



# LGBTI- asylum seekers, converts and asylum seekers who left their religion at reception centres

## - SUMMARY -

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# Summary

The Central Agency for the Reception of Asylum Seekers (Centraal Orgaan opvang asielzoekers, hereinafter referred to as COA) is responsible for the reception of asylum seekers and aims to create a good living environment for all immigrants residing in a COA centre. Some vulnerable groups in the centres receive additional support<sup>1</sup>, including those from the LGBTI community, converts and asylum seekers who have left their religion (hereinafter referred to as non-practitioners).<sup>2</sup> There have been regular signs of intimidation and violence against LGBTI asylum seekers and converts at reception centres in recent years. The Dutch Ministry of Justice and Security (Ministerie van Justitie en Veiligheid) and COA aim to obtain insight into possible improvements to enhance the care and support for these groups.

The central research question is: *how is the current COA care and support for LGBTI people, converts and non-practitioners organized, how is it implemented, what are the experiences of the various groups involved and where are opportunities for improvement?*

A qualitative study was conducted between January and June 2021 to record the experiences of asylum seekers, COA staff and employees of other organizations involved in the care and support of asylum seekers. Group discussions were held at eight reception centres with COA staff (n=28) and interviews were conducted with employees of various organizations such as the Dutch Council for Refugees (VluchtelingenWerk), the Municipal Health Services (Gemeentelijke Gezondheidsdiensten (GGD)), Youth Health Care (Jeugdgezondheidszorg (JGZ)), COC (an advocacy organization for LGBTI people) and churches (n=25). Interviews were also held with 21 asylum seekers from the researched groups. The analysis used data triangulation (a comparison of the different perspectives of those involved) to substantiate the outcomes. This summary provides insight into the most important research findings.

## *Design and organization of care and support*

*There is no target group policy, but COA does focus particularly on LGBTI asylum seekers. A focus on issues relating to beliefs is still in its infancy.*

COA does not operate a target group policy. In essence, the support for all residents is designed in the same way; it is person-oriented and tailored to individual needs. COA does, however, pay extra attention to vulnerable groups in the reception centres. These are groups with a more pronounced risk of vulnerabilities such as the risk of violence or exclusion, and the lack of a network or safety net. This includes asylum seekers who are single mothers or minors, but COA also considers LGBTI asylum seekers to be a group with a higher risk of vulnerability.

COA has developed a policy relating to LGBTI asylum seekers to improve the quality of life for LGBTI asylum seekers at COA centres. There are measures that focus on COA staff, on asylum seekers themselves and on the external environment. There is also a focus on internal staff skills training so that they are better able to identify and respond to needs. Specialized LGBTI officers are also present at various COA locations to support LGBTI residents, and COA staff can also contact these officers if they have questions about supporting these residents. There are also training courses for COA staff, but participation in these is voluntary. In practice, it is often the staff and centres that already have more affinity with this group that take part. A special LGBTI unit or wing has been set up at some COA centres to provide a protective environment for LGBTI asylum seekers. COA also attempts to demonstrate in other ways that it places a high priority on a safe and liveable shelter for LGBTI asylum seekers; for example, by participating in the Canal Parade, hoisting the rainbow flag and through its internal and external communications. Although COA has adopted a national policy to improve the quality of care for LGBTI asylum seekers, in practice there are differences between centres (and between staff) regarding the extent to which this policy is implemented.

Compared with its LGBTI policy, COA's focus on issues related to beliefs (converts and non-practitioners) is still in its infancy. A guide to issues related to beliefs was drawn up in 2018 to help COA staff handle

<sup>1</sup> The focus on vulnerable groups is recorded in the Regulation for Provisions for Asylum-Seekers and Other Categories of Foreign Nationals (Opvangrichtlijn en de Regeling verstrekkingen asielzoekers (RvA)).

<sup>2</sup> LGBTI refers to lesbian, homosexual, bisexual, transgender and intersex people. The term convert refers to asylum seekers who change their religion (often Muslims who have converted to Christianity, but conversion to other religions is also possible).

questions from residents on beliefs issues. There is also a national platform in which COA, religious and social partners exchange knowledge and harmonize information material for asylum seekers. At the moment, there are no specialized officers for issues related to beliefs and there is no specific skills training among COA staff.

*Various external parties are involved in care and support at the local level, but there is no uniform local support infrastructure.*

Several other organizations are involved in the care and support of asylum seekers at the reception centres. These are both generic organizations such as the Dutch Council for Refugees, GGD, JGZ and target group-specific organizations such as the COC, religious institutions and the Dutch Humanist Association (Humanistisch Verbond). Target group-specific organizations are not present everywhere, which means that here, too, there is no uniform support structure. Experiences with cooperation at local level relating to the support of LGBTI asylum seekers are generally positive. There are short lines of communication between the COA specialized officer and the local COC group and there is regular consultation to discuss concerns about residents (with the residents' consent). Where a 'pink network' is available, the partners know how to find each other. In practice, the local cooperation with other organizations (churches or organizations of non-believers) is less developed. Some centres have contacts with church organizations and they discuss the options for activities at the reception centre and make referrals to church organizations, but this local cooperation does not appear to be as sound as the cooperation relating to LGBTI asylum seekers. There is little to no local cooperation in the care and support for non-practitioners. The Dutch Humanist Association offers support to non-participants, but there is no regular consultation at local level between COA and the Dutch Humanist Association.

*Care and support experiences and improvement opportunities*

All asylum seekers face certain bottlenecks in the reception process, such as a lack of privacy, their own or their fellow residents' traumas and long waiting times in the asylum procedure. These aspects make both short and long stays at a COA centre a stressful experience for most asylum seekers. LGBTI people, converts and non-practitioners may also have issues relating to their specific background, including traumas arising from their sexuality, gender or religion. These traumas can influence whether they dare to speak out and to whom, and to what extent they can and dare present themselves, both to their fellow residents and COA staff.

*There are huge differences in knowledge and attitude between staff. Particularly converts and non-practitioners do not always feel seen and heard.*

LGBTI asylum seekers experience huge differences between COA staff in terms of knowledge and attitude; they can talk easily to one staff member but less so with another. The asylum seekers have positive experiences with the LGBTI specialized officer. This person knows how to respond well to questions and refers them to a local COC group or another 'pink network' if she cannot answer the question herself.

Non-practitioners and converts experience that COA employees generally have little knowledge of or attention for their specific issues; they do not always feel seen or heard during the support. It is often the case that COA staff does not know how to support converts or non-practitioners. They do not know who to contact about issues relating to beliefs and are also insufficiently aware of the local and national organizations to which they can refer people.

Not only is there a lack of knowledge among staff, but the principle of COA being a neutral political and religious organization also seems to cause hesitation. Staff often does not know how to handle residents' needs to practise their religion (in an organized setting). Uncertainties about what is and is not permissible means that activities for the communal practice of religion are often not permitted at all.

The most important suggestions for improvement based on conversations with asylum seekers, COA staff and other parties involved in supporting asylum seekers are:

- Promote knowledge among COA staff about converts and non-practitioners and what this means for asylum seekers. COA staff needs more tools to gain insight into specific issues facing these groups.
- Involve LGBTIs, converts and non-practitioners in developing policy for these groups and in developing, for example, training courses for COA staff to better meet the needs of these groups.
- Provide more clarity for COA staff on how to handle religion in practice: how to adhere to COA's neutrality while offering space for people to express their religious identity.
- Appoint specialized officers for issues relating to beliefs, in line with the specialized LGBTI officers, so that staff has a clear point of contact for questions concerning beliefs.
- The LGBTI specialized officer offers considerable added value in exploring the needs of and providing support to LGBTI residents. These officers are not available at all centres and there is also no clear protocol everywhere about what such an officer can do. This could be implemented in a more uniform way.

### *Safety is essential for good care*

In general LGBTI asylum seekers face more daily bullying and incidents of violence than converts or non-practitioners. Safety is an important issue for LGBTI asylum seekers and – to a lesser extent – for converts and non-practitioners. Experiences vary regarding how COA responds to incidents and how effective this response is; some asylum seekers experience that incidents are handled well but others are less satisfied about this.

Lack of privacy is an important source of feeling unsafe. Sharing a room with fellow asylum seekers who are not tolerant towards people with a different sexual orientation, gender identity or issues relating to beliefs can cause a lot of tension and lead to harassment and incidents. A strategy used by some asylum seekers is to be as unidentifiable as possible as an LGBTI person, convert or non-practitioner.

LGBTI asylum seekers are often strategic in how far they are open about their identity to different groups. Some of them express their LGBTI status visibly, but most only do so towards others from the LGBTI community or towards COC or COA employees. Most LGBTI asylum seekers do not feel accepted by fellow residents. Converts are reasonably open about their identity as Christians. They sometimes do not feel accepted by fellow residents. People who are non-practitioners are sometimes against their will 'outed' (i.e. it is publicly announced that they are non-practitioners), which can lead to threatening situations. Non-practitioners often fear people from their country of origin and for that reason are sometimes cautious on social media.

The *attitude of COA staff* and their reaction to incidents is also a factor in asylum seekers' perception of safety. If there is no adequate response to reports, the willingness to report decreases and the feeling of insecurity increases. Another factor is that some asylum seekers do not report incidents for fear that this will negatively influence their asylum procedure. This also makes it difficult for COA to gain insight into what is happening at the reception centre.

The most important suggestions for improvement based on conversations with asylum seekers, COA staff and other parties involved in supporting asylum seekers are:

- More privacy for residents, for example by offering them their own room.
- Place LGBTI residents in a special LGBTI unit in which a room and facilities are shared with 'like-minded' people, as this can increase the feeling of safety and contribute to establishing meaningful contacts. The asylum seeker's needs should be central here; not all LGBTI people want to be accommodated in such a unit, but it is important that the possibility exists.
- Improve security at the centres (also in the evenings) to enable better handling of aggressive behaviour and establish clearer protocols on how to act in the event of incidents.
- Provide more/improved information and activities for fellow residents to facilitate mutual understanding and contact.

*The networks built by all groups are vulnerable due to the many relocations. The external social network of non-practitioners is the most precarious.*

Social contacts outside the reception centre are particularly important for LGBTI residents, converts and non-practitioners because, in many cases, they have a difficult relationship with their families in their country of origin and the connection with fellow asylum seekers and refugees from their country of origin is not automatic. They need an 'alternative family' or community with which they can start meaningful relationships.

Converts often have a stronger social network outside the reception centre via churches than LGBTI residents or non-practitioners. Attending Sunday services and the contacts around this means they are more able to build a good social network. LGBTI asylum seekers can often contact COC for activities and a buddy, but COC is not active in all reception centre locations. The external network is most precarious for non-practitioners. In towns where the Dutch Humanist Association is not active, there are often no alternatives. For all groups, the external networks they build are vulnerable as a consequence of relocations between reception centres. This problem is common to all asylum seekers, but seems to be more acute for the groups involved in this study, precisely because of the break with family and community from the country of origin.

The most important suggestions for improvement based on conversations with asylum seekers, COA staff and other parties involved in supporting asylum seekers are:

- Obtain more insight into the social map around the reception centre of organizations that can support LGBTI residents, converts and non-practitioners, make this information more accessible for residents (via the MyCOA website and physical notice board) and ensure more active referral by COA to these organizations.
- Provide more opportunities to learn Dutch so they can also build contacts outside the reception centre.
- Prevent relocations between reception centres so they can retain any social network they have built.

*There needs to be more uniformity between reception centres in the care and support of LGBTI asylum seekers, converts and non-practitioners.*

The difference between COA centres and between COA staff in the support and care of these groups should be reduced so that it makes no difference for the asylum seeker where he or she is placed.

Suggestions for improvement based on conversations with COA staff and other parties involved in supporting asylum seekers:

- Ensure improved implementation of national policy frameworks at the reception centres, offering space for local interpretation within minimum standards of guidance.



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