



Section 1

The diagnosis

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Objective

To understand the local context, existing narratives, key actors and the main challenges relating to sexual orientation, gender identity and expression, and sex characteristics (SOGIESC), in order to inform the design of Anti-rumours actions and strategies tailored to each specific context.

Structure and content of the diagnosis

The diagnosis forms the basis upon which any Anti-rumours Strategy is built. Its aim is not merely to identify rumours or discriminatory discourse, but to understand the context in which they arise, the factors that fuel them, the people and organisations involved, and the existing opportunities to promote more inclusive narratives.

In this regard, the diagnosis can also help to identify dynamics of polarisation, manifestations of hostility or hate speech directed against LGBTIQ people, as well as the social, institutional and communicative factors that contribute to their normalisation or spread.

Although this tool proposes a comprehensive diagnostic framework, its various sections can be used independently based on the objectives, resources and stage of development of each organisation or local context. Some institutions may choose to carry out a comprehensive diagnosis, whilst others may initially focus on specific aspects, such as identifying narratives, mapping key actors or defining priorities for action.

→ See Tool 1: Structure for a SOGIESC diagnosis

Information gathering and participatory analysis

The diagnosis can draw on multiple sources of information. However, the participation of institutional actors, organisations, professionals and individuals linked to the area is essential to understanding how discriminatory narratives manifest themselves, what challenges and needs exist, what resources are available and what opportunities can help to promote more inclusive environments.

This section proposes a flexible information-gathering tool that combines different participatory techniques and can be adapted to the objectives, resources and capacities of each area.

→ See Tool 2: Gathering perceptions and analysing the context: questionnaire and interviews

The local context

Understanding the reality faced by LGBTIQ people in a local context requires an analysis of the social, institutional and community context in which their experiences unfold. Factors such as sociodemographic characteristics, existing policies, the availability of specialised resources, or specific social and political events can significantly influence both the living conditions of LGBTIQ people, and the narratives and perceptions present within the community.

Analysing the local context enables the identification of opportunities, resources and constraints that will help to better interpret the results of the diagnosis and to design responses more tailored to the reality of the area.

Information can be obtained from various sources, such as institutional documentation, previous studies, statistical data, existing plans and strategies, interviews, questionnaires or expert knowledge of the area. This section proposes a tool for organising and systematising this information.

→ See Tool 3: Context analysis framework

Identification and analysis of prejudices, rumours, stigmatising narratives and hate speech

Understanding the narratives circulating within a given local context is a fundamental part of any diagnostic process. However, the aim is not merely to identify rumours, prejudices, discriminatory discourse or manifestations of hate speech. These expressions should be understood as a gateway to understanding the perceptions, experiences, inequalities, power relations and social dynamics that influence the way in which LGBTIQ people and communities are perceived.

Analysing these narratives and discourses enables us to understand not only what is being said, but also who is affected, where they circulate, what impacts they have, and what factors contribute to their reproduction or normalisation. It also helps to identify challenges, opportunities and potential partnerships to promote more inclusive, safe and human rights-respecting environments.

This section proposes a tool for organising and visualising the main narratives, prejudices, discriminatory discourses and expressions of hate speech identified during the diagnosis. The information can be obtained from various sources, including Tool 2, previous studies, research, participatory forums or existing documentation.

→ See Tool 4: Map of identified narratives, prejudices and hate speech

Identification and analysis of key actors

Narratives, prejudices and discriminatory discourse do not arise or circulate in isolation. Various institutional, social, community, educational, cultural and media actors can contribute both to their perpetuation and to their prevention and transformation. Therefore, identifying and mapping the actors present in the specific local context is a key element of the diagnosis.

The aim of this section is to organise and visualise the main actors related to LGBTIQ people and their rights, distinguishing between those already involved in promoting equality and inclusion, representative groups and organisations, key spaces for LGBTIQ people, and potential alliances for future actions, campaigns or strategies. Furthermore, this tool enables the identification of key actors who may be affected by discriminatory narratives, contribute to their perpetuation, or play a significant role in their prevention and transformation.

Information can be obtained through questionnaires, interviews, focus groups, literature reviews or other available sources, but this tool focuses specifically on classifying and organising this information to facilitate analysis and subsequent planning.

→ See Tool 5: Map of key actors and potential partnerships

Key challenges and priorities

The aim of this section is to transform the information gathered during the diagnosis into a series of challenges and priorities that will guide the design of future anti-rumours actions and strategies.

Challenges should not be understood merely as a list of identified problems or needs. They should help to interpret the information gathered, identify the factors contributing to the perpetuation of prejudice, discrimination or hate speech, and highlight those areas where an action can have the greatest impact.

Throughout the previous tools, challenges and opportunities have already been identified through the collection of perceptions and experiences (Tool 2), the analysis of narratives and prejudices (Tool 3), the exploration of the local context (Tool 4) and the identification of key actors and existing resources (Tool 5). This section proposes tools for organising, cross-checking and prioritising all this information, facilitating its subsequent translation into objectives, strategic lines of action and specific actions.

The recommended sequence is as follows:

1. Identify challenges and opportunities based on the information gathered during the diagnostic phase (Tools 2, 3, 4 and 5).
2. Collectively cross-check and validate these findings using Tool 6 (optional).
3. Use Tool 7 to classify and prioritise the identified challenges, facilitating their subsequent translation into objectives, strategic lines and actions.

→ See Tool 6: Participatory workshop for the validation and categorisation of challenges

→ See Tool 7: Challenge prioritisation matrix

Bringing the diagnosis together

The diagnosis brings together the different strands of evidence collected throughout the previously mentioned tools. Information about the local context, rumours and narratives, people's experiences, key actors, existing resources and the main challenges should not be considered separately. Taken together, they provide a more comprehensive understanding of how SOGIESC-related prejudice and discrimination are produced, reinforced and experienced in the local context.

The purpose of bringing these elements together is to identify the main challenges and opportunities, understand their underlying causes, recognise the actors and resources that can contribute to addressing them, and determine which issues should be prioritised. These priorities provide the basis for defining objectives, strategic lines and specific actions in the subsequent stages of the Anti-rumours Approach.

The diagnosis is therefore not an end in itself. It is the point where information and evidence are transformed into a shared understanding of the local context and a set of priorities for action. It helps practitioners move from understanding what is happening to deciding what needs to change, who can contribute to that change and where to focus efforts.

From diagnosis to action

Local context → Narratives & prejudices → Experiences → Actors & resources → Challenges & opportunities → Priorities → Objectives → Strategic lines → Actions

Example: the [diagnosis of Getafe and Santa Coloma de Gramenet](#).

The diagnosis developed as part of the pilot process in Getafe and Santa Coloma de Gramenet (Spain) provides a practical example of how the different elements of a diagnosis can be brought together. It combines evidence on the local context, narratives, experiences, existing resources, key actors and challenges to identify opportunities and priorities for action. The diagnosis subsequently served as a basis for the development of the Anti-rumours LGBTIQ Toolkit.

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