

Rainbow Health Educational Toolkit

Section 3: Additional Tools

Additional Tools for Organizational Change

Facilitator Resources

References



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TIPS FOR HEALTH PLANNERS AND POLICY MAKERS

- Getting input from the community you're trying to serve is vital. When addressing issues of diversity, form an advisory committee made up of staff, patients and members of the LGBTT community as well as members of the general community. Promote grassroots involvement of LGBTT in health planning and in developing appropriate strategies for outreach efforts.
- Review and revise all policies, forms and patient literature to eliminate heterosexual bias and non-inclusive language. Revisit the implementation and efficacy of confidentiality policies and procedures. Change forms from "single, married, divorced or widowed" to include "same sex partnership" or provide a blank line for the patient to fill in their relationship status.
- Allow space for the patient to define whom they want involved in their care (e.g., leave a blank line for patients to identify an emergency contact or to identify their partner if they wish). If the patient is unable to make her own health choices, regulations governing who can make those decisions vary from province to province. In British Columbia, for example, the *British Columbia Health Care (Consent) and Care Facility (Admission) Act* provides that in cases where the patient is unable to make her own health choices, a lesbian partner can be designated by the patient to fulfill this role. In this Act, "spouse" means a person who (a) is married to another person and is not living separate and apart, within the meaning of the Divorce Act (Canada), from the other person, or (b) is living with another person in a marriage-like relationship and, for the purposes of this Act, the marriage or marriage-like relationship may be between members of the same sex.
- Sponsor a homophobia education workshop or a workshop about providing sensitive care to lesbians, gays and bisexuals. Advertise the workshop widely and encourage local/regional physicians and healthcare practitioners to attend.
- Order The Mautner Project's Tools for Caring about Lesbian Health Kit (1998), which includes an 18-minute training video and discussion guide for healthcare providers. Then organize a workshop for the healthcare providers in your institution, department or region.
- Be an ally. Challenge heterosexism and oppression of lesbians and gays wherever you see it. Homophobia in any form, and in any setting, will not end unless everyone takes responsibility for providing an alternative model of beliefs and behaviours. Simply saying, "Your language offends me" or, "I wish you wouldn't use those kinds of words around me" can make others shift their perspectives. If challenging a colleague's or patient's homophobia directly feels too risky, there are other things you can do: arrange a staff training on diversity, establish an advisory committee to address issues of discrimination or even leave an article on homophobia in the staff lounge.
- Regularly evaluate how you're doing in terms of meeting the needs of the LGBTT community.

*Adapted from **Caring for Lesbian Health: A Resource for health care providers, policy makers and planners**, Health Canada & Status of Women Canada (2001)*

Tips for Healthcare Providers

- Be patient-centred. Avoid making assumptions about gender or sexual identity or about sexual/health behaviours. Let the patient tell you about herself and her issues.
- Take thorough histories, using inclusive language. Ask questions about sexual behaviour, not sexual identity. Instead of asking "Are you sexually active?" try "Are you currently sexually active? If so, are you active with men, women or both?" Instead of "What form of birth control do you use?" try "Do you need to use birth control?" This opens the door for all patients to talk about their sexual histories and behaviours without fear of a negative response. Be non-judgmental in response to the information that the patient gives you.
- Ask open-ended questions to solicit information about psycho-social stressors and supports. This demonstrates sensitivity and a holistic approach to health.
- Same sex relationships and marriages are legally recognized under Canadian law and federal and provincial human rights legislation. Health and social service providers have an obligation to recognize same sex partners as next of kin. However, social attitudes have not always kept pace with legal recognition of same sex relationships. Lesbians and gay men should be advised of their rights and also of the need to be vigilant. You can encourage patients with same sex partners to put their wishes in writing, especially on these two issues: (1) name the partner as the one who can make decisions if the patient becomes mentally incompetent (power of attorney); (2) specify that the partner has full visitation rights.
- Be aware that LGBTT people who have lost a partner or who are living with a partner with a debilitating disease experience pain and problems as would any heterosexual widow or spouse.
- Be aware that families in the LGBTT community are often differently constituted than those in traditional, heterosexual society. For example, to many lesbians, friends are family. For lesbian patients, it may be especially important to keep visitor guidelines as flexible as possible.
- Respect the importance of lesbian music and books to some lesbians. Ask lesbians who are ill or dying what their friends can bring that will make their surroundings more familiar and help ease the process.
- Screen for, address and treat patient concerns linked to mental health and substance use. Recognize the impact that societal oppression has on these health issues. Screen for, address and treat concerns related to abuse and violence, whether domestic, sexual or bias-related.
- Make referrals with sensitivity. If your patient has trusted you and come out as a lesbian, keep this in mind when referring to other practitioners. Try to refer to providers who are sensitive to issues of diversity.
- Show your patients that you care about diversity. Some healthcare providers have found that having information sheets and brochures on lesbian health issues in their waiting rooms or displaying a policy statement has helped lesbian patients to feel welcome. For example, some healthcare providers post a positive space sticker or sign like this: This Is a Positive Space. We do not discriminate on the basis of sexual orientation or gender identity.

- Obtain anti-homophobia education for yourself and your colleagues, to learn more about providing sensitive care to lesbian, gay, bisexual, transsexual and transgendered patients,. You can use the materials in this toolkit or other resources. If you are not aware of any facilitators trained in this field, contact a local group (e.g., lesbian/gay group, anti-discrimination course or union organization).

*Adapted from **Caring for Lesbian Health: A Resource for health care providers, policy makers and planners**, Health Canada & Status of Women Canada (2001)*

What Many Lesbians Look For in Healthcare Providers

Office and forms:

The office prominently displays a positive space policy (e.g., by posting a positive space sticker or sign saying that the office does not discriminate on the basis of sexual orientation or gender identity).

The patient information forms use inclusive language (e.g., “partner” as well as “husband” or “wife”).

The healthcare provider:

Has been recommended by a friend or other trusted healthcare provider

advertises in lesbian- and gay-positive publications and venues

recognizes and respects the lesbian patient’s right to have someone (e.g., partner, trusted friend, advocate) stay with her during the appointment (including during a physical exam) if she wishes • protects privacy and confidentiality, including on charts (it is important for many lesbians to know who can gain access to their medical records)

uses inclusive, non-judgmental language

does not assume that every patient is heterosexual

already includes lesbians, gays and bisexuals in the practice

gives ample time and opportunity to ask questions

has received training on lesbian health issues (and has encouraged all staff to do so too)

shows awareness of specific lesbian health issues (e.g., maintains a file of recently published articles on lesbian health, knows about websites pertaining to lesbian health or including information on lesbian health issues)

expresses a willingness to seek more information and training on specific lesbian health issues

respects and acknowledges lesbian patients’ self-care and self-education about alternative healthcare practices, such as exercise, herbal remedies and massage therapy.

*Adapted from **Caring for Lesbian Health: A Resource for health care providers, policy makers and planners**, Health Canada & Status of Women Canada (2001)*

How service providers can be more inclusive of bisexuals:

1. Recognize that bisexuality is a real and legitimate sexual identity
2. Don't make assumptions about people's sexual identity or sexual behaviour.
3. Validate bisexual identity if someone identifies as such, but don't tell people how they should identify (or that they have to!).
4. Understand that a person's sexuality may change over time.
5. Model inclusive and positive attitudes towards bisexuals.
6. Be comfortable saying the word "bisexual" and talking about bisexuality.
7. Have knowledge of bisexual issues and experiences, while recognizing there is a broad range of bisexuality and no one way of being bisexual.
8. Have information on bisexual resources.
9. Be able to make appropriate referrals to bi positive services/practitioners.
10. Understand that bisexuals may experience biphobia from gays and lesbians and that not all parts of the queer community are welcoming and inclusive to bisexuals.
11. Recognize that being bisexual is about a lot more than sex.

What organizations can do to be more inclusive of bisexuals:

1. Be inclusive of all sexualities in your intake forms, client interviews, office environment and materials.
2. Provide training for staff on bisexual issues and experiences.
3. Consider providing some services specifically for bisexual people (such as support or coming out groups) or for partners of bisexual people
4. Be explicit when doing outreach and education that targets or includes bisexuals.
5. Include bisexual staff, volunteers and service providers in your organization.
6. Create partnerships with bisexual groups in the community.

Cheryl Dobinson, November 2005

Domestic Violence in the LGBT Community (Lesbian, Gay, Bisexual and Trans)

Historically, there has been an overwhelming silence about same-sex domestic violence. Many people still don't believe that same-sex domestic violence really exists, and people who are victims are often ashamed to tell their communities or families. In fact, numerous studies have shown that violence in heterosexual and same-sex relationships occurs at approximately the same rate (one in four).

Myths about same sex violence

Myth: Violence between two men or two women is a "fight" between equals.

Truth: Domestic violence is not the same as a consensual fight, no matter who is involved. Loving, healthy relationships do not include physical fighting. Domestic violence is about control and domination of one person by another; either person could be male, either person could be female. Batterers do not have to be bigger or stronger than the person they abuse.

Myth: If you fight back, then it's not abuse.

Truth: Fighting back is not abuse, nor does it make the relationship "mutually abusive." Survivors have used violence for many reasons, including self-defense, desperation, anger, and to try to stop the abuse. When survivors use violence the results can be complicated. Police are often confused by same-sex domestic violence and may arrest the wrong or both parties. Friends may disbelieve the survivor. Using violence to survive is a sign that something is wrong -- making a plan to get support is important.

Myth: Women are not violent.

Truth: There is ample evidence that both genders have capacity for violence. Some women abuse other women, men, and children. Abusers and their victims come from all genders, races, classes, religions, and regions.

Myth: Lesbian relationships are based on equality - lesbians have ideal, loving relationships.

Truth: Lesbian relationships are just as good and as bad as all other relationships and have most of the same problems. The myth that lesbian relationships are perfect leads to silence among lesbians who are abused.

Myth: Domestic violence primarily occurs among LGBT people who hang out at bars, are poor or are people of color.

Truth: Abusers and their victims come from all genders, races, classes, religions, and regions. Racist and classist stereotypes around domestic violence are common not just in the LGBT community, but also in the dominant heterosexual culture.

Myth: The law does not and will not protect victims of same-sex domestic

violence.

Truth: Although many law enforcement professionals and court systems are still confused about same-sex domestic violence, there have been many constructive changes in recent years. In many jurisdictions, mandatory arrest policies require the police to intervene and arrest the person they perceive to be the batterer.

Differences Between Same-Sex and Opposite-Sex Domestic Violence.

Although many police remain confused when attempting to sort out incidents involving same gender couples and may end up arresting the wrong or both parties in a battering situation, opportunities to educate and train the police and courts about the realities of domestic violence in same-sex relationships are increasing. Although domestic violence is largely the same in heterosexual and homosexual relationships, gay, lesbian and bisexual victims of domestic violence have some additional problems.

There are barriers in services that are created by lack of education and discrimination based on LGBT identities.

Increased Isolation

The isolation that accompanies domestic violence can be compounded by being LGBT in a homophobic society. Silence about domestic violence within the LGBT community further isolates the victim, giving more power to the batterer.

Protecting the Community

LGBT people feel understandably protective of their relationships in the face of widespread discrimination and negative stereotypes among the wider population. Many LGBT people don't want to admit openly that their relationship-which is already seen as "sick" - has this problem.

Heterosexist Control

One of the weapons that batterers in same-sex relationships may use involve "heterosexist control." This means that the batterer takes advantage of the homophobic and heterosexist nature of the larger society - as well as our own internalized heterosexism - to further dominate and control their partner. Heterosexist control can take a variety of forms, such as threats to "out" the victim and can include the increased risk of losing custody of children.

From Public Health - Seattle & King County's web site (www.metrokc.gov/health/glb/glbtdv.htm).

10 key action points to managing diversity

- 1** Understand the law: it is illegal to discriminate in employment or provision of services on the basis of sexual orientation.
- 2** Act now: ensure that policies and procedures comply with the Human Rights legislation.
- 3** Communicate the changes: explain the anti-discrimination laws to staff to ensure compliance with the regulations.
- 4** Make the business case for diversity: diversity is an opportunity for the organisation, not a threat.
- 5** Build a culture of respect: create a safe environment where equal treatment is given to all staff.
- 6** Recruit fairly: ensure fair selection criteria are applied consistently.
- 7** Tackle harassment and bullying: allow staff to feel confident using procedures even if it means revealing their sexual orientation.
- 8** Review terms and conditions: ensure policies that give rights to a married partner explicitly state that they are also available to same-sex partners or nominees of the employee's choice.
- 9** Manage performance fairly: decisions should be based only on merit and competence.
- 10** Monitor and evaluate your policies and practices: ensure no discrimination is going on and policies are working effectively while providing a safe environment for gathering information.

Source: Stonewall (2004) *The Employment Equality (Sexual Orientation) Regulations: Guidelines for employers – Diversity Checklist* at www.stonewall.org.uk.

Key aspects for a successful equality strategy

Allocate responsibility to ensure that equality and diversity is prioritized. Senior managers and representatives from across the organization should be invested in the strategy.

Consult with staff.

Implement an equal opportunities policy (which includes sexual orientation).

Implement a harassment policy and procedure with the option of monitoring.

Ensure that complaints and grievance procedures are known throughout the organization to be effective and confidential.

Raise staff awareness of the legislative changes and the policies within the organization.

Develop a training strategy to increase staff awareness of equality and diversity issues generally and within the medical workforce specifically.

Conduct exit interviews with employees who are leaving the organization with a member of staff not responsible for managing that staff member

Source: ***Sexual orientation in the workplace*** (June 2005); British Medical Association, Equal opportunities committee

Good Practice Checklist

(some suggestions to get you started)

1. State explicitly in job advertisements that you do not discriminate on grounds of sexual orientation.
2. Advertise jobs widely, ensuring they appear in the gay press.
3. Appoint on ability and experience: questions pertaining to marital status is illegal under Human Rights Codes.
4. Record complaints of harassment on grounds of sexual orientation.
5. Address lesbian, gay and bisexual issues in internal audits of equal opportunities issues.
6. Include intimidation on grounds of sexual orientation in the definition of misconduct to be dealt with under disciplinary or grievance procedure.
7. Set out examples of unacceptable language and behaviour.
8. Ensure that management send positive messages.
9. Ensure workplace benefits for unmarried couples extend to same-sex partners.

ONTARIO PUBLIC HEALTH ASSOCIATION

PUBLIC HEALTH ALLIANCE FOR LGBTTTTIQQ EQUITY

Workplace Assessment Tool

Please answer “Y” for Yes, “N” for No and “IP” for In Progress

1. GOVERNANCE:

There are actively “out” Board of Governors or Board of Health Members.	Y N IP
LGBTTTTIQQ members are actively recruited by the Board of Governors or Board of Health.	Y N IP
A non-discrimination statement is visibly posted in all areas of the workplace, stating that equal care will be provided to all, regardless of age, race, ethnicity, physical ability or attributes, religion, sexual identity and gender identity.	Y N IP
Members of the Board of Governors or Board of Health are encouraged to participate in training on GLBTTTIQQ issues to enhance their knowledge of this community.	Y N IP
The Board of Governors or Board of Health consults with stakeholders in the LGBTTTTIQQ community during strategic planning.	Y N IP
The Board of Governors or Board of Health advocates on equality issues on behalf of the LGBTTTTIQQ community.	Y N IP
The Board of Governors or Board of Health has a process that informs Board members of the agency’s accountability for any employee and client complaints related to discrimination/harassment related to sexual orientation and gender identity.	Y N IP

2. ADMINISTRATION:

The agency has openly “out” LGBTTTTIQQ managers, supervisory and front line staff.	Y N IP
The agency creates a safe and supportive environment for LGBTTTTIQQ staff to use their expertise to enhance the agency’s cultural competency on LGBTTTTIQQ issues, without being stereotyped as a one-issue person.	Y N IP
Managers are provided training on LGBTTTTIQQ issues and on how to work with the LGBTTTTIQQ community organizations.	Y N IP
Managers ensure staff is implementing the agency’s mission and value statements related to diversity, including sexual orientation and gender identity, regardless of personal values and beliefs of staff.	Y N IP
Managers have the knowledge and skills to address homophobic, biphobic and transphobic comments verbalized by other staff and people who use the agency/centre.	Y N IP
Managers ensure the orientation of new staff includes information and training about the needs of LGBTTTTIQQ clients and available community resources.	Y N IP
The agency considers the needs of the LGBTTTTIQQ community members during program planning, such as the inclusion of LGBTTTTIQQ clients into existing mainstream services and the need for exclusive LGBTTTTIQQ programs.	Y N IP
The agency consults with LGBTTTTIQQ community members about the provision of services needed throughout your agency.	Y N IP
The management has links and contacts on LGBTTTTIQQ issues both within the organization and with community partners.	Y N IP

3. PERSONNEL POLICIES AND PRACTICES:

3.1 Staff Recruitment:

Personnel policies and practices comply with the Canadian and provincial human rights code.	Y N IP
The agency advertises employment opportunities in LGBTTTIQQ media and through information networks or organizations representing LGBTTTIQQ people.	Y N IP
The agency recognizes a positive attitude towards LGBTTTIQQ people as criteria for working in the agency.	Y N IP
All interview guides have a question to assess LGBTTTIQQ competency.	Y N IP
Staff members reflect the LGBTTTIQQ community.	Y N IP
“Out” LGBTTTIQQ staff are employed at all levels of the organization.	Y N IP

3.2 Staff Retention:

The agency is committed to creating an atmosphere of support for LGBTTTIQQ staff throughout its programs and activities.	Y N IP
The agency has clearly written non-discrimination and harassment policies that explicitly include sexual orientation and gender identity.	Y N IP
The agency recognizes, supports and acknowledges staff members who are actively demonstrating LGBTTTIQQ cultural competency in their practices.	Y N IP
LGBTTTIQQ cultural competence skills are included in all job performance evaluations.	Y N IP

3.3 Staff Training:

The agency provides all staff with LGBTTTTIQQ competency training to work effectively with LGBTTTTIQQ staff, clients and community partners.	Y N IP
The agency provides all staff, including The Board of Governors or Board of Health members, with LGBTTTTIQQ sensitivity training.	Y N IP
The agency provides staff with training to recognize bias in organizational and other resource materials.	Y N IP

3.4 Dealing with Incidents of Homophobia, Heterosexism, Biphobia and Transphobia:

The agency has a clear policy statement that encourages inclusive language, behaviours or practices related to sexual orientation and gender identity.	Y N IP
The practice of the agency encourages inclusive language, behaviours and practices related to both sexual orientation and gender identity.	Y N IP
The agency has clear written procedures and practices to deal with incidents of homophobia, biphobia or transphobia.	Y N IP

4. COMMUNICATION:

Promotional materials for agency services and programs are LGBTTTTIQQ inclusive.	Y N IP
The agency has a list of LGBTTTTIQQ media and networks that is developed and used.	Y N IP

The agency includes articles about LGBTTTTIQQ issues and programs in newsletters and reports.	Y N IP
The agency has LGBTTTTIQQ materials, such as newspapers, magazines and brochures in the waiting areas.	Y N IP
The agency displays LGBTTTTIQQ positive signs, such as the Pride flag.	Y N IP
Agency services are advertised through LGBTTTTIQQ organizations and networks.	Y N IP

5. COMMUNITY RELATIONS AND HEALTH PROMOTION:

The agency participates in networks to increase and promote cultural competence.	Y N IP
The agency participates in community networks/coalitions to strengthen and integrate services available to members of the LGBTTTTIQQ community.	Y N IP
The agency participates in community network/coalitions to advocate for LGBTTTTIQQ issues.	Y N IP
The agency includes LGBTTTTIQQ people and their families in all outreach and health promotion activities.	Y N IP
The agency utilizes the expertise of the LGBTTTTIQQ community members to plan, deliver and evaluate programs and services, particularly those directed to the LGBTTTTIQQ populations.	Y N IP

6. SERVICE DELIVERY:

6.1 Confidentiality:

Staff explains to clients how their confidentiality will be protected and who will have access to information.	Y N IP
Staff gives the option of not answering a question if confidentiality cannot be protected, or the client does not wish to respond.	Y N IP
Staff is explicit about how sexual orientation, gender identity and sexual behaviour will be documented.	Y N IP
Staff has the information needed to provide appropriate, safe and confidential care to youth.	Y N IP

6.2 Intake Process and Forms:

All staff members have the knowledge and skills to use LGBTTTTIQQ culturally appropriate language.	Y N IP
Intake forms provide for optional self-identification in all categories of gender identity, sexual orientation, marital and partnership and family status and the option for further written or oral explanation.	Y N IP
Questions about families allow for alternative families, including same sex parents or more than two parents.	Y N IP
Intake forms and consent forms include an explanation about how confidentiality will be protected and who has access to social and medical records.	Y N IP
Intake forms/process offers the client the opportunity to discuss concerns about questions on the intake form.	Y N IP

6.3 Assessment and Work with Clients:

Staff is aware that the presenting problems of LGBTTTIQQ clients are not always related to sexual orientation or gender identity.	Y N IP
Service providers are aware of the societal prejudice and discrimination that LGBTTTIQQ members experience and are able to assist them in overcoming internalized negative attitudes toward their sexual orientation or gender identity.	Y N IP
Service providers disclose their own sexual orientation if appropriate and relevant.	Y N IP
Service providers include violence screening questions in all assessments in a gender-neutral way without assuming an opposite sex partner.	Y N IP
Staff assess for prevalent risk factors in the LGBTTTIQQ community such as social isolation, harassment, depression, suicide ideation, substance use.	Y N IP
The agency has a resource list for appropriate referrals for LGBTTTIQQ health concerns.	Y N IP
Students who are placed with the agency have an opportunity to learn about LGBTTTIQQ issues.	Y N IP
Staff members feel free to ask LGBTTTIQQ clients about an aspect of their lives they may not fully understand.	Y N IP
Service providers feel comfortable in discussing sexual health issues involving LGBTTTIQQ clients and use language and questions that include men who have sex with men, women who have sex with women and people who have sex with both men and women.	Y N IP
Staff are aware that the concept of “coming out” is a life long process for LGBTTTIQQ people.	Y N IP

Service providers are aware of the term two-spirit, a translation of an aboriginal term for people who have the spirit of a man and of a woman.	Y N IP
Service providers are aware of the myths and misconceptions around bisexuality.	Y N IP
Service providers are aware of the issues faced by transsexuals, including how to obtain sex reassignment surgery, hormones, etc.	Y N IP
Services are aware of options for LGBTTTTIQQ clients to become parents, such as LGBTTTTIQQ positive adoption agencies, artificial insemination, etc.	Y N IP

6.4 Group Work with Clients:

Service providers establish group norms that facilitate the safety and inclusion of participants from diverse communities such as the LGBTTTTIQQ community.	Y N IP
In working with groups, staff creates a climate that allows for voluntary self-identification and self disclosure for LGBTTTTIQQ clients.	Y N IP
Service providers intervene when homophobia, biphobia or transphobia threatens members' safety or integrity.	Y N IP

7. PHYSICAL ENVIRONMENT:

The agency has a non-discrimination statement that is displayed in a visible area for all staff and clients to see. This statement includes gender identity and sexual orientation.	Y N IP
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Posters showing LGBTTTTIQQ people are displayed in a visible area for clients and staff to see.	Y N IP
The agency displays the Rainbow flag in visible areas.	Y N IP
LGBTTTTIQQ-specific media including any local papers, brochures, newsletters are displayed in waiting areas.	Y N IP
The agency includes one gender-inclusive washroom that is clearly labelled for both staff and clients.	Y N IP

8. ORGANIZATIONAL CULTURE:

The agency is responsive to the issues of LGBTTTTIQQ cultural diversity and designs programs and services that reflect this client population.	Y N IP
The agency has openly identified LGBTTTTIQQ clients.	Y N IP
The agency has openly identified Board of Governors or Board of Health members, staff members, volunteers and management.	Y N IP

ONTARIO PUBLIC HEALTH ASSOCIATION
PUBLIC HEALTH ALLIANCE FOR LGBTTTTIQQ EQUITY
Personal Assessment Tool

This tool was created by the Public Health Alliance for Lesbian, Gay, Bisexual, Transsexual, Transgender, Two-Spirit, Intersexed, Queer & Questioning Equity for the use by staff in Public Health Units and Community Health Centers. It is not “scored” because all of us need to continually assess ourselves because we exist in a heterosexist society. We are all a “work in progress”. Please adapt it with credit and circulate and use it far and wide.

Please answer “Y” for Yes, “N” for No and “IP” for In Progress

I understand how homophobia, biphobia & transphobia and monosexism relate to other oppressions.	Y	N	IP
I utilize an anti-oppression framework in my practice.	Y	N	IP
I monitor my attitudes, values, behaviours and practice for discrimination.	Y	N	IP
I examine my own heterosexual beliefs	Y	N	IP
I am honest about my own limited understanding	Y	N	IP
I ask questions to understand the personal lived realities of others.	Y	N	IP
I utilize opportunities for ongoing training.	Y	N	IP
I endeavour to use inclusive language	Y	N	IP
I do not make assumptions about others’ sexual orientation or gender identity	Y	N	IP
I do not link sexual behaviour to sexual identity.	Y	N	IP
I challenge gender stereotypes.	Y	N	IP
I monitor my values & language for generalizations.	Y	N	IP
I confront phobic statements and jokes.	Y	N	IP

When providing individual or group services, I use questions and comments that are inclusive of all sexual orientations & gender identities.	Y N IP
I treat LGBTTTTIQQ people as individuals with many roles and identities.	Y N IP
I am comfortable working with co-workers of all sexual orientations & gender identities.	Y N IP

I am comfortable working with LGBTTTTIQQ clients and communities.	Y N IP
I would feel comfortable if my manager was LGBTTTTIQQ	Y N IP
I work to safeguard the rights of sexual orientation and gender diverse minorities.	Y N IP
I review forms, histories, posters, etc. regularly for inclusivity and appropriate language.	Y N IP
I am aware that the presenting problems of LGBTTTTIQQ clients are not always related to sexual orientation or gender identity.	Y N IP
I encourage education about sexual orientation & gender identity in my workplace.	Y N IP
I monitor my own and others' double standard, qualifying statements and value judgments.	Y N IP
I am aware of the laws & personnel policies concerning sexual orientation and gender diversity.	Y N IP
I advocate for non-discriminatory policies.	Y N IP
I have an equal rights statement posted in my work area.	Y N IP

I keep a list of resources for LGBTTTTIQQ people.	Y N IP
I know where to refer a co-worker or client who comes out to me.	Y N IP
Someone has told me of his/her sexual orientation or gender identity.	Y N IP
I can recognize discrimination by association.	Y N IP
I post positive images and posters.	Y N IP

Is My Workplace Heterosexist?

Whether you work with a business, agency, or educational institution, this test applies to you!

Heterosexist policies & procedures, as well as ways of relating or conversing among co-workers, can make the workplace an intimidating, threatening, & exclusionary environment for lesbians, gays, bisexuals, transsexual and transgendered people. This test allows employers & employees to re-consider their relationships with their co-workers - & to alert human resource managers that their policies may be exclusionary. This test is not for research purposes. The Heterosexism Enquirer cannot obtain the results.

The "Is My Workplace Heterosexist?" Test

Check the answers that most resemble yours. Write down the number of points (in parentheses) beside each question. The scoring instructions can be found at the bottom of this page. When you have completed the test, total your score, & discover how your workplace rates -- is it heterosexist...or inclusive?

- 1. Does your workplace have anti-discrimination or anti-harassment policies?** a. yes (0) b. no (6) c. I don't know. (3)
- 2. If yes to question 1, does this policy refer to discrimination or harassment based on sexual orientation and state that it's illegal under Canadian Human Rights law?** a. yes (0) b. no (6) c. I don't know. (3)
- 3. Does your workplace offer sensitivity/ awareness training on human rights issues such as sexism/ racism in order to ensure a harassment-free, inclusive workplace?** a. yes (0) b. no (3) c. I don't know. (3)
- 4. If yes to number 3, does this sensitivity/ awareness training also include issues pertaining to lesbians, gays, bisexuals, transsexual and transgendered persons?** a. yes (0) b. no (3) c. I don't know. (3)
- 5. If you are an employer, would you be reluctant to hire someone who wasn't heterosexual?** a. yes (6) b. no (0)
- 6. Whether you are an employer or employee, would you be uncomfortable working with someone who was gay, lesbian, bisexual, transsexual or transgendered?** a. yes (6) b. no (0)
- 7. Have any of your co-workers ever been gay, lesbian, bisexual, transsexual or transgendered?** a. yes (0) b. no (3) c. I don't know. (0)
- 8. If yes to number 7, how do you know?** a. I know because they came out to me. (0) b. I assumed it because of the way they looked. (3) c. I heard it from another co-worker. (3)
- 9. If no to number 7, how do you know?** a. No one has ever come out to me at work.

Unless they tell me, I'm going to assume that they're heterosexual. (3) b. I would have heard about it if anyone was gay. (3) c. Everyone looks pretty straight to me! (3)

10. Has anyone in your workplace ever been denied personal or professional opportunities because of their sexual orientation or gender identity? a. yes (6) b. no (0) c. I don't know. (0)

11. Has anyone in your workplace ever experienced personal harassment or violence as a result of their sexual orientation or gender identity? a. yes (6) b. no (0) c. I don't know. (0)

12. When significant others are invited to work-related social events, how are the invitations written/spoken? a. Please feel free to bring a guest. (0) b. Spouses are welcome! (6) c. Please invite your husband or wife/ boyfriend or girlfriend! (6) d. Significant others/ partners are welcome. (0)

13. When getting to know a new employee, are you sensitive to the possibility that they may be gay, lesbian, or bisexual by asking questions about their personal life that are inclusive (i.e. questions that do not apply exclusively to heterosexuals) ? a. yes (0) b. no (3) c. Never thought about it. (3)

14. When having informal discussions at work, do you try to ensure that the experiences & needs of all groups members are considered -- i.e. do you acknowledge that not all co-workers conform to one lifestyle? a. yes (0) b. no (3) c. Never thought about it (3)

15. Are jokes about lesbians, gays, or bisexuals accepted at your workplace as just another way of releasing tension & having fun? a. yes (6) b. no (0)

16. If your business/agency/institution occasionally supports charities, would it consider a fund-raising drive or event for a nonprofit organization dedicated to eliminating homophobic-based discrimination & violence? a. yes (0) b. no (6) c. not applicable. (0)

17. Are homophobic & heterosexist comments or slurs tolerated & not confronted in your workplace? a. Yes (6) b. No (0)

18. If your workplace has a waiting area for clients, do you ensure that the reading material is representative of all segments of the population? (For example, not all women like Good Housekeeping, nor all men Popular Mechanics!) a. Yes (0) b. No (3) c. Not applicable. (0)

19. If you have clients, do you assume that they are heterosexual-by-default & treat them accordingly? a. Yes (3) b. No (0) c. Not applicable. (0)

20. Do you equally acknowledge the relationships of your co-workers, colleagues, or clients by ensuring, for example, that anniversaries, births, & marriages/union ceremonies, are celebrated in the same way or that all partners are acknowledged? a. Yes (0) b. No (6) c. Never gave it any thought (3)

How does your workplace rate???

To discover whether your workplace rates as enlightened, progressing, or heterosexual, add the red numbers that appear next to the answers you've chosen. For an explanation of the totals, keep reading!

Enlightened (Your score was 0): If your score was zero, your workplace is an inclusive, progressive environment in which difference is acknowledged, respected, & appreciated. Your employer, or you, as an employer, have made considerable efforts to promote a workplace in which everyone is free of intolerance, harassment, & discrimination. This atmosphere of respect - of treating people with dignity - has wonderful repercussions. The majority of people who work with you are probably enthusiastic about what they do - productivity & creativity are high, while levels of absenteeism, dissatisfaction, & burnout are low. Where do you work?? We could all use jobs like that!

Progressing (Your score was between 3 & 35) : Since the difference between 3 & 35 is rather vast, think of your workplace attitudes/policies as existing along a continuum. The lower the score, the less heterosexual...& the more progressive your workplace in terms of its levels of tolerance. If you scored within this range, your workplace has not taken all possible measures to ensure that everyone is equally acknowledged. Maybe no one is overtly discriminatory or homophobic but maybe your policies and ways of relating with colleagues begin with the assumption that everyone is straight - & now that you've given it some thought, then you can readily start acknowledging that this is not the case & begin to act or to develop policies accordingly.

Heterosexual (Your score was between 35 & 78): Your workplace is an intimidating, uncomfortable, & possibly hostile environment for lesbian, gay, or bisexual employees or clients. Employers & employees tend to conform to social values that assume that everyone is straight... & that straight is somehow better. Your workplace policies reflect this assumption. Homophobia, the overt expression of fear, hate, or dislike towards homosexuals, is frequently expressed.

The fact that you've completed this test, however, may indicate that you're ready for a change - a change towards tolerance & inclusiveness. To create a kinder workplace that treats all of its members with dignity & respect, begin to take the following actions: recognize that you probably have lesbian/gay/bisexual colleagues or clients and perhaps also transsexual or transgendered colleagues and clients; begin to support services & initiatives that assist same-sex oriented people; refuse to tolerate jokes, gestures, innuendos against non-heterosexuals; speak out against forms of homophobic-based intimidation & violence; confront heterosexual remarks; find out how your workplace could benefit from sensitivity & awareness training on LGBT issues; & examine your workplace's policies & procedures, as well as its benefit packages, to determine how they can be more representative of all people.

To unlearn heterosexual & homophobic social values is not a difficult process - in fact, you've already begun. Keep learning from this web site. Begin by acknowledging the possibility of diversity & acceptance.

Created by former Editor of *The Heterosexism Enquirer*, L. Yetman, August, 2000.
<http://www.mun.ca/the/workplacetest.html>

Sample Patient Intake Form for Medical Services

Completing this questionnaire is optional. If you are not comfortable with any or all of the questions, you need not answer them. There is no penalty for not filling out this form.

When appropriate, please tick all that applies.

Medical History

Do you have any Allergies? Yes No

If yes, please list:

To Medicines: _____

To Foods: _____

To the Environment: _____

Do you take any medicines on a regular basis? Yes No

If yes, please list:

Prescription Medicines: _____

Non-Prescription Medicines: _____

Herbal or Alternative Medicines: _____

Vitamins: _____

Do you have any current or past health problems? Yes No

If yes, please list and/or describe:

Do you have any Mental Health Issues? Yes No

If yes, please describe:

Please list any previous hospitalizations:

Reason for hospitalization Date

Reason for hospitalization	Date
_____	_____
_____	_____

Please list any previous surgeries:

Reason for surgery Date

Reason for surgery	Date
_____	_____
_____	_____

Please list any health professionals you see on a regular basis (please include nurses, doctors, physiotherapists, chiropractors, naturopaths, counsellors, workers)

Do you have any special needs? Yes No

If yes, please check appropriate box(es) – vision hearing learning impairment other

Please describe _____

Is there anything else about your medical history that you think we should know? Yes No

Habits

Are you a current smoker? Yes No

If yes, how many cigarettes per day? ____ How many packs per day? ____ For how long? _____

Are you a previous smoker? Yes No

If yes, in the past, how many cigarettes per day? ____ How many packs per day? ____ For how long? ____

Do you drink alcohol? Yes No If yes, how many drinks a week on average? _____

Do you use any street drugs? Yes No

If yes, please check – marijuana cocaine heroin ecstasy other

If yes, how often do you use them? _____

Do you exercise on a regular basis? Yes No

If yes, what type of exercise? _____

How many times per week do you exercise? _____

Family History

Are there any medical conditions that run in your biological family (mother, father, siblings, children)? If yes, please list:

Condition	Family Member
-----------	---------------

_____	_____
_____	_____

Social History

What country were you born in? _____

If not born in Canada, when did you immigrate to Canada? _____

Do you identify with any specific community groups? (e.g. faith based, ethno-cultural)

Yes No If yes, please specify which one: _____

Do you have stable housing? Yes No

If no, where are you currently living? Boarding/rooming house shelter living on the street
other: _____

Who lives with you? _____

Are you currently (check one) – employed unemployed underemployed student retired

If you are unemployed, are you currently receiving? ODSP Ontario Works EI CPP

If employed, what is your occupation? _____

What drug coverage/ plan do you have? ODSB private none

Do you have any children? Yes No

If yes, please list sex and age of children: _____

How would you describe your gender identity? Female Male Transsexual Transgender Two-Spirit Intersexed Unsure Other: _____

Do you have concerns related to your gender identity or do you ever feel awkward about your gender identity? Not at all A little Somewhat A lot

How would you describe your sexual orientation? _____

Do you have concerns related to your sexual orientation or do you ever feel awkward about your sexual orientation? Not at all A little Somewhat A lot

Are you currently sexually active? Yes No

Do you practice safer sex? Always Most of the time Sometimes Never

Are you currently in a relationship(s)? Yes No

Is/Are your partner(s): Female Male Intersexed Transsexual Transgender Two-Spirit Other: _____

Were your previous partner(s): Female Male Intersexed Transsexual Transgender Two-Spirit No previous partners Other: _____

Are you, or have you ever been the subject of emotional, physical, sexual or other forms of abuse? Yes No

Is there anything else about your social history that you think we should know? Yes No

If yes, please describe: _____

Adapted from the Sherbourne Health Centre, Toronto, Ontario

Additional Case Scenarios

All Case Scenarios are adapted from the Centre for Addiction and Mental Health's Diversity Program.

Case Scenario #1: “Program Inclusiveness”

Case Scenario #2: “Client Retention”

Case Scenario #3: “Isolated Client”

Case Scenario #4: “Group Therapy”

Case Scenario #5: “Human Resources and Hiring”

Case Scenario #6: Anti-Harassment and Anti-Discrimination

Case Scenario #1 “Program Inclusiveness”

You have decided to expand your program to ensure services are inclusive of the community. This means the organization will start offering multilingual clinical support to lesbian, gay, bisexual, transgendered, and transsexual visible minorities, immigrants and refugees.

You realize that it is critical for the community to be on board early with this, but your program has traditionally had a very poor relationship with local LBTT communities and organizations, as well as with organizations serving visible minorities, immigrants and refugees.

In fact, the recent evaluations of your programs and services clearly confirm that there is a big gulf between your program and external stakeholders. Unfortunately, your Executive Director added fuel to the fire by recently making some ill-advised statements, in public about other services available to these groups.

Discussion Questions:

- ◆ How do you go about building relationships that will give your program legitimacy?
- ◆ How will you go about collecting the appropriate information?
- ◆ What internal resources/supports would you engage?
- ◆ What kind of work would you need to do inside and outside the program to achieve your goal?
- ◆ What principles of participation would you put in place?

Case Scenario #2 "Client Retention"

You've recently attended a Diversity workshop where you were encouraged to take a look at how well your programs retain clients with different demographic characteristics. When you review the records, you are surprised to discover that although the program has a steady stream of referrals, most of your active clients are white, middle-class men and women who self-identify as "Canadian".

You review the case notes of the clients who are categorized as "failed to follow through" or "lost" and you quickly begin to realize that most of these clients seem to be self-identified as recent immigrants and/or from racialized, or ethnic-minority or religious-minority communities. Your program also seems to be unsuccessful in retaining clients who self-identify as gay or lesbian.

When you meet with your colleagues to share this information, they admit that they are sometimes at a loss as to how to help clients from these communities. They are not aware of any well-established agencies in the area serving people from these groups.

Unfortunately, the only organizations for immigrants and the lesbian & gay community are basically self-help groups, which would be too small to consider partnering with. Of course, it would not be practical to recruit specialist staff to serve such tiny populations.

Discussion Questions:

- ◆ How can you and your colleagues do something about this issue?
- ◆ How could your staff equip themselves to get a better understanding of the issues that might be involved?
- ◆ What could be done during early contacts with clients to address potential issues of discomfort around race, ethnicity or sexual orientation?
- ◆ What outside consultants or contacts might be helpful in addressing this issue?
- ◆ What other options could your organization consider in the longer term?

Case Scenario #3

“Isolated Client”

Peter is a 22 year old poor working class youth who moved to Windsor a year ago looking for work and to go to school.

He is originally from Brantford and decided to move to Windsor where he felt there might be more opportunities for work and further training in the trades. He moved in with an aunt and her family.

His move did not work out as he had hoped. He was not successful in getting consistent work or getting into a trade training program. He became discouraged, adrift, and eventually started to hang around with a drug-using crowd of young people. During a weekend of particularly heavy drug and alcohol use, he was arrested along with three of his friends in connection with a break-and-enter offence. He was charged as an accomplice and given one year probation with condition that he get help with his drug use. He is assigned to the therapy group you are leading.

After two sessions, in which he has participated minimally, you decide to see him privately. He indicates that he feels “out of place” in the group and uncomfortable with the process of talking about his life with other people who are all “from well off families”. With considerable effort on your part, he does eventually disclose his sense of confusion about his own poor working class roots and culture and his feeling of discouragement that he has not been able to realize his hopes of finding work to support himself and go to school.

Discussion Questions:

- ◆ How real to you is the link between Peter’s confusion about his class and cultural background and his current problems? Could this just be avoidance behavior?
- ◆ What support systems do you have for dealing with possible class issues that are generated by your interactions with Peter?
- ◆ How would you go about moving forward with Peter?

Case 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 the Peel 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.

Discussion Questions:

- ◆ 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?
- ◆ 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?
- ◆ Are there issues that you should address in relation to the fact that this is a group for “young” women from diverse backgrounds?
- ◆ How should you and your co-facilitator have responded during the session when Anita came out?

- ◆ Why did Anita wait until the third session to come out to the group?
- ◆ 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?

Case Scenario #5

“Human Resources and Hiring”

You're interested in how diversity issues relate to recruitment and hiring for your program and agency as a whole. You are aware of colleagues who are on hiring committees making comments during and after interviews such as “not lowering our standards” and “looking for someone who is ‘qualified’ and who will ‘fit’ in the agency.”

Various aspects of your job are conducted as “business as usual” with an emphasis on ‘efficiency’ and ‘competency’. There has been little to no budget for education and staff training.

In addition, outreach and recruitment is done through regular channels with no discussion as to whether it is reaching the various diverse communities. You would like your program to focus substantively on issues of diversity. You are also wondering how a diversity process could make the Board of Directors more representative.

Discussion Questions:

- ◆ What skills do you need to understand how to initiate change and where do you start in order to do deal with systemic organizational issues?
- ◆ What are some of the issues and what would enable your program or agency to discuss these issues openly?
- ◆ What internal and external resources (people, policies, training) might be helpful? How can you begin learning about the resources available and determine which would have impact?
- ◆ What suggestions would you provide on further staff development in the area of diversity?

Case Scenario #6

Anti-Harassment and Anti-Discrimination

There are recurring issues of harassment and discrimination in one part of your agency, especially regarding racism, sexual harassment, and homophobia. This has happened on a staff to staff level, and also occasionally has involved clients harassing staff.

In the past when you witnessed or found out about these behaviours you told the person to "be professional". You know this wasn't enough because it likely didn't change the person's attitude and your colleagues who were the target in these incidents continued to be unsupported.

The immediate manager seems oblivious to the issues. The program where this is happening is developing a bad reputation, the atmosphere is tense, no one really confronts the issues, and the situation is getting worse.

- ◆ What do you do and where do you start?
- ◆ What can you do about the staff conduct?
- ◆ How do you deal with client conduct in this situation?
- ◆ What outside resources (people, policies, standards) might be helpful?

Rainbow Health Educational Toolkit

Section 3: Additional Tools

Facilitator Resources

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Handout courtesy of Nadia Bello, Teens Educating And Confronting Homophobia (T.E.A.C.H.)
Active Listening handouts provided by Annette Clough. This material may be used and photocopied on condition that Rainbow Health Network and T.E.A.C.H. are acknowledged as the sources.

WHAT IS HOMOPHOBIA?

PART I: What does homophobia look like? How do we recognise it?

HOMOPHOBIA:

A fear, hatred and dislike of LGBTQ people and communities expressed as prejudice, discrimination, harassment, and acts of violence. There are many different forms of homophobia. Homophobia is not experienced by people who are LGBTQ – identified, but by everyone who has ever been targeted because they were thought to be gay or because they don't fit in with assumptions of gender.

HETEROSEXISM:

The assumption that everyone is, or should be, heterosexual and that heterosexuality is the only “normal”, “natural” expression of sexuality. It implies that heterosexuality is superior, and therefore preferable, to being gay, lesbian or bisexual. Heterosexism can also refer to forms of institutionalized discrimination.

TRANSPHOBIA/LESBOPHOBIA/BIPHOBIA:

Terms that apply to specific communities – trans people/lesbians/bisexuals – that reflect the specific ways in which they are targeted and discriminated against.

Homophobia and heterosexism operate in different ways in our society, lives and communities. Sometimes homophobia is obvious, sometimes it's not.

HOMOPHOBIA IS:

1. Individual Prejudice/Bigotry

- verbal/physical harassment on the part of a person or group of persons

2. Systemic and Institutional

- upheld by governments, laws, police, authorities, etc.

3. Cultural and Ideological

- permeates the values and norms of a society

4. “Everyday”

- having to constantly be aware of surroundings out of fear of harassment

5. Internalized

- we live in a homophobic society, are subjected to and absorb those values constantly, regardless of sexual orientation

- we censor ourselves in order to avoid being targets of homophobia

T.E.A.C.H. (Teens Educating and Confronting Homophobia)

“I KNOW I’M EXPERIENCING HOMOPHOBIA WHEN I HEAR. . .”

Outright Denial “there is no such thing as homophobia”

“That’s so gay’ doesn’t mean anything; it’s just an expression”

Denial of Difference “I don’t notice these things”

“As a straight woman, I personally think it would be much easier dating women”

Equal Opportunity “We’re all the same; we’ve all been given the same chances”

Blame the Victim “Why flaunt it? Why do you have to walk/talk/act/look like that?”

Heterosexual Victimization “The Family/Marriage are under siege”

“I don’t want you to think I’m gay but . . .”

“Reverse” Homophobia “What about gay people who hate straight people?”

Binary Polarization “You have to choose one, are you gay or straight?”

“There’s no such thing as bisexuality”

“Who’s the man and who’s the woman in your relationship?”

“Who’s the butch/femme or top/bottom etc?”

Us (heterosexuals) vs. Them (Homosexual)

Economic Ghettoization “Aren’t all gay men rich – double income, no kids?”

Moral Panic “Queers are a threat to society/children”

“This is all because people don’t go to Church anymore”

Sex-Negativity “Lesbian sex . . . / gay sex . . .”

“Anal sex is disgusting”

Tolerance “We’ll give you civil unions but not marriage”

Liberalism “This is about freedom of speech not homophobia . . .”

“Gays are a special interest group”

Disease “Gay men are diseased/have AIDS”

“Homosexuals need mental/psychological help”

“You can be cured”

Nationalism “In my country/culture, there are no gay people”

“You can’t be (insert sexual identity) and (insert nationality/ culture/ religion)”

Sexism “All lesbians need/want is a good man”

“Why do gay men act/talk/dress like women?”

Genderism “There are only 2 genders”

“Trans women can never be ‘real’ women”

Eroticism “Aren’t all gay men so cute? What a pity”

Tokenism “Look at all the gay characters on TV; what more do you want?”

T.E.A.C.H. (Teens Educating and Confronting Homophobia)

RESPONDING TO ANTI-GAY RHETORIC AND ANGER

One fear related to speaking as an openly “out” lesbian, gay, bisexual or transgender person (LGBT) or supporter, is the problem of being attacked by angry, irrational audience members. Physical attacks are rare, but even verbal assaults can be frightening.

Here are some suggestions for dealing with anti-gay rhetoric and anger in large meetings, workshops or one-to-one discussions.

- Manage your own anger. Know and anticipate your own reactions to hostility. Practice the responses that are more likely to be effective. Remain calm. Do not take the anger personally. (You may consider limiting how much personal information you share. Consider your own ‘boundaries’.)
- Do not resort to sarcasm or denigrating anyone or any group. An angry person is often not rational, and so anything you say may be misinterpreted or turned around. It is important that your verbal and non-verbal communications be clear and positive. Listen to audience comments or questions, and respond matter-of-factly and non-defensively. Most audience members will note your respectful attitude and respond similarly. Continue to be polite, but firm, as you retain your personal integrity.
- Keep in mind that the anger, fear or irrationality may be founded in moral indignation. Such a position might bring forward audience comments such as:
 - “Homosexuality is a lifestyle choice; I don’t want my child learning about it or about same-sex acts.”
 - “There are no gay (etc.) students in my class, school, town, etc. I don’t need to deal with this.”
 - “You’re just trying to recruit young people to become homosexuals.”
 - “In my religion, homosexuality is considered a sin and I’m not prepared to condone it.”
 - “I’m not prejudiced against anyone’s orientation, but I am opposed to homosexual behaviours.”

Possible steps in responding:

1. Respond to anti-gay rhetoric by re-framing the objection in terms of universally-held beliefs:
 - “Do you believe that all students should be safe at school?”
 - “Do you believe that every educator must work to safeguard the rights of those students who are, or who may be perceived as, different from the majority?”
 - “Do you believe that schools should make all students comfortable with themselves?”
 - “Do you believe that all students are deserving of dignity and respect at school?”
2. Persist with your universally held beliefs, and require the angry person to address your questions. Do not be drawn into their attempt at extended one-on-one debate. It is not OK for someone to attack you personally or monopolize the discussion. Since hostile or defensive people are not usually interested in constructive dialogue, arguing with them does not lead to any resolution. It is OK to cut off the attack and then move back to the main thrust of your presentation.
3. Because your questions focus on universally-accepted beliefs, it will be difficult for the anti-

gay person to answer in anything but the affirmative. If the answer is in the affirmative, your next strategy is to challenge the assertions or assumptions of the anti-gay person by saying: **“If you agree that . . . (see questions above). . . then you can’t justify your rejection of LGBT students.”** Remind the hostile person that one mission of education is to teach children how to live peacefully and with understanding, in an increasingly diverse society.

While it’s sometimes possible to ignore hostility from an audience member, it sometimes works to acknowledge the anger with comments such as **“I hear what you are saying,” “You seem to have strong opinions here,” “Thank you for your honesty in making that comment,”** and return to the focus of your talk. You may add, **“I don’t agree because . . .,” “In my experience, I have found that . . .”** or **“Are there others who agree with that point of view?”**

Act respectfully. Some people are resistant to any social/cultural change, and simply need more clear information and analysis (and time to process it) to move toward greater acceptance.

If there are questions which are obviously argumentative, taunting or sarcastic, it may defuse the charged atmosphere to treat them as serious questions, and give them serious answers that make a point.

4. If the hostility is repeated and prolonged, you can clearly say that the speaker will have another two minutes to wrap up his/her comments and make his/her key points, before you carry on with questions or comments from others. Or alternatively, you can offer to spend more time in one-to-one conversation with them during a break or after the session is over . . . “Since you obviously have many concerns that need more discussion time.” Sometimes, you will just have to cut in and state that:

“We will have to agree to disagree on this. However, I believe that most educators and parents DO agree with me on these issues.”

Keep the issue focused on helping all students to safely acquire the knowledge, skills and attitudes they need to succeed in life. Acknowledge that the person may hold a contrary point of view about homosexuality based on religious or cultural beliefs, but remind them that the issue in education isn’t whether being gay (etc.) is right or wrong. The fact is that there are LGBT students in every school. Explain that your desire for acceptance and understanding for LGBTs is based on sound legal grounds (give some references), the reality of LGBT lives, and commonly accepted principles of non-discrimination. Stress that these reasons motivate your efforts to ensure fair and equal treatment for **ALL** students.

5. Should the anti-gay person state that he/she holds to the universally-held beliefs you have stated, but maintains that homosexual students are an exception, you may respond with any of the following points which refer to sound, commonly-held educational principles:
 - “As professional educators, we are obliged to check our own personal values at the classroom door and try not to impose them on our students.”
 - “Personal values must be separated from public education policy. Mere ‘tolerance’ is not enough, because it implies that one needs to make accommodations for another’s differences. It does not acknowledge that another’s identity may be of equal value to one’s own.”
 - “The minimum required of us as educators is to support every student, and that means

we have to work to safeguard the rights of those who are different (including LGBT), or perceived as such.”

- “Just as teachers have to put aside their feelings if they encounter students whom they don’t particularly like for any other reason, it’s imperative that we treat our gay (etc.) students with full respect, even if it runs counter to our moral views.”

Remember, the real issue is about safety and inclusion for all students.

(Adapted from material by Gazda et al, in “Human Relations Development,” 1973, and from material in “Safely Out: A Collaborative Approach to Challenging Homophobia in the Education System,” produced 1997 by T.E.A.C.H. and the Toronto Board of Education.)

(Another excellent reference is an article by Warren J. Blumenfeld, on pages 151-160 of “Tackling Gay Issue in Education,” published 1998, by GLSEN CT and Planned Parenthood CT Inc.)

GALE (Gay and Lesbian Educators of BC)

GUIDELINES IN CONFLICT RESOLUTION

- Deal with one issue at a time
- Separate the person from the problem
- Don't tell someone their feelings are inappropriate or unjustified; feelings just "are" and we have a right to them
- Don't put down or shame the other person
- Don't put yourself down
- Use active listening skills
- No power plays (interrupting, threatening to leave, using an intimidating tone of voice or body language, physical aggression)
- Focus on interests, not positions
- Look at how resolving the problem will benefit the work we do
- Consider the possibility that social and political inequity may be part of the problem

GIVING CRITICAL FEEDBACK

Before you start

- Check your own intentions; be clear that you are doing this for your mutual benefit
- Be clear about what you want to say and why
- Check if it's a good time for the other person to hear you

When you give critical feedback

- Describe the behaviour or problem (not what you think about the person or what you think their motives might be), e.g. "when you said . . ."
- Express your feelings (using I statements), e.g. "I felt hurt, angry, etc."
- Explain how the behaviour affects you and make a specific request for a change in behaviour or action (not a change of feelings or beliefs)
- Explain why this change would benefit both of you and the group

When you hear critical feedback

- Listen actively
- Paraphrase, i.e. restate what you heard in your own words to make sure you understand what was said (this does not imply agreement)
- Acknowledge your own feelings, e.g. defensiveness
- Accept the feedback and agree to negotiate the change of behaviour OR say that you do not agree or need time to think about your response
- Brainstorm solutions

TYPES OF CONFLICT

- **Conflicts over values** – These kinds of conflicts have to do with opinions that people hold very strongly. For example, the belief that cheating is wrong is a value many people have. If you have this value, you will probably get into conflict with a friend who wants you to pass him the answers for a test. Values conflicts can be hard to solve. Often the best way out of a values conflict is for both sides to agree to disagree.
- **Conflicts over things** – An example would be bickering over the last slice of pizza. You want the same thing but there isn't enough for both.
- **Conflicts over psychological needs** – Respect, acceptance, control, independence, belonging, friendship – these are a few psychological needs. When people feel that these needs aren't being met or are being ignored, a conflict can develop.

Many conflicts can fit into more than one of these groups. It can take a bit of digging (and talking) to figure that out.

HOW PEOPLE REACT TO CONFLICT

- **Blast it (aggressive)** – Some people see conflict as a win-lose situation. They feel that only they are right; the other side is wrong. They try to blast their way through a conflict so that they win and the other side loses.
- **Avoid it (passive)** – Some people believe that conflict is bad and try to avoid it as much as possible. When a conflict comes up, they may ignore it. They may pretend it didn't really happen. Or they may always give in and smooth things over. That may make things better for a while, but in the long run, it may actually make them worse.
- **Solve it (assertive)** – Instead of ducking conflicts or blasting their way through, some people try to face conflicts fairly. They don't try to "win." Instead, they look for the cause of the conflict. Then they try to find solutions that will work well for both parties.

CHECKING OUT FEARS AND ASSUMPTIONS (and suspicions, hunches and intuitive feelings)

Sometimes our fears or our feelings of resentment to others are based on the assumptions we make about what they are thinking or feeling. Checking out our assumptions and getting an honest response can often clear up misunderstandings and can prevent the need for giving critical feedback. We can also get validation for our intuitive sense that something is not all right (the grain of truth), even though we may have misinterpreted what is going on for the other person.

PURPOSE FOR CHECKING OUT FEARS AND ASSUMPTIONS

- To find an explanation for our fears and assumptions
- To acknowledge and validate the fears of others

AGREEMENT IN A GROUP

- We have permission to check out our fears and assumptions with each other
- We are committed to search for the grain of truth in whatever someone thinks is going on

ACTIVE LISTENING

ENCOURAGE “Tell me more about that”
“What else happened?”
Face the speaker
Nod your head

CLARIFY “And what does that mean?”
“When did this happen?”

RESTATE “What you’re saying is . . .”
“So, you think . . .”

REFLECT “You looked very angry when you said that . . .”
“You seem sad about that.”

SUMMARIZE “You’re upset with me because . . .”
“You’d like me to . . .”

VALIDATE “Thank you for telling me how you feel”
“I know it took courage for you to tell me this.”
“I’m glad you felt you could tell me.”

ACTIVE LISTENING

- Stop talking
- Put the speaker at ease
- Show the speaker that you want to listen
- Remove unnecessary distractions
- Empathize with the other person
- Be patient
- Hold your temper and any negative retort
- Go easy on argument and criticism
- Ask questions (use open end questions, i.e. “Tell me more about that”, “Can you explain that to me?”)
- Stop talking

The responsibility for effective oral communications must be shared equally between speakers and listeners.

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