

# RAINBOW HEALTH EDUCATIONAL TOOLKIT

**Developed by Narina Nagra  
& the RHN Education Committee**

**Prepared for the Ontario Rainbow Health Partnership Project,  
a project of the Rainbow Health Network, Coalition for Gay and  
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Rainbow Health Network  
P.O. Box 822, Station A  
Toronto, ON M5W 1G3  
[www.rainbowhealthnetwork.ca](http://www.rainbowhealthnetwork.ca)



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The **Rainbow Health Network (RHN)** is a grassroots community-based network whose mission is to serve as a catalyst and a resource for lesbian, gay, bisexual, transsexual and transgendered (LGBT) health and wellness activity, in Toronto and beyond.

RHN's objectives are:

- **Networking:** Create and sustain an accessible, inclusive network of volunteers committed to promoting health and wellness for people of diverse sexual orientations and gender identities, through the Rainbow Health Network (RHN) listserv and website. Create opportunities for exchange of information and resources, and for collaboration.
- **Education:** Create educational resources and provide public education and health professional education. Act as a resource to health and social service providers, community groups, researchers and academics.
- **Advocacy:** Advocate with governments, agencies, and the public on initiatives regarding health and wellness needs, strengths and priorities of LGBT people.
- **Equity:** Work toward increasing access, equity and inclusion in healthcare, supports and social services. Create partnerships to address health disparities experienced by LGBT people who are further marginalized by oppression, such as racism, sexism, ableism and classism.

RHN was founded by the Coalition for Gay and Lesbian Rights in Ontario (CLGRO), an organization composed of groups and individuals who are committed to working towards feminism and bisexual, lesbian, and gay liberation by engaging in public struggle for full human rights, by promoting diversity and access, and by strengthening cooperative networks for lesbian, gay, and bisexual activism.

RHN collaborated with the Canadian Rainbow Health Coalition (CRHC) on a project called the Ontario Rainbow Health Partnership Project (ORHPP).

One of the main objectives of ORHPP was to develop an educational toolkit to increase healthcare and social service providers' capacity to address the health and well-being of lesbian, gay, bisexual, transsexual, transgendered, intersexed, Two-Spirited, and queer (LGBTTIQ) people. A main goal of this toolkit is to support LGBTTIQ people in educating ourselves and educating workers in health and social services in Ontario.

Workshop #1 was created by Rainbow Health Network Education Committee members Linda Green, Richard Hudler, Nick Mulé, Jo Ann Nevermann, and Phyllis Waugh. Input was provided by many others, including Nadia Bello, Michelle Clarke, Beth Jackson, Louise Langlais, Dick Moore and Hershel T. Russell.

The *Rainbow Health Educational Toolkit* was developed using the existing Rainbow Health Network workshop model and other collected materials from across Canada and internationally.

# INTRODUCTION

The *Rainbow Health Educational Toolkit* has been designed primarily for healthcare & social service providers in recognition that there is an enormous lack of resources and knowledge on lesbian, gay, bisexual, transsexuals, transgendered, Two-Spirited, intersexed, and queer (LGBTTTIQ) people's health and wellness. While there has been advancements in the rights of LGBTTTIQ communities in Canada, there still remains many barriers and challenges to accessing healthcare information and resources that is rooted in heterosexism, homophobia, biphobia and transphobia. Without access to a supportive environment, individuals who identify as LGBTTTIQ can experience isolation, trauma, stress and decreased self-esteem. These factors can negatively affect many aspects of their lives including emotional, mental and physical health.

The creation of this toolkit is one small step towards challenging the oppression and marginalization that LGBTTTIQ individuals encounter on a day-to-day basis. However, we recognize the need for increased education, advocacy and resources nationwide for the rights of LGBTTTIQ people.

The *Rainbow Health Educational Toolkit* was built upon the successes of RHN's introductory level workshop "Diversity Awareness: Sexual Orientation & Gender Identity" which uses a social determinants of health approach to address issues of access to healthcare for LGBTTTIQ people. This workshop has been well received in hospitals, long-term care facilities for the elderly, cancer care agencies, and a local college of naturopathy. Through the presentation of this workshop, RHN has initiated important partnerships with local healthcare organizations.

The *Rainbow Health Educational Toolkit* is a flexible educational tool that can be offered to all workers receiving sensitivity training and diversity education in healthcare settings, including nurses, doctors, managers, reception, clerical, housekeeping and security staff. All of these staff potentially contribute to the inclusiveness of healthcare environments. While RHN's educational work to date has directly targeted workers in healthcare settings, this toolkit can be expanded for use for social service providers and other settings.

This toolkit is based on an anti-oppression framework and focuses on the barriers faced by members of LGBTTTIQ communities in accessing healthcare and social services. Using an interactive format, it offers healthcare and social service workers an opportunity to examine the attitudes, beliefs and social systems that support systemic barriers to access. Scenarios and stories reflect diverse experiences and situations as well as the realities of intersecting oppressions. A comprehensive handout section is provided to workshop participants, along with a glossary of terms, and lists of references and community resources.

## **A Note to Facilitators**

RHN recommends that only facilitators that identify as LGBTTTIQ and their allies lead training sessions. We encourage co-facilitation with at least one LGBTTTIQ facilitator.

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# **Rainbow Health Educational Toolkit Section 1**

## **Workshop #1 Trainers' Script**

### **Diversity Awareness in Healthcare: Sexual Orientation and Gender Identity**



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## **MATERIALS AND EQUIPMENT:**

1. Flip chart
2. Markers
3. Masking tape
4. Index Cards
5. Copies of handouts and task sheets:
  - Workshop #1 Handout
  - Word Cards and Definition Sheets
6. Writing Utensils for Participants
7. Blank sheets of paper

## **INTENDED AUDIENCE:**

This workshop is designed for people working in the healthcare field, and can be adapted for other social service providers and students.

## **PREPARATION:**

Get familiar with the workshop activities and handouts for participants. Familiarize yourself with the various topics. Make sure to set up the appropriate materials ahead of time.

## **SAMPLE AGENDA & TIMEFRAME:**

1. Introductions	10 minutes	p. 6
2. Definitions	20 minutes	p. 8
3. Porcupine Exercise	20 minutes	p. 9
4. Effects of Discrimination on Access to Healthcare	30 minutes	p. 11
5. Practical Approaches to Change	60 minutes	p. 14
6. Wrap up	10 minutes	p. 21

TOTAL TIME = **2.5 hours**

## **1. Introduction**

**Time needed:** approx. 10 minutes

### MATERIALS NEEDED

- Flipchart paper & markers
- Goals of workshop, Agenda & Groups Guidelines written up on flipchart paper
- Index Cards

## ACTIVITY BREAKDOWN

### **A) Facilitator(s) introduce themselves**

The facilitators should introduce themselves, and briefly review the goals of the workshop module. The goals should be written up beforehand on a piece of flipchart paper. If presenting on behalf of RHN, use intro at beginning of toolkit.

*Goal: To promote sensitivity about the barriers that LGBTTTIQ people face when accessing healthcare and social services / supports*

### **B) Ask questions to group**

**Say:** “We recognize that in a group like this one, people around the table bring knowledge and experience related to the issues we’ll be talking about. We encourage you to share your knowledge with the group today.”

In order to get to know each other a little we have some questions for you.

(Show of hands)

1. How many people here work directly with patients or clients?
2. How many have had patients or clients who are lesbian, gay, bisexual, transsexual, transgender, intersexed, two-spirited, or queer?
3. How many of you have co-workers who are lesbian, gay, bisexual, transsexual, transgender, intersexed, two-spirited, or queer?

### **C) Review agenda** (posted on flipchart paper)

Introductions	10 minutes
Definitions	20 minutes
Porcupine Exercise – exploration of stereotypes	20 minutes
Effects of Discrimination on Access to Healthcare	30 minutes
Practical Approaches to Change	60 minutes
Wrap up	10 minutes

### **D) Index cards**

**Say:** if people feel more comfortable with anonymous questions, you can write a question on an index card and drop it in the box or give it to a trainer. These questions will be answered during the session.

### **E) Group Guidelines** (posted)

**Say:** Does anyone want to add anything here? Does everyone agree to accept the guidelines? (If there’s a problem later, eg, offensive comment, you can refer back to the guidelines.)

- Respect
- Participate and ask questions
- Respect the confidentiality of participants
- Honesty
- Use “I” statements
- One person speaking at a time

Non-judgmental  
Give people space to learn.  
We're not here to diagnose or stigmatize

## 2. Definitions

**Time needed:** 15-30 minutes

**Objective:** To define key terms.

### MATERIALS NEEDED

Copies of “**Definitions**” sheet with no terms (see Handouts)  
Laminated Cards with key words (see below)

### ACTIVITY BREAKDOWN

1. **Say:** “We’re going to begin this workshop by defining some key terms that will be helpful for us throughout this workshop. We will be playing a definitions game.”
2. Tape up laminated word cards around room and hand out the definition sheets (with no terms) for participants to guess the meanings. For small group work: Have the definition sheets cut into sections of about 5 definitions and ask each group to discuss.
3. Ask participants to read a definition and guess the word that matches. Allow others to help out with answers. Clarify any questions.
4. Ask the group if there are any other words they want defined. Be sure to cover cultural diversity and the many different identities.
5. Explain that the definitions are included in the handout.

### Possible List of Word Cards:

1. Biphobia
2. Bisexual
3. Cisgender
4. Coming Out
5. Gay
6. Gender Identity
7. Heterosexism
8. Homophobia
9. Intersex
10. Lesbian
11. Lesbophobia
12. LGBT, LBGT, LGBTQ, LBGTQIQQ
13. MSM
14. Queer
15. Questioning
16. Sexual Orientation
17. Sex Reassignment Surgery (SRS)
18. Transgender
19. Transition

20. Transphobia
21. Transsexual
22. Two-Spirit
23. WSW

### 3. Porcupine Exercise

**Time needed:** 20-30 minutes

**Objective:** To examine the nature of homophobic and transphobic name-calling and stereotypes.

#### MATERIALS NEEDED

Flipchart paper & markers

Two sheets of flipchart paper on the wall with the following text:

1. The words “gay”, “lesbian”, and “bisexual” listed one below the other, inside a circle.
2. The words, “transsexual” and “transgender” listed one on top of the other, inside a circle.

#### ACTIVITY BREAKDOWN

1. Tell the group the goals of this exercise:
  - To demonstrate the social prejudices that LGBTTTIQ people face.
  - We’re going to examine and discuss some common beliefs and stereotypes.
  - These stereotypes have effects on access to healthcare as well as many other aspects of daily life.
2. **Say:** (Point to first sheet) These words describe **sexual orientation**. Sexual orientation is about attraction – whether you are attracted to the same sex or opposite sex or both.
3. Point to other sheet and **say**, “These words describe **gender identity** – your sense of being male or female - or neither, or both.”
4. Review this or introduce if not already covered:
  - Transgender and Transsexual** (Many will not be clear on these)
  - Not everyone agrees on the use of these words.
  - There are various usages, expressing regional differences as well as political differences
  - How we’ll use the words here is:
    - “Transgender” is a broad term that is sometimes used to include anyone who transgresses social norms for gender expression. It may also be used by people who experience themselves as being other than simply “male” or “female”.
    - “Transsexuals” change their bodies, using hormones and possibly surgery, to match their sense of being male or female. Some transsexuals object to being grouped in the umbrella category of “transgender.”
5. Point to each sheet and say:

We're going to list words people use in connection with these terms.  
What are some words you know or have heard?  
Facilitators can say that just for now we're going to give you permission to use words that can be very hurtful  
Point out that we're not asking whether you use or believe these words  
Suggest words to get the ball rolling, or words that are left out that relate to our 3 main themes. It's not necessary to have a long or exhaustive list of words.

6. **Draw lines** out from the circle and **write the words** at the end of the lines. The lines look like a porcupine's quills. Get all the words written down first before the discussion.

### DEBRIEF & WRAP-UP

**Say:** Let's look at what we've written. Are these words positive or negative?

Go through each list and identify whether positive or negative.

Point out that the negative ones outnumber the positive, and the positive ones may be stereotypes.

Failure to think of words that are associated with "transsexual and transgender" illustrates the invisibility that is experienced by trans people, and the suppression of knowledge about them in our society.

### **Ask:**

How do you feel hearing these words and knowing they're in common use?

What effect could they have on people?

Where do people learn these words?

Why do they participate in using them?

### **Define Homophobia** (review definition if already covered)

Negative labelling of gays and lesbians as "abnormal" or "sick," is a form of homophobia.

**Homophobia** is fear, dislike, hatred and moral disapproval of gays and lesbians

**Biphobia** is similar to homophobia – it refers to dislike, fear, hatred, and moral disapproval directed at bisexuals.

**Transphobia** refers to attitudes of dislike, fear, hatred, or moral disapproval towards transgender and transsexual people.

**Heterosexism** is the unquestioned assumption that heterosexuality is the only normal and natural sexuality. It is reinforced by social structures such as the family, religions, government, etc.

**Select and discuss** words related to the 3 main topics (roots of homophobia):

**1) Gender roles and Sexism**, eg, “sissy”, “butch”

Sexism is the oppression of women and one form it takes is restricting their social role  
LGBTTTIQ people can be seen as a threat because they appear to challenge narrow  
role definitions

**2) Religion**, eg “abomination”, “unnatural”

The right to religious freedom does not override the fact that LGBTT people have  
human rights under Canadian law

In many religions there are movements in support of full equality for LGBTT people,  
as well as for women

**3) Disease**, eg, “sick”, “perverted”, “AIDS carriers”

Homosexuality was defined as a mental illness until the 1970’s, and was illegal in

Canada until 1969. There are still lingering effects of that stigma, eg, in older people

AIDS is not a gay disease. The majority of people with AIDS are heterosexual.

Poverty and lack of healthcare contribute more to the spread of AIDS than being  
gay.

**Say:**

Are there any further **questions** at this point?

Any **index cards** to hand in?

## **4 Effects of Discrimination on Access to Healthcare**

Time needed: 30-40 minutes

### MATERIALS NEEDED

- Flipchart paper and markers
- Tape

### ACTIVITY BREAKDOWN:

1) Set up 5 stations around the room by putting up flipchart paper with the following  
headings:

- Avoidance of healthcare visits
- Diseases may be more advanced and chronic conditions unmanaged
- Patients may be neglected or denied treatment
- Patients may be misdiagnosed, or receive inappropriate or inadequate treatment
- Patients may be affected by multiple types of discrimination – ie, racism, ableism

2) Introduce the exercise by stating that we will be examining the impacts of  
discrimination against LGBTTTIQ people in the healthcare system.

3) Ask participants to go to the station that interests them most, but make sure no one  
is standing alone

4) Spend 5 minutes at each station discussing and brainstorming why and how  
LGBTTTIQ people may experience each of the 5 statements. Discuss all the factors  
that may contribute to their access to healthcare, on an individual and systemic

level. Designate someone in the group to write up the group's ideas on the flipchart paper.

- 5) The facilitator yells "swap" after the 5 minutes and each individual moves to another station. This is repeated until each person has gone to all 5 stations.  
NOTE: to shorten the time frame, "swapping" may be omitted.
- 6) The last group at each station summarizes what is written down at the station and provides feedback and input to the rest of the group. Facilitate a discussion around any discrepancies in the answers, questions, etc.

### DEBRIEF AND WRAP-UP

Prejudice, discrimination, and homophobia have effects on health and on access to healthcare.

- **Avoidance of healthcare visits**
- Numerous studies have documented negative attitudes by healthcare providers towards LGBTTT patients and clients – embarrassment, discomfort, condescension, revulsion, and hostility.
- The experience or fear of discrimination can lead to avoidance of healthcare visits until a health crisis occurs. (closet)
- **Diseases may be more advanced and chronic conditions unmanaged.**
- This has effects on our health.
- For example, studies have shown lesbians are less likely to be screened for breast cancer than heterosexual women.
- **Patients may be neglected or denied treatment**  
The report we mentioned at the beginning, "Systems Failure," gives examples of problems of access.  
A lesbian said -  
"I was having a physical...dressed in the gown and everything, and the doctor asked if I had sex. I said yeah, and she said "Do you use birth control." So I decided to come out and said, "Well no, I'm a lesbian." She put down her instruments and walked out without a word."
- **Patients may be misdiagnosed, or receive inappropriate or inadequate treatment**  
In the "Systems Failure" report, a gay man is quoted as saying -  
"I have been misdiagnosed by a straight doctor who had never heard of gonorrhea of the throat in gay men and therefore kept telling me that I had a simple sore throat even though I had an STI."
- **Patients may be affected by multiple types of discrimination – ie, racism, ableism**
- LGBTTTTIQ people are as diverse as the general population in terms of gender, race, ethnicity, age, religion, class, and ability.
- These differences mean that discrimination based on sexual orientation can be experienced very differently by different members of our communities

## GENERAL ISSUES TO COVER IN DEBRIEF

- 1) **Systemic** - Effects of prejudice, discrimination, and homophobia on health and access to healthcare are SYSTEMIC.
  - This means that regardless of the specific experiences of individuals, LGBTTTIQ people, considered as a population, are more likely to experience these effects.
- 2) **Intersections of multiple types of discrimination**
  - When we respond to LGBTTTIQ people, we need to be sensitive to the multiple aspects of who they are
  - Some examples:
    - Life expectancy for First Nations people is 10 years less than for non-Native Canadians, because of social conditions such as racism, poverty, unemployment
    - The suicide rate for LGBTTTIQ teens is estimated to be 3-7 times as great as for other teens. This is not because of their sexual orientation or gender identity but because of the effects of discrimination.
    - What is sometimes labelled as “mental illness” may be a response to social conditions, not a disease of the individual.
    - Harassment and violence may be linked to other factors such as class, race, gender
- 3) **Social Determinants of Health**
  - Medical determinants of health are what happens in the doctor’s office or hospital - checkup, tests, treatments, medications - There are also social determinants of health
  - Research shows that these social factors are more important to health and wellness than biomedical or lifestyle factors.
  - For instance:
    - High income promotes healthy living conditions - safe housing and the ability to buy sufficient good food
    - Poverty and homelessness contribute to ill health
    - Unemployment is associated with poorer health.
    - People who have more control over their working conditions and safer workplaces have better health and live longer.
    - Social support, social exclusion, education, race, class, ability, gender affect health

**Mention there are handouts** on “Systems Failure” and “Diversity of our Communities”

## 5. Practical Approaches to Change

**Time needed:** 30-60 minutes. To make this exercise shorter, choose only one scenario for all groups.

### MATERIALS NEEDED

- Copies of scenarios
- Writing utensils and paper for participants

### ACTIVITY BREAKDOWN

1. Say:
  - We're going to look at how your work setting can ensure a positive, welcoming, and inclusive environment for patients and clients, and for workers
  - We'll discuss what people in your healthcare setting can do to ensure that LGBTTTIQ people receive the best possible healthcare
  - To consider these issues, we'll look at some scenarios
2. Divide everyone into 3 (or more) small groups. Each group will be given a case scenario. They are to go over the scenario as a group. They have the handout to guide them through this exercise. The groups have 15 minutes to work on their scenarios. This time should be used most effectively as possible. Take this time to really deconstruct the situation and to respond to it like you are living in the scenario. Be prepared to make a 5 minute report back.
3. Each group has 5 minutes to report back. As each group finishes, encourage applause and then ask if anyone would add other action ideas. This should take about 20 minutes.

Note: The issues that should emerge in this discussion are covered in the Workshop #1 Handout, page 8, Practical Approaches to Change.

### SCENARIOS, WITH NOTES FOR FACILITATORS

#### **Scenario 1 - Treatment**

Trevor is a 20 year old black man who is in a gay relationship for the first time. His lover is Adam, a white man of the same age, who came out at 16. Trevor has a sore throat that just keeps getting worse. Adam mentions that a friend of his once had a sore throat that turned out to be due to gonorrhoea, which he got from oral sex.

Trevor is always very reluctant to see a doctor. His mother is in poor health, and her general opinion of doctors is not very good. She feels that she has sometimes been treated badly because she's black.

Adam insists, and Trevor finally goes to a walk-in clinic, far from his own neighbourhood because he doesn't want to run into anyone he knows. He's driving his mother's car,

and on the way he gets pulled over by the police. They tell him it's just a routine check and he goes on his way, but the incident adds to his nervousness about the clinic visit.

The doctor says it's just a cold, and tells him to drink fluids and take cold medication. Trevor doesn't ask about gonorrhoea or mention his gay relationship. The doctor didn't ask. Trevor is afraid to tell anyone he's gay because he doesn't want his family to find out. Trevor follows doctor's orders and his throat doesn't get better.

### Questions for discussion

- 1) What are some of the reasons Trevor did not receive adequate and appropriate care?
  - Doctor failed to ask the right questions
  - Trevor – due to internalized homophobia, didn't inform doctor or ask questions
  - Doctor lacked knowledge – not just about gonorrhoea. Sore throat is one of the early symptoms of HIV/AIDS
  - Experiences of racism – Doctor may be prejudiced or take Trevor less seriously than a white patient; Trevor may lack trust in doctor
  - Incident with police – made Trevor nervous
  - His mother's experiences
  - Power and authority of doctor
  - Ageism – young, assume "healthy"
  
- 2) How could the clinic create a more open environment for him to feel comfortable asking questions?
  - Reception area – posters, publications about LGBT issues
  - Comforting environment, not icy, pleasant lighting
  - Intake forms appropriate - shows knowledge, openness to LGBT issues
  - Can tick off sexual orientation on form, don't need to put onus on patient to come out
  - Mention that the clinic has LGBT patients in intake interview
  - Make patient feel comfortable by sensitive questions from doctor
  - Respect need for privacy, space
  
- 3) What could have been some assumptions the doctor made about Trevor? Based on what?
  - Doctor didn't do thorough intake – why?
  - If he's black, he's not gay
  - Patient is young, assume "healthy"
  - Patient is black (racism, he could be treated as less important)
  - Doctor could make assumptions about specific medical conditions based on race (ie, higher rate of hypertension in African/Caribbean patients). Don't assume anything about specific patient.

## **Scenario 2 – Emergency Room (quoted from “Systems Failure”)**

This story was told by a transsexual woman (male to female transsexual). “The nurse asked, “What medication are you on?” And I said, “Estiny!” (estrogen, a female hormone) and something else. And she asked, “Why do you take that?” And I said – there was about 15 people in the waiting room with me – and I said, “I don’t feel like answering that question.” And she said, “Listen!” She started to raise the tone, and she was really, really rude and bitchy. She said, “Listen! I’m busy! I don’t have time for that kind of confidentiality! You’re in an emergency room here!” So I had to tell in front of everybody that I was taking those medications because I was a transsexual. She asked me if I was operated on or not. So I had to talk extensively about my genitals in front of everybody in the waiting room. That was not so pleasant!”

### **Questions for discussion**

- 1) Why do you think the Emergency Room nurse was so rude?
  - Nurse could have been rude because of stress and overwork
  - Lack of knowledge about trans people
  - Transphobic attitude
  - Responsibility of management to ensure that staff have adequate training
  - “Just because s/he could be” (ie, power relationship)
  
- 2) What assumptions might s/he have made about the patient?
  - Whether the patient was trans or not
  - Might have assumed the wrong gender at first and used “he” instead of “she”
  - Patient looked unusual, seemed “uncooperative”
  
- 3) Did s/he know the patient was transsexual at first?
  - Can you tell if a person is trans by looking at them? Maybe or maybe not
  
- 4) What could the nurse and the hospital do differently?
  - Didn’t need information about hormones right away
  - Didn’t need to know about surgeries
  - If patient was uncomfortable, nurse could have explained why the questions
  - Could have provided a quiet, private space
  - Post the patients’ rights policy
  - Soldiers Memorial Hospital, Orillia, created a trans patients’ policy as a result of a human rights complaint. Use as a model (see References in Workshop Handout)
    - Can check “trans” instead of “male” or “female” on intake forms
    - Private room or choose preferred gender of fellow patients in room
    - Confidential meeting with doctor and nursing staff – discuss how to handle issues that may arise with fellow patients, discuss which pronouns the patient prefers
    - Files kept in a secure, confidential area
  
- 5) What could the patient do?

- Patient entitlement – most patients don't know their rights
- Patient could make a complaint (see notes for Scenario #3)

### **Scenario 3 – In the Hospital**

Mary is a 50 year old aboriginal woman admitted to hospital for surgery. She gives the name of her lesbian partner Anne, an aboriginal woman of a similar age, as the person to be notified in case of emergency, and says she's her spouse. The clerk raises her eyebrows at this. She says, "if it's not 'husband' or 'wife' I can't put it in the computer". Mary settles for 'other' to describe the woman she's lived with for ten years.

During her hospital stay Mary notices that staff's behaviour towards her ranges "from complete neutrality to actually sloppy work." Once when Anne was visiting the nurse came to warn her that her parents had arrived, implying that her lover should stop holding her.

Mary also feels that no special effort is being made to help her partner Anne cope with the situation or keep her informed about what will happen or what decisions have to be made. Staff hold all these conversations with her parents, despite her express wishes that they speak with her spouse.

#### Questions for discussion

#### **3A – For workers and students in healthcare**

1) Why is Mary experiencing a range of reactions from staff, including "sloppy work"?

- Lesbophobia, stereotypes
- Lack of staff education and awareness
- Discrimination associated with intersections of:
  - Ageism
  - Racism
- Prejudice based on assumptions that she may be
  - Poor
  - Addicted
  - Have mental health issues
  - Have poor health anyway, due to age and being aboriginal
- Paternalism toward her, regarding grandparents knowing about her lesbian relationship
- Assumptions about her capacity

2) Why is her partner being excluded from discussions about her treatment?

- Lack of acknowledgement of relationship
- Narrow definition of "family"
- Homophobia
- Don't want to be seen as condoning "this type of relationship" in the hospital
- "We don't want trouble here"

3) What can be done about the situation? By Mary? By Anne? By staff?

A) Notes for discussion with healthcare workers / general audience

- Difficult to challenge staff while a patient
- Fear of compromising treatment
- Should not be Mary's responsibility to challenge racism, allies should speak out for her rights
- Informal – talk to higher level of staff, contact Patient Council, Patient Relations, CEO or other appropriate department
- Formal complaint
  - Document the experience
  - Complaint to hospital
  - Complaint to College of Nurses or other professional body
  - Request more staff training on policies as part of remedy
- Hospital - Staff education on systemic issues is needed
  - Her partner is legally recognized as next of kin
  - Patient Bill of Rights
  - Patient information/education packages
  - Patient-Centred Care – patient has a right to information and support

**B) Additional notes for discussion with Social Workers and Social Work students**

Put the scenario into a context where the patient brings this concern to you in your role as social worker on the unit. What would be your plan in working with her (and her partner) to address and respond to this situation?

- Explain your role, working collaboratively, exploring potential options to address situation
- Ensure her of confidentiality - you won't report your conversation to the nurse or staff she's complaining about
- Name the issues - putting it into a social context vs. problematizing individual health care providers. It is the responsibility of hospital management to make sure staff have adequate training, and don't discriminate.
- Assist her to explore and express her feelings about what happened
- Validate that her feelings are understandable, that she shouldn't have been treated that way
- Brainstorm potential options/strategies – use patient rights and organizational complaint policies and procedures, meet with nurse manager and staff... (be careful not to make promises you may not have the power to keep)
- Clarify your role in the strategy decided
- Respect and validate her decision - understanding that she may not have the energy at this time to implement a formal complaint strategy
- Explore some "indirect strategies" (if necessary) to improve the remainder of her hospital stay - i.e. wearing a political button on her gown such as "hatred is not a family value" to send a subtle message to nurses and staff, brainstorming some quick responses of what to say when someone makes a homophobic comment, declaring her bed a "positive space zone", asking her for permission to write a note in her medical chart about what this declaration means

- While respecting patient confidentiality, think of some next steps. Systemic - training & policy - to work on this issue, who can you bring on board as an ally - diversity council, team training from Rainbow Health Network and others

### **Scenario 4 - Group Therapy**

You are co-facilitating a therapeutic group for young women with addictions. Participants are diverse - some of the young women are members of visible minorities, others have immigrated to or sought refuge in your area during the last five years, and two participants have disabilities.

The group seems to be progressing nicely. During session 3, Anita, with the help of one of the Chinese interpreters in the room, makes it clear that her partner is a woman. There is nervous laughter from some group members, and your co-facilitator quickly moves the discussion on.

You notice that Anita does not contribute again during the rest of the session. During your debrief, your colleague suggests that one of you should speak to her privately and urge her not to discuss her sexual orientation in the group, as this may make other group members or the interpreters uncomfortable and prevent the group from achieving its therapeutic goals.

Anita does not attend the next group session.

### **Questions for Discussion:**

1. Is it always important for lesbian, gay, bisexual, transgendered, transsexual, queer and 2-spirited people to be open about their identity during therapy? Why or why not?
  - Allow the client to choose
  - They may not be ready, and it may not be relevant
  - May be important for therapist to know relevant life factors
  - Higher rate of addictions among LGBT people is due to prejudice and discrimination, as well as bar culture, not to sexual orientation or gender identity
  - Create an environment where clients feel comfortable to disclose
2. What action can management of mental health and addictions agencies take to make their services more accessible to LGBTTQ communities and clients from ethnic and religious minority communities?
  - Hire staff reflective of communities served
  - Diversity training for all staff, including LGBT and cultural issues
  - Display posters and materials that reflect diverse communities
  - Community advisory committees
  - Patient complaints policies – relevant and effective
3. Are there issues that you should address in relation to the fact that this is a group for “young” women from diverse backgrounds?

- Young people may not be sure of their sexuality or gender identity – may be “questioning”
  - On the other hand they may be very sure – don’t treat it as a “phase”
  - May be shy and lack confidence to talk about themselves
  - Experiences of homophobia in school – “that’s so gay” – peer pressures to conform
4. How should you and your co-facilitator have responded during the session when Anita came out?
- Take a few minutes to support and encourage Anita for sharing this with the group
  - Let the others in the group know Anita’s relationship is not wrong or abnormal
  - Find out if she feels this information is relevant to her addiction and healing process
  - Later – share information with your colleague about why Anita should be able to discuss her sexual orientation in the group

\*Helpful responses:

- It’s OK if you’re in a relationship with a woman
- It’s OK if you’re lesbian or bisexual
- (Don’t assume that she thinks of herself as lesbian or bisexual. She may or may not. In some cultures there’s no word or concept for lesbian/gay.)
- I can appreciate how difficult it must have been for you to tell us this
- What kinds of things worry you the most?
- What kind of support do you think you need from us and the group?
- I may not have a great deal of resources in this area, but I can assure you that I will find some resources for you (make sure to follow through).

\*Potentially damaging responses:

- It’s just a phase you’re going through
- Don’t worry, a lot of people experiment about same sex relationships. It doesn’t necessarily mean you’re a lesbian.
- It’s fine that you told us, but don’t tell \_\_\_\_\_
- I think you’ve got a lot of other issues to work on right now, so I don’t think you should focus on this
- Maybe you just haven’t met the right man yet

\*(adapted from Lesbian, Gay and Bisexual Youth Program, Central Toronto Youth Services, 1998)

5. Why did Anita wait until the third session to come out to the group?
- Fear of prejudice from group and/or therapists
  - Fear of rejection by family and community if they find out
  - Uncomfortable, may be hesitant to discuss personal matters
  - Language barrier
  - She must feel it is important, since she did eventually come out
6. What could you and your colleague have done to make her and any other lesbian, bisexual, transgendered, transsexual, queer or 2-spirited group members more comfortable in the group?
- Display posters and brochures on LGBT issues
  - Talk about diversity of sexual orientation and gender identity as a normal part of life

- Educate yourself – your clients shouldn't have to educate you
- Own your limitations – heterosexual service providers can't have "member knowledge"; declare your own sexuality up front
- Be aware of diversity among LGBT people, based on sex, culture, class, "race," religion
- Pay special attention to confidentiality
- Find out about resources and agencies for referrals

### DEBRIEF & WRAP-UP

Are there any relevant policies in place at your agency, such as:  
 Harassment/discrimination policies, Code of Conduct  
 Diversity office  
 Patient complaints procedures  
 Staff training – compulsory or voluntary?  
 Same sex benefits

Draw attention to:

Ontario Public Health Association (OPHA), Public Health Alliance for LGBTTTTIQQ  
 Equity, Workplace Assessment Tool (in Toolkit Section 3)

## **6. Wrap up / Q&A**

**Time needed:** 10-15 minutes

### MATERIALS NEEDED

Copies of evaluation forms

### ACTIVITY BREAKDOWN

1. Ask if there are any further questions.
2. Read the index cards and answer the questions.
3. **Ask:** What's one thing you can do or suggest as a result of this session?
4. **Ask:** Is there anything you'd like to say about the workshop? Anything you would change?
5. Thank everyone for attending, and thanks to the organization for inviting us.
6. Ask participants to tear off the Evaluation Form at the back of the Workshop #1 Handout and fill it out.

# **Rainbow Health Educational Toolkit Section 1**

## **Workshop #2 Trainers' Script**

### **Unlearning Homo / Bi / Transphobia**



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## **GOAL:**

1. To explore personal assumptions and biases towards LGBTTTIQ people and communities.
2. To learn how homophobia/biphobia/transphobia is learnt.

## **MATERIALS AND EQUIPMENT:**

1. Flip chart
2. Markers
3. Masking tape
4. Copies of handouts
5. Myth Cards
6. Writing Utensils for Participants
7. Blank sheets of paper

## **INTENDED AUDIENCE:**

This workshop is designed for anyone interested in exploring personal and professional assumptions and ideas about LGBTTTIQ individuals and communities.

## **PREPARATION:**

Get familiar with the workshop activities and handouts for participants. Familiarize yourself with the various topics. Make sure to set up the appropriate materials ahead of time.

## **SAMPLE AGENDA & TIMEFRAME:**

1. What's Your Comfort Zone?	30 min	p. 24
2. LGBTTTIQ Experiences	60 min	p. 25
3. Break	15 min	
4. The Heterosexual Privilege Questionnaire	45 min	p. 26
5. Myth Cards	30 min	p. 27

**TOTAL TIME = 3 hours**

# 1. What's Your Comfort Zone

**Time Needed:** approximately 30 minutes

**Objective:** To explore how participants may feel discriminatory toward LGBTTTIQ people.

## MATERIALS NEEDED

Copies of handout – “What's Your Comfort Zone Questionnaire”

## ACTIVITY BREAKDOWN

1. Tell participants that this is a self-assessment exercise. While some of the situations on the questionnaire may or may not be their experiences, they should try as best they can to put themselves in the situation and determine their comfort level. Knowing what your attitudes are is the most important piece of this exercise.
2. Distribute copies of the questionnaire and give participants 10 minutes to read and respond or to quietly reflect.
3. After 10 minutes, guide the group in discussion of the exercise using the following points as guidelines:
  - What questions were more difficult to answer than others?
  - Did any of your responses surprise you?
  - What did you learn about yourself and the world around you?
  - How were your comfort levels challenged?
4. Close the exercise with the following points:
  - Each participant decided how safe it was to fill this out in front of others. For people who are LGBTTTIQ, this kind of decision must be made daily.
  - Advise participants that this was a self-awareness tool, and that attitudes change. Perhaps if they try again in a few weeks some of their responses may be different.

**Source:** Breaking Barriers Through Education

### **Variation of activity:**

For a more participatory activity, you can do this activity as a Values Continuum walk around with a bigger group. Say a statement and ask people to stand on side of the room if they agree, the other side if they disagree, and in the middle if they are undecided or neutral. Encourage dialogue amongst the differing opinions.

## 2. LGBTTTIQ Experiences

**Time Needed:** 60 minutes

### **Objectives:**

- To raise awareness of ways in which LGBTTTIQ people experience oppression.
- To understand some important terms used to talk about oppression.
- To identify ways in which LGBTTTIQ peoples' experience of oppression is different in rural and urban areas.

### MATERIALS NEEDED

- Flipchart; markers.
- LGBTTTIQ Experiences in Rural Nova Scotia (See sample)
- Handouts on *What Is LGBTTTIQ Oppression?* and *Rural vs. Urban LGBTTTIQ Lives*

### ACTIVITY BREAKDOWN

1. We provide an example of some LGBTTTIQ Experiences in Rural Nova Scotia. We encourage you to select stories that speak to your participants from magazines or books or collect stories from LGBTTTIQ people in your own area. If you use local stories, remember to protect people's confidentiality.
2. Ask for volunteers to read the stories describing some ways that LGBTTTIQ people may be oppressed (either LGBTTTIQ Experiences in Rural Nova Scotia example or own).
3. In a large group, discuss the stories using the questions below. If time permits, break into two or three smaller groups and give each group a different story. Ask each group to answer the questions about their story before reporting back to the large group.

#### 4. Questions for Discussion

##### **A. What do you see happening here?**

Sample responses: LGBTTTIQ people are discriminated against. It's not safe for LGBTTTIQ people to 'come out'. LGBTTTIQ people are being denied their human rights, equal opportunity and a life with safety and dignity.

Explain the meaning of "oppression", "prejudice" and "discrimination". Write definitions on a flipchart and refer participants to Definitions handout.

Ask participants to give examples of LGBTTTIQ oppression, prejudice, discrimination from the stories or from their own experience.

##### **B. What kinds of problems does oppression / prejudice / discrimination create for LGBTTTIQ people?**

Sample responses: Don't fit in. Peers don't want you around. Poor self-esteem. Live with threat of physical violence / firing / homelessness / being 'outed'. Feel discouraged from about getting an education.

Because of their sexual orientation, LGBTTTIQ people experience unique challenges in all aspects of their lives and have to struggle to have the same quality of life as other people in the community. Stats Canada (2004) says that

46% of gay and lesbian victims of hate crime were injured - almost twice the proportion of injury among hate crime victims in general. Not all LGBTTTIQ people are able to surmount cultural, social, institutional barriers, resulting in withdrawal, depression, or even suicide. The suicide rate for LGBTTTIQ teens is estimated to be 3-7 times as great as for other teens.

### **C. Why is it happening?**

(Sample responses: Fear of people who are different. Religious teachings. Homophobia.)

Explain the meaning of "homophobia" and "transphobia". Write definitions on a flipchart and refer participants to the definitions handout. Draw people's attention to the links among different types of oppression such as racism and sexism and oppression based on sexual orientation. In addition, rural living poses a number of unique challenges: lack of role models and difficulty meeting other LGBTTTIQ people; limited information and support services; fear of rejection by friends and community.

5. Explore the differences in LGBTTTIQ experiences in rural and urban areas. Ask participants:

Do you think problems for LGBTTTIQ people living in the city are the same as for people living in small towns or rural areas? Why or why not?

In what ways are problems for LGBTTTIQ people in small towns or rural areas different?

6. Distribute the handouts on *Rural vs. Urban LGBTTTIQ Lives* and *What is LGBTTTIQ Oppression* and summarize discussion and ask for any questions.

**Source:** Positive Space Training Manual

## **3. The Heterosexual Privilege Questionnaire**

**Time Needed:** 45 minutes

### **Objectives:**

To begin to think about the ways in which heterosexual privilege affects LGBTTTIQ people.

To encourage participants to examine the ways in which heterosexual privilege operates in own their lives.

### MATERIALS

The World Upside Down

Heterosexual Privilege Questionnaire (1 per participant)

Handout on "**Homophobia & Heterosexism**"

### ACTIVITY BREAKDOWN

1. Introduce the activity by stating that people are not defined by only one aspect their identity, that an individual has various aspects of their identity that affect their life

experience. In this exercise, we will be exploring how one's sexual orientation informs one's experience.

2. Ask participants to get comfortable. They may close their eyes if they like. Tell them you are going to read a story about an imaginary world. Read **The World Upside Down** (in handouts).
3. Briefly discuss participants' reactions to the story. Ask participants:  
*How did you feel as the story progressed?*  
*How would you describe the position of homosexuals in the imaginary world?*  
(Powerful. Dominant. Privileged.)  
Explain the meaning of "privilege". Write the definition on a flipchart.  
**Ask:** *If you reversed the position of homosexual and heterosexual people, would this be an accurate description of our world today?*
3. Distribute the **Heterosexual Privilege Questionnaire**. Tell participants: *Now we are going to look more closely at the different realities in our world today.* Ask participants to complete the questionnaire individually without any discussion.
4. Discuss the kinds of heterosexual privilege people have in our society. Ask participants:  
*How did people feel while completing the questionnaire?*  
*Did the questionnaire make you think about something that you hadn't thought about before?*  
*In our world, which group(s) are more privileged? In what situations?*
5. Conclude the discussion with following points:  
Trans/homo-phobia occurs in many different ways, both explicit and implicit. We all need to explore the ways in which we've internalized trans/homophobic attitudes and behaviors.  
Our world is trans/homo-phobic and reinforces trans/homo-phobia on a daily basis. Rather than 'blaming' or 'shaming', we need to find positive ways to help people take responsibility for trans/homo-phobic attitudes and behaviors.  
Ask if there are any questions.

**Source:** Positive Space Training Manual

## 4. Myth Cards

**Time Needed:** 30-40 minutes

**Objective:** To examine and dispel some of the myths that are commonly heard and believed about gays, lesbians and bisexuals.

### PREPARATION

Each of the myths on the MYTH CARDS SHEET should be printed out on a cardstock and cut into separate cards.

## ACTIVITY BREAKDOWN

1. Pass out the myth cards to the participants and, one at a time, read out and discuss.
2. Ask the participants to determine whether each statement is offering correct or incorrect information and then to state why. Ensure that each incorrect statement is understood to be so and offer the correct interpretation.

## ANSWERS to MYTH CARDS:

### **A lesbian couple can raise happy, healthy children**

**True** – all studies indicate that children raised by LGBTTTIQ parents are no more likely to have social or psychological problems than those raised by heterosexual parents.

### **Homosexual couples usually have heterosexual children**

**True** – Sexuality does not appear to be a hereditary trait. Similar ratios of homosexual, heterosexual and bisexual children are born to homosexual, bisexual and heterosexual adults.

### **All gay men are effeminate**

**False** – Society reinforces rigid and stereotypical behaviour along gender lines.

### **It's easy to spot a homosexual**

**False** – Homosexuality is an invisible aspect of human nature. Some homosexuals make a point of expressing their sexuality very openly, while others keep their sexuality very hidden. The best way to determine a person's sexuality is to ask.

### **Male hairdressers are all gay**

**False** – No professions are filled by any one sexuality. Lesbians, gays, bisexuals and heterosexuals belong to all professions.

### **Gays and lesbians often form long-term intimate relationships**

**True** – Social pressures such as homophobia and heterosexism can make relationships difficult, but there is no evidence to indicate that LGBTTTIQ people are any less able to build healthy long-standing relationships than their heterosexual counterparts.

### **Gay men want to molest children**

**False** – Studies indicate that more than 90% of people who molest children are heterosexual adult males.

### **Lesbians want to be men**

**False** – Most lesbians enjoy being women who love women. Women who feel that they are more naturally males are likely to be transgendered.

### **Bisexuals just can't make up their minds**

**False** – Bisexuals have made up their minds; bisexuals are sexually and emotionally

attracted to both males and females.

**Lesbians and gays could change if they really wanted**

**False** – Sexuality is an innate characteristic and cannot be altered. Behaviour can change, but natural inclinations can not. Studies also indicate that people who try to alter their sexuality often develop psychological problems related to denying their true selves.

**Lesbians hate men**

**False** – Many lesbians have strong friendships with males. Sexuality does not preclude preference of gender in friendships.

**Homosexuals have made wonderful contributions to society**

**True** – many famous people were/are LGBTTTTIQ individuals. Unfortunately, often a person's sexuality is not disclosed if they do not conform to expected societal norms.

**There were no homosexuals fifty years ago**

**False** – There are records of LGBTTTTIQ individuals throughout history.

**I don't know any homosexual people**

**False** – It is unlikely for a person to have no one in their life who is LGBTTTTIQ. It is more likely that you are simply not aware of the sexuality of everyone you know.

**Homosexuals would be happier if they just kept to themselves**

**False** – Just like all people, most homosexuals want to be accepted for who we are in all aspects of our lives. Finding support within our communities is a natural response to heterosexism and homophobia, but this does not indicate a desire to be isolated.

**Homosexuality is a natural aspect of sexuality**

**True** – Homosexuality, bisexuality and heterosexuality are all natural aspects of sexuality.

**Source:** [Breaking Barriers Through Education](#)

## MYTH CARDS SHEET

*These should be cut up in advance so they can be easily passed out to the participants during the workshop.*

A lesbian couple can raise happy, healthy children

Homosexual couples usually have heterosexual children

All gay men are effeminate

It's easy to spot a homosexual

Male hairdressers are all gay

Gays and lesbians often form long-term intimate relationships

Gay men want to molest children

Lesbians want to be men

Bisexuals just can't make up their minds

Lesbians and gays could change if they really wanted

Lesbians hate men

Homosexuals have made wonderful contributions to society

There were no homosexuals fifty years ago

I don't know any homosexual people

Homosexuals would be happier if they just kept to themselves

Homosexuality is a natural aspect of sexuality

# **Rainbow Health Educational Toolkit Section 1**

## **Workshop #3 Trainers' Script**

### **Trans Issues in Health**



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**GOAL:**

To increase awareness of transgendered and transsexual healthcare issues.

**MATERIALS AND EQUIPMENT:**

- 1. Flip chart
- 2. Markers
- 3. Masking tape
- 4. Copies of handouts
- 5. Writing Utensils for Participants
- 6. Blank sheets of paper

**INTENDED AUDIENCE:**

This workshop is designed for people working in the healthcare field.

**PREPARATION:**

Get familiar with the workshop activities and handouts for participants. Familiarize yourself with the various topics. Make sure to set up the appropriate materials ahead of time.

**AGENDA:**

1. Key Terms & Definitions	15 min	p. 34
2. Issues facing TS/TG people during transition	20 min	p. 38
3. Test Your Knowledge	15 min	p. 40
4. Barriers to Medical Care for Trans People	20 min	p. 40
5. Scenarios	20 min	p. 40

TOTAL TIME = **1.5 hours**

# 1. Overview of key terms and definitions

**Time Needed:** 15-20 minutes

**Objective:** To become more familiar with key terms and definitions as they relate to trans health issues.

## MATERIAL NEEDED

Copies of handout “Key Terms in Trans Healthcare”

## ACTIVITY BREAKDOWN

1. Distribute copies of handout “Key Terms in Trans Healthcare” and have participants read each definition. Answer questions as they arise.

## 1. KEY TERMS IN TRANS HEALTHCARE

**Sex:** The biological physical body, its reproductive organs, its secondary sex characteristics. Male, and female as it is defined by doctors at birth

**Intersexed:** Formerly known as “hermaphrodite.” The preferred term for persons born with what is insensitively referred to as “ambiguous” genitalia and/or chromosomal anomalies. Parents are often coerced by the “medical experts” to have their children’s genitalia “normalized” often resulting in the loss of sexual response and/or assignment to the wrong gender.

**Gender:** The social construct that masculinity, and femininity are attributable to male and female physical bodies (i.e. chromosomes, genitals).

**Gender Identity:** A person’s sense of self and the way they view themselves to be, regardless of their physical body’s primary or secondary sex characteristics. Their internal sense of their inherent manhood or womanhood.

**Transsexual:** One who begins life assigned as one biological sex, then implements a self-motivated transformation to have a consistent lived identity as another sex. They have an absolute conviction that they belong to that other sex and no amount of persuasion can dissuade those beliefs. A transsexual may undergo a number of medical procedures to bring their body in line with their self-image. These can include hormone replacement therapy, electrolysis, sex realignment surgeries, name changes, etc.

**Transgender:** There is much debate over the meaning of this word, but generally, it refers to some of those people whose gender (their internal identity) does not match what society expects of their sex (their body). The vast majority of transgendered

people are unrecognized by care providers and have difficulty obtaining services or validation. Many transsexuals do not identify as transgender.

**Cross-dresser:** Formerly known as “Transvestite”. A person who wears clothing usually attributed to the opposite sex/gender for many – or no – reasons at all.

**Transphobia:** This is the fear, hatred, disgust and discriminatory treatment of people whose real or perceived gender identity or gender presentation does not match, in a socially accepted way, the sex they were assigned at birth. Transgendered people, transsexuals, intersexuals, lesbians, gay men and bisexuals are typically the targets of transphobia.

**Biocentrism:** This is the assumption that people whose assigned sex at birth matches their gender identity throughout their lives are more “real” and/or more “normal” than are those whose assigned sex at birth is incongruent with their gender identity. This comes up when, for instance, women’s shelters may be uncomfortable serving transsexual/transgendered women with the fear that their non-trans clients would be uncomfortable. Underlying this is a biocentric attitude that transsexual women aren’t real women. When a service implies that trans-women clients should be “grateful” when they are included in “women’s only spaces”, this is also an example of biocentrism.

**Transition:** This is the period during which transsexual persons begin changing their appearance and bodies to match their internal identity. Because often these changes are so visible, they must literally “out” themselves to everyone. Co-workers, families, friends. While in transition, they are highly vulnerable to discrimination. While gays, lesbians and bisexuals may have some choice about outing themselves, transsexuals in transition generally usually do not.

**Transsexual Woman:** This is a person whose designated sex at birth was “male”, but has come to realize that she is a woman. She may be pre-hormonal, post-hormonal, or non-hormonal, as well as pre-operative, post-operative, or non-operative. Regardless of what point she is with her transition, if she is identifying as female, she is to be considered female, and referred to with female pronouns. Always validate a person’s chosen identity.

**Transsexual Man:** Likewise, a transsexual man is a person whose designated sex at birth was “female” and has realized that he is actually a man. Regardless of what stage he is at with his transition, if he is identifying as male, he is to be considered male and referred to with male pronouns. Once again, always validate a person’s chosen identity.

**FTM/MTF:** These terms originally were used only to describe transsexual people, but now are used to describe a larger spectrum of transgendered and transsexual individuals and simply indicate the “direction” of cross-gender-identification. Female-to-Male or Male-to-Female.

**Gender Dysphoria:** This is the psychological term used to describe the anxiety, anguish and pain that rise from the incongruity of a person's physical sex and their sense of identity, combined with the societal pressure to conform to sex/gender norms. To seek relief, many transsexual people enter transition. (No one knows what causes Gender Dysphoria. Theories – some quite questionable, all unproven - include: environmental influences, parenting, brain chemistry, hormonal imbalances, abnormalities in pregnancy, hormone fluctuations in the womb, and genetics)

**Gender Identity Disorder (GID):** This is the psychological classification found in the Diagnostic and Statistical manual published by the American Psychiatric Association. GID is the diagnosis under which trans people may receive treatment, but it's controversial. Some trans people reject the claim that they have a mental disorder.

**Dr. Harry Benjamin Standards of Care (HBSC):** These are the guidelines commonly used by gender clinics and physicians across North America and Europe to treat transsexuals. The guidelines set out in the Standards of Care are not "law" in psychiatry, however most surgeons performing SRS insist on the recommendations outlined in these Standards.

**Pre-hormonal:** Keeping in mind that quite a few transsexuals are made to follow a certain set of guidelines in their transition by Gender Identity Clinics and psychiatrists, many transsexuals are not yet on hormone replacement therapy, but plan to. According to this set of guidelines, they must in effect "prove themselves" to be sincere in their desire to change their sex. This requires one year known as the Real Life Test (or the Real Life Experience) where they are not given any of the bodyaltering hormones which will help them to pass more effectively in society. Because these guidelines are not medical law, many transsexuals are able to get on hormone replacement therapy through a general practitioner who is perfectly competent to monitor their health safely. A person may also be Non-hormonal which means they might have a physical inability to take hormones, may not have the financial or social means, or may just choose not to. Nevertheless, their chosen identity is ultimately the most important factor in how they are to be addressed.

**Pre-operative:** After one year without hormones, according to the guidelines which are in place at many gender clinics and psychiatrists following the HBSC strictly, transsexuals must then go another year without surgery which realigns their bodies. There are a number of surgical procedures which a transsexual may choose to undergo to help in the overall transformation (electrolysis, chest reconstruction, tracheal shave, etc.). A non-operative transsexual may choose to not have any surgeries at all. This may be due to the extremely high cost of the surgeries, or for any other personal reason. Again, the lack of body-altering surgery does not in any way diminish this person's chosen identity. In Canada, public healthcare funding for sex reassignment surgery has been a reality, and it has also been taken away, for instance in Ontario. Courageous trans activists are fighting on this issue through the courts.

**“Real Life Test/Experience”:** This is the first of the “gate keeping” devices of the Harry Benjamin Standards of Care, requiring transsexuals to live in their congruent sex for a year without the benefits of body-altering hormones or surgery. Hormones and surgery facilitate a transsexual man or woman living/passing safely and comfortably in society. Some transsexuals will gain access to hormones and surgeries before they live “full time” in order to help make their transition more seamless.

**Passing:** If we say a person “passes” it means they are successfully presenting the sex/gender identity that they set out to present. In other words, no one assumes they are transsexual. Passing is difficult. The opposite of passing is to be “clocked” or to be “read”. Not every transsexual cares if they pass. But it makes life a lot less stressful, due to prejudice and discrimination, if they do pass.

**Sex Reassignment Surgery (SRS):** This is the generic term for any/all medical surgeries which are part of a transsexual’s transition process. This term includes all “top” and “bottom” surgeries for both TS men and women. Some transsexuals have preferred to call this set of procedures their “sex realignment surgeries”.

**Top Surgery:** This term refers to any surgeries which involve realigning a transsexual’s body through chest reconstruction. This can include breast implants, and gynecomastia surgeries.

**Bottom Surgery:** This term refers to any surgeries which involve realigning a transsexual’s body through genital reconstruction. This can include phalloplasty, metoidioplasty, vaginoplasty, labiaplasty, scrotoplasty, orchiectomy, and hysterectomy.

*Adapted from: The 519 Church Street Community Centre’s **TS/TG 101:an introduction to transsexual and transgendered issues for service providers***

## **2. Issues Facing Transsexual and Transgendered People During Transition**

**Time Needed:** 20-30 minutes

**Objective:** To gain a better understanding of the issues and challenges Trans people go through when transitioning.

### **MATERIAL NEEDED**

Copies of handout “Issues Facing Trans People during Transition”

## ACTIVITY BREAKDOWN

1. Start by saying that it is a difficult choice to decide to transition because of numerous issues trans people may face.
2. Write up the following main issues and ask participants for examples:
  - a. Family
  - b. Community
  - c. Medical
  - d. Sexual
  - e. School
  - f. Employment
  - g. Emotional / Psychological
  - h. Mental Health System
3. Distribute copies of the handout “Issues Facing Trans People during Transition” and cover the material not already discussed.

## **2. Possible Issues Facing Trans People during Transition**

### **Family**

Family Rejection, or general lack of support (parents, siblings, children, extended family, step-family, foster family – divorce mandated if you go through a gender clinic, and very real chance of losing custody of children)

Risk of Homelessness, Poverty & Street Life

Risk of Out-of-Home Placement (foster care, residential care)

Abuse (verbal, psychological, physical, sexual)

### **Community**

Lack of knowledge and understanding

Violence

Verbal Harassment

Sexual Exploitation

Conflict with the Law

Homelessness and difficulty finding and maintaining housing

Loss of friends and specific community alliances – i.e., lesbian community sometimes sees FTM as traitors

Lack of community advocacy resources, and no easy access to any gendered facility (i.e. women’s hostels, detox centres, shelters)

Issues around access to washrooms and gyms

### **Medical**

Avoidance of Medical Services due to Bodily Discomfort and Discrimination

Unmonitored Use of Non-Prescription Hormones

Lack of knowledge, transphobia, by providers

Cost of surgery and hormones

## **Sexual**

Lack of Applicable Sex Education leads to high risk behaviours  
Risk of Participation in Unsafe Sex Practices due to low self-esteem  
Sex Trade Work raises risk levels for HIV and sexually transmitted infections  
(incidence of HIV is around 63-75% in TS/TG sex worker communities in large urban areas like Toronto (taken from Aztek, Montreal) and Hepatitis C incidence in trans sex worker communities here is about 70% (taken from Street Health)  
Difficulty finding and maintaining relationships within peer groups  
Identity confusion

## **School**

Lack of Understanding Teachers & Guidance Counsellors when TS/TG and gender variant youth attend schools and “cross-dress” they are inevitably harassed by other students, but it’s the TS/TG kids who are sent home to change, who are suspended, who are told to quit causing trouble  
Difficulty accessing certain classes – gym, for instance, because of locker room issues  
Social rejection  
Underachievement & School Failure  
Lack of School & Career Goals – inability to envision their own future  
Dropping Out  
May have to make the difficult choice between having surgeries or paying for post secondary education

## **Employment**

Unemployment – inability to get or keep a job as a visible trans person, inability to use old job references or educational transcripts which appear in a person’s old name  
Underemployment – having to take ANY job just to survive, including sex work  
Lack of School & Career Goals  
Discrimination & Harassment in the Workplace by fellow workers, and by clients

## **Emotional / Psychological**

Low Self-Esteem  
Depression & Anxiety  
Suicidal thoughts and behaviours  
Self-Harm, mutilation, cutting, self-castration  
Substance Abuse (alcohol and drugs as coping mechanisms)  
Eating Disorders to help control one’s own body  
Social, Emotional & Cognitive Self-Isolation  
Lack of Role Models

## **Mental Health System**

Misdiagnosis treating the person as being mentally ill instead of supporting their identities

Inappropriate Medication – anti-depressants/anti-anxieties instead of TREATING the cause of depression and anxiety

Psychiatric Hospitalization

Inappropriate and/or Adverse Treatment - aversion therapies, enforced gender normative behaviours

Lack of access to treatments such as hormones and surgeries unless you jump through hoops like the HBSC

*Adapted from: The 519 Church Street Community Centre's **TS/TG 101:an introduction to transsexual and transgendered issues for service providers***

## **3. Test Your Knowledge**

**Time Needed:** 15 minutes

**Objective:** To see how much knowledge participants have gained so far in the workshop.

### MATERIAL NEEDED

Copies of quiz

### ACTIVITY BREAKDOWN

1. Distribute copies of the Trans Quiz as a check-in for all the information that's been given.
2. After 5 minutes, have participants read out the answers and answer any questions.

## **4. Barriers to Medical Care for Trans People**

**Time Needed:** 20-30 minutes

**Objective:** To identify existing barriers in the healthcare field for trans people.

### MATERIAL NEEDED

Copies of handout "Basic Tips for Healthcare Providers"

Review facilitator's notes ahead time, as this exercise is a presentation of the material provided.

## ACTIVITY BREAKDOWN

1. Begin by explaining the reasons why trans people have limited access to healthcare services:
  - Geographic Isolation
  - Social Isolation
  - Fear of Exposure/Avoidance
  - Denial of Insurance Coverage
  - Stigma of Gender Clinics
  - Lack of Clinical Research/Medical Literature
2. **Say**, “Because of Service Provider ignorance, various barriers exist for transsexual and transgendered people when they do decide to access to care:
  - Limited Access to Medical Care For Trans People
  - No clinical research
  - No trans education in medical training
  - Transphobia within healthcare system
  - No health insurance coverage
  - Legal protection is a gray area – “read in” to some Canadian Human Rights legislation, but this is not sufficient
  - No legal protection
  - Employment discrimination Poverty
  - Social Marginalization low self-esteem
3. This can lead trans people to:
  - Sex work**
  - Drug use**
  - Unprotected sex**
  - Underground hormones**
  - Sex for hormones**
  - Silicone injections**
  - Needle sharing**
  - Abuse by medical providers**
4. Conclude by stating the following points:
  - All trans people are medically underserved
  - Hormone treatment is not optional for trans people and contributes to improved quality of life
  - There are many unanswered questions about long term effects of hormone therapy but the benefits outweigh the risks for most patients
  - Inclusion of transg issues in medical training and health promotion efforts is the only ethical and compassionate option
  - Trans women are at increased risk for incarceration.
  - In spite of all the barriers, many trans people report a tremendous sense of relief at being able to live according to their new identity and are able to live rewarding, productive and joyful lives**
5. **Distribute** the handout on “Basic Tips for Healthcare Providers” and read together as a group.

## 5. Scenarios

**Time Needed:** 15-20 minutes

MATERIAL NEEDED Copies of scenarios below to distribute

### ACTIVITY BREAKDOWN

Split participants into 2,3,or 4 groups depending on how many people there are. Give them each a different scenario and make sure one group gets the trans one. When it is time for the groups to report back on what they discussed... make sure the group that covered trans issues goes last.

**Scenario 1: A woman staying at the hospital tells you that she is afraid of the trans woman who currently shares her room. She requests a room transfer, telling you that she has had bad experiences with “those people”. What is the best response in this situation?**

**Scenario 2: A woman staying at the hospital tells you that she is afraid of the woman of colour who currently shares her room. She requests a room transfer, telling you that she has had bad experiences with “those people”. What is the best response in this situation?**

**Scenario 3: A woman staying at the hospital tells you that she is afraid of the lesbian woman who currently shares her room. She requests a room transfer, telling you that she has had bad experiences with “those people”. What is the best response in this situation?**

**Scenario 4: A woman staying at the hospital tells you that she is afraid of a woman who is a psychiatric survivor who currently shares her room. She requests a room transfer, telling you that she has had bad experiences with “those people”. What is the best response in this situation?**

Ask staff to comment on the different solutions. Were there any differences in how staff dealt with these different situations? Do some of these situations seem easier to deal with than others? If so, it is probably because we are more accustomed to dealing with them and we have more language to talk about them. Hospital staff deal with discrimination and conflicts between residents every day – they are often experts at it.

### DEBRIEF & WRAP-UP

Refer participants to Orillia Soldiers’ Memorial Hospital *Policy on Transgendered Patients* available in the handout package and to this website for Ontario Trans Support Resource Guide compiled by the 519 Church Street Community Centre’s Trans Programme:

[http://www.the519.org/programs/trans/ON\\_TS\\_ResourceGuide.htm](http://www.the519.org/programs/trans/ON_TS_ResourceGuide.htm)

**Source:** The 519’s Transaccess Anti-Violence Workshop

# **Rainbow Health Educational Toolkit Section 1**

## **Workshop #4 Trainers' Script**

### **Intersections of Oppressions**



[www.rainbowhealthnetwork.ca](http://www.rainbowhealthnetwork.ca)

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**GOALS:**

1. To understand the diversity within social identity and determine within each identity category who has power and privilege
2. To teach participants to recognize systemic, covert and/or unconscious forms of heterosexism, transphobia and other forms of oppression, and how it plays out in our society.
3. To understand how privilege is expressed in daily experience.
4. To gather experiences of various forms of oppression from specific targeted groups

**MATERIALS AND EQUIPMENT:**

1. Flip chart
2. Markers
3. Masking tape
4. Copies of participant task sheets and handouts
5. Writing Utensils for Participants
6. Blank sheets of paper
7. Post-it Notes

**INTENDED AUDIENCE:**

This workshop is designed for anyone interested in learning about other forms of oppression and how they intersect with homo/bi/transphobia and heterosexism.

**PREPARATION:**

Get familiar with the workshop activities and handouts for participants. Familiarize yourself with the various topics. Make sure to set up the appropriate materials ahead of time.

**SAMPLE AGENDA & TIMEFRAME:**

1. Introductions & Agenda Overview	5 min	p. 45
2. Definitions	30 min	p. 45
3. Power Flower	30 min	p. 46
Break	10 min	
4. Power Triangle	30 min	p. 47
5. The Race	30 min	p. 49
6. Closing	15 min	p. 51

**TOTAL    2.5 HOURS**

# 1. Introductions & Agenda Overview

**Time Needed:** 5-10 minutes

## MATERIALS NEEDED

- Flipchart paper & markers
- 2 Sheets with the (1) goals of the workshop & (2) objectives posted on wall.

## ACTIVITY BREAKDOWN

1. The Facilitator(s) introduces themselves.
2. Review the workshop objectives posted on the wall.
3. Proceed with an agenda overview.

# 2. Definitions

**Time needed:** 30 minutes

**Objective:** To introduce participants to key terms.

## MATERIALS NEEDED

- Flipchart and markers
- Task Sheet #1 – “Defining Key Terms”
- Handout #1 – Some Working Definitions
- Paper and pens for participants

## ACTIVITY BREAKDOWN

1. **Divide** participants into smaller groups and have them come up with the following definitions for **stereotype, prejudice, discrimination, power**. Ask them to write them down on Task Sheet #1. Each group will also come up with a definition for a form of oppression (e.g. racism, sexism, transphobia/heterosexism, classism, ableism). Assign each group one of each.
2. After 10 minutes, have each group read their definitions. Jot down responses on flip chart paper. Ask other groups to add any **new** ideas. After all terms are finished, distribute Handout #1 and read the definitions.
3. **Emphasize** that prejudice = thought process and discrimination is the action.
4. **Explain** that Stereotype + Prejudice + Discrimination + **POWER** = each “ism”
5. **Say:** “Without power, oppression cannot stand on its own. Power and oppression are interrelated. Power combined with prejudice leads to human oppression. Power comes in many different forms, such as: personal, professional, educational, physical, emotional, institutional, systemic, positional, authoritarian, social, political, economic, military, religious, technological, informational, subversive (undermining), etc.”

### 3. Power Flower

**Time Needed:** 30 minutes

**Objectives:**

To identify who we are (and who we aren't) as individuals and as a group in relation to those who wield power in our society.

To establish discrimination as a process for maintaining dominant identities.

MATERIALS NEEDED

The power flower drawn on large paper (see Handouts)

Copies of Task Sheet #2 – Power Flower

A variety of coloured markers

ACTIVITY BREAKDOWN

1. Introduce the Power Flower on the large paper placed on the wall. Ask participants to discuss and fill in the dominant social identity of each section (petal) as a group, and write them down on the outside of the circle. There is a blank petal for which to include other categories such as “gender identity”, “Aboriginal vs. Non-Aboriginal”.

2. Distribute Task Sheet #2 and divide group in pairs, and ask the participants to fill out their own individual flowers by locating themselves on the inner blank circle.

3. Ask the following questions:

**So how much power do we have in society?** Raise your hand if more than half of the pie pieces are shaded in. Raise your hand if the majority of your pie pieces are filled in. Raise your hand if the majority of your pieces are not shaded in.

Looking at your circles of power and drawing on your own experiences, let's discuss what some of the consequences are of certain groups in society having power and thus privilege.

4. Discuss how having power may effect your interaction with others.

5. **Key Point – you may exert that power over others**

6. Discuss what is the societal consequence of having privileged groups

7. **Key Point - relate social norms as reasons why people may hide parts of their identities, as well as the myth of meritocracy**

8. Discuss how being part of dominant norm may effect your perspective and your perception of others.

9. **Key Point – may not have realized that your experiences are inherently different from others' experiences and may effect your perception of others**

10. Discuss with group whether those who have power/privilege feel that they have it or not.

11. **Key Point – you do! And you can create change with that power, but first you have to recognize and accept that you have power/privilege.**

NOTE

It may be difficult, at first, for participants to understand the connection between privilege and power or to recognize their own privilege. We often focus more on and are

more conscious of our own oppression. Participants may feel that they have no power because they do not hold public office or because they are not a corporate executive, etc. Power in this sense does not necessarily result from the ability to make decisions about other people's lives but from the ability to access certain privileges. For example, good, safe housing, education, media representation, adequate healthcare, having your identity (straight, white, male, middle class) recognized as the "norm", etc.

## 4. Power Triangle

**Time Needed:** 30-40 minutes

**Objective:** This activity helps people to think about the connections between systemic oppressions, individual acts of "isms" and oppressive ideas.

### MATERIALS NEEDED

Flip chart paper & markers

Copies of Task Sheet #3 – "When I see/hear/feel"

### ACTIVITY BREAKDOWN

1. Hand out the "when I see/hear/feel" task sheet and ask people to think about a time when they either experienced or witnessed an act of oppression. Ask them to write them down on the handout.
2. While people are writing, you will start to draw the Power Triangle on flip chart paper. Label the three points **assumptions/powerful ideas**, **systems/the way things work** and **individual acts/behaviours**.
3. After 5 minutes, ask the group to pay attention as you explain the Power Triangle: Draw lines between each of these points on the triangle, with arrows joining the three sides, pointing in both directions. The three points on the triangle are obviously connected, and they reinforce each other.  
Write the work "*Impact*" just below the triangle, in the centre. The impact on different groups of people is different depending on whether you are exercising power (e.g. managers) or you are the target of that power (e.g. workers).  
Write "*Society*" outside the triangle, and the words "*Inside Our Organizations*" in the middle of the triangle. **Say** that what happens in our society also happens inside our workplaces, unions, organizations. Unless we consciously try to challenge it.

Examples of Systems are: **Justice system, educational system, healthcare system, government, etc.**

#### **Summarize the main points:**

Discrimination and inequity are more than just individual behaviours.

You can also see evidence of inequity by looking at the unequal impact - women get paid less than men for work of relatively equal value; there are few Aboriginal People or People of Colour in the workplace, despite their presence in the community, or else they are concentrated in lower level jobs; almost all the positions in government are filled by white men.

This does not mean that anyone intended to discriminate. But the normal ways of doing things and the hidden powerful ideas keep producing the same old inequities.

What exists "out there," in our society, will exist in our workplaces until we actively challenge it.

This tool encourages people to examine the relations between elements that keep changing. It's a challenging way of thinking for all of us. Make sure people don't feel stupid because they can't figure out where something goes on the triangle.

The point is not to rigidly pin things down, but to use the triangle as a tool for a good discussion and analysis of how inequity and oppression works.

4. Ask 2 to 3 volunteers to report back their statements to the larger group by using the Power Triangle. Arrange responses on the flipchart/blackboard according to whether ideas, systemic acts or individual acts are being described. Have the members of the group decide where each response belongs. The triangle may look something like this:

**Individual acts/behaviours**  
homophobic jokes  
following someone around in a store  
racism not addressed

**Assumptions/ Powerful Ideas**

Chinese good at math  
Homosexuality is wrong

**Systems/ "The 'Normal'  
Way Things Work"**

Racism, heterosexism not addressed in the organization

5. You can see how ideas, individual acts and systemic acts reinforce each other. We have to look at all three forms of oppression in order to effectively challenge it.

**Source:** Adapted from [Educating for a Change](#)

## 5. The Race

**Time Needed:** 20-30 minutes

**Objectives:**

- To build awareness of the various privileges that are present
- To understand the relationship between oppression and privilege

**MATERIALS NEEDED**

Big room to enable all participants to stand in a straight line

ACTIVITY BREAKDOWN

Everyone starts out on a line in the middle of the room facing one wall. Participants are told that the line is the starting line for a race to get some well-paying jobs, which they need to take care of their family. But before the race starts, people's starting position will be adjusted somewhat via the following exercise. Participants are asked to silently take a step forward or backward depending upon the instructions if the statement applies to them. They should decide for themselves whether the statement applies.

Participants need not “out” themselves. They can just take note and not move. Or they can move in a direction contrary to their reality. There is no pressure to share what they do not want to share with others. But ask them to take note of the things they do not wish to share.

Explain that the exercise will be done in silence to allow participants to notice the feelings that come up during the exercise and to make it safer for all participants.

1. If you were ever called names or ridiculed because of your race, ethnicity, gender, sexual orientation, gender identity, disability or class background take one step backward.
2. If people assume you are a different sexual orientation than you really are, take one step backward.
3. If you were ever embarrassed or ashamed of your clothes, your house or your family car when growing up take one step backward.
4. If you have immediate family members who are doctors, lawyers, or other professionals take one step forward.
5. If you are disadvantaged by your gender in terms of salary expectations, move one space backward.
6. If people assumed when you were growing up, or assume now, that you are a different gender than you really are, take one step backward.
7. If you ever tried to change your physical appearance, mannerisms, language

- or behaviour to avoid being judged or ridiculed take one step backward.
8. If your physical abilities allow you to drive a car, move one space forward.
  9. If you started school speaking a language other than English take one step backward.
  10. If you ever skipped a meal or went away from a meal hungry because there wasn't enough money to buy food in your family take one step backward.
  11. If you are expected to "come out" based on your sexual orientation, move one space backward.
  12. If you don't feel safe walking home alone at night, move one space backward.
  13. If you studied the history and culture of your ethnic ancestors in elementary and secondary school take one step forward.
  14. If you can hold your partner's hand in public without being stared at, move one space forward.
  15. If significant days of your religion are not nationally recognized holidays, take one step backward.
  16. If you are able to easily access all buildings, take one step forward.
  17. If you can go to any major clothing store and find clothes that fit, take one step forward.
  18. If you grew up in a single parent household take one step backward.
  19. If you and your friends can hang around outside of a coffee shop without being asked to leave, take one step forward.
  20. If you don't have to stay inside during a smog day, take one step forward.

After the last statement everyone is asked to freeze in place, without looking around, and to notice briefly where they are, who is in front of them and who they can and cannot see. Then they are asked to look around and notice briefly where they and everyone else is. What feelings do they have and what patterns do they notice?

**Source:** Paul Kivel

## 6. Head, Heart & Feet

**Time Needed:** 15 minutes

**Objective:** To evaluate the session at its conclusion.

### MATERIALS NEEDED

The image of a person, drawn on a flip chart or sketched life-size on a large sheet of paper

Post-it notes

Flip chart, markers, tape

### ACTIVITY BREAKDOWN

1. Post the flip chart drawing on a wall or place the paper person in the middle of the floor.
2. Distribute three post-it notes to each participant.
3. Ask participants to identify three things (one on each post-it) they learned in the workshop or course: a new idea, a feeling, and an action idea or skill. Invite contributions in words, headline form, or drawings.
4. Ask participants, one at a time, to select one of their post-its to share with the group by reading it and placing it on the corresponding part of the paper person: (idea) head, (feeling) heart, (action) feet. Time permitting, you may invite them to share all three.

**Source:** Education for Changing Unions

# **Rainbow Health Educational Toolkit Section 1**

## **Workshop #5 Trainers' Script**

### **How to Be an Ally**



[www.rainbowhealthnetwork.ca](http://www.rainbowhealthnetwork.ca)

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## GOAL:

1. To understand the roles and responsibilities of an ally.
2. To identify appropriate ways to respond to LGBTTTIQ oppression.

## MATERIALS AND EQUIPMENT:

1. Flip chart
2. Markers
3. Masking tape
4. Copies of handouts
5. Writing Utensils for Participants
6. Blank sheets of paper

## INTENDED AUDIENCE:

This workshop is designed as an advanced anti-oppression workshop for those who want to start working in solidarity with LGBTTTIQ people.

## PREPARATION:

Get familiar with the workshop activities and handouts for participants. Familiarize yourself with the various topics. Make sure to set up the appropriate materials ahead of time.

## SAMPLE AGENDA & TIMEFRAME:

1. What is an Ally?	30 min	p. 54
2. Becoming an Ally	30 min	p. 55
Break	15 min	
3. Skills for Allies	30 min	p. 56
4. How does an LGBTTTIQ Ally Respond?	45 min	p. 57
5. Creating Positive Environments	30 min	p. 58

TOTAL TIME = **3 hours**

# 1. What is an Ally?

**Time Needed:** 25-30 minutes

## **Objectives**

- To understand the characteristics and role of an ally.
- To understand the responsibilities of an ally.

## MATERIALS NEEDED

- Flipchart, markers
- Handout on “What Is An Ally?”

## PREPARATION:

Become familiar with the concept of an ally and the role of an ally in this educational toolkit. Read Module 5 on **How to be a Ally**.

## ACTIVITY BREAKDOWN:

1. **Say:** *We are going to start to talk about ways in which you can personally start working in solidarity with LGBTTTIQ people. Turn to the person/people closest to you. Talk about what you think of when you hear the word "ally".*
2. Give participants about 5 minutes to share their ideas with one another.
3. Bring focus back to the large group. Brainstorm the meaning of "ally". Go around the circle and ask each person to say one word that comes to mind when s/he thinks of being an ally. Record the words on a flipchart.
4. Have the group provide their understanding of what an ally is and record it on the flipchart. You may want to ask the following 4 questions (*optional*):
  - What does an ally know?*
  - What does an ally do?*
  - How does an ally feel?*
  - Who decides who is an ally?*

**Ally:** An ally is an individual who is not a member of a specific group, but who works to end discrimination and oppression of that group. An example would be a lesbian woman who actively works to end discrimination against transgendered individuals or a straight man who combats homophobia.

5. Distribute the handout on “What Is An Ally?”
  - Ask participants to look at the handout and identify any significant differences between the group’s definition and the handout’s definition of an ally.
6. Explain the role and responsibilities of an LGBTTTIQ Ally. Emphasize the importance of and need for LGBTTTIQ positive allies.

**Source:** Positive Space Training Manual

## 2. Becoming an Ally

**Time Needed:** 30-60 minutes

### **Objectives**

- To raise awareness of the 'roadblocks' allies face in countering LGBTTTIQ oppression.
- To identify positive ways that allies can address LGBTTTIQ oppression.
- To begin to think about ways to build our skill as LGBTTTIQ allies.

### MATERIALS NEEDED

Flipchart; markers

### ACTIVITY BREAKDOWN

1. Say to participants: *Take a moment and think about a time when you witnessed or experienced an act of LGBTTTIQ-oppression. This may have happened in a social setting, in a classroom where comments were made by the teacher or by students. It might have been an incident in your family, at work, etc. This is personal and does not need to be shared.*
2. Give participants a moment or two of silence to think. Tell participants to form small groups or pair up with another person. Ask participants to answer the following questions.
  - How did you react to the situation? What did you do or say? How did you feel at the time? Afterwards?
  - Thinking back, is there anything you would change about your reaction? Is there anything else you wish you had done?
  - Were there any barriers that prevented you from acting in an LGBTTTIQ positive way?
3. Each group should be prepared to briefly report back their answers to the large group. Give groups about 10-15 minutes for this discussion.
4. Call the group back together. Ask for volunteers to share their answer to questions 1 and 2. Record participants' reactions on the flipchart. Leave some space on the left hand side of the flipchart.
5. After everyone has shared their responses to questions 1 and 2, ask participants to look at the list of reactions/behaviors. Ask participants: *Which reactions are LGBTTTIQ positive, those of an LGBTTTIQ ally? Write **ALLY** beside LGBTTTIQ positive behavior.*
6. Ask participants: *What can we call these other behaviors that are not LGBTTTIQ positive behaviors?* If participants don't use the word '**adversary**', use this word yourself.
7. Ask participants to share their answer to question 3. Record barriers on a flipchart.
8. Read out the LGBTTTIQ positive/ally behaviors written on the flipchart. Then, read out the barriers written on the flipchart. Ask participants: *What can we do in order to*

*become more effective LGBTTTIQ allies? How can we build our own knowledge, awareness and skills? Give participants a moment to think.*

9. Say, *“One of the negative consequences that allies may experience is the same fear, hatred and backlash as those whom they are supporting, such as LGBTTTIQ people. But that is what standing in solidarity with those that are oppressed is all about, making sacrifices and risking your own privilege.”* Ask for any comments about this statement.
10. Go around in a circle. Ask each person for 1 idea about how to become a better LGBTTTIQ ally. Record suggestions on a flipchart. Ask if anyone has any questions.

**Source:** Positive Space Training Manual

### **3. Skills for Allies (30-60 min)**

**Time Needed:** 30-60 minutes

#### **Objectives**

- To identify attitudes, knowledge and skills of effective LGBTTTIQ allies.
- To allow participants a chance to self-assess their skills as an ally.

#### **MATERIALS NEEDED**

What's my comfort level? questionnaire

Pens for participants

Flipchart; markers

Handouts on

- “Guidelines for Supporting LGBTTTIQ People”,
- “For Service Providers: Supporting LGBTTTIQ individuals 'coming out'”

#### **PREPARATION:**

Label 3 flipcharts: Information and Knowledge; Self-Awareness; Skills.

#### **ACTIVITY BREAKDOWN:**

1. Introduce three aspects LGBTTTIQ allies need to be aware of in order to respond appropriately: (1) your own feelings about the situation and personal comfort level; (2) understanding of the issues involved; and (3) the ability to respond appropriately.
2. Ask participants: *Can anyone give us an example of a situation where an LGBTTTIQ identified person may need an ally?* Sample responses: Overhear a group of students referring to a teacher as a 'lezzie' or 'fag'.
3. Lead a brief large group discussion about how an LGBTTTIQ ally might react in this

situation. Ask:

- *How does this make you feel?*
- *What do you do / say?*

4. Tell participants: *Now, let's take a look at our own readiness to be an LGBTTTIQ ally.* Distribute "What's my comfort level?" questionnaire. Emphasize that this is not a test; it's just a way for people to think about where we are as allies at the present time.
5. Participants complete the questionnaire. The questionnaire is private and does not have to be shared. Allow about 5-7 minutes.
6. While participants are working on their own, hang up three flipcharts labeled: Self-understanding; Information and Knowledge; Skills.
7. Bring participants back to the large group. Point out the flipcharts.
8. Tell participants to form a group around one flipchart. Tell participants: *As quickly as possible, brainstorm and write some of the things that an LGBTTTIQ ally needs to be or know.* Give the groups about 5 minutes.
9. After 5 minutes, stop the groups. Tell participants to circulate and read what the other groups have written. They may add to any of the lists.
10. Distribute the handouts. Ask participants to read the handouts and identify any important points that have not already been mentioned. Ask if anyone has any questions.

**Source:** Positive Space Training Manual

## **4. How does an LGBTTTIQ Ally respond?**

**Time Needed:** 30-60 minutes

### **Objectives**

To raise awareness of the types of situations that an LGBTTTIQ ally may be called upon for support.

To identify appropriate, supportive responses to different situations.

### **MATERIALS NEEDED**

Flipchart; markers

How does an LGBTTTIQ ally respond? Case studies (See sample)

### ACTIVITY BREAKDOWN:

1. Ask participants: *Can anyone give us an example of a situation where an LGBTTTIQ individual may need your support?* Elicit an example. Ask participants: *If this happens to you,*  
*What are you thinking? Feeling?*  
*What do you say? Do?*  
*What resources do you suggest?*  
Discuss ways that they might respond in the large group.
2. Break into small groups. Distribute Case studies, 1 case per group. We've included some samples, but you will likely want to develop your own appropriate for the participants in the group. Tell participants to read the case and answer the questions.  
*What are you thinking? Feeling?*  
*What do you say? Do?*  
*What resources do you suggest?*  
Nominate 1 person to report back to the large group.
3. Return to the large group. Read each case study aloud. Ask each group to present their responses to the case.
4. After each presentation, ask participants for other ideas or suggestion about how to respond more effectively and appropriately. Ask if anyone has any questions.

**Source:** Positive Space Training Manual

## **5. Creating Positive Environments**

**Time Needed:** 30-40 minutes

### **Objectives**

To identify ways in which everyone can work to change the environments they operate in.

To share ideas with other allies around approaches and strategies for creating inclusive spaces

### MATERIALS NEEDED

Flipchart; markers

## ACTIVITY BREAKDOWN

1. Ask participants: *Can you identify environments where you see transphobia, homophobia and heterosexism? (for example, the classroom, health clinics)*  
Record the answers of the participants on the flipchart. You may want to group some of the ideas, such as putting all educational settings together.
2. Once you have a list of problem areas, determine how many small groups you will divide into so that you will have 3-4 people in each group. Ask participants: *Which environments listed here you would like to work on?*
3. Working with the group, decide which topics will be covered, and who will work within each group. \* If you are doing this activity within an organization, they may all want to work on their workplace. If so, ask if they would like to brainstorm as a large group, or break off into small groups with more specific focuses.
4. Ask each group to determine how they could create an ideal, LGBTTTIQ positive space in the situation they have chosen. Ask each group to think about the following questions:
  1. What needs to change in this space to make it LGBTTTIQ inclusive?
  2. What can you do as an ally to bring these changes into effect?
5. Have each group share the results of the discussion with the other groups. Allow time for groups to help each other to think of more ways to make these environments LGBTTTIQ inclusive.

**Source:** Positive Space Training Manual

## **6. Follow-up Resources**

Refer participants to the various resources included in the Rainbow Health Network's Educational section on "Tools for Organizational Change". Also note the following two books by Anne Bishop ([www.becominganally.ca](http://www.becominganally.ca)):

1. Becoming an Ally: Breaking the Cycle of Oppression in People, 2<sup>nd</sup> edition (2002)
2. Beyond Token Change: Breaking the Cycle of Oppression in Institutions (2005)