanbul: İletişim Yayınları

in the 'public sector' (13.4%), the self-employed and civil society professionals (9.3%), respectively. **Figure 8** shows the breakdown of respondents by their sector of employment.

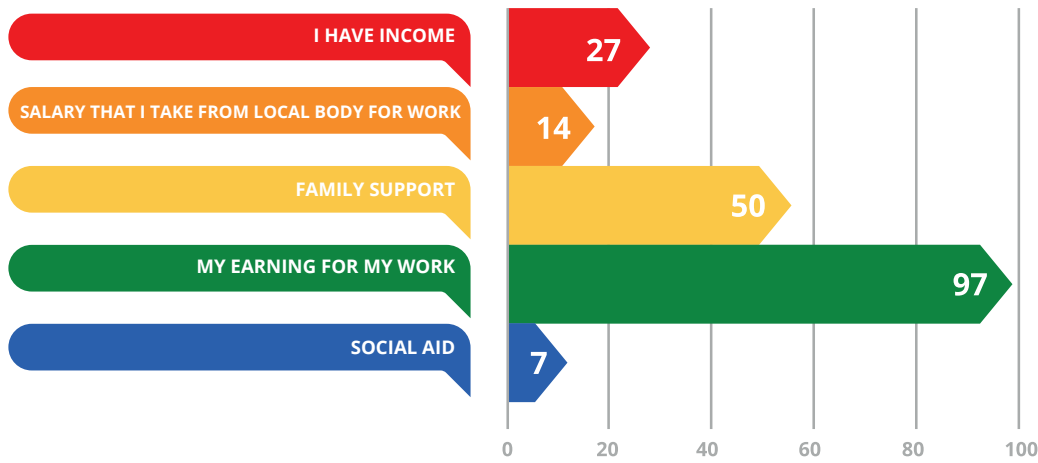


Figure 9: Source of income

It is essential to determine the sources of income of those who do not have an income-generating job, in particular, in order to have a better picture of their access to social services. Data collected to that effect showed that of those without an income-generating job (50.5%), some lived off family support (25.6%) and a few of the support from 'the department of labour' (7.2%) and social services (3.6%). On the other hand, results show that a considerable part of the respondents (14%) tried to make ends meet without an income. **Figure 9** displays a breakdown of sources of income.

	MONTHLY SALARY (%)	FAMILY SUPPORT (%)	SOCIAL ASSISTANCE (%)	DEPARTMENT OF LABOUR (%)	NO INCOME (%)
LEZBIAN	61,5	15,4	-	7,7	15,4
GAY	57,3	28,1	2,25	1,1	11,24
BISEXUAL	34,9	41,9	-	7	16,3
TRANS	16,6	-	22,2	55,5	5,6

Table 1: Source of income by gender identity and sexual orientation

All respondents regardless of their sexual orientation, gender identity or gender expression received income from the 'department of labour', with transgender people having the highest share. Moreover, transgender people were the only group that did not get family support. **Table 1** shows sources of income by sexual orientation, gender identity, and gender expression. A review of the literature revealed that many countries offer support programmes in different settings for LGBTI+s in addition to cash assistance, which is the most common type of social assistance. For instance, since 2008, national transgender rights organisations in Spain have been signing agreements with public authorities, allowing local authorities in Madrid to create programs that aim at protecting the labour rights of transgender people in the capital and also addressing their psychological problems in the labour market. Officials working in the Spanish labour department have also helped publish a book on the rights and experiences of transgender people in the labour market. Since 2013, authorities in Italy have also been developing different grant projects with an aim to retrain transgender people in local businesses and reintegrate them into the labour market, demonstrating that a stronger public framework translates into stronger transgender people with access to jobs. In Berlin, transgender and

intersex people are appointed to managerial positions in the public and private sectors, increasing their visibility in different employment settings.²⁷ In comparison, the services offered in our community are limited to in-cash assistance and do not include planned interventions needed to empower people and help them stand on their own feet in the long term.

If the scope and range of services offered in the northern part of Cyprus are further enhanced on the basis of the above-mentioned examples, LGBTI+s may have more employment opportunities and receive a wider range of social services.

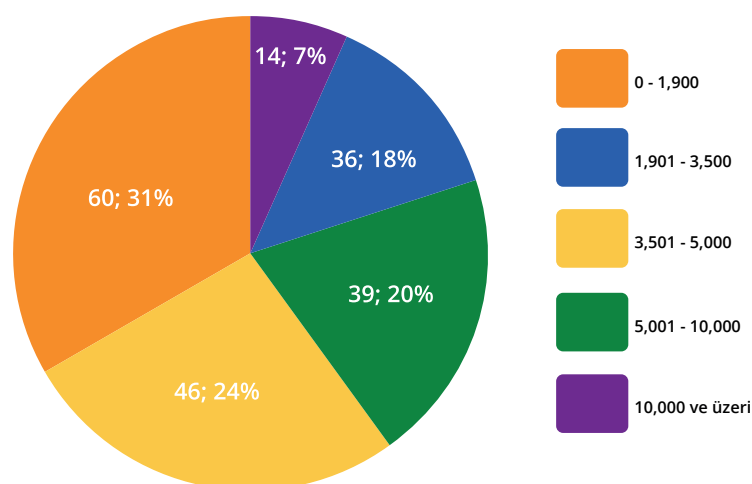


Figure 10: Average monthly income

The respondents were asked how much they earned in an effort to determine their socio-economic status. A large portion of the respondents (30.8%) said they got by *without any income or with an income equal to social assistance*. A considerable number of them (18.5%) said they earned less than the *minimum wage*, in other words below the breadline. The data reveals that almost half of the respondents (49.3%) lived below the breadline set for the first quarter of 2021 (4,044 TRY)²⁸. On the other hand, almost all respondents lived under the poverty threshold. In 2017, the breadline was at 1,944 TRY and the poverty threshold at 10,485 TRY, as set by KTAMS - CTCSTU (Cyprus Turkish Civil Servants Trade Union). Although the poverty threshold has not been updated since it may be assumed that it has doubled in the meantime as the breadline has almost doubled during the same period. Therefore, it would not be wrong to say that only a handful of respondents lived above the poverty threshold. In fact, only 7.2% of respondents stated that they earned more than 10,000 TRY. The poverty threshold is the minimum level of income deemed adequate for a person to meet not only their basic life needs but their social needs, as well. Accordingly, the data collected suggest that at least 92.8% of respondents lived under the poverty threshold – able to meet their basic life needs but unable to provide for their social development. **Figure 10** shows the average monthly income of the respondents.

Data on average monthly income were analysed by sexual orientation, gender identity, and gender expression to better understand the respondents' living standards and their difficulties at work. **Table 2** shows the findings and reveals that as 72.3% of straight respondents were also transgender, the most disadvantaged group by income inequality was transgender people.

²⁷ Council of Europe, (2016) / KAOS GL (2017): Compendium of Good Practices on Local and Regional Level Policies to Combat Discrimination on the Grounds of Sexual Orientation and Gender Identity, KAOS GL, 2017, <https://kaosgl.dernegi.org/images/library/2017yerel-bolgesel-yonetimler.pdf> (E.T.: 01/08/2021).

²⁸ Ministry of labour and social security of the northern part of Cyprus: Setting up the Minimum Wage Determination Commission and Determining the Minimum Wage, 2021, <https://csqb.gov.ct.tr/ASGARİ-ÜCRET> (E.T.: 16.07.2021).

SEXUAL ORIENTATION	INCOME BELOW BREADLINE (%)	GENDER IDENTITY	INCOME BELOW BREADLINE (%)
LEZBIAN	46,2	WOMAN	41,1
GAY	46	MAN	46,2
BISEXUAL	46,5	QUEER	63,6
PANSEXUAL	66,7	NON-BINARY	14,3
STRAIGHT	68,2	TRANSGENDER	83,3

Table 2: Average monthly salary in relation to sexual orientation and gender identity

14.4% of respondents stated that they had a chronic health condition (10.8%) or a disability (3.6%), all of which are broken down into categories in Table 3 below.

CHRONIC CONDITION	NUMBER	%	DISABILITY	NUMBER	%
HIV	1	4,8	HEARING	1	16,7
DIABETES	2	9,5	MENTAL	1	16,7
BLOOD PRESSURE	4	19	PSYCHOLOGICAL	4	66,7
MIGRAINE	3	14,3			
ASTHMA	5	23,4			
RHEUMATIC DISEASE	1	4,8			
ORTHOPAEDIC	2	9,5			
HEART CONDITION	1	4,8			
DIALYSIS	1	4,8			
ALLERGIC	1	4,8			

Table 3: Breakdown of health conditions

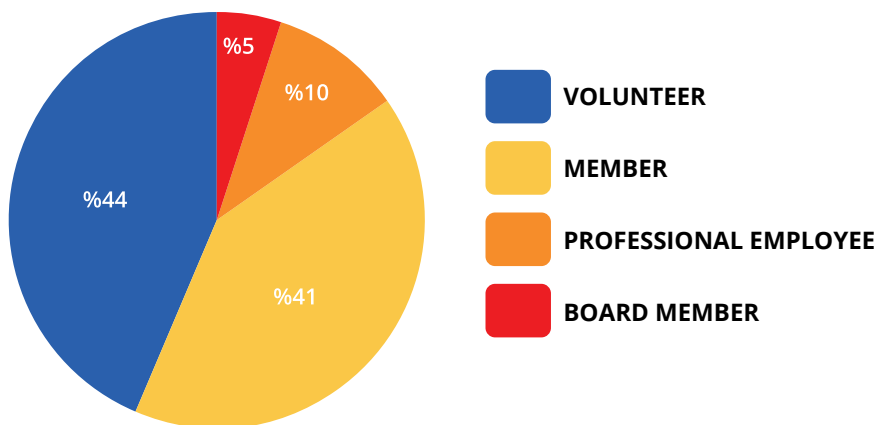


Figure 11: Connection with Queer Cyprus Association

78.5% of respondents said they were not a member of any civil society organization. Out of the 21.5% who were members, nearly all (93%) stated that they had a connection with Queer Cyprus Association in different capacities such as members (41%), volunteers (43.6%), Board members (5.1%), and employees (10.3%). One of the striking findings is that 95% of transgender respondents were not members of any civil society organization.

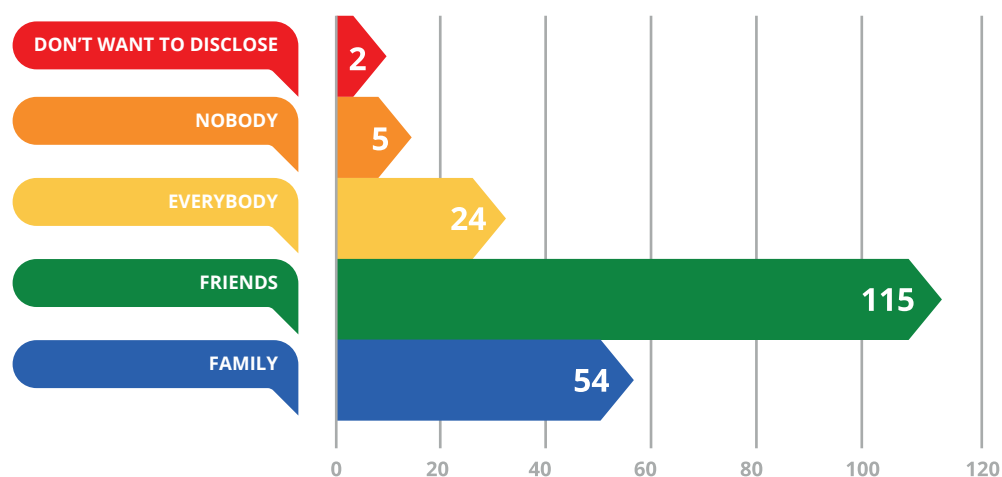


Figure 12: Coming out based on sexual orientation / gender identity

76.2% of respondents said yes in response to the question “Have you come out to your close circle?” When asked about the people they came out to, most respondents (75.2%) said *friends/close circle*, while 35.3% said, *family*. A closer look at the numbers reveals that six respondents (3.9%) *came out only to their families*, 67 respondents (43.8%) *came out only to their friends*, and 48 respondents (31.4%) *came out to both their families and friends*. Some of the respondents who came out to their families shared this with their mothers, siblings or cousins, whereas none of them came out only to their fathers. Figures indicate that only 3.27% of the respondents who answered this question said they *hid their sexual orientation*, not sharing it with anyone. **Figure 12** shows the findings on coming out. It is essential to become aware of, accept, and name one’s own sexual orientation and build one’s own life and circle accordingly. Living non-heterosexual lives in heterosexist societies and dealing with negative attitudes make it even harder for people to come out.²⁹

Respondents also shared their experiences and thoughts about their coming out processes in response to the open-ended question asking them about the people they came out to. These answers suggest that the need to feel safe and accepted plays an important role in the coming out process.

“I came out to some of my friends. I also came out to my family but they didn’t believe me and they made fun of me. When things got serious, my mom reacted weirdly.” (Pansexual, cis woman, 20)

“I am not closeted but I don’t shout it from the rooftops that I’m gay, either. I share it if the topic comes up.” (Gay, cis man, 22)

“Only to a friend who I’m mostly sure is not phobic.” (Bisexual, cis man, 22)

“A few of my cousins and people around me that I trust” (Gay, cis man, 37)

“My mom and open-minded cousins who’d accept me as I am.” (Lesbian, cis woman, 25)

“Close friends. But I can’t really come out to my family, unfortunately.” (Gay, cis man, 18)

“To everyone I can be comfortable around” (Gay, cis man, 29)

“I come out to everyone I see fit in a safe environment.” (Pansexual, non-binary, 30)

²⁹ Başar, K.: 3.3. Sexual Orientation Development Models and Coming Out . Eçinsellik, 2013, ss. 26.

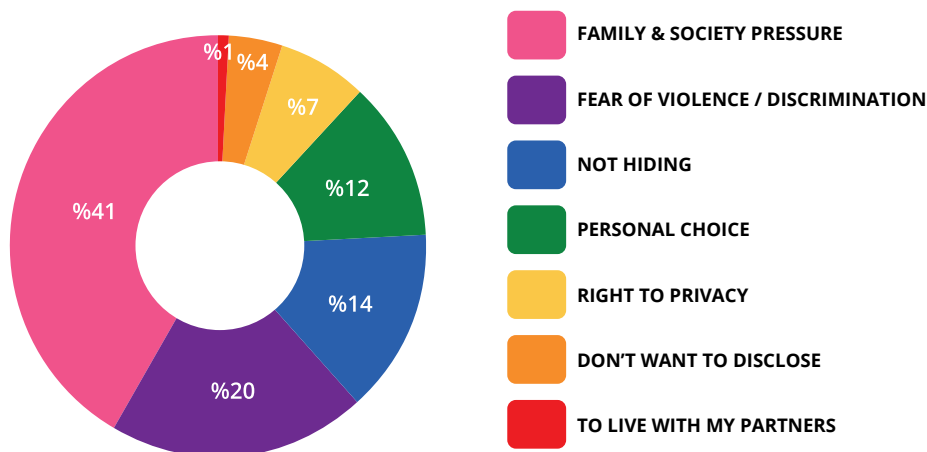


Figure 13: Reasons for not coming out

23% of respondents said they had not come out and 71.9% of those replied to the question as to why they had not done so. Respondents' detailed answers to open-ended questions were then grouped into different categories with percentages. Most respondents stated that they were not able to reveal their LGBTI+ identity or orientation out of fear of being oppressed by their family, friends or the society at large. 40.43% of them said they did not come out *because they were scared of being excluded due to oppression by their family, friends or the society at large and of being rejected* because they thought they'd be stigmatized *because they face a lot of prejudices*, and also because they felt they'd be excluded from or cast out of the society. 19.86% of respondents said they did not want to come out *for fear of violence, discrimination or exclusion*, while 13.48% of them said they *did not need to hide it and that they came out whenever necessary*, and 12.06% stated that they *did not come out for personal reasons (because they were not ready to come out)*. One of the respondents (0.71%) said they *had to come out because they wanted to live with their partner*, while 4.26% of them said they *did not wish to come out* and 7.09% stated that coming out should not be mandatory and that people might come out whenever they want because coming out is a personal choice in relation to their *right to privacy*.

Figure 13 above contains statistical data from the respondents' answers, which are further detailed below.

"Fear, exclusion, losing financial support." (Gay, cis man, 24)

"Social pressure, my family's lack of education, fear of death, fear of loneliness, oppression, fear of gossip about my family (I am aware that this is ridiculous but I do fear because I know that other uneducated people would gossip)." (Gay, cis man, 23)

"Social pressure and exclusion." (Bisexual, 37)

"Social pressure stemming from living in a small and supposedly developing country." (Bisexual, cis man, 25)

"The reason why I'm not out to my family is that they are phobic, sexist and conservative. The reason why I'm not out to my friends is that I don't know what would happen and I don't have the psychological strength to be alone." (Bisexual, cis man, 22)

"People judging me and "gossip" (people judging my family/friends), verbal violence, perhaps physical violence. Discrimination by the 'State'/'police'." (Pansexual, Non-binary, 27)

"To live more peacefully and not have to be closeted if only a little." (Bisexual, cis woman, 24)

"I don't want to share this (especially with my family) because of the reprisal I'd get and also because it could change the course of my life." (Pansexual, queer, 21)

“Social pressure stemming from living in a small and supposedly developing country.” **(Bisexual, cis man, 25)**

“The reason why I’m not out to my family is that they are phobic, sexist and conservative. The reason why I’m not out to my friends is that I don’t know what would happen and I don’t have the psychological strength to be alone.” **(Bisexual, cis man, 22)**

“People judging me and “gossip” (people judging my family/friends), verbal violence, perhaps physical violence. Discrimination by the ‘State’/‘police’.” **(Pansexual, Non-binary, 27)**

“To live more peacefully and not have to be closeted if only a little.” **(Bisexual, cis woman, 24)**

“I don’t want to share this (especially with my family) because of the reprisal I’d get and also because it could change the course of my life.” **(Pansexual, queer, 21)**

“Because even my gay friends display biphobic behaviour and I’m scared of my family’s reprisal and of being harassed.” **(Bisexual, cis woman, 18)**

“Because this is my personal life and it is as normal as heterosexuality. I don’t need to share this all the time because I don’t think I’m different from anyone else.” **(Gay, cis man, 25)**

“I’ve never felt the need to share. I’ve only said yes when people asked.” **(Gay, cis man, 36)**

“I didn’t want to risk losing my job or experiencing discrimination because of societal values. Also, I don’t share my sexual orientation with everyone just as a straight person would not shout his sexuality from the rooftops.” **(Bisexual, cis man, 25)**

“I don’t think everybody needs to know.” **(Gay, queer, 36)**

“Because I am normal. There is nothing to share.” **(None, cis woman, 54)**

“Because I am a minor and my family is very religious.” **(Gay, cis man, 17)**

“My homosexuality is as normal and private as straight people’s sexuality. That is why I don’t feel I need to share it with everyone.” **(Gay, cis man, 25)**

“I have not come out to my close family like my parents because I don’t want to face this difficulty at this time of my life.” **(Gay, cis man, 29)**

“Because of the attitudes and perceptions about sexual orientations and gender identities.” **(Pansexual, cis man, 25)**

“I am not out to anyone else than my close friends because otherwise it wouldn’t be accepted and there would be social pressure.” **(Gay, cis man, 23)**

“Because I wouldn’t be understood and I’d be excluded.” **(Bisexual, cis woman, 25)**

	FAMILY / SOCIAL PRESSURE (%)	FEAR OF VIOLENCE / DISCRIMINATION (%)	PERSONAL CHOICE (%)	DOES NOT HIDE (%)	RIGHT TO PRIVACY (%)
LEZBIAN	36,4	45,5	-	9,1	-
GAY	44,1	7,4	19,1	16,2	10,3
BISEXUAL	57,6	30,3	6,1	9,1	3
PANSEXUAL	57,1	42,9	14,3	-	-

Table 4: Breakdown of reasons for not coming out/not being able to come out- by sexual orientation

Results show that the main reason for not coming out is family and social pressure, whereas when analysed by sexual orientation, data show that the main reason for lesbians (45.5%) is *fear of violence and discrimination*. What was also striking is that gay, bisexual and pansexual respondents, different from lesbian respondents, refrained from coming out mostly because of family and social pressure. The reason why especially gay respondents justified their answers in that way may also find its roots in living in a male-dominated society and facing stronger pressure and exclusion than others when they don’t conform to heteronormative gender roles expected from men.

2.1.2 Findings on Access to Social Services

2.1.2.1 Housing

This section contains findings on the LGBTI+ respondents' places of residence and their living conditions. Data include a general assessment of the results as well as an assessment by sexual orientation, gender identity and gender expression.

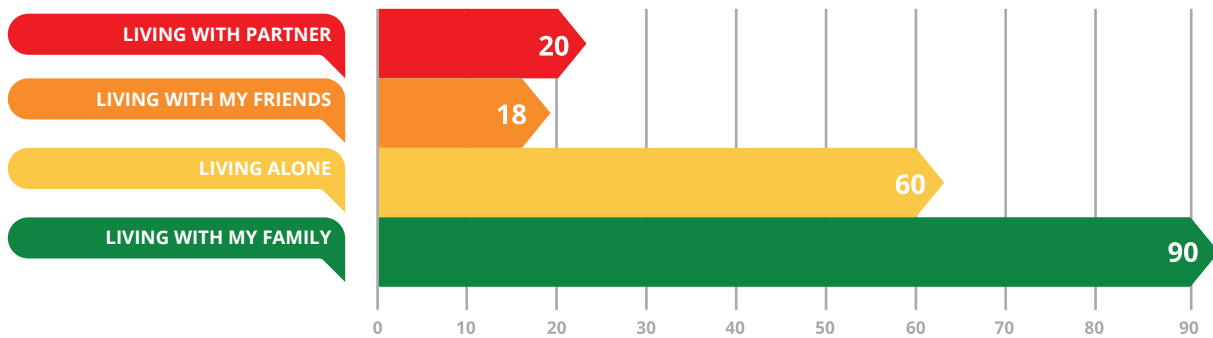


Figure 14: Places of residence of LGBTI+s

95.9% of respondents answered the question regarding their places of residence. 47.9% of them said they lived with their *family*, while 31.9% said they lived *alone*, 9.6% said they lived *with friends* and 10.6% *with their partners*.

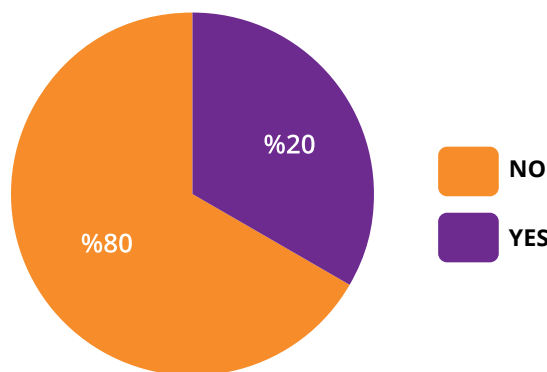


Figure 15: Having to leave their places of residence because of their LGBTI+ identity or orientation

95.9% of respondents answered the question of whether they had to leave their place of residence because of their LGBTI+ identity or orientation. As shown in **Figure 15**, 80.3% of them stated that they had *never been forced to do it*, while 19.6% said they had *had to leave their place of residence because of their LGBTI+ identity or orientation*.

	YES (%)	NO (%)
LEZBIAN	23,1	76,9
GAY	14,3	85,7
BISEXUAL	13,9	86,1
TRANS	77,8	22,2

Table 5: Forced to leave home - by identity/orientation

When analysed on the basis of sexual orientation and gender identity, data on respondents who had to leave their homes reveal that transgender people had that experience far more than others.

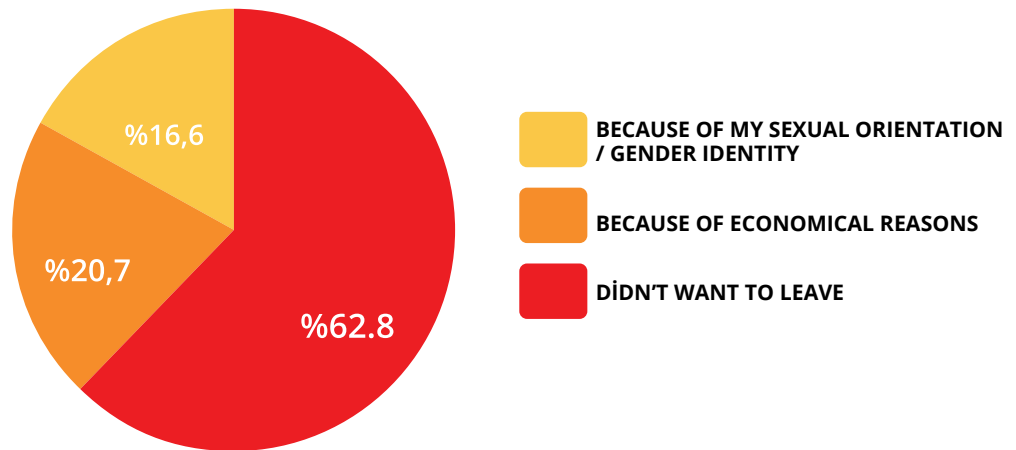


Figure 16: Reasons why LGBTI+s do not/cannot leave their home

96% of those who did not have to leave home *chose to explain why*. 62.8% of them said they *did not plan or wish to leave the home they wanted to live in*, while 16.6% said they couldn't leave home because their family did not know their LGBTI+ identity or orientation, and 20.7% said they couldn't leave their home at that moment *for economic reasons*.

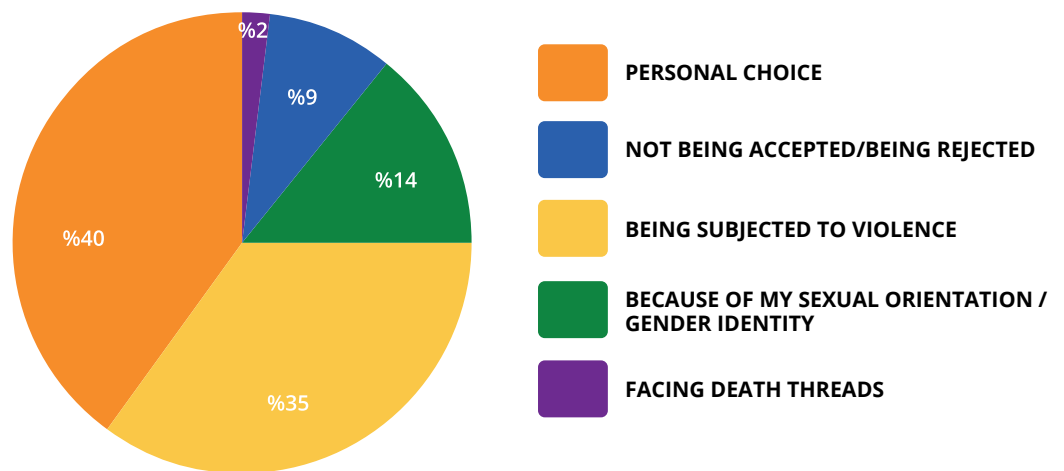


Figure 17: Reasons why LGBTI+s leave their home

Although 19.6% of respondents said that they had *not been forced to leave their place of residence*, 25% of respondents answered the question “you have had to leave your place of residence”. The answers were grouped into categories. The answer that stood out the most (34.7%) was a *personal choice*. Among the personal choices were the *wish to live with their partners, to be free to go out and live their life, and to have better educational opportunities abroad and live there freely*. The second most common reason (30.6%) was that their *families would not accept them or would reject them if they came out*. Another common reason (12.2%) was *violence*, followed by *exclusion due to sexual orientation or gender identity* (8.2%), and finally, the least common answer (2.1%), but not the least dangerous, was *receiving death threats and having to change countries*.

When analysed on the basis of sexual orientation and gender identity, data on the reasons why respondents have had to leave their homes to show that transgender people provide different results than others. **Table 6** below gives a summary of the answers given by gay, bisexual and transgender people. Lesbian respondents did not answer this question.

	PERSONAL CHOICE (%)	REJECTION (%)	VIOLENCE (%)	EXCLUSION (%)	DEATH THREAT (%)
GAY	47,1	35,3	5,9	5,9	-
BISEXUAL	37,5	37,5	-	12,5	-
TRANS	6,7	26,7	33,3	20	6,7

Table 6: Reasons for leaving home – by sexual orientation and gender identity

General results show that the main reason for leaving home is *personal choice* and *rejection by family*, while the most important reason for transgender people is *violence from family members*. Other reasons were *rejection*, *exclusion*, and violence to the point of a *death threat*. Lesbian respondents did not answer this question, while gay and bisexual respondents gave similar answers.

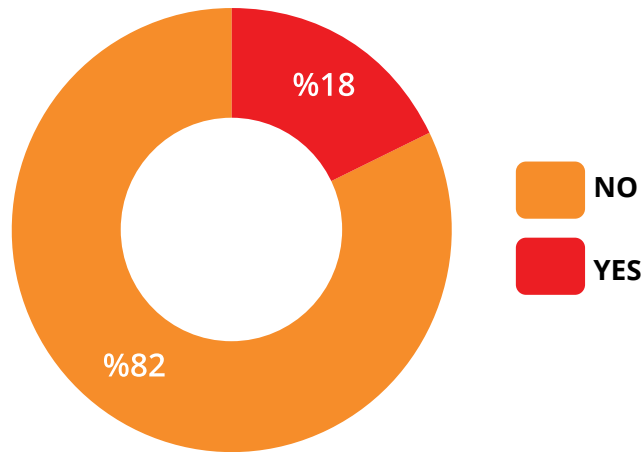


Figure 18: LGBTI+s leaving their communities

Many LGBTI+s are forced to leave their community or country as a result of social pressure, discrimination, and exclusion. The question “Have you had to move out of your community as a result of your LGBTI+ identity or orientation?” aimed to find out whether the respondents experienced this social problem. 92.9% of respondents answered this question and 17.6% of those who answered said “Yes, I have had to move”, while 82.4% said “No, I have not had to move”.

When analysed on the basis of gender identity and sexual orientation, data reveal that *transgender people are forced to move out of their communities more than others (77.8%)* and that only lesbian respondents had not been forced to do so.

Difficulties in housing, employment, and healthcare restrict transgender people’s access to safe spaces and housing opportunities, even exposing them to practices such as the violation of their right to housing. As a result, transgender people do not only end up homeless and unemployed but they are also forced to migrate internally to places called ‘transgender zones’ in many countries or even to more far-flung places³⁰. On the other hand, studies show that lesbian people are less excluded and discriminated against than other groups and are even more accepted than transgender and gay people because societies, and men, in particular, believe that ‘being lesbian is not harmful; in fact, it represents a fantasy and can exist in pornography’³¹.

³⁰ Edelman, E. A.: “This Area Has Been Declared A Prostitution Free Zone”: Discursive Formations of Space, The State and Trans “Sex Worker” Bodies. *Journal of homosexuality*, 2011, Vol. 58, No. 6/7, ss. 848, 864.; Seelman, K. L. Transgender adults’ access to college bathrooms and housing and the relationship to suicidality. *Journal of homosexuality*, 2016, Vol. 63, No:10, ss.1378, 1399.

³¹ Güner, U.: *Impact of Heterosexist Discrimination on Gay, Bisexual and Trans Lives*, Çalışma Hayatında, 2015, ss. 23.

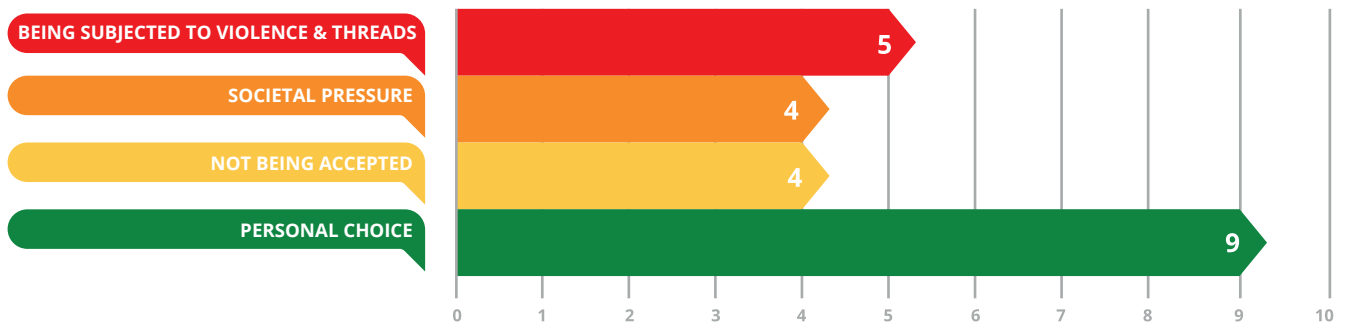


Figure 19: Reasons why LGBTI+s leave their communities

LGBTI+s' answers about the reasons why they left their communities were grouped into different categories. Data indicate that the most common reason (36%) was a **personal choice** (to live with their partners, to move out of their home, to move for economic reasons). This was followed by **not being accepted by their family** and **changing their community as a result of social pressure with equal rates** (16%), and by **facing violence and receiving death threats** (2%).

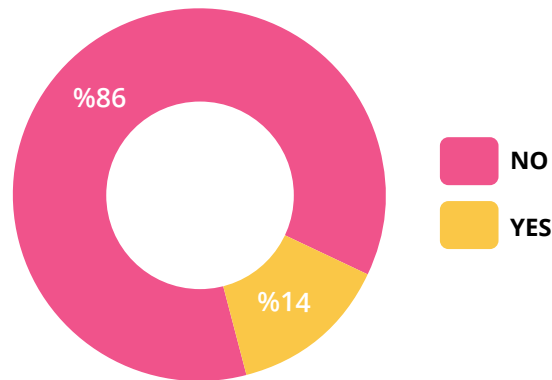


Figure 20: LGBTI+s' safety situation in their places of residence

92.3% of LGBTI+ respondents answered the question of whether they experienced safety issues in their places of residence.

A majority of the respondents (85.6%) said they did *not experience safety issues in their place of residence*, while only 14.4% of respondents said they *experienced safety issues*.

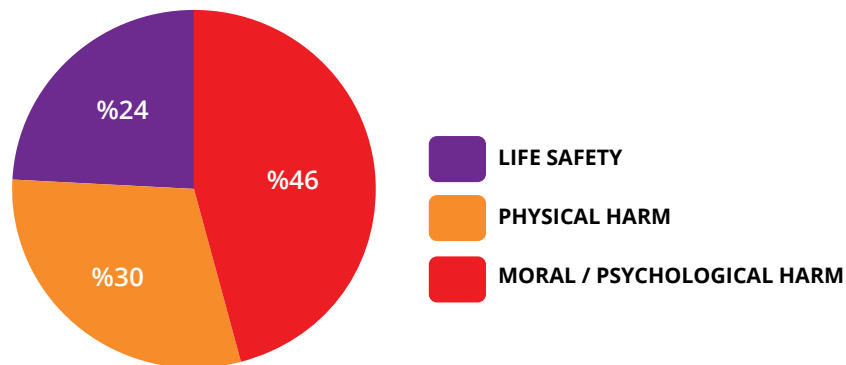


Figure 21: LGBTI+s' safety issues in their places of residence

The respondents who experienced safety issues in their places of residence were asked to describe the issues in a multiple-choice format. The most common issue (88.5%) was *emotional/psychological damage*, followed by *physical harm* (57.7%), and *life safety* (46.2%) respectively.

When analysed by sexual orientation, the findings show that only lesbian respondents did not have any safety risks and that all transgender respondents had been subject to psychological violence.

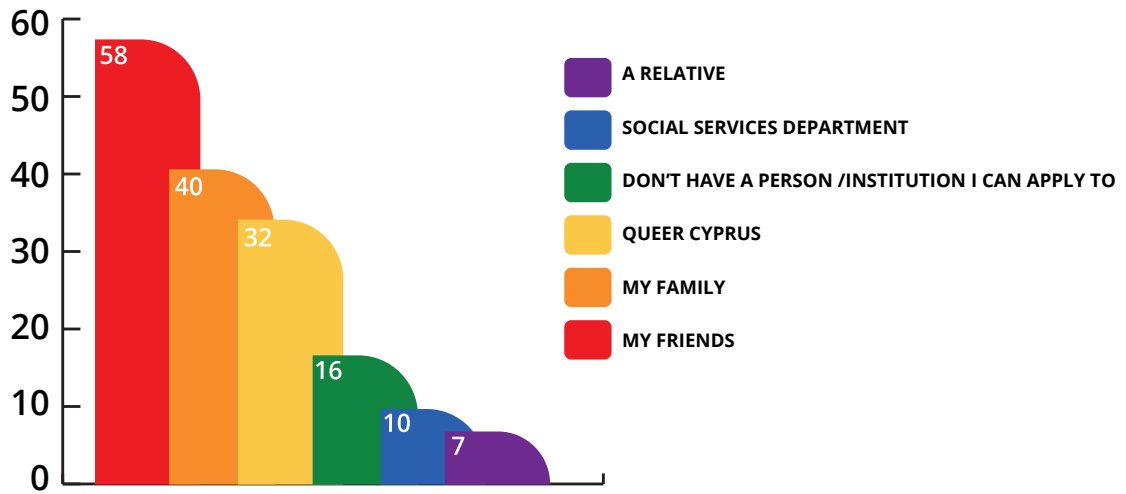


Figure 22: Person/Organisation LGBTI+s turn to for safe housing

The respondents were asked to whom or which organisation they preferred to turn for safe housing with an aim to determine the entities they call upon in case of issues with safety, housing, etc. and to understand the role of social services to that effect. Nearly half of the respondents (48.9%) answered this question.

Findings indicate that respondents mainly (60.4%) chose to turn to friends for their safe housing needs. This was followed by family (41.7%) and Queer Cyprus Association (33.3%), while a significant number of respondents (16.7%) stated that they did not believe they had someone/an organisation to turn to. Furthermore, a few respondents (10.4%) said they chose to turn to the ‘social services department’, while the least common answer (7.3%) was a relative. The data lead one to conclude that the ‘social services department’ lacks visibility in this area and that respondents saw their families and friends as primary support mechanisms and most reliable people.

2.1.2.2 Social assistance

Respondents were first asked the question “Did you know that you can apply for social assistance at the ‘social services department’?” in an effort to understand how informed they were about the services of the ‘department’. 90% of respondents (176 people) answered this question and nearly half of them (49.4%) did not know. Also, even though 24.4% of them said they needed social assistance, only half of them (12.5%) submitted an application to that end. Table 7 shows the breakdown of information about the respondents in need of social assistance by their sexual orientation and gender identity.

	YES (%)	NO (%)	INDECISIVE (%)
LEZBIAN	15,4	69,2	15,4
GAY	18,8	68,8	12,5
BISEXUAL	18	64	18
TRANS	83,3	11,1	5,6

Table 7: Social assistance need – by sexual orientation & gender identity

As shown in **Table 7**, transgender people were the group with the greatest need for social assistance. Data on their employment suggest that their psychosocial issues caused by economic hardships, which in turn stem from unemployment and vulnerability to exploitation, are the reasons for which transgender people need social assistance more than others. This need cannot be explained by economic needs and related problems alone but also by oppression, discrimination and exclusion.

61.9% of the respondents who applied for social assistance said they applied to the 'social services department', while the rest said they applied to *Queer Cyprus*. A majority of the respondents (76.2%) were granted assistance, while 14.3% were refused and 9.5% did not receive an answer. The most common types of social assistance were cash assistance (61.9%), followed by in-kind assistance (28.4%) and finally psychosocial support (9.5%). The results are displayed in **Figure 23**.

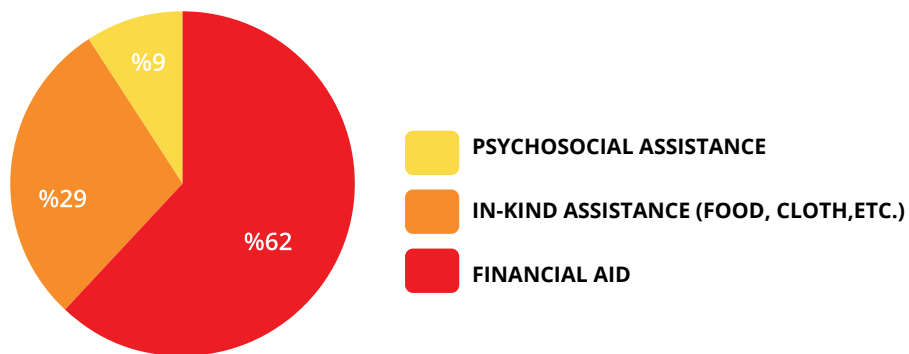


Figure 23: Type of social assistance

Data on the types of social assistance used by transgender people as the group with the greatest need show that they do not benefit from psychosocial support services despite the fact that they need them the most, and that they only get in-kind (23.1%) and in-cash (76.9%) assistance to cover their basic needs. And yet, when asked whether they needed psychosocial assistance, almost all transgender respondents (94.4%) said they did.

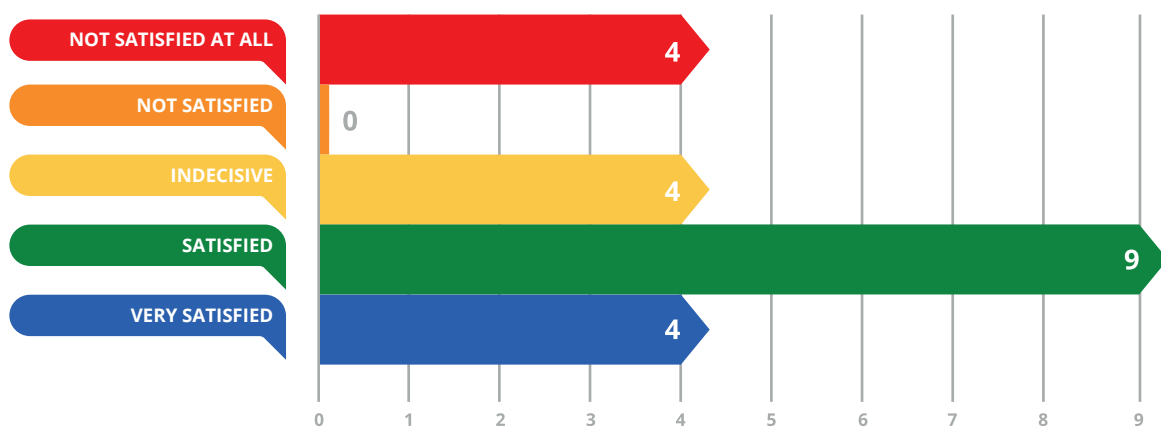


Figure 24: Satisfaction with services

When asked about their satisfaction with the services they get, a majority (62%) of the respondents who benefit from social services said they were satisfied and an equal proportion of respondents said they were not satisfied at all and that they were uncertain (19% each). Figure 24 contains statistical data on respondents' satisfaction with the services.

Results suggest that respondents know little about the institutions and organisations they can receive social assistance from when in need. Their answers to open-ended questions also indicate a lack of awareness with regards to application conditions, available services and procedures. Another striking result is the discrepancy between the respondents' income and their social assistance applications.

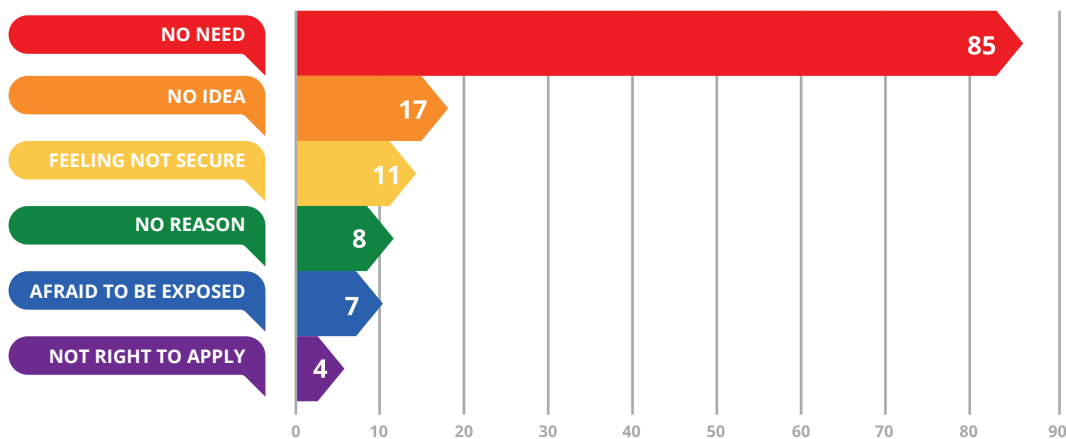


Figure 25: Reasons for not applying for social assistance

13.9% of respondents stated that they did not have an income, while 25.7% said they *lived on in-cash assistance from their family*. Out of those in need, however, only 12.5% actually *applied to get social assistance*. Respondents have very low application rates compared to their needs mostly because they are *not knowledgeable about the procedures or organisations* (11.9%) and also because they *don't trust them* (7.7%). Out of the 154 respondents (78.6%) who said they did not apply, only 143 (73%) explained why. **Figure 25** contains categorized data from the respondents' answers, which are further detailed below.

“Because the system is broken/procedures are generally slow or they don't advance.” (Pansexual, in need of psychosocial assistance, Kyrenia)

“People working there are close friends of my family and I don't think my confidentiality would be respected.” (Pansexual, experienced physical and psychological violence, Kyrenia)

“I wasn't aware. More importantly, I don't trust any 'public' body.” (Lesbian, experienced discrimination during job search, experienced psychological violence, Nicosia)

“Because of the reprisal, I'll get at the 'social services department', because they won't be understanding enough, and also because I can't tell them I'm gay.” (Gay, on social assistance, experienced psychological violence, Kyrenia)

“I don't feel that my application would be considered or I don't think that it would be accepted.” (Gay, HIV+, experienced discrimination by organisations when applying for assistance, Nicosia)

“Being outed and fear. The fear that my family will find out if I apply” (Gay, experienced physical and emotional violence, Nicosia)

“Being forced to come out.” (Bisexual, experienced all sorts of violence and discrimination, in need of psychosocial assistance, Morphou)

“Fear of being outed and people learning about my sexual identity” (Bisexual, Nicosia)

2.1.2.3 Psychosocial support

This section consists of data collected from respondents' answers to both open and closed-ended questions that aimed to establish their need for psychosocial support, to find out about the mechanisms they use to have those needs met as well as their negative and positive experiences. 87.3% of respondents gave answers in this section.

The main objective was to establish whether the respondents' were aware of organisations that provide psychosocial support. **Figure 26** details the data on the answers.

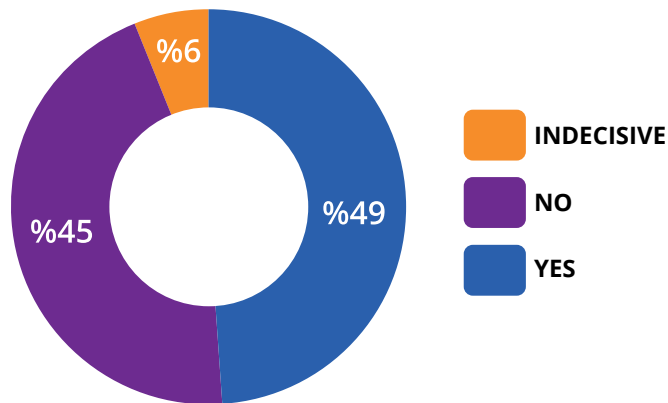


Figure 26: Awareness of psychosocial support mechanisms

As shown in **Figure 26**, nearly half of the respondents (49.1%) are aware of the places they can get support from, whereas little less than half of them (45%) are not aware of them.

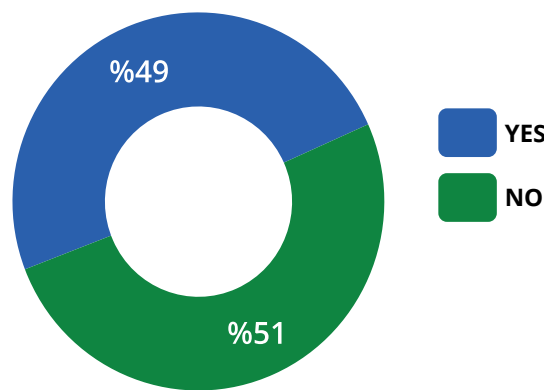


Figure 27: Need for psychosocial support

Figure 27 shows that almost half of the respondents (48.5%) said they needed psychosocial support. They were then asked whether they had applied to any organisation for support. Less than half of the respondents in need of support (40.5%) had applied for support.

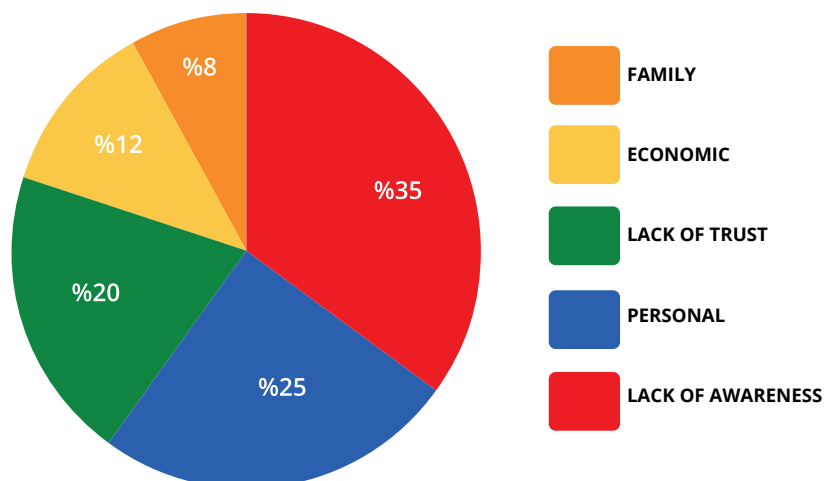


Figure 28: Reasons for not applying for psychosocial support

Data show that *more than half of the respondents* (59.5%) did not apply to an organisation. **Figure 28** contains the respondents' answers, grouped into categories, to an open-ended question about the reasons for this. Results indicate that the most common reason (35%) was **lack of awareness about the services provided by organisations**, followed by *personal reasons* (25%) (*not feeling ready, no reason, embarrassment*). Another reason that stood out (20%), especially in relation to social work, was the **lack of trust in institutions**. These answers were followed by less common reasons of **economic nature** and **family pressure**. Below are some of the explanations the respondents gave in their answers:

"Because I was scared and I'm not sure I wish to get support." (Nicosia, lesbian, 18)

"I haven't felt completely ready for this." (Nicosia, gay, 25)

"I am not aware of such an organisation." (Nicosia, gay, 24)

"I didn't know I could get this support." (Famagusta, lesbian, 25)

"Short of money, poor language skills, minor. I don't know where to apply." (Famagusta, pansexual, 14)

"I am not sure whether there is any place to turn to apart from private psychologists." (Kyrenia, 28, gay)

"It is highly unlikely that I'll find someone who will understand me and won't judge me. Even if I found such a person, I couldn't afford it (in the private market)." (Kyrenia, 27, pansexual)

"I have never thought the support I'd get would be worth the trouble." (Kyrenia, gay, 22)

"I don't think 'public' institutions have awareness about the LGBTI+s" (Famagusta, gay, 29)

"I think they are not LGBTI+ inclusive." (Nicosia, pansexual, 25)

"I am not out to my family." (Nicosia, lesbian, 18)

As the statements above suggest, people experience similar issues regardless of their place of residence, age, gender identity or sexual orientation.

Figure 29 provides data on the institutions and organisations called upon for support by almost half (49%) of the respondents who stated that they needed psychosocial support.

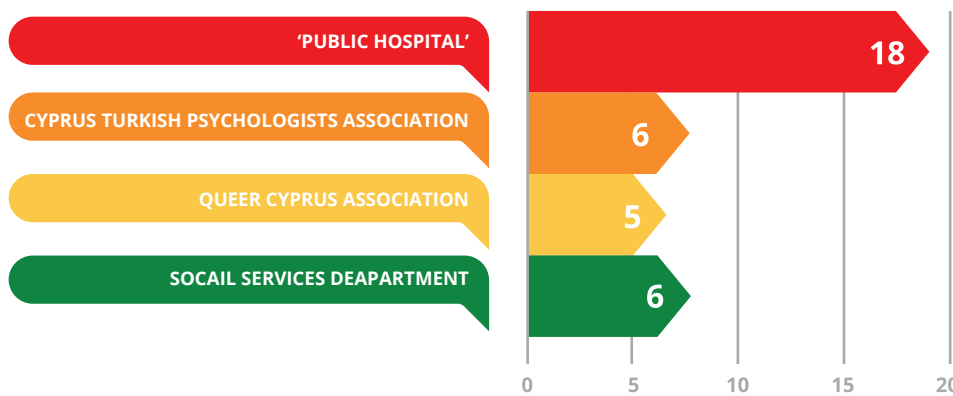


Figure 29: Organisations called upon for psychosocial support

Answers given by the respondents in need of psychosocial support reveal the *'public hospital'* to be the most preferred (51.4%) point of contact, followed by the *'social services department'* and the *Cyprus Turkish Psychologists Association* (17.1% each), and finally by *Queer Cyprus Association* (14.3%), coming on the heels of the other two organisations.

An analysis of applications made to organisations on the basis of sexual orientation and gender identity reveals that although all respondents said they needed psychosocial support, the rate of applications is quite low and only transgender people apply to the *'social services department'*.

85.7% of respondents stated that they received services from the organisation they had applied to. Data on their satisfaction with the services is shown in **Figure 30**.

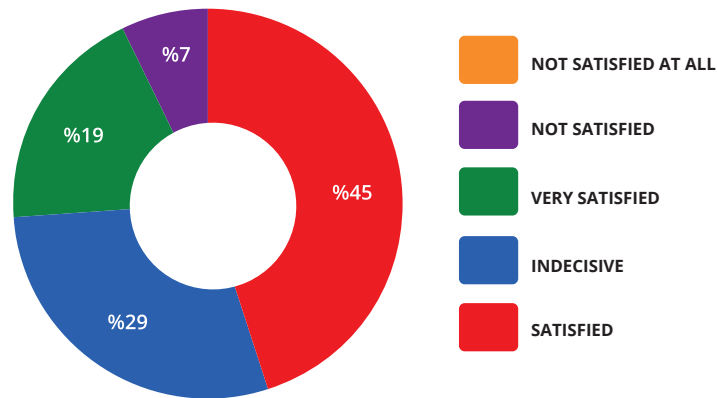


Figure 30: Satisfaction with psychosocial services

The respondents' level of satisfaction with the support they receive is generally **high** (64.5%). Nevertheless, it is noteworthy that a significant portion (29%) of the respondents were **undecided** about whether they are satisfied. However, it is **pleasing** to see that the proportion of those who state they are **unsatisfied** is low (6.5%) *as regards the quality of the services provided and the benefits reaped*.

2.1.2.4 Post-Violence Support Mechanisms

The criteria for understanding the concept of 'violence' are the following: anticipate the social structure and reasons underlying the violence and the attitudes towards the victims, be able to both prevent violence and protect those who are exposed to violence, as well as put in place the sanctions that should be applied. It is importantly noted in the literature that gender perceptions; gender-related norms; sociological factors such as one's culture, religion, ethnicity, etc. shape the social structure and have therefore significant bearing on 'violence'³².

This section will feature the results relating to the respondents' experience of violence, the support they have received, and their satisfaction levels.

Below, **Figure 31** shows the findings regarding the respondents' experience of violence.

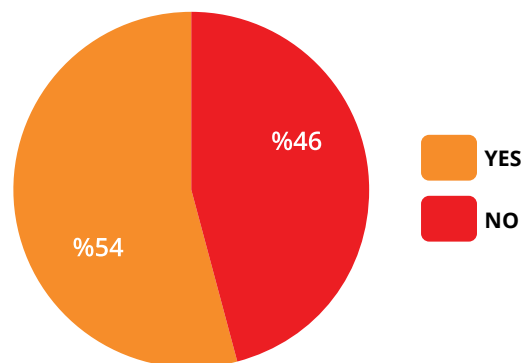


Figure 31: Respondents' experience of violence

85.7% of the respondents answered whether they have been subjected to violence or not. More than half of those answering the question (53.6%) stated that **they experienced violence based on their sexual orientation, gender identity, gender expression, and sex characteristics**. More people (111) responded

³²Flood, M. / Pease, B.: Factors influencing attitudes to violence against women, Trauma, violence & abuse, 2009, Vol:10, No:2, ss.125,142. doi:10.1177/1524838009334131; Nayak, M. B., Byrne, C. a., Martin, M. K. ve Abraham, A. G.: Attitudes toward violence against women: A crossnation study, Sex Roles, 2003, Vol:49, No:7,8, ss.333, 342., doi:10.1023/A: 1025108103617; Page, A. Z. and Ince, M.: A compendium on domestic violence, Türk Psikoloji Yazıları, 2008, Vol:11, No:22, pp.81,94.

to the question about the type(s) of violence they had experienced than the number of people stating that they had experienced violence (90). Hence, it is concluded that at least 56.6% of the respondents were **subjected to violence based on their sexual orientation, gender identity, gender expression, and sex characteristics** at some stage in their lives.

Experience of violence was analysed by sexual orientation and gender identity. It was found out that while close to half of those with the *lesbian* (50%), *gay* (48.7%), and *bisexual* (41.1%) gender identities had experienced violence, 83.3% of those with a *trans* identity had *experienced violence at some stage in their lives based on their gender identity*. Types of violence are not limited to assault, physical harm, and feelings of worthlessness; incidents of violence may culminate in murders or may drift people into suicide and have dire consequences³³. The high level of social prejudice against LGBTI+s causes incidents of violence and discrimination to go up in societies where heterosexism is prevalent and exacerbates the notion that LGBTI+s are in contravention of social norms³⁴. It is pointed out in studies that *trans women experience more violence than trans men* and that, especially due to their gender identity being more visible, the perception that they change their sex in a mindset of going against gender roles is exacerbated, which unfortunately swells up the different dimensions of violence³⁵. Although the problems faced by trans people are very serious not only in the northern part of Cyprus but all over the world, trans people's human rights have not been acknowledged and have been neglected for long years. It is clear that trans people face the highest levels of oppression, discrimination, and violence. They are subject to many rights violations, including violations of their most basic human rights such as the right to life, bodily integrity, and health³⁶.

Respondents were given the opportunity to give multiple answers to the question about the type of violence they experienced. Results are presented in **Figure 32**.

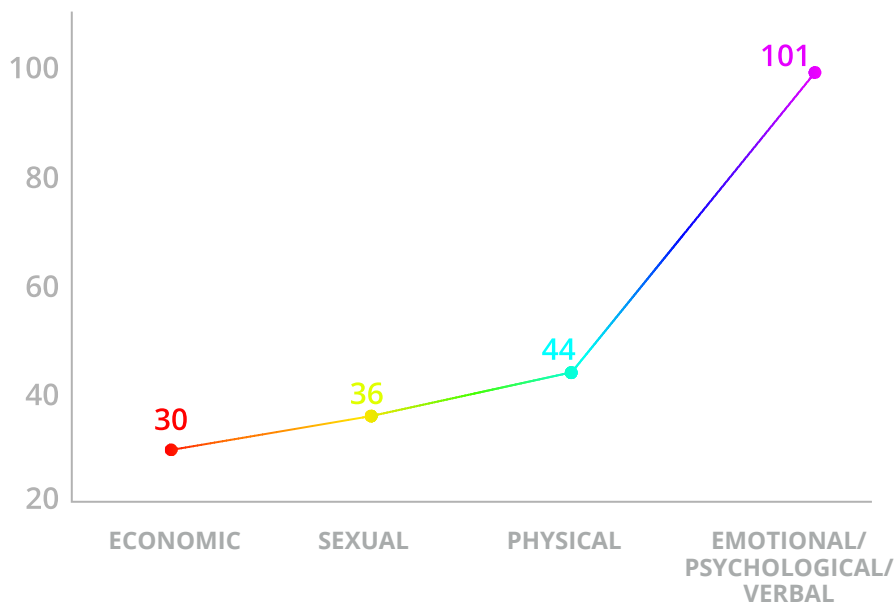


Figure 32: Types of violence experienced by the respondents

Looking at the types of violence experienced, it is of note that almost all the respondents (91%) have experienced *emotional/psychological/verbal violence*. This is followed by *physical violence* at 39.6%, while 32.4% of the respondents report having experienced *sexual violence* and 27% *economic violence*.

³³ ILGA (International Lesbian, Gay, Bisexual, Trans and Intersex Association): State-Sponsored Homophobia Report, 2014

³⁴ Herek, G. M.: The Context of Anti-Gay Violence: Notes On Cultural And Psychological Heterosexism, *Journal Of Interpersonal Violence*, 1990, Vol. 5, No. 3, ss. 316,333., doi:10.1177/088626 090005003006

³⁵ Sirin, S., McCreary, D. ve Mahalik, J.: Differential Reactions to Men and Women's Gender Role Transgressions Perceptions Of Social Status, Sexual Orientation, And Value Dissimilarity. *The Journal of Men's Studies*, 2004, Vol. 12, No. 2, ss. 119, 132., doi:10.3149/jms.1202.119

³⁶ Council of Europe Office of Commissioner for Human Rights, Thematic Report on Human Rights and Gender Identity https://insanhaklarimerkezi.bilgi.edu.tr/media/uploads/2015/07/31/CinsiyetKimligi_TR.pdf (E.T.: 12.06.2021).

Considering that emotional/verbal/psychological violence was experienced in conjunction with other types of violence, it becomes apparent that about 51% of the respondents have only *experienced emotional/verbal/psychological violence*. This result seems to corroborate the findings that LGBTI+s are *marginalized, ostracized, and discriminated by their close social milieu and the society at large*.

While LGBTI+s face discrimination in almost every area of their daily life such as at work, health centres/hospitals, and school, they are also subjected to ill-treatment and violence by their families and social circles and are rejected. It is known that they are subjected to physical and sexual assault, tortured, and even killed almost all over the world³⁷.

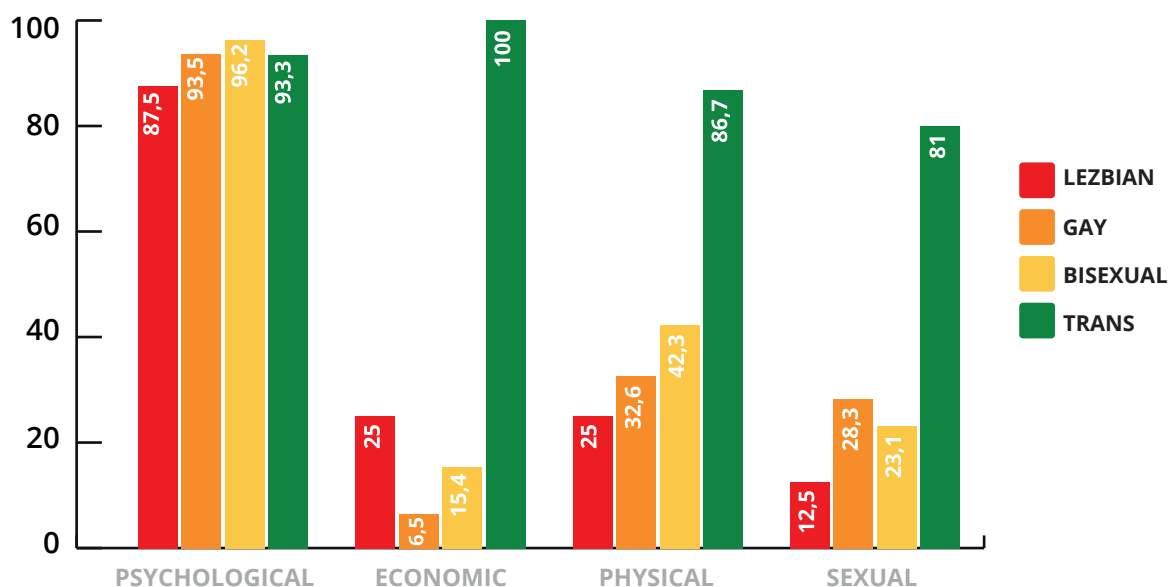


Figure 32(a): Types of violence by gender identity/sexual orientation

When the groups are examined by the types of violence to which they are subjected, it is seen that trans people are the most affected and exposed to all kinds of violence. When economic violence is analysed in terms of orientation, it is seen that it is the type of violence they are least subjected to, but which is experienced by all trans individuals. Considering the findings of the study regarding work-life, the fact that nearly half of the trans people are unemployed and the other half work as sex workers supports the supposition that they are the group most subjected to economic violence. The fact that they both have difficulty in obtaining income to meet their basic needs and work in settings open to abuse and exploitation explains why they experience economic violence more. Looking at the literature, it is seen that trans people frequently encounter economic discrimination and violence in addition to labour discrimination, are made redundant due to their trans identity, are physically/verbally harassed by their co-workers, and continually face transphobic speech³⁸. As a result of all this discrimination, transphobic attitudes, and stigmatization, trans people often resort to working as sex workers in settings that are already risky and open to violence and do not offer any means of seeking legal remedies, which, in turn, means that trans people who are sex workers are subjected to even more violence.³⁹

Figure 33 shows the responses to the question about where the respondents who have experienced violence go.

³⁷ UN Office of the High Commissioner for Human Rights, 2012. Born Free and Equal. https://www.ohchr.org/Documents/Publications/BornFreeAndEqual_Turkish.pdf (E.T.: 12.06.2021).

³⁸ Dietert, M., Dentice, D. (2009). Gender identity issues and workplace discrimination: The transgender experience. *Journal of Workplace Rights*, 14(1).

³⁹ Aypar, G., and Tanyaş, B. (2017). A Qualitative Study on the Stigmatization of and Discrimination against Trans People Living in İstanbul. *AURUM Sosyal Bilimler Dergisi*, Vol. 2, No. 1, pp. 71-90.

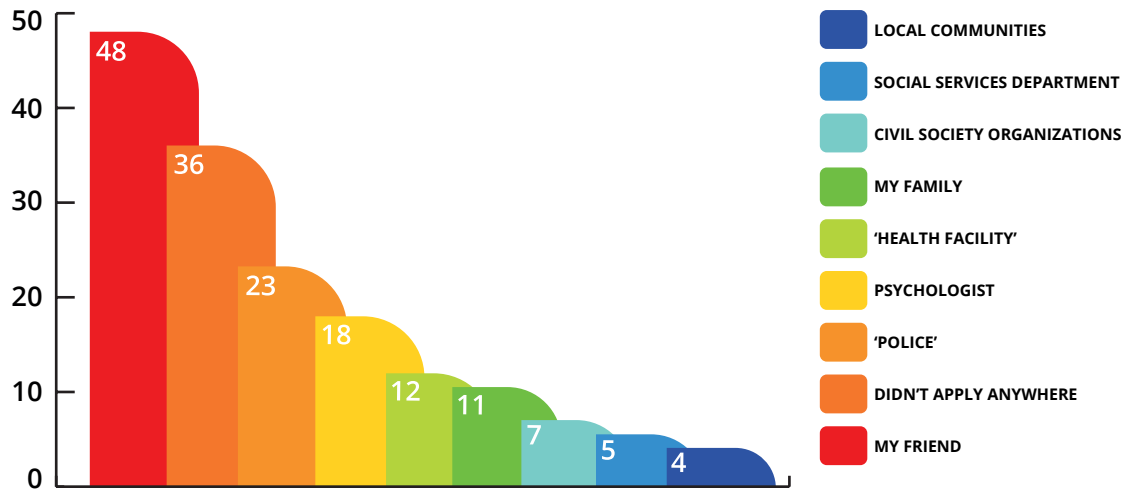


Figure 33: Institutions/persons respondents go to after subjection to violence

78.4% of those who had *experienced violence* responded to the question about *who they go to*. The results show that getting *support from friends* is the most preferred option (55.2%). Additionally, *those who do not make any attempts to get support* are at a substantial level (41.4%). At this point, the fact that **official institutions or organized centres are not the first place that comes to mind** and that people do not prefer to receive support from anywhere else when there is **no social support available** support the findings of the study concerning psychosocial services. The fact that *they are not aware of supporting institutions/organizations, the lack of trust in the support received from the institutions, and concerns that they will face prejudice and discrimination are regarded as the main factors preventing them from receiving psychosocial support*. Therefore, people prefer either not to go to an institution or *first go to their friends*, who would alleviate their concerns but are not equipped to provide sufficient support for a long-lasting solution.

The other places they go to are the following in order: 'police' (26.4%), *psychologist* (20.7%), 'health facility' (13.8%), *family* (12.6%), *CSO* (8.1%), the '*social services department*' (5.8%) and *local communities* (4.8%). Looking at this, it is clear that social services are not at the forefront among the institutions that come to mind as a post-violence support mechanism. Before mentioning the social work practices in post-violence support mechanisms, it would be useful to mention the importance of social work in preventing violence. Among the primary aims of social work are the following: make efforts to expand the legal texts and their scope, contribute to preventive work and empowerment through policy, and most importantly, raise awareness about human rights and provide training support. When the social work practices regarding individuals subjected to violence are examined, one can see that individuals are supported by way of such important organizations as ŞÖNİMs (Violence Prevention and Monitoring Centres) and institutions where violence prevention and protection measures are taken and such activities as supportive counselling, guidance, and monitoring are provided, and services are delivered in a coordinated manner. Furthermore, other important functions of social work include ensuring that shelters and guesthouses where security and accommodation needs can be met are actively involved in the support process and creating hotlines and acting together with law enforcement against all types of violence regardless of sex, sexual orientation, gender identity and/or characteristics, religion, language, or race.⁴⁰

In the northern part of Cyprus, it was decided that such work would be carried out by the violence prevention and anti-discrimination branch of the 'gender equality department' (TOCED). However, the 'department' cannot actively provide functional services due to understaffing and under budgeting. In addition, violence prevention units have been established as part of the 'police departments' all over the island. Furthermore, there is a shelter (called *Sığınma Evi*) only housed in the Nicosia Turkish Municipality (NTM) but serving half of the whole island. Also, battered women are provided services under the "*domestic violence combat coordination mechanism*" based on a protocol signed in 2008 by NTM, the

⁴⁰ Çihan, Ü., / Karakaya, H.: Violence in the Context of Womanhood and Manhood and the Role of Social Work in Combatting Violence. Bolu Abant İzzet Baysal Üniversitesi Sosyal Bilimler Enstitüsü Dergisi, 2017, Vol. 17, No. 4, pp. 297, 324.

‘ministry in charge of labour affairs’, ‘ministry in charge of health affairs’, ‘ministry in charge of education affairs’, SOS Children’s Village Association, and the ‘directorate-general for police’ and renewed every year. It is known that those who are ‘citizens’ and receiving social assistance or are followed up by the ‘department’ can receive services from the ‘department’ while the others are supported within the shelter. In this context, it is understood that only those with female gender identity can benefit from post-violence shelter services and that these services are inclusive of LGBTI+s.

In terms of post-violence support services, in certain cases, women who have been subjected to violence, sexual exploitation or abuse and women who would like to file for divorce but do not have the financial means to do so are supported based on the Legal Support Protocol signed between the ‘ministry in charge of labour affairs’ and the ‘Cyprus Turkish bar association’. Also, legal assistance is provided free of charge for restraining orders to be issued and divorce suits to be filed and proceeded through the approval of the “social services department” of the ‘ministry in charge of labour and social security affairs’. In addition, as part of the scope of legal aid support, legal support is provided by the ‘Cyprus Turkish bar association’ for battered women who do not have sufficient economic means, regarding restraining order applications, petitions and divorce suits filed as per the ‘legal text on family (marriage and divorce)’. It is observed that free legal advice services are limited and there is no inclusive practice for LGBTI+s regarding housing and psychosocial support. In addition, it is known that free psychosocial and legal aid services are provided for victims of violence by the civil society organizations **Women to Support Living (Kadından Yaşama Destek Derneği - KAYAD)** and **Queer Cyprus Association**. In addition, Queer Cyprus Association provides support regarding the problems that LGBTI+s experience in many areas, including post-violence support, 7 days a week, between 10 am and 10 pm, through the ‘Solidarity Line’, which has been ongoing since 2017.

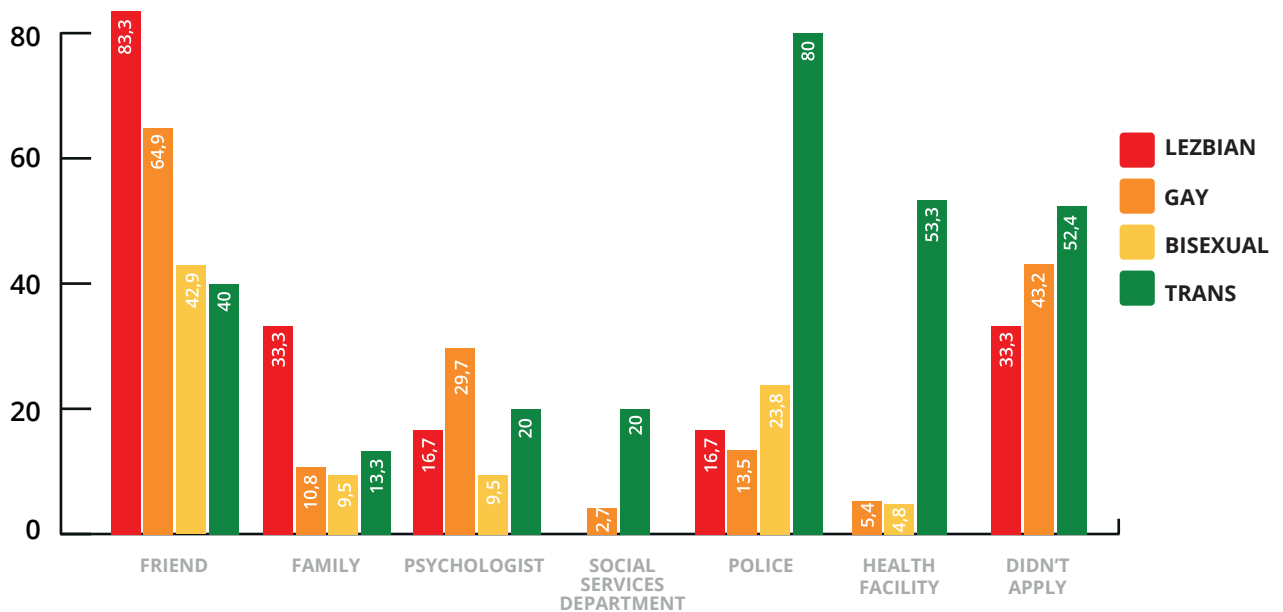


Figure 33(a): Institution/person respondents go to after subjection to violence by orientation/identity

When the institutions that respondents go to are examined by sexual orientation and gender identity, it is seen that only a very small number of gays (2.7%) and a small number of trans people (20%) go to the ‘social services department’.

It was found out that there were 75 people in total who experienced violence and went to an institution, and these people were asked about their satisfaction with the services they received. 73 people (97.3%) responded to the question and stated their satisfaction level with the service on a 5-point rating scale. The findings related to this are presented in Figure 34.

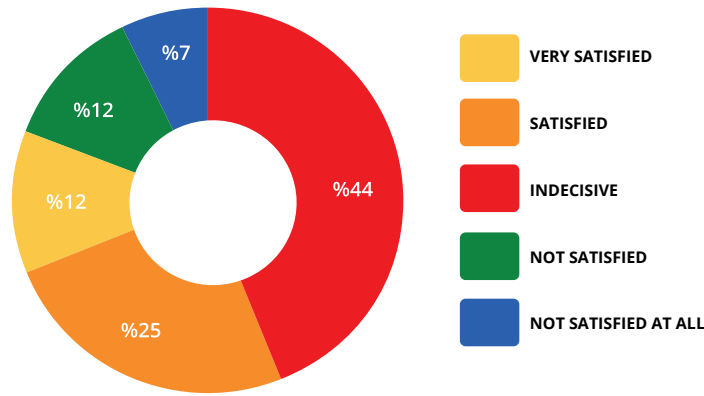


Figure 34: Institutions/persons individuals go to after subjection to violence

While the large majority of the respondents (43.8%) stated that *they were not sure how satisfied they were* with the service they received; 37% stated that they were satisfied, and 19.2% were *not satisfied*. Although the satisfied were greater in number than the ones not satisfied, the fact that the large majority were undecided as to whether they were satisfied with the services or not means that the quality and effectiveness of the services must be reviewed and revised, and more effort must be made as regards the issues that need improving.

2.1.3 Findings of the Adequacy of the Services Provided

In the last part of the findings regarding LGBTI+s’s access to social services, we will look at the findings regarding the extent to which LGBTI+s can benefit from the in-kind and cash assistance offered by the local bodies and local communities that they can receive in the face of all kinds of problems they encounter. KAOS GL Association draws attention to the necessity of providing services in integrity, whereby individual steps and the support from local administrations, public and civil society organizations against the rights violations LGBTI+s experience are combined in the name of solidarity. It is also advocated that efforts should be enhanced and strengthened with respect to public and local administrations to ensure that one has equal citizenship rights and can receive support without being subjected to discrimination or violence and, most importantly, without being excluded from the scope of services on grounds of their sexual orientation and gender identity and/or expression.⁴¹

The respondents were offered a 5-point rating scale and asked to mark how adequate they thought the quality and effectiveness of the services were. In this context, they were asked about their views on protective and preventive, informative, psychosocial, health, and economic services and the effectiveness of these services, with a focus on basic human rights. 81.6% of the respondents answered these questions, the findings from which are presented in the tables below.

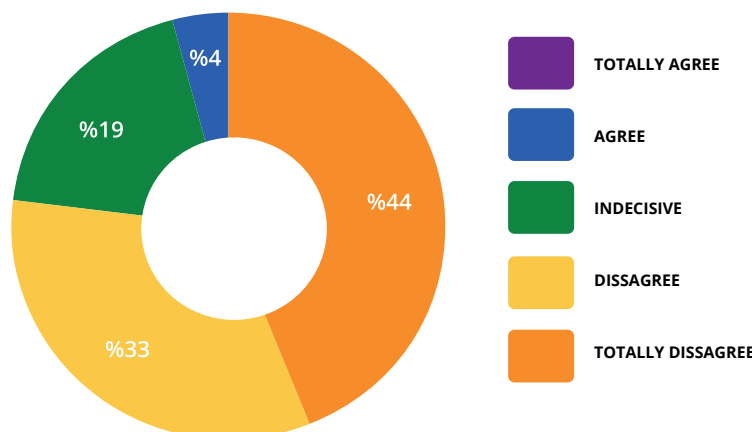


Figure 35: Adequacy of protective and preventive services provided by local bodies/local communities

⁴¹ KAOS GL Association, 2019. Official Website. <https://kaosgl.org/haber/nasil-bir-yerel-yonetim-14-lgbti-dostu-yerel-yonetimler-istiyoruz>, (E.T.: 03.07.2021).

A significant majority of the respondents (76.9%) think that *the protective and preventive services provided by local bodies/local communities are inadequate*. A very small portion of them (3.8%) report a *positive view* of these services. In terms of the protective and preventive services provided by local bodies/local communities, LGBTI+s must be able to exercise their most basic human rights as regards protective measures and must be able to exercise their constitutionally guaranteed citizenship rights in their '*advocacy role*'. In this context, 'social workers' are expected to enable LGBTI+s to benefit from services equally and fairly, to protect their rights and to provide services on the basis of human rights (*especially for those who are discriminated against and stigmatized*). In addition to the advocacy role, the educational role is also of great importance in order to carry out protective and preventive work. 'social workers' should assume the role of educators and inform other employees about LGBTI+ rights. This way, they would be working to reduce discrimination, stigmatization, oppression, and similar negative patterns, as well as support their co-workers to adopt preventive practices in attitudes and behaviours towards LGBTI+s .⁴²

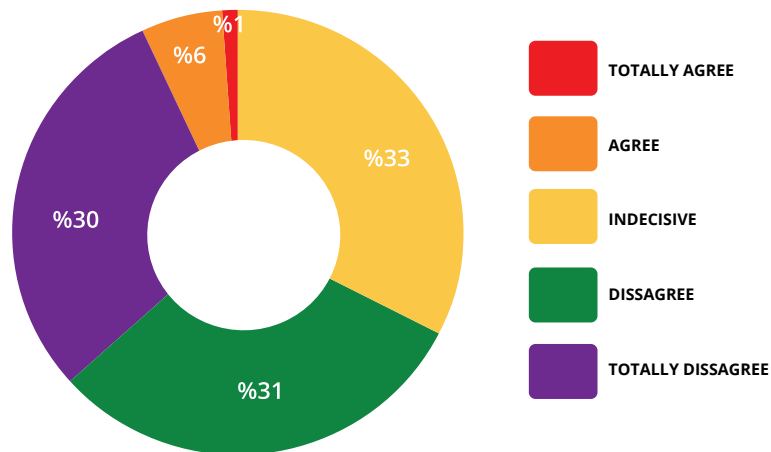


Figure 36: Adequacy of psychosocial services provided by local bodies/local communities

It is clearly seen in **Figure 36** that the opinions of the respondents about the adequacy of psychosocial services are generally negative, as is the case with protective-preventive services. A large portion of the respondents (61.3%) believe that the *psychosocial services are inadequate*. While a significant portion (32.5%) *could not give a positive or a negative response on this issue*, a very small (6.3%) group stated that they believed these *services were adequate*. In providing psychosocial services at local bodies/local communities, 'social workers' must, most fundamentally, assume an educating and empowering role and enable LGBTI+s to realize and increase their power, and contribute to them improving their conditions and becoming individuals that benefit equally and fairly from resources, using their own powers as well as developing problem-solving skills. For example, LGBTI+s can be provided with the above-mentioned psychosocial support from local bodies or local communities against discrimination and violence in education, employment, health, and the environment they live in so that they can become stronger individuals who can maintain their lives well and the extent to which they benefit from such services can be increased.⁴³

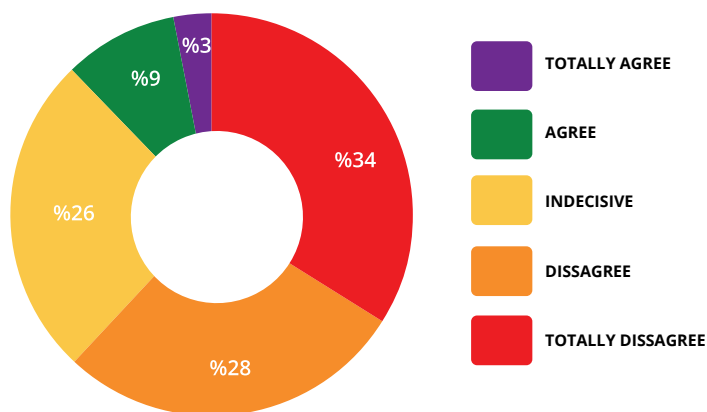


Figure 37: Adequacy of health services provided by local bodies/local communities

⁴²Zastrow, C.: Introduction to Social Work and Social Welfare 8th Edition, 2004, USA.

⁴³KAOS GL Association: Official Website. <https://kaosgl.org/haber/nasil-bir-yerel-yonetim-14-lgbti-dostu-yerel-yonetimler-istiyoruz> (E.T.: 03.07.2021).

It is clearly seen that the vast majority (62.7%) have a *negative opinion* about the adequacy of health services. In addition, nearly a quarter of the respondents (26%) *have difficulty in deciding about adequacy*, while a small percentage (11.4%) think that *the health services they receive are adequate*. Medical ‘social workers’ at local bodies/local communities as well as at health facilities should, most fundamentally, defend LGBTI+s’s human rights as well as their patient rights. They should also assume the role of an educator so that they can inform the employees at health facilities about anti-discrimination and support. Furthermore, they should assume the necessary roles so as to build cooperation with ‘social workers’ at local bodies/local communities as intermediaries for LGBTI+s who need to receive services at health facilities in a continuous fashion.⁴⁴ Other health-related services that ‘social workers’ should provide at local bodies and local communities for LGBTI+s include access to healthcare; access to health facilities; support in combatting the absence of any social security; supporting the personnel in providing services that meet the needs of LGBTI+s based on their gender, sexual orientation, characteristic, or expression; and establishing local body-health facility cooperation to ensure the provision of the above-mentioned protective, preventive, and psychosocial services against cases of oppression, discrimination, violence, and suicide (*problems that trans people in particular frequently experience*).⁴⁵ The fact that medical ‘social workers’ in the health sector are not employed in the northern part of Cyprus can be said to be the paramount factor that hinders access to these services and therefore creates this dissatisfaction.

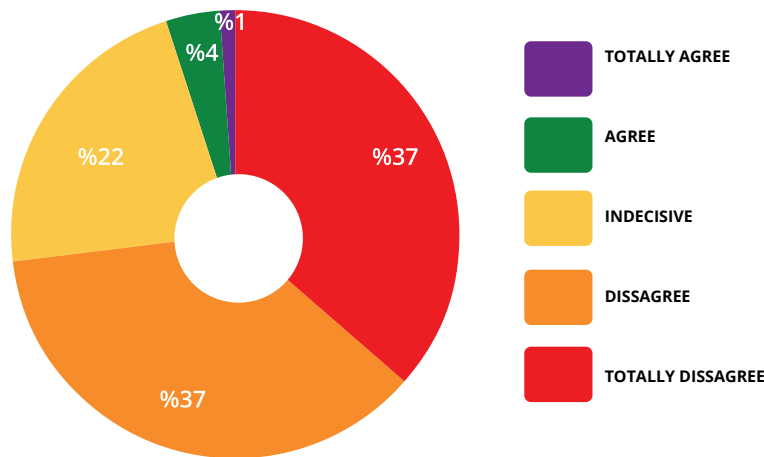


Figure 38: Adequacy of economic services provided by local bodies/local communities

While the majority of the respondents (73.9%) *emphasized the inadequacy of the economic services*, 21.7% of the respondents stated that they were *undecided* on this issue. Very few (4.2%) think that *these services are adequate*. The most frequently featured reason for the dissatisfaction among the responses is the belief that *economic support is insufficient*.

In respect of employment, micro- and macro-level work are expected from ‘social workers’ to prepare social policies so that many LGBTI+s who are looking for work, who have quit their jobs or who have been forced to quit their jobs can benefit from unemployment assistance and both in-kind and cash social assistance⁴⁶. From this point of view, it is expected from ‘social workers’ to develop employment policies with positive discrimination towards LGBTI+s, to advocate for rights, and to prioritize LGBTI+s by developing cooperation with organizations such as employment agencies providing services in this area. Although such a setup is specified in the TOCED Regulation, these services have not been implemented yet since TOCED is not operational.

⁴⁴Zastrow, C.: Introduction to Social Work and Social Welfare 8th Edition. 2004, USA.

⁴⁵KAOS GL: LGBT Rights Handbook for the Ministry of Health, 2016, Ankara: KAOS-GL Derneği Yayınları.

⁴⁶Council of Europe/KAOS GL Association: Compendium of Good Practices on Local and Regional Level Policies to Combat Discrimination on the Grounds of Sexual Orientation and Gender Identity, KAOS GL, (2016) 2017, <https://kaosgldernegi.org/images/library/2017yerel-bolgeyel-yonetimler.pdf> (E.T.: 01/08/2021).

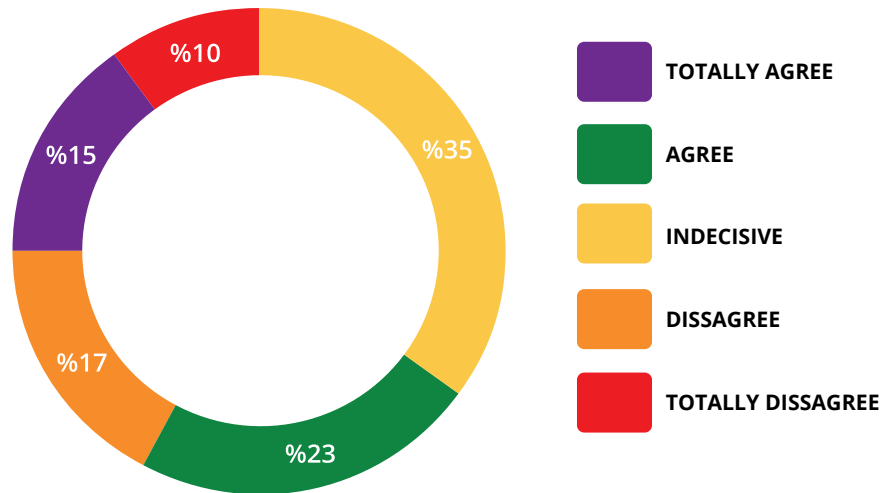


Figure 39: CSOs play a more active role in services for LGBTI+s than local bodies and local communities.

In comparing the services they receive from civil society and local bodies/local communities, the respondents state that *they are more satisfied with civil society services (37.9%)*. However, it is noteworthy *those who find the services to be adequate and the ones undecided are similar in number*. That the respondents do not have ties with CSOs or that they do not receive services from both different types of institutions and have any way of comparing them might have an impact on these results. In this context, when the positive and negative responses are taken into account, it can be concluded that the local bodies/local communities are generally considered less adequate in service delivery. Based on this result, local communities and CSOs should cooperate to pursue policies that will protect LGBTI+ rights and will improve their assistance. Furthermore, LGBTI+s should be enabled to lead a more powerful life through the diversity and extent of social services to be provided by way of either regional or international agreements and by means of either adjusting the current economic and political mechanisms or setting up a new structure⁴⁷.

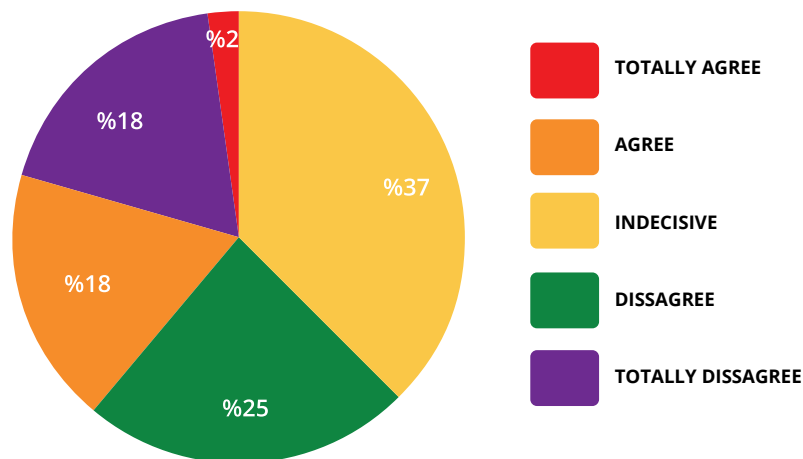


Figure 40: Adequacy of complaint mechanisms in case of any problems with services or social assistance (no response, discrimination, etc.)

Lastly, when the respondents were asked about their opinions on the existence of a mechanism where they could complain about the problems they encountered in service delivery, it was noted that the majority (42.9%) responded *in the negative*, while a similar number of people (37.3%) expressed *neither affirmative nor negative opinions*. On the other hand, the proportion of those who think that there exists a mechanism with which to lodge complaints among those who are not satisfied with the services received stands at 20%.

⁴⁷ Council of Europe (2016)/KAOS GL Association (2017): Compendium of Good Practices on Local and Regional Level Policies to Combat Discrimination on the Grounds of Sexual Orientation and Gender Identity, KAOS GL, 2017, <https://kaosgl.dernegi.org/images/library/2017yerel-bolgesel-yonetimler.pdf> (E.T.: 01/08/2021).

As a result, the general opinion of the respondents is that the social services provided with a focus on basic human rights in local bodies/local communities are inadequate and that civil society is more effective in this regard. Considering the fact that social assistance is limited to only cash benefits and in-kind benefits are not inclusive because they do not prioritize the basic human rights of LGBTI+s and taking into account the inadequacy of the legal infrastructure that directly limits the provision of services in this field, and the level of knowledge and attitudes of service providers, it is understood that victimization is further exacerbated.

2.2 Findings of the Attitudes of ‘social workers’ Providing Services for LGBTI+s in the northern part of Cyprus

‘Social workers’ employed at the ‘district social service departments and social service centres’ in the northern part of Cyprus constitute the research universe. Because the number of ‘social workers’ in ‘civil servant’ capacity is low (5), the sample group were considered a full universe and the study was completed with the 32 (61.5%) volunteer ‘social workers’ who participated in the study.

This chapter will first look at the demographic information of the respondents, followed by the results garnered from each scale, and lastly their attitudes regarding biphobia.

2.2.1 Socio-Demographics of ‘social workers’

This section includes demographic characteristics of ‘social workers’ such as age, gender, region of employment, education level, duration of service, as well as whether or not they have received training on “anti-oppressive and anti-discriminatory practice” in their undergraduate education, and their thoughts on providing services for LGBTI+s.

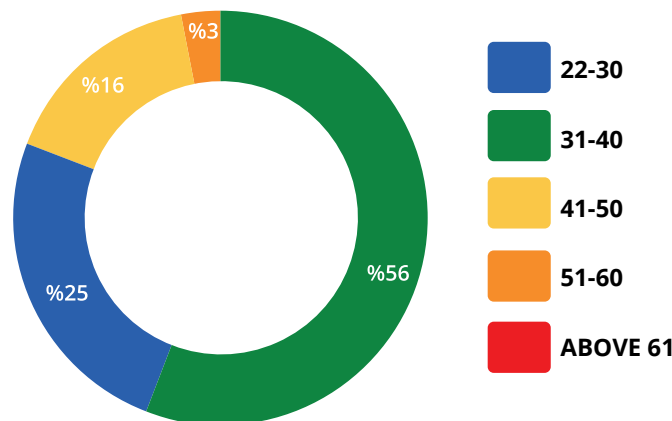


Figure 41: ‘social workers’ by age

Figure 41 shows the breakdown of volunteer ‘social workers’ participating in the study by age. The majority of the respondents (56.3%) are between the ages of 31 and 40, and the second largest group (25%) consists of young people between the ages of 22 and 30. The following third group (15.6%) is between the ages of 41 and 50. It was observed that only one (3.1%) person was between the ages of 51 and 60 and there was no employee over the age of 61. The reason for this can be the fact that the retirement age is set at 55 (women) or 60 (men) in terms of gender, or that people who have actually worked for 25 years are entitled to retirement.⁴⁸

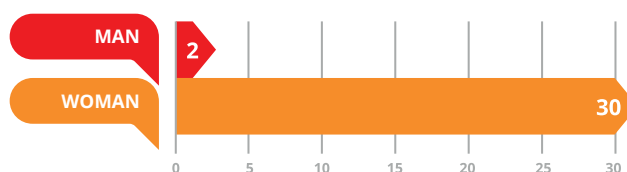


Figure 42: ‘social workers’ by gender

⁴⁸In accordance with article 9(1) of section 2 of the legal text on pensions in the northern part of Cyprus, the mandatory retirement age is 60. “[...] the mandatory retirement age of beneficiaries is their sixtieth age. However, upon the proposal of the ‘council of ministers’, the ‘civil service commission’ may compel a beneficiary to retire at any time after they turn fifty. [...]” <http://mevzuat.kamunet.net/mmd/yasalar/Emekliilik%20Yasas%C4%B1.pdf> (E.T.: 01/08/2021).

Figure 42 shows the breakdown of the respondents by gender, almost all of whom are women (93.8%). Just like teaching and engineering, social work is also subject to a great deal of discussion about gender-related employment.⁴⁹ Looking at the historical development of the profession, it is seen that it started with philanthropic movements and women took an active role in this process. Later on, women like Jane Addams and Mary Richmond pioneered the formation of the theoretical basis of the profession⁵⁰.

In this context, when one thinks about why women practise the profession of social work in greater numbers than men, one is reminded of the male-dominant social structure. Because care, catering, social counselling, and suchlike are associated with female gender roles in patriarchal systems, it is undeniable that these gender roles have an effect on why women prefer social work more than men. So much so that the base scores that students needed to obtain to be admitted to Hacettepe University, which was the only educational institution providing undergraduate training in social work in Turkey and the northern part of Cyprus until the academic year 2002-2003, differentiated by gender until 2015 and it is known that male students were admitted with lower base scores with a view to encouraging them.

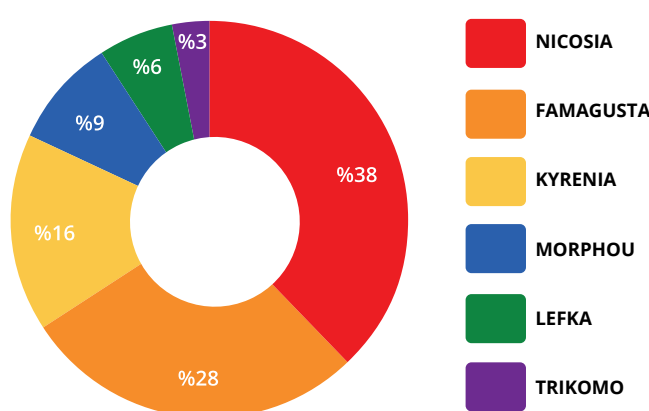


Figure 43: 'Social workers' by region/district of employment

It is seen that most of the respondents (37.5%) work in *Nicosia*, that is, in the centre. Regions/districts of employment are, in order, *Famagusta* (28.1%), *Kyrenia* (15.6%), *Morphou* (9.4%), *Lefka* (6.3%), and *Trikomo* (3.1%). Considering that the number of 'departments' and the number of employees in the relevant regions/districts also have a bearing on these rates, the number of employees and the participation rate in each region/district are presented in **Table 8** below.

'REGIONAL / DISTRICT DEPARTMENT'	NUMBER OF 'SOCIAL WORKERS' EMPLOYED	NUMBER OF 'SOCIAL WORKERS' PARTICIPATING	PERCENTAGE OF 'SOCIAL WORKERS' PARTICIPATING
NICOSIA	11	12 ⁵¹	%100
FAMAGUSTA	20	9	%45
KYRENIA	5	5	%100
MORPHOU	5	3	%60
LEFKA	3	2	%66,7
TRIKOMO	7	1	%14,3

Table 8: Percentage of participation by region/district

Based on the data in **Table 8**, the least participation came from *Trikomo/İskele* while there was full participation from *Nicosia* and *Kyrenia*.

⁴⁹ AAkçay, S. / Beydilli Gürbüz, E.: Experiences of Male Social Workers of the Social Work Profession from a Gender Perspective. *Mediterranean Journal of Humanities*, 2019, Vol. X, No. 2, pp. 17, 31.

⁵⁰ Zastrow C.: *Introduction to Social Work*, 2013, Trans. D. B Çiftçi, Ankara.

⁵¹ While there are 11 social workers working in the *Nicosia* 'district department'; a total of 12 social workers from the *Nicosia* region participated in the study with the participation of one person from the 'directorate' in *Nicosia*.

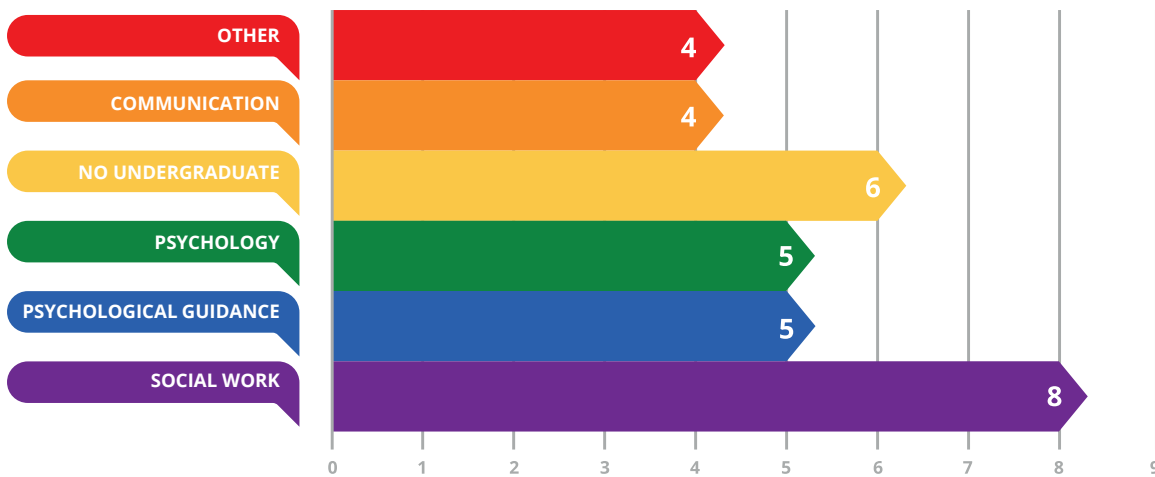


Figure 44: Undergraduate degree

Only 25% of the ‘social workers’ participating in the study were social work graduates. There are a total of 51 ‘social workers’ across the island and only 11 of them have a **social work undergraduate degree**, meaning that 24% of the service providers have a social work undergraduate degree. In this context, it is possible to say that the ratios of those who provide services in the field and those who participate in the study overlap with each other and the results can be generalized. While a majority of the ‘social workers’ have social work undergraduate degrees, this is followed by ‘social workers’ with **no undergraduate degree/with a high school degree** at 18.7%. The third largest group by education is the *psychology and psychological guidance and counselling* graduates (15.6%). The fourth largest group is **communication graduates** (12.5%). The smallest group (3.6%) consists of persons who have **other degrees** (*sociology, business administration, and ceramics*) and work as ‘social workers’.

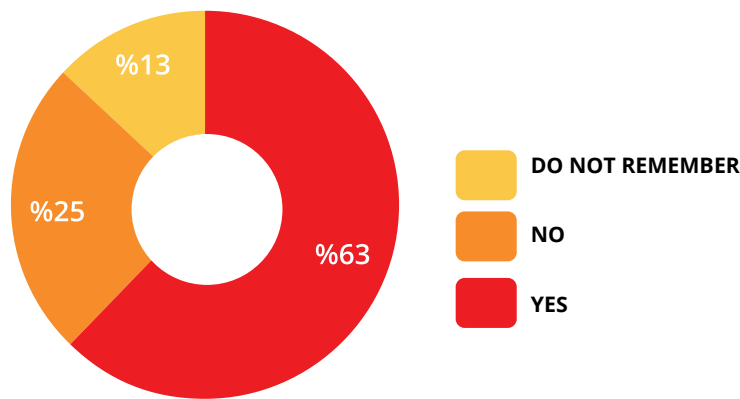


Figure 45: Status of having received “anti-discriminatory and anti-oppressive practice” training

While the majority of the respondents (62.5%) stated that they had received training on anti-discriminatory and anti-oppressive practice, the proportion of those who stated that they did not remember having had this training or that they had not received this training (37.5%) is significant as the lack of this training might lay the apt ground for them to either intentionally or unintentionally exhibit discriminatory or oppressive attitude in service delivery.



Figure 46: Duration of service

It can be observed that the durations in service of the ‘social workers’ participating in the study vary greatly. However, it is clear from the responses that the personnel have a great deal of experience. It is noteworthy that more than half of the respondents (62.5%) have at least five years of professional experience, while 34.4% of them have been in the field of practice for more than 10 years. In the 3rd place following this, 25.1% stated that they had one to five years of working experience, while very few (12.5%) stated that they have a maximum of one year experience.

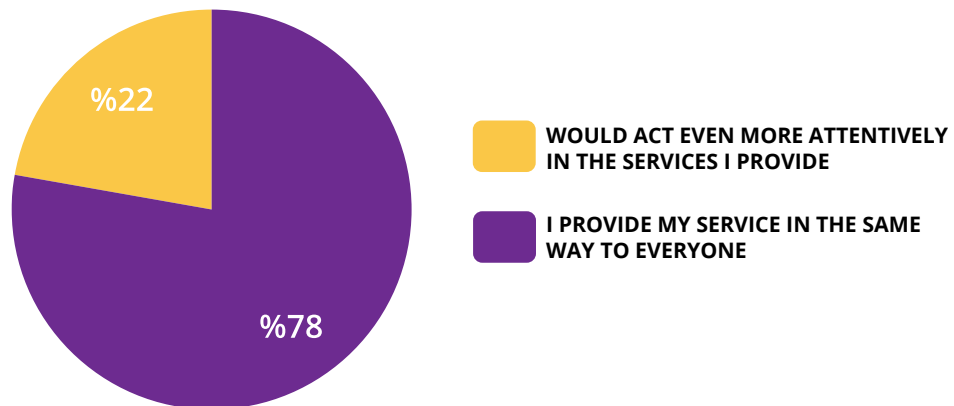


Figure 47: Opinions on serving LGBTI+s

Figure 47 shows that, when asked about the idea of serving LGBTI+s, all of the social worker respondents stated that they would have a positive attitude in serving them, and, in fact, 78.1% stated that they would act even more attentively. In other words, it is seen that the respondents do not espouse homophobic attitudes and they are aware of the necessity of fair and equitable service provision. On the other hand, upon an examination of the responses given to the statement of “I would not mind if somebody of my own sex manifested a sexual interest in me” on the Hudson and Ricketts Homophobia Scale (HRHS), the results do not fully match. Nearly half of the respondents (45.2%) state that they would be uncomfortable in case of interest directed at them from somebody of their own sex; thereby, exhibiting a homophobic reaction. From this point of view, it is concluded that some of the ‘social workers’ have not internalized this issue, and even if they are aware and conscious of the necessary practice, their personal values and attitudes may complicate their professional interventions in putting these principles into practice.

2.2.2 Findings from the Scales

This section will feature the respondents’ total scores from the Attitudes Towards Lesbians and Gay Men Scale (ATLG), the Hudson and Ricketts Homophobia Scale (HRRS) and the Attitudes Towards Transgendered Individuals Scale as well as the findings from the questionnaire for the assessment of their attitudes towards biphobia.

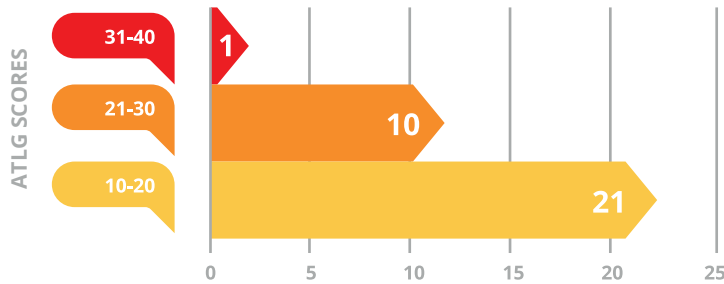


Figure 48: Scores from the ATLG Scale

Low scores on the ATLG scale represent positive attitudes. Accordingly, when the attitudes of ‘social workers’ towards homosexuals are examined, it is observed that they generally have positive attitudes. The statistical results obtained indicate that 66% of the respondents have a quite positive attitude, while 31% have more negative attitudes.

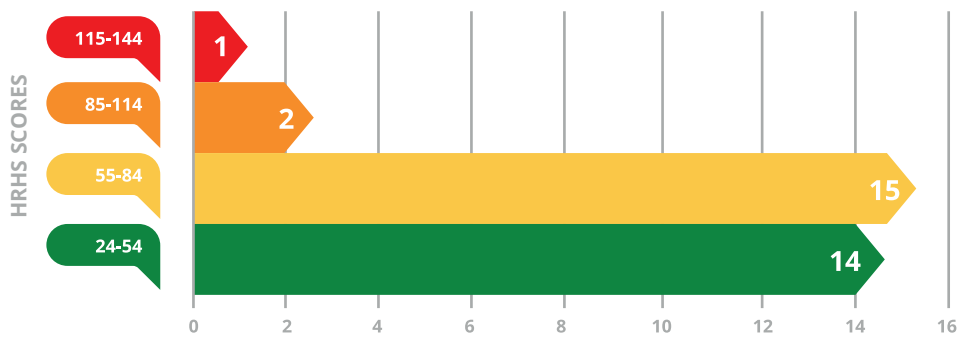


Figure 49: Scores from the HRRS

The lowest score that can be obtained from the HRRS is 24 and the highest score is 144. Low scores obtained from the scale indicate less homophobic attitudes. In this context, when the homophobic attitudes of ‘social workers’ are examined, it is observed that nearly half of them (44%) are in the lowest score range, meaning, they are not homophobic. At the same time, nearly half of the rest of the respondents (47%) were in the second-degree low score range; meaning that the homophobic attitudes of most of the respondents are below the middle score and it is concluded that they are far from homophobic attitudes. However, it is noteworthy that the remaining 9% of the respondents are in the high range of homophobic attitudes.

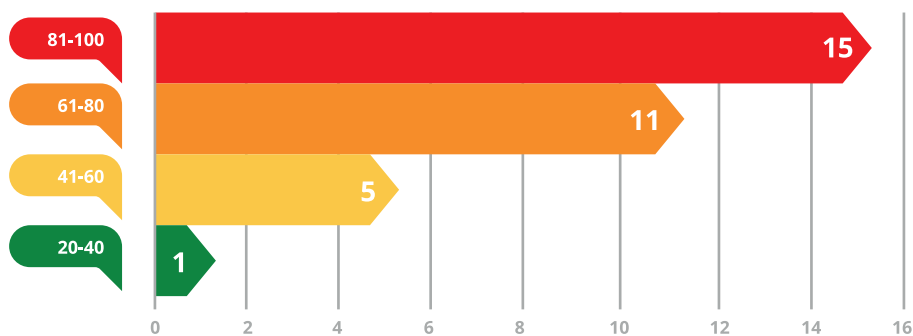


Figure 50: Scores from the “Attitudes Toward Transgendered Individuals Scale”

High scores on the Attitudes Towards Transgendered Individuals Scale indicate positive attitudes. When the attitudes of ‘social workers’ towards trans people are examined, it is seen that nearly half (47%) are in the highest score segment, corresponding to the least discrimination. On the other hand, it is observed that 34% of the respondents were in the second highest score range. Therefore, it is possible to say that most of the respondents have non-discriminatory attitudes, but they cannot fully engage in the anti-discriminatory practice. It is also noteworthy that 19% of the respondents were in the score range implying a negative attitude. In the light of these results, it becomes apparent that discriminatory practice against trans people is more common when compared to discriminatory practice on grounds of sexual orientation.

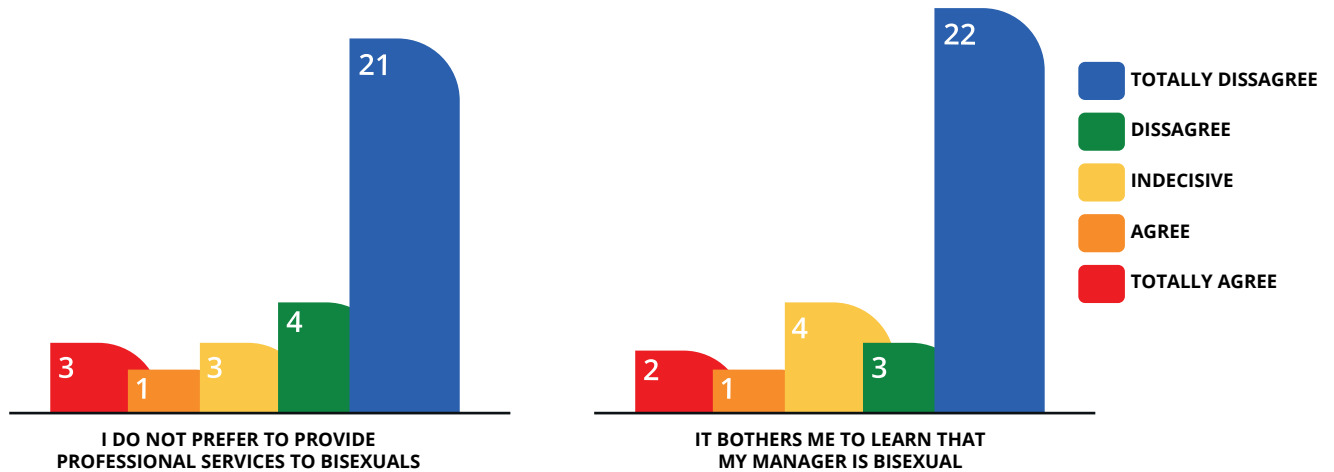


Figure 51: Examples of findings related to being in the same setting with bisexuals

In the light of the results obtained from the statements given to measure the attitudes towards bisexuals, it is of note that while the discomfort of the respondents about the presence of bisexuals in their environment is at low levels, there is a serious increase when the respondents are asked about how they would feel if a bisexual showed them sexual interest. For example, the responses to the statement “I do not prefer to provide professional services for bisexuals” show that a great majority of the respondents (79%) do not agree with this statement. In other words, 79% of the respondents stated that they would not engage in any discrimination/stigmatization in providing services for people with a bisexual orientation. Similarly, the majority of the respondents (78%) did not agree with the statement “It bothers me to learn that my manager is bisexual”, thereby expressing that they did not mind the orientation of the person they see as an authority figure.

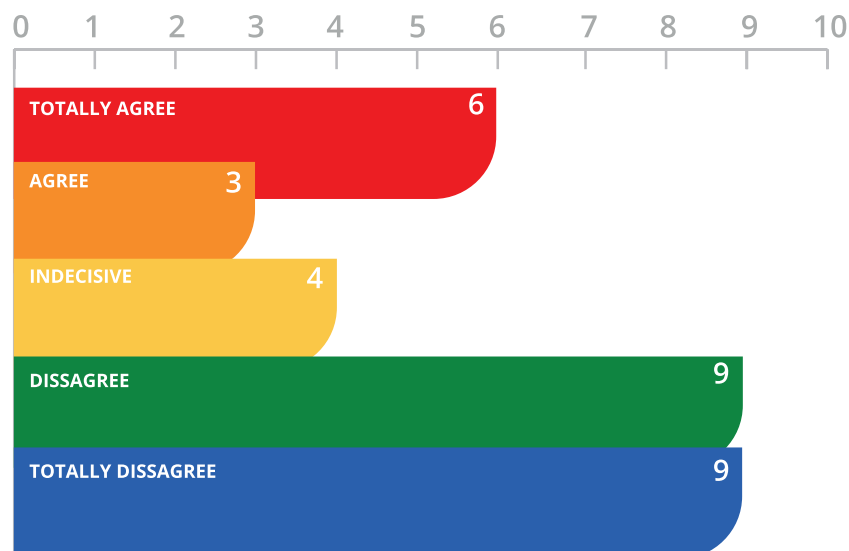


Figure 52: Findings related to the statement “I get angry if a bisexual person shows sexual interest in me”

On the other hand, it is observed that the respondents do not show the same tolerance in respect of the statement “I get angry when a bisexual person shows sexual interest in me”. More than half of the respondents (56%) stated that *they would not be angry*, 28% of them stated that *they would be angry*, and the remaining 13% of the respondents were *undecided* on the issue. At this point, the question comes to mind whether the service providers have received training on anti-discriminatory and anti-oppressive practice techniques. **Figure 53** shows the findings indicating that 75% of those who did not receive an education on this content stated that *they would be angry* at this situation, while 70% of those who received such training stated that *they would not be angry*.

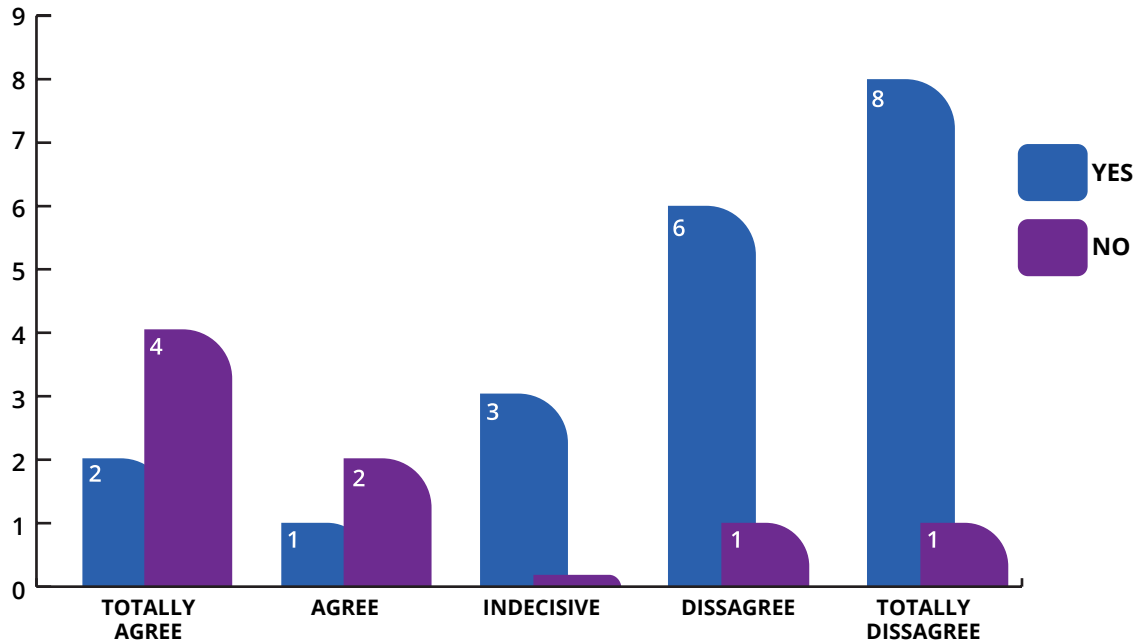


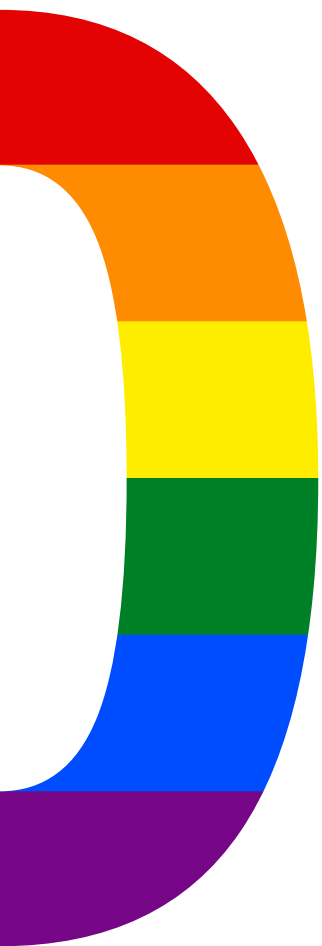
Figure 53: Findings on the responses of those who received training on anti-discriminatory and anti-oppressive practices as part of their training to the statement “I get angry if a bisexual person shows sexual interest in me”

It is noteworthy to see that the older the respondents, the more homophobic attitudes and opinions they have. The evaluation of the scores obtained from the scales by age indicates that those aged 40 and over have more indecisive and negative thoughts.

The fact, according to the results of the study, that the respondents state that they show tolerance to LGBTI+s around them and indeed have no problem building social and professional relations with them but state that they would get angry, react to, or would not accept a non-heteronormative attitude towards themselves can be explained by these persons having homophobic and biphobic attitudes and not having been able to internalize homosexuality and bisexuality. Sexual Education, Treatment, and Research Association (CETAD) define homophobia as “*negative thoughts, feelings, and behaviours about homosexuals or homosexuality such as feeling uneasy and uncomfortable around homosexuals and pitying, belittling, humiliating, hating, or being hostile towards homosexuals or homosexuality*”⁵². In this context, it is concluded that nearly 30% of the ‘social workers’ participating in the study are homophobic.

⁵²Şahin, D., ‘Gay Panic and Homophobia, CETAD, <https://www.cetad.org.tr/OnlineNewspaper.aspx?content=9>, (E.T.: 12.06.2021).





CONCLUSIONS AND RECOMMENDATIONS

03

CONCLUSIONS AND RECOMMENDATIONS

The findings obtained from the study and the responses given by both respondent groups shed light on how functional social services towards LGBTI+s are in the northern part of Cyprus, what further services need to be developed, the legal regulations and policies needed in relation to service delivery, and what level the knowledge, skills, and value basis required are currently at.

The responses given by LGBTI+s illustrate that they experience stigmatization, oppression, and violence from their families and the broader society. There seem to be shortcomings in accessing the services of the local bodies/local communities, in the quality and long-lasting effectiveness of these services that they would like to receive in order to be able to cope with such problems. It is useful to underline that civil society is regarded as more trustworthy than local bodies and local communities and that the respondents are only in touch with the Queer Cyprus Association among the civil society organizations and do not receive any other support from other organizations. Considering that the 'social services department' is the 'institution' that should be the top priority service provider in issues such as protection against violence, discrimination, stigmatization, and oppression as well as safe accommodation, meeting basic life needs, and providing psychosocial support and counselling, the fact that this 'department' is not the first recourse that comes into mind suggests that the 'department' needs to change its scope and prioritization of services accordingly.

The findings from the responses of the 'social workers' demonstrate that the direct service providers, by a great majority, do not espouse any negative behaviours or attitudes towards the LGBTI+s that would cause discrimination or stigmatization. However, the fact that not all of the respondents have this positive attitude and the attitudes and behaviours of approximately 40% of the personnel who did not participate in the study are not included in the assessment suggests that the concerns of LGBTI+s are not unfounded. It is expected that all those working in the 'units/centres' providing social services have an anti-oppressive and anti-discriminatory attitude, provide equal and fair service, respect the fundamental rights and freedoms of individuals, and carry out their work by observing their best interests. 'Social workers' having negative attitudes and behaviours or being ambivalent towards LGBTI+s points to drifting away from professional ethical principles and obstruction of service delivery which aims to enhance individuals' well-being.

At every stage of social work training, it is emphasized that the people who are served are unique, they have the right to be treated fairly and equally, and the privacy of individuals should be protected. In this context, it is important for every LGBTI+ person who needs to go to social services to feel/know the guarantee that they will receive services in line with these principles, and that services are provided accordingly. From this perspective, the need that emerges is to create policies that will pave the way and make it easier for LGBTI+s to access the services they need in order to protect their rights and meet their minimum living needs.⁵³

In line with the responses given by both respondent groups, recommendations were prepared at micro, mezzo, and macro levels. The following recommendations were generated in different categories relating to the needs of service providers and beneficiaries at the micro level; the needs and problems of LGBTI+s and their families; and the social structure we are in, its values and culture as well as the legal texts and social policies directly impacting the scope of the services provided:

i. Recommendations for Healthcare

- One of the reasons for dissatisfaction (62.7%) with access to healthcare might be the absence of 'social workers' at hospitals. Medical social work is a field with a holistic perspective that implements planned intervention processes for the patients to benefit from the services at the maximum level possible and to solve

⁵³Kara, Y.: Identification of the Homophobic Attitudes of Social Work Students, Sosyal Çalışma Dergisi, 2018, Vol. 2, No.1, pp. 16, 27.

the psychosocial and economic problems they encounter in accessing treatment or services. For this reason, it is recommended that social work positions be instituted at health centres in the northern part of Cyprus and professionals who specialize in this field be employed.

- It is recommended that the “*professional ethics*” courses that health personnel take as part of their professional training should include topics such as gender equality, LGBTI+ rights and working with minorities and people who have been subjected to violence, oppression, and discrimination (*two-year degree/undergraduate/graduate*).

- It is recommended that sources such as a “*Handbook on LGBTI+s's Right to Access Healthcare*” be produced and distributed at our existing health facilities and the awareness be raised in the relevant personnel to render the services delivered higher quality and more efficient.

- Given the fact that it is possible to contact all personnel working under the ‘ministry in charge of health affairs’, in-service pieces of training and small focus group studies, which are more effective, should be organized not only for healthcare personnel but for all personnel in line with their duties and responsibilities to raise their awareness and enhance their knowledge as regards LGBTI+ rights, concepts, and communication patterns.

- Research findings reveal that LGBTI+s, who are considered among the vulnerable groups, experience almost all types of violence. Considering that people who are subjected to violence are in a more sensitive/vulnerable mood, it is expected that the first professional who comes into contact with them will communicate with them with extra care. In this context, it is recommended to enhance the theoretical support and training that will improve the knowledge and skills of all personnel who come into contact with LGBTI+s who are subjected to violence, especially emergency service personnel.

- The provision of gender-affirmative health services on an equal basis with other essential health services is recommended.

- Ensuring access of children to gender reconciliation processes on the basis of the best interests of the child is recommended.

- It is recommended that the health services provided in nursing homes and rehabilitation centres be carried out considering the health needs specific to LGBTI+s.

- It is recommended that legal regulations regarding private nursing homes be prepared and put into effect promptly and that these should be done by taking into account the needs of elderly LGBTI+s.

- It is recommended that a legal framework be prepared and put into effect to regulate the right to access a gender reconciliation process, which will prevent arbitrary and discrepant practices.

ii. Recommendations for psychosocial Support Delivery

- The research findings reveal that the needs for psychosocial support for trans people are much higher, as it is determined that the group that has the most problems in daily life is trans people. Therefore, it is recommended that the ‘social services department’ take action to provide free psychosocial counselling, safe accommodation, and post-violence preventive and remedial services in addition to the cash benefits.

- ‘Local body/local community’ services should be strengthened as regards the coming out process of LGBTI+s. Specialists should provide free and reliable services during this process. Organizations that can be consulted should be readily accessible, and this matter should be covered by the existing social service roles.

⁵⁴Zengin, O.: The Role of Social Work in Healthcare Delivery. *Konuralp Tıp Dergisi*, 2011, Vol. 3, No. 3, pp. 29, 34.

- It is clear that the exclusion of youth from the social milieu of their families or their fear of being stigmatized/subjected to violence harms their identity/self-integrity and their psychosocial development. When faced with problems, it is undeniable that family support plays a large role in overcoming them. Therefore, it is recommended that families be supported by way of small focus group meetings to alleviate the problems experienced by LGBTI+s. In this way, families will be able to understand what awaits them (*social pressures, oppressive and exclusionary attitudes towards their children from the society*), where they can obtain counselling services, how to develop problem-solving abilities, that they are not alone, the impact of cultural structure and the importance of communication patterns; thus, they will be able to support and protect LGBTI+ family members.

iii. Recommendations for Employment

In order to understand the access to existing social services, the livelihoods of LGBTI+s who have no income (50.5%) should be identified. Following this identification, employment opportunities should be generated by way of 'legal regulations' as well as policies governing and encouraging participation in social life (*for example, short-term socio-economic support; encouraging employers to employ LGBTI+s through tax and social security incentives; initiating legal actions/bringing criminal liability for when an individual is made redundant or not employed on grounds of their sexual orientation or gender identity, expression, or characteristics or when they are subjected to mobbing on such grounds, etc.*) to contribute to the independence and empowerment of LGBTI+s.

- The fact that LGBTI+s live below the poverty line and considering the impact of their sexual orientation or gender identity on their employment, existing social services should increase gender-based pieces of training in local bodies/local communities and private organizations and empowerment approaches should be adopted to create employment opportunities in addition to unemployment benefits and social assistance. Hence, there would be anti-discriminatory improvements in the field of employment and the empowered LGBTI+s would feel that they are leading their lives on a functionally level playing field.

- The Council of Europe and KAOS GL Association frequently emphasize "*the designing of different projects for a grant focusing on the protection of labour and other legal rights of trans people, creation of support programmes to counter the psychological problems trans people experience in relation to employment, retraining of trans people in local businesses and their reintegration into work life*"⁵⁵. In the same way, the scope and diversity of services for LGBTI+s in the northern part of Cyprus should be developed with these kinds of programmes and plans, thereby expanding their employment opportunities as well as diversifying the types of social assistance they receive.

- In respect of the LGBTI+s who were forced to quit their jobs, it is recommended that local bodies and local communities assume roles to empower LGBTI+s, protect their rights (*human rights, employee/labour rights, etc.*) and, as in the examples of Italy and Berlin, local community job centres and LGBTI+ employment offices⁵⁶ should also be established and actively operate in the northern part of Cyprus.

- Mechanisms should be established to identify the barriers that limit LGBTI+s's access to work and social security rights, in other words, to conduct research, collect and analyse data, monitor, and evaluate them. In this context, it is recommended that 'TOCED' and especially the '*economy, planning, and education branch*', which is envisaged to be established thereunder, be put into operation by employing the necessary personnel.

- It is recommended that a quota be introduced for the employment of LGBTI+s in local bodies.

- It is recommended that existing civil society organizations become members of international platforms such as Equinet- European Network of Equality Bodies⁵⁷, which includes organizations that have direct instructions regarding the employment of LGBTI+s and that different employment opportunities be generated.

⁵⁵ Council of Europe/KAOS GL Association: Compendium of Good Practices on Local and Regional Level Policies to Combat Discrimination on the Grounds of Sexual Orientation and Gender Identity, KAOS GL, (2016) 2017, <https://kaosglidernegi.org/images/library/2017yerel-bolgesel-yonetimler.pdf> (E.T.: 01/08/2021).

⁵⁶ Ibid

⁵⁷ Equality Bodies Promoting Equality & Non-Discrimination for LGBTI People: Equinet-European Network of Equality Bodies, 2013, <https://equineteurope.org/wp-content/uploads/2013/10/Equinet-LGBTI-Perspektifi-TURKISH.pdf> (E.T.: 01/08/2021).

iv. Recommendations for Awareness-Raising in 'Local Bodies' and Society

- In light of the findings obtained from the results of the study, it is clear that LGBTI+s have been subjected to many cases of discrimination, oppression, and stigmatization since their school years, both within their peer group and in their social environment, due to the cultural structure dominated by masculine and heteronormative attitudes. That is why, in order to raise social awareness, it is recommended to conduct separate information activities for families, parents/caregivers and teachers who have an important place in the psychosocial development of children through mass media, face-to-face/online interactive meetings, and various small group activities. Thus, one of the necessary steps will be taken to reduce homophobic, biphobic, and transphobic attitudes.

- In order to increase the visibility of LGBTI+s and ensure their social acceptance, it is recommended that short films or commercials featuring celebrities/"influencers" including success stories be made.

- In order to boost the trust in the local bodies and the services they provide, the people should be informed about the main issues such as sexual orientation, gender identity/expression, and gender characteristics by dividing the society into small groups and forming groups according to the level of service in local body departments.

- It is recommended that the local communities which have yet to sign the 'LGBTI+ Friendly local community Protocol'⁵⁸, which was produced by the Queer Cyprus Association in 2018 and which clearly explains the roles of local communities and what services they should provide for LGBTI+s and how they should provide such services as well as discusses modern local community functions, sign the protocol too and fulfil their responsibilities accordingly.

- It is recommended that the civil society be mobilized through interactions with initiatives such as the LİSTAG group in Turkey, PFLAG and LGBTQ Family Groups' Family Equality National Network, the European Network of Parents (ENP), and the Manchester Parents Group to sensitize society and boost the visibility and acceptance of LGBTI+s as well as to promote the reformative and transformative power of families of LGBTI+s and enable them to organize themselves.

v. Recommendations for Social Policies and Legal Regulations

- It is recommended that legal gender recognition be regulated in legal texts on the basis of respect for the principle of self-determination of gender identity and that minors have access to legal gender recognition on the basis of the principle of the best interest of the child.

- The literature states that LGBTI+s's awareness of their sexual orientation and gender identity being formed during their education; the education system has a heteronormative structure; and school administrators and educators' homophobic, biphobic, and transphobic attitudes and behaviours; coupled with bullying and stigmatization hamper especially bisexual and trans people's access to education and negatively affect the education processes.⁵⁹ To this end, it is recommended that local body/local community services, as well as social services, include a gender equality theme that would support the training of specialists. The education system should cover the notions of sexual orientation, gender identity, expression, and characteristics to raise awareness in society as well as help foster an education system in which LGBTI+s can participate under equal conditions. In other words, educating children on issues such as sexual orientation, gender identity, expression and characteristics, and gender equality from pre-school will help future generations exhibit less discriminatory, oppressive, and exclusionary attitudes.

- All kinds of social stigmatization and violence, including peer bullying and harassment due to sexual orientation, gender identity/expression and gender characteristics should be subject to disciplinary measures and all kinds of measures, including pre-emptive awareness-raising activities, should be taken to ensure adequate protection.

⁵⁸ Bianet, 'Kuzey Kıbrıs'ta LGBTİ Dostu İki Belediye Başkanı', Bianet, 26 Haziran 2016, <https://m.bianet.org/bianet/print/198603-kuzey-kibris-ta-lgbti-dostu-iki-belediye-baskani>, (E.T.: 16/09/2021).

⁵⁹ Güner, U.: Reflections of Heterosexist Discrimination on Gay, Bisexual, and Trans Lives, ÇalışmaHayatında, 2015, pp. 23

- It is recommended to take preventive measures to stop hate speech and peer bullying in educational institutions and to create an LGBTI+ friendly environment in schools with the cooperation of guidance counsellors, school administrations, and civil society.

- It is recommended to take all necessary legal, administrative, and other measures to ensure that disciplinary rules and practices in educational institutions are implemented without discrimination or punishment on grounds of students' sexual orientation, gender identity, gender expression or gender characteristics.

- It is recommended to provide opportunities and resources for lifelong learning and develop programs in this direction for adults who have already experienced discrimination in the education system on grounds of sexual orientation, gender identity/expression and gender characteristics and whose education life has been interrupted.

- Youth centres should be LGBTI+ inclusive. In the absence of such existing centres, LGBTI+ inclusive youth centres should be established.

- Legal regulations and policies should be developed to protect basic human rights and support the development of individuals in order to provide social services for all kinds of discrimination, violence and stigmatization that trans people experience due to both the discrimination they experience in the field of employment and their exclusion from education life.

- Sexual orientation, gender identity/expression, and gender characteristics should be included among the reasons that constitute the basis for a hate crime.

- The prohibition of discrimination in domestic legal texts should include sexual orientation, gender identity/expression and gender characteristics.

- Effective protective-preventive policies prescribing legal sanctions should be developed across social services, law enforcement, and legal texts against rejection from society, stigmatization as well as attitudes that threaten the right to life, which is the most basic human right, such as receiving death threats and these policies should be expanded locally.

- The rules for the deportation of non-citizens on the basis of their HIV status should be amended.

- As suggested in the Council of Europe's "*Compendium of Good Practices on Local and Regional Level Policies to Combat Discrimination on the Grounds of Sexual Orientation and Gender Identity*"⁶⁰, new protocols should be developed and policies should be formulated to support access to psychosocial support mechanisms, visibility activities should be conducted, and LGBTI+ inclusive shelters should be established.

- A mechanism should be instituted with the participation of specialists, civil society organizations, academics, lawyers, local communities, and relevant local bodies in setting out the legal texts necessary to provide safe accommodation services for LGBTI+s and that short- and long-term plans are made so that quality and long-lasting services can be delivered. In addition, the establishment of a 'gender equality advisory and monitoring council' stipulated by the legal text on TOCED (*Establishment, Mandate and Working Principles*) and the organization of the Gender Equality Workshop stand out as urgent needs.

vi. Recommendations for the Roles and Responsibilities of 'social workers'

- 'Social workers' should not confine themselves to employment and education, but they should also participate in and work on eliminating negative attitudes/behaviours and raise social awareness in healthcare, social environment, and daily life by also getting support from civil society organizations. In this context, social work should take an active and effective advocacy role to take the necessary steps to transform society.

⁶⁰Council of Europe: *Compendium of Good Practices on Local and Regional Level Policies to Combat Discrimination on the Grounds of Sexual Orientation and Gender Identity*, 2016

- The *National Association of Social Workers* (NASW), which determines and constantly updates the professional code of ethics of social workers, states that among the responsibilities of social work professionals are ensuring social assistance, participating in social and political action, and ensuring societal participation. In other words, they should make efforts from the micro to the macro level, to increase the welfare level of the society in general, advocate for meeting basic life needs, and cooperate with relevant institutions and organizations to improve social justice. In order for these to be realized and for social change to take place, the informed participation of society should be facilitated and encouraged. The code of ethics states that “*Social workers should engage in social and political action that seeks to ensure that all people have equal access to the resources, employment, services, and opportunities they require to meet their basic human needs and to develop fully*” and “*Social workers should act to expand choice and opportunity for all people, with special regard for vulnerable, disadvantaged, oppressed, and exploited people and groups*” within the section on the social and political action responsibilities of social workers.⁶¹ Therefore, in-service pieces of training should be carried out for ‘social workers’ working in the ‘social services departments’ in the northern part of Cyprus as regards their professional code of ethics to update their knowledge level, to improve their skills, to create awareness about their values, and to enhance the quality of service delivery.

- The social work profession is among the most important occupational groups that enable everyone to benefit equally from their rights, and support and guide their clients so that everyone can benefit from the existing services in equal conditions, without making any discrimination between people. In the findings of ‘social workers’, it is observed that a large majority of the ‘social workers’ in the northern part of Cyprus either do not remember having received training on anti-discriminatory and anti-oppressive practices or state that they have not received any such training. Therefore, it is recommended that in-service pieces of training be carried out for the relevant personnel. It is recommended that the content of the training should include anti-discriminatory and anti-oppressive and rights-based techniques, especially in terms of the integrity and inclusiveness of the services.

- Looking at the responses given by many social workers to the statement “*I would not mind if someone of my own sex showed sexual interest in me*”, observing the finding that they would be uncomfortable in case somebody of their own sex shows interest in them actually reveals the fact that they have homophobic attitudes and behaviours. Therefore, it is recommended to enhance their awareness, knowledge, and skills through the provision of training support, as mentioned above, and ensure their participation in capacity-building workshops/meetings.

- It is noteworthy that as the age of ‘social workers’ increases, homophobic attitudes and thoughts also increase. It is possible to say that these are reflective of the culture, norms, and heteronormative patterns in which the ‘social workers’ lives; the lack of anti-discriminatory and anti-oppressive practice training during their professional training; and the lack of gender equality- and human rights-based information and support. Hence, it is possible to state that the education system or information models based on human rights and gender equality should be included in both today’s education and the professional training processes of ‘social workers’. Thus, in addition to raising the awareness of everyone to benefit from equal services and rights, in-service pieces of training should be continued at regular intervals in order for the ‘social workers’ to be able to advocate for disadvantaged groups and to provide protective or preventive services. In addition, it is recommended that they attend continuous pieces of training to increase their awareness and capacity so that they can put the scope of existing or developed/planned policies into practice (micro-mezzo-macro practices of social work).

- In-service training and educational supervision (supervision of theoretical knowledge) should be provided for the personnel so that their knowledge in the field is updated and they can provide psychosocial counselling and especially post-violence protective and rehabilitative services.

⁶¹ NASW (B): Code of Ethics, 2021, <https://www.socialworkers.org/practice/LGBT>, (E.T.: 16/09/2021).

vii. Recommendations for the Responsibilities of the ‘ministry in charge of labour and social security affairs’-‘social services department’

- Based on the research findings, boosting the visibility and accessibility of the ‘social services department’ and the scope of the current services provided should also be among the important priorities. In other words, information should be provided about the contexts in which the ‘department’ delivers its services and the ways through which to access these services for the groups that the ‘department’ serves.
- It should be ensured that LGBTI+s have effective access to all free in-kind and cash assistance.
- It is recommended that the ‘social services department’ develop protective and preventive services with respect to life-threatening experiences of LGBTI+s such as violence and abuse, the ‘violence prevention and counselling centres’ (‘ŞÖDAM’s) planned to be set up by the legal text on the ‘gender equality department’ (‘TOCED’) which would provide these services be founded post-haste, and cooperation be made with civil society organizations and local communities to support LGBTI+s subjected to violence.
- It is recommended that the ‘police violence prevention units’, which are active in every region, should be LGBTI+ inclusive.
- Mechanisms should be established to identify the barriers that limit LGBTI+s’s access to work and social security rights, in other words, to conduct research, collect and analyse data, monitor, and evaluate them. In this context, it is recommended that ‘TOCED’ and especially the ‘economy, planning, and education branch’, which is envisaged to be established thereunder, be put into operation by employing the necessary personnel.
- In order to increase the quality and effectiveness of post-violence support services, it is recommended that service providers be subject to continuous and regular educational and supportive supervision.
- In order to change the LGBTI+ phobic perceptions and attitudes of the employees of the ‘social services department’, in-service pieces of training should be continued and the full participation of the officers in each district should be ensured.
- There is a need for service customization on the basis of young and old LGBTI+s. Shelters should be established for young and middle-aged LGBTI+s who have lost family support and are exposed to violence and discrimination, home care services should be provided for sick and elderly LGBTI+s who need constant care.
- Trans people are issued an incapacity report on grounds of a depression diagnosis, as a common practice of exclusion and stigmatization, and they are provided with monthly social assistance that is not sufficient to allow them to meet their basic needs. Efforts should be made to change this. The social assistance provided for trans people should be rather provided with a view to achieving the social inclusion of a marginalized group.
- In addition to cash assistance, in-kind assistance should be provided so that these individuals can be independent, integrated into society, and their psychosocial well-being can be improved.

CHOSE SOLIDARITY, NOT LONELINESS. WE CAN FIND ANSWERS TO YOUR QUESTIONS TOGETHER.



With the Solidarity Line, Queer Cyprus Association is finding answers together with you to questions of Lesbian, Gay, Bisexual, Trans and plus individuals (LGBTI+'s), and family and friends, on topics such as sexual orientation and gender identity, education, work life, family, housing, health, coming out, sexual health and military service.

You may contact the Solidarity Line 7 days a week between 10:00-22:00 via text message or phone call. We created various spaces with Queer Cyprus Association to share our loneliness. With Queer Cyprus, we have been trying to find answers to our questions as LGBTI+'s of the northern part of Cyprus via text messages and phone calls since 2017.

Although our individual experiences vary, we face common issues in various areas. We can find answers together to questions on the following topics;

- Existence of LGBTI+'s,
- Questions about sexual orientation and gender identity,
- Processes of coming out to family,
- Issues about military service,
- Process of gender affirmation
- Issues about work life,
- Issues experienced at school and university,
- Questions about sexual health,
- Questions about social life.



SERVICES PROVIDED IN SCOPE OF PROJECTS



Psychosocial Services

The psychosocial services are provided in scope of the Diversity of Colours project to LGBTI+'s who experience economic exclusion and require social needs.



Legal Services

The legal support services are provided in scope of the Diversity of Colours project to LGBTI+'s who experience economic exclusion and require social needs.




Social Services

The social services are provided in scope of the LIFE project for LGBTI+'s in order to deal with feelings of isolation resulting from social pressure and exclusion; and to ensure prevention and empowerment against risk factors.


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