

# **TRAINING PROGRAM**

## **SEX, GENDER, AND SEXUAL ORIENTATION: UNDERSTANDING DIVERSITY**

Level 1

Participant handbook

October 2017

## **Professional development attestation**

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This program meets the professional development and scientific content requirements.

Any participant may obtain official professional development attestation issued by the École de santé publique de l'Université de Montréal and the Institut national de santé publique du Québec. To obtain this attestation, participants must **legibly record their contact information** and **sign the attendance sheet available when attending an onsite activity or complete an online activity in its entirety, if available.**

## **Accreditation**

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The Unité de développement des compétences at the Institut national de santé publique du Québec is fully accredited by the École de santé publique de l'Université de Montréal. It certifies the INSPQ's training activities as university training by allocating CEUs (continuing education units). One continuing education unit represents 10 hours of participation.

For this activity, the École de santé publique de l'Université de Montréal and the Institut national de santé publique du Québec attribute **0.1 CEU** for **each hour** of training.

**Note: The masculine form is used throughout the document for ease of reading, but refers to both men and women.**

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## FOREWORD

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### Important note on the training content

To ensure this training has a solid professional and scientific basis, it was developed using pre-existing material primarily, mostly texts that had been already published in Québec or Canada in trade or scientific journals or by reputable publishers.

To respect the authors, contents, and publishers – and in accordance with international conventions – these texts are included unaltered as supporting documentation. In addition, the PowerPoint slides that summarize them present their content as accurately as possible. Thus, the slides and texts reflect a range of views, styles, and terms; this relative diversity is found in all professional and research fields. This explains why, the PowerPoint texts sometimes refer to sexual diversity, sometimes to sexual minorities, and why various acronyms ((LGB, LGBT, LGBTQ, LGBTQI) are used—to reflect the specific vocabulary, and remarks of the authors cited, hence respecting their original works. The instructors will provide more details on the topic as needed.

We believe that these texts are, nonetheless, as a whole, fairly representative of the views and issues found in research and interventions taking place in Québec and, in originally in French, in Canada.

The training programs “Sex, Genders and Sexual Orientation: Understanding Diversity” and “Adapter nos interventions aux réalités des personnes de la diversité sexuelle, de leur couple et de leur famille” (adapting our interventions to the realities of sexual diversity and gender-variant people, their partners, and their families) focus on raising awareness as well as enhancing basic knowledge, approach, and know-how, and are not meant to be comprehensive. Choices had to be made so that the instructors could get to the heart of what they have to deliver in the time allotted.

## **PREAMBLE**

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### **Background**

Despite the progress made in terms of laws and mindsets, homosexual, bisexual, trans, and intersex people (LGBTI), their partners, and their families remain vulnerable to stigmatization, bullying, and sometimes violence. In addition, health problems may occur, including suicidality among LGBT youth or laxity in protection during sexual relations.

In accordance with guidelines set out in the *Québec Policy Against Homophobia* and the *Québec Public Health Program*, this training activity is intended to support the social recognition and inclusion of LGBTI people, their partners, and their families. It aims to mobilize professionals to reduce vulnerability factors and boost protection factors among LGTBI people, and to this end, encourage knowledge sharing and collaboration among local resources (community, public, and parapublic). By doing so, the efficiency, relevance, and quality of services offered will be improved.

### **Content**

- Some of the issues and problems encountered by sexual diversity people, their partners, and their families at key stages of their lives.
- The abilities and skills to be developed among professionals who are likely to be involved with sexual and gender minority individuals, their partners, and their families.
- The development of resilience and empowerment among sexual diversity people, and, to help achieve this, the role of professional and scientific knowledge, as well as the use of local resources.
- Potential prevention measures to minimize risk factors and strengthen protection factors among sexual diversity people, their partners, and their families.



## **GOAL**

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- Promoting the recognition and inclusion of sexual diversity people, their partners, and their families during professional and community interventions.
- Mobilizing professionals in the fields of health, social services, education, and public and community services so that they contribute to minimizing vulnerability factors and fostering protection factors among sexual minorities.

To this end, the training will enhance knowledge and especially relevant approaches and know-how to better help sexual diversity people, their partners, and their families, when they need support or assistance.

## **GENERAL OBJECTIVES**

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- Integrating the main components of sexual diversity: sex, gender, and sexual orientation;
- Reviewing the main myths and prejudices against sexual diversity people, their partners, and their families;
- Understanding the main issues likely to be experienced by sexual diversity people;
- Expanding knowledge on the evolution of the rights of sexual diversity people, their partners, and their families;
- Ensuring that sexual diversity is respected during interventions.

## **TARGET CLIENTELE**

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This training is intended for the personnel and professionals in the fields of health, social services, education, and public and community services.

## **PEDAGOGICAL APPROACH**

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The duration of this intensive training is one day, and it is offered free of charge.

Requiring the active involvement of participants, the pedagogical formula features presentations, discussions, case analyzes, scenarios, and small group work.

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**TRAINING SCHEDULE**

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9 to 9:15 a.m.	<b>INTRODUCTION MODULE – PRESENTATION AND SPECIFIC NEEDS AND EXPECTATIONS OF PARTICIPANTS</b>
9:15 to 10:15 a.m.	<b>MODULE 1 – UNDERSTANDING THE REALITIES OF SEXUAL AND GENDER MINORITY INDIVIDUALS: SEX, GENDER, AND SEXUAL ORIENTATION.</b>
10:15 to 10:30 a.m.	Break
10:30 to 11:10 a.m.	<b>MODULE 2 – THE ORIGIN OF MYTHS ABOUT SEXUAL AND GENDER DIVERSITY</b>
11:10 a.m. to 12 p.m.	<b>MODULE 3 – PROBLEMS LIKELY TO BE EXPERIENCED BY SEXUAL AND GENDER MINORITY INDIVIDUALS</b>
12 to 1 p.m.	Lunch
1:30 to 2:45 p.m.	<b>MODULE 4 – RIGHTS PERTAINING TO SEXUAL AND GENDER MINORITY INDIVIDUALS, THEIR PARTNERS AND THEIR FAMILIES: IMPLICATIONS FOR PROFESSIONALS</b>
2:45 to 3 p.m.	Break
3 to 4:20 p.m.	<b>MODULE 5 – APPROACH AND SKILLS FOR QUALITY INTERVENTIONS IN RESPECTING SEXUAL DIVERSITY GENDER MINORITY INDIVIDUALS</b>
4:20 to 4:30 p.m.	Training evaluation

## INTRODUCTION

Presentation and specific needs and expectations of participants



## INTRODUCTION MODULE – PRESENTATION AND SPECIFIC NEEDS AND EXPECTATIONS OF PARTICIPANTS

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### PEDAGOGICAL SHEET

#### INTRODUCTION MODULE – PRESENTATION AND SPECIFIC NEEDS AND EXPECTATIONS OF PARTICIPANTS

##### Training goal:

- Promote the recognition and inclusion of sexual diversity and gender-variant people, as well as their partners and families in the context of professional and community interventions. Engage professionals from the fields of health services, social services, education, and public and community services to help reduce vulnerability factors and enhance protection factors for sexual minorities.

##### General objectives of the training:

- Incorporate the main components of sexual diversity, i.e. sex, gender, and sexual orientation.
- Examine the main myths and misconceptions conveyed about sexual diversity and gender-variant people, as well as their partners and families.
- Understand the main problems likely to be experienced by sexual diversity people.
- Expand your knowledge of the evolution of rights pertaining to sexual diversity and gender-variant people, as well as their partners and families.
- Ensure that sexual diversity is respected during interventions.

##### Pedagogical methods:

- Interaction with instructors and among participants

**Duration: 15 minutes**

##### Content items:

- Identification of people in attendance, their needs, and expectations.
- Reminder of the role of the instructors, objectives of the training, and schedule.
- Brief overview of the training content.

##### Supporting material:

None



## POWERPOINT PRESENTATION

Slide 2

# INTRODUCTION MODULE

## Presentation and Specific Needs and Expectations of Participants



Slide 3

## Training Objectives

- Promote the recognition and inclusion of sexual and gender minority individuals, as well as their partners and families in the context of professional or community interventions.
- Engage stakeholders from the fields of health services, social services, teaching, and public and community services to help reduce vulnerability factors and enhance protection factors for sexual minorities.



Slide 4

## General Objectives of the Training

- Incorporate the main components of sexual diversity, i.e., sex, gender, and sexual orientation.
- Examine the main myths and misconceptions about sexual and gender minority individuals, as well as their partners and families.
- Understand the main issues likely to be experienced by sexual and gender minority individuals.
- Expand one's knowledge of the evolution of rights pertaining to sexual and gender minority individuals, as well as their partners and families.
- Ensure that interventions are conducted with full respect for sexual diversity and gender-variance.





MODULE 1

Understanding the Realities of Sexual and Gender Minority Individuals: Sex,  
Gender, and Sexual Orientation  
(and corresponding identities)

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## **MODULE 1 – UNDERSTANDING THE REALITIES OF SEXUAL AND GENDER MINORITY INDIVIDUALS: SEX, GENDER, AND SEXUAL ORIENTATION (AND CORRESPONDING IDENTITIES)**

### **PEDAGOGICAL SHEET**

#### **UNDERSTANDING THE REALITIES OF sexual and gender minority individuals**

##### **General objective:**

- Integrate the main components of sexual diversity, i.e., sex, gender, and sexual orientation.

##### **Specific objectives:**

- Identify the components of sexual diversity, i.e., sex, gender, and sexual orientation.
- Explain the main concepts.
- Recognize the wide array of self-identities and self-expressions relating to sex, gender, and sexual orientation.
- Reflect in one's practice the fact that binary notions are obsolete by accepting the diversity, and in some cases the fluidity, of identities and expressions relating to sex, gender, and sexual orientation.
- Assess the impact of labeling on sexual and gender minority individuals, as well as their partners and families.

##### **Pedagogical methods:**

- Simulation (on sex, gender, and sexual orientation identities, and on the reactions they incur)
- Feedback on the scenario and the lessons that can be drawn from it
- Presentations and answers to questions
- Brief recap of discoveries and learning outcomes

**Duration: 60 minutes**

##### **Content items:**

- Reminder of the definition of sex, gender, and sexual orientation, as components of sexual diversity
- Evolution of the research and concepts used in these fields
- Identities perceived as opposing, a continuum, overlapping, or fluid or multifaceted realities
- Consequences of these depictions on interventions

##### **Supporting material:**

3 short brochures on intersex issues



## **SCENARIO 1**

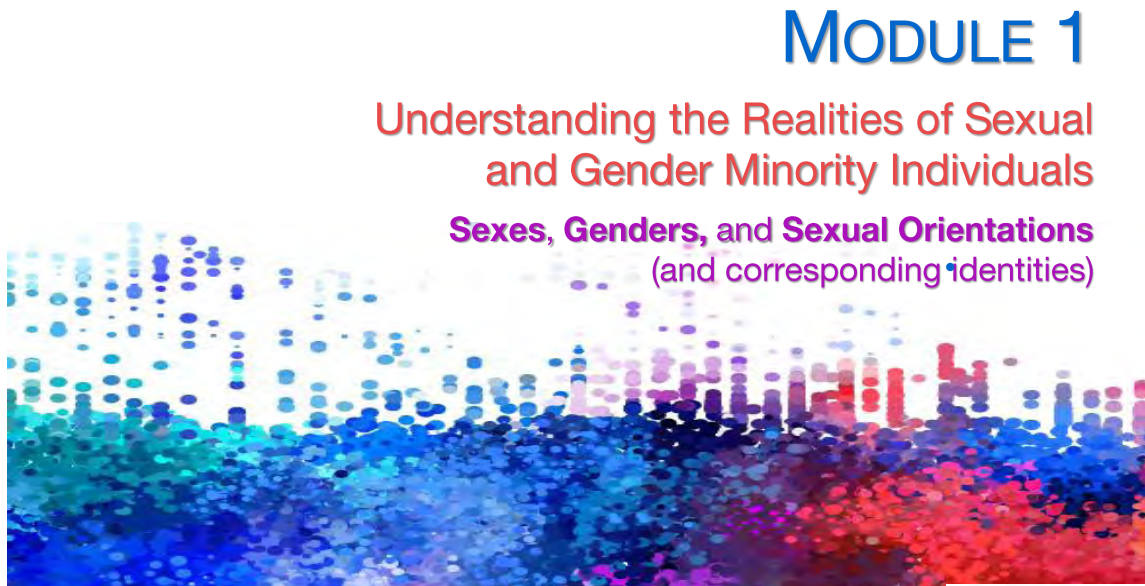
**(DURATION: 25 MINUTES)**

### **Overlapping identities**



**POWERPOINT PRESENTATION**

Slide 5



Slide 6



Slide 7

## General Objective

- Integrate the main components of sexual diversity, i.e., sex, gender, and sexual orientation.



Slide 8

## Specific Objectives

- Identify the components of sexual diversity, i.e., sex, gender, and sexual orientation.
- Explain the main concepts.
- Recognize the wide array of gender identities and self-expressions relating to sex, gender, and sexual orientation.
- Reflect in one's practice the fact that binary notions are obsolete by accepting the diversity, and in some cases the fluidity, of identities and expressions relating to sex, gender, and sexual orientation.
- Assess the impact of labeling on sexual and gender minority individuals, as well as their partners and families.





## 1.1 Sexual diversity: The Importance of Words

Slide 9

### 1.1 Sexual Diversity: The Importance of Words

- There are many glossaries on sexual diversity (which may unfortunately provide contradictory definitions or translations). The glossary created for this program (see the **Supporting Documents Booklet 1.1**) is intended to serve as a synthesis; it emphasizes the distinctions to be made between sex, gender, sexual orientation, as well as the corresponding gender identities and expressions of these realities.

Source: *Diversité sexuelle : l'importance des mots*, Conference on Sexual and Gender Diversity in a Rural Setting, Dominique Dubuc, October 21, 2016



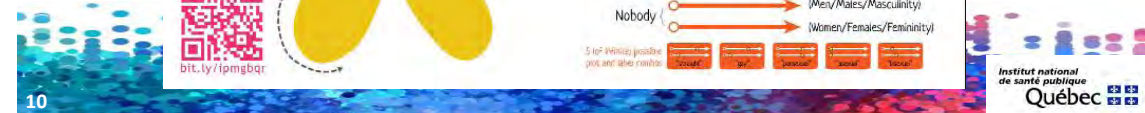
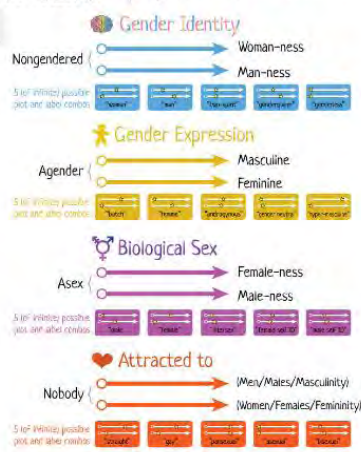
Slide 10

### 1.1 Sexual Diversity in a Nutshell

#### The Genderbread Person v2.0

its pronounced METROsexual

Gender is one of those things everyone thinks they understand, but most people don't. Like reception, Gender isn't binary. It's not either/or. In many cases it's both/and. A bit of this, a dash of that. This tasty little guide is meant to be an appetizer for understanding. It's okay if you're hungry for more.



## 1.2 Rethinking Sex, Gender, and Sexual Orientation

Slide 11

### 1.2 Rethinking Sex, Gender, and Sexual Orientation

Various models outline the evolution of conceptions regarding the diversity of sexes, genders, and sexual orientations beyond the traditional binary system:

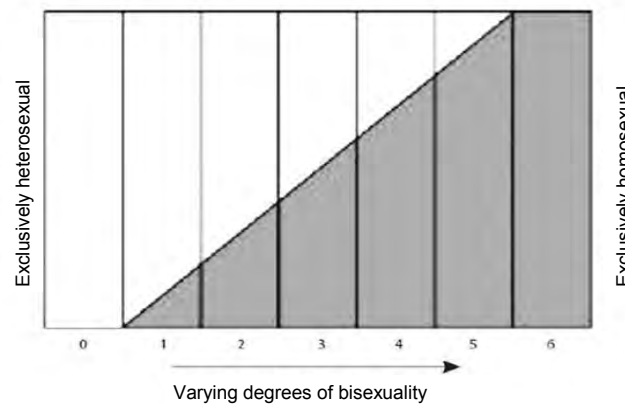
- Kinsey Scale (1947): Sexual orientation as a continuum.
- Gender Spectrum (introduced by S. Bem and R. Whalen, 1974, and M. Storms, 1979-80; adapted by M. Dorais, 2015): The plural and possibly fluid reality of gender identity.
- Laumann's three dimensions of sexual orientation (1994).



Slide 12



Kinsey Scale



Source: *Repenser le sexe, le genre et l'orientation sexuelle* (M. Dorais, Santé Mentale au Québec, Vol. XL, no. 3, fall 2015), pp. 37 to 53

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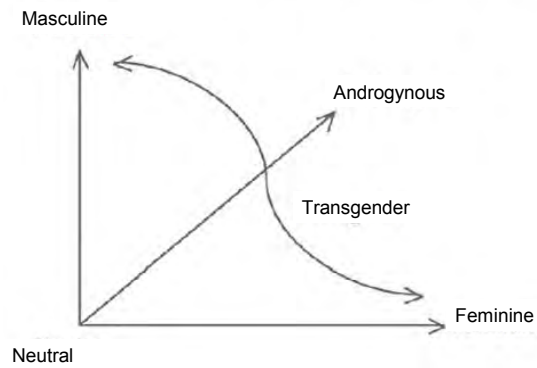


Slide 13



FIGURE 5

### Gender Identity Spectrum



Source: "Repenser le sexe, le genre et l'orientation sexuelle" (M. Dorais, *Santé Mentale au Québec*, Vol. XL, No. 3, fall 2015), pp. 37 to 53. Note that this spectrum may also be applied to sexual orientation and sexual identity—if necessary, refer to the article in the supporting documentation.

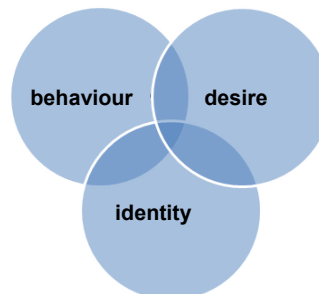
13



Slide 14



### Laumann's Sexual Orientation Diagram



Source: *The Social Organization of Sexuality*, "The Interrelation of Same-Gender Sexual Behavior, Desire, and Identity." Laumann et al., University of Chicago Press, 1994, p. 298 and subsequent pages.

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## 1.3 The Situation of Transgender People

Slide 15

### 1.3 The Situation of Transgender People

- The situation of transgender people must be better taken into account, as reported by the findings of the study summarized in document **1.3 of the Supporting Documents Booklet**, which recommends in particular:
  - That the issue of gender identity and expression be added to elementary and high school curriculums.
  - That the issue of gender identity and expression be perceived and considered to a greater extent as a human rights issue.
  - That, since a majority of transgender people are recognized as such before puberty, hormonal therapy be made more widely accessible.
  - That the specific needs and problems experienced by transgender people be better taken into account by public services.



Slide 16

### Key Messages

- In this day and age, can we still think of the terms "man" and "woman," "masculine" and "feminine," "heterosexual" and "homosexual" as exclusive, fixed, and opposing categories?
- Today's reality and current knowledge compel us to opt for a non-binary representation of sexes, genders, and sexual orientations.



MODULE 2

The Origin of Myths about Sexual and Gender Diversity

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## MODULE 2 – THE ORIGIN OF MYTHS ABOUT SEXUAL AND GENDER DIVERSITY

### PEDAGOGICAL SHEET

#### MODULE 2 – THE ORIGIN OF MYTHS ABOUT SEXUAL AND GENDER DIVERSITY

##### General objective:

- Examine the main myths and misconceptions conveyed about sexual diversity and gender-variant people, as well as their partners and families.

##### Specific objectives:

- Identify certain myths and prejudices affecting sexual diversity people, as well as their partners and families.
- Counter the marginalization and pathologization of differences related to sex, gender, and sexual orientation by enhancing understanding of human diversity.

##### Pedagogical methods:

- Facilitation of the simulation
- Lessons to be drawn

**Duration: 40 minutes**

##### Content items:

- Myths about and realities of sexual diversity and gender-variant people, as well as their partners and families
- The origins of these myths and their harmful effects
- The misconceptions at the source of homophobic mindsets and behaviours
- Current scientific knowledge that can be used to counter them

##### Supporting material:

Hunt, S., (2016) *An introduction to the Health of Two Spirit People: Historical, contemporary and emergent issues*, National Centre for Aboriginal Health, 32 p.





**SCENARIO 2**

**(Duration: 20 minutes)**

A. What myths and prejudices are you likely to hear in the context of your work?

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B. How might you respond, or how have you responded in the past?

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C. Which values inform your actions?

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## POWERPOINT PRESENTATION

Slide 17



Slide 18

### General Objective

- Examine the main myths and misconceptions about sexual and gender minority individuals, as well as their partners and families.



Slide 19

## Specific Objectives

- Identify certain myths and misconceptions that have an impact on sexual and gender minority individuals, as well as their partners and families.
- Counter the marginalization and pathologization of differences related to sex, gender, and sexual orientation by enhancing understanding of human diversity.



Slide 20



## Quiz:

What myths and misconceptions may be heard about homosexuality and homoparental families?



Slide 21



## What is the origin of these beliefs?



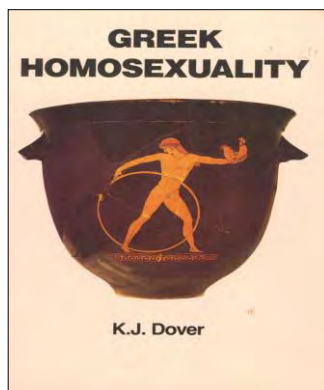
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### 2.1 Other Ways to Understand

Slide 22

### 2.1 Other Ways to Understand. . .



- Greek philosopher Plato taught that, originally, there were three sexes: male (andros), female (gynos), and androgynous (male-female).



Slide 23

## 2.1 Other Ways to Understand. . .

- Aboriginal communities had several words to describe sexual and gender diversity, which was generally well accepted.
- “Two-spirit” people were identified in at least 155 Aboriginal nations in North America.
- Same-sex unions (usually of individuals of different genders) also existed back then.
- These realities were condemned and nearly erased from collective memory by the Europeans who colonized the Americas.

Source: *Éloge de la diversité sexuelle*, M. Dorais, VLB éditeur, 1999.



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## 2.2 The Great Historical Misconceptions of the West Regarding Homosexuality and Gender Diversity

Slide 24

## 2.2 The Great Historical Misconceptions of the West Regarding Homosexuality and Gender Diversity

- Unnatural practice (not what Nature intended)
- Mortal sin
- Mental disorder



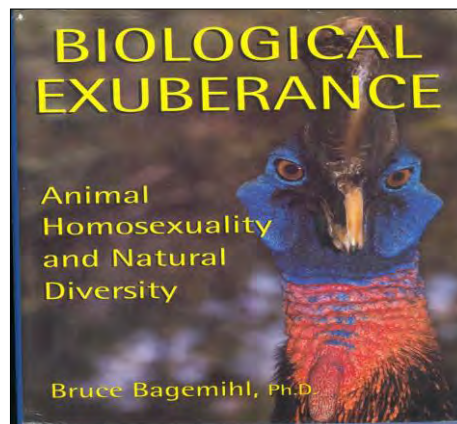
Slide 25



## Homosexuality Considered as Unnatural



Slide 26

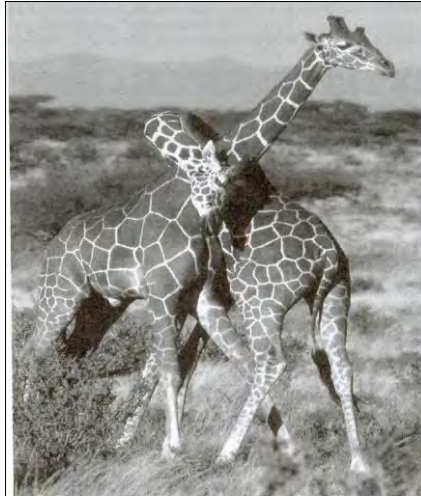


The observation of nature contradicts the idea that sexual diversity does not exist. Numerous scientific works have been conducted on this topic.

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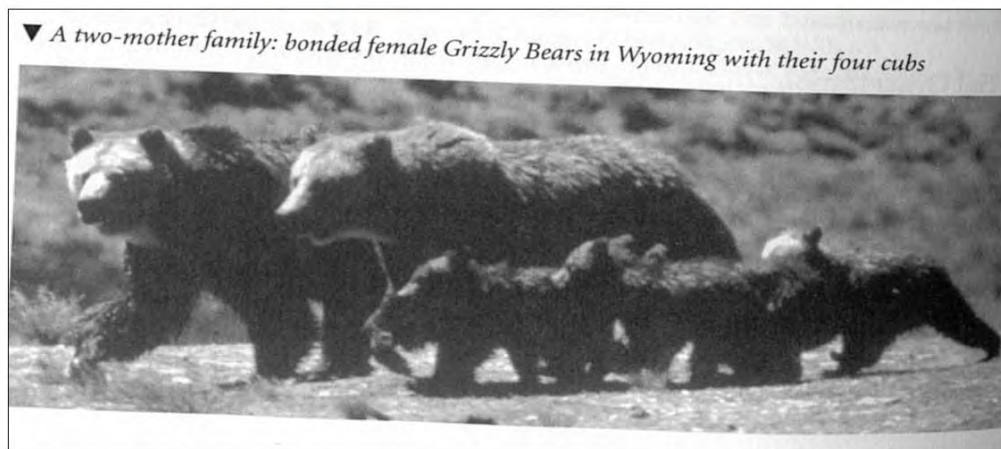
Slide 27



▲ Two male Giraffes engaging in "necking" behavior

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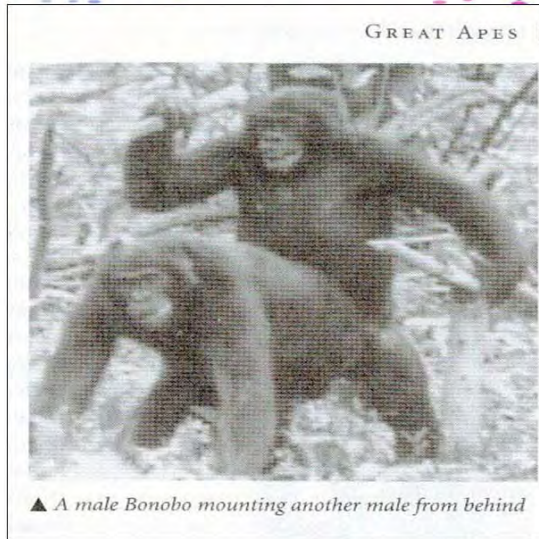
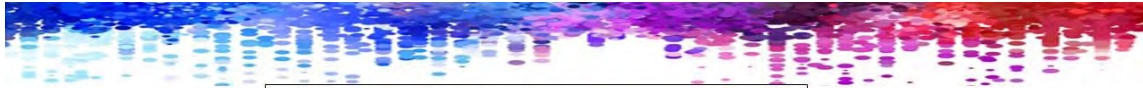
Slide 28



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Slide 29

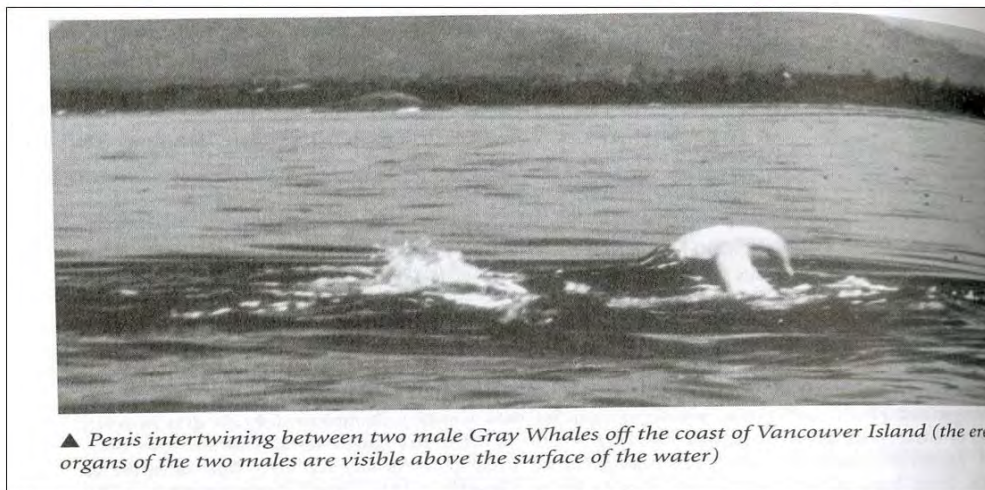


▲ A male Bonobo mounting another male from behind

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Québec

Slide 30

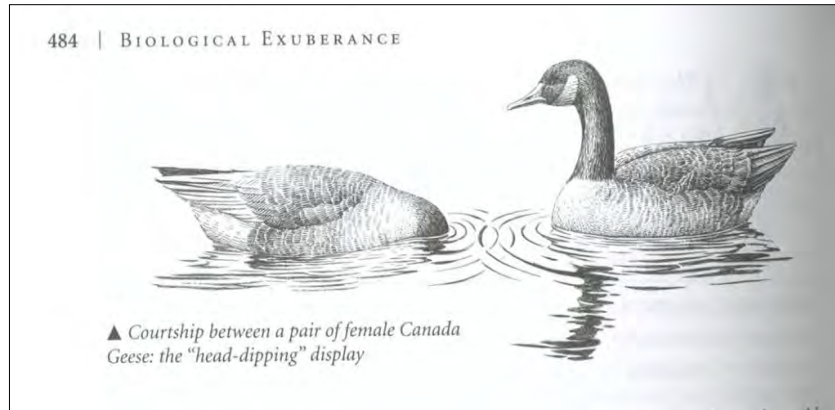


▲ Penis intertwining between two male Gray Whales off the coast of Vancouver Island (the erect organs of the two males are visible above the surface of the water)

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Slide 31



18% of female Canada geese and up to 12% of males form same-sex couples.

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Slide 32



## Homosexuality Considered as a Mortal Sin



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## Mortal Sin

- As soon as Christianity became the State religion of the Roman Empire, circa 390, homosexuality became stigmatized.
- The Church reaffirmed its condemnation of homosexuality even more strongly starting from the thirteenth century.
- In the catechism of 1998, the Pope stipulated that one may be a homosexual, but must lead a chaste life.
- The new glossary of sexual truths published in April 2003 states that homosexual people have “no social value.”

Source: *What's Wrong with Homosexuality?* J. Corvino. Oxford Un. Press, 2013; *The No-nonsense Guide to Sexual Diversity*, Vanessa Baird, Verso, 2001.



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- Nevertheless, in the Middle Ages, some bishops allowed or performed same-sex unions, even among priests. However, historians have not reached a consensus on the meaning of these unions: were they perceived as a celebration of spiritual communion and deep friendship, or were they the equivalent to marriage?
- It should be noted that, although very rare, marriages between same-sex partners existed in Ancient Rome, at least among aristocrats and pursuant to the principle of gender complementarity (Emperor Nero was married twice to a man). During Antiquity, erotic complementarity was based solely on active/passive roles, regardless of the partner's sex or gender.

Source: John BOSWELL. *Marriage of Likeness: Same-Sex Unions in Pre-Modern Europe*, Fontana Press, 1996.



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## Meanwhile, What was Happening in Europe ?

- The plague killed 40% of Europe’s population within a five-year period (1347-1352). People were looking for scapegoats, and so began the hunt for heretics, witches, and sodomites.
- During the Protestant Reformation, the power of the Catholic Church was threatened.
- The Catholic Counter-Reformation imposed a rigid conservative morality that had a profound impact on one’s perception of what it meant to be a man, a woman, a couple, and of reproduction.



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## Two “Sodomites” Condemned in Switzerland, 1483



*Burning of the sodomite Richard Paller and his page, Zurich, 1482. Manuscript illustration from Diebold Schilling, Die Grosse Burgunder-Chronik, c. 1483, Ms. A5, p. 994. Reprinted by permission of Zentralbibliothek, Zurich*

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## Balboa Punishing “Savage Sodomites,” 1590



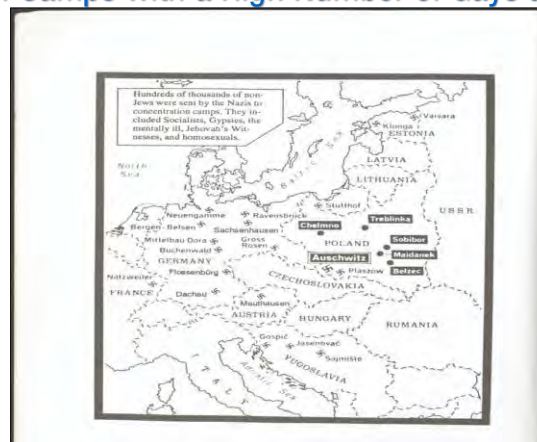
37



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## Nazi Concentration Camps with a High Number of Gays and Lesbians



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Source: Schwab, J. L., Brazda, R., & Brazda, R. *Itinerary of a Pink Triangle*. Florent Massot, 2010.



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## Homosexuality Considered as a Mental Disorder



Slide 40

## Mental Disorder

- The Church lost its hold over university education: gradual shift from the religious model to the medical model.
- “[Translation] The homosexual of the 19<sup>th</sup> century has turned into a character defined by a single type of past, history, childhood, character, lifeform, and even morphology (...) The sum of his parts cannot elude his sexuality. (...) The homosexual is now a distinct species.”  
M. Foucault, *La Volonté de Savoir*, Gallimard, 1976.
- Conversion therapy (including lobotomies and electroconvulsive therapy) was now administered to homosexual people either willingly or by force.



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## Mental Disorder

- The APA removed homosexuality from the *Diagnostic and Statistical Manual* (DSM) in 1973.
- The WHO took homosexuality off its list of mental disorders in 1992.
- The APA ruled in 1998 that conversion therapy to treat homosexuality is unethical.
- Ethical prohibition renewed in 2015-2016.



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## Mental Disorder

- In recent years, there has been a trend to depathologize trans identities.
- DSM-IV (1994-2000): Gender identity disorder; trans identities defined as a mental disorder.
- DSM-V (2013): Gender dysphoria; the new definition describes the suffering induced by the mismatch of gender identity and sex assigned at birth as well as by the accompanying social pressures.
- Gender conversion therapies become controversial, if not outlawed.







MODULE 3  
Problems Likely To Be Experienced by Sexual and Gender Minority  
Individuals

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## MODULE 3 – PROBLEMS LIKELY TO BE EXPERIENCED BY SEXUAL AND GENDER MINORITY INDIVIDUALS

### PEDAGOGICAL SHEET

#### MODULE 3 – PROBLEMS LIKELY TO BE ENCOUNTERED BY SEXUAL AND GENDER MINORITY INDIVIDUALS

##### General objective:

- Understand the main problems likely to be experienced by **sexual diversity people**.

##### Specific objectives:

- Identify problems created by the intolerance arising from myths and misconceptions pertaining to sexual diversity.
- Explain the main problems experienced by sexual diversity youth and adults.
- Describe the profile of sexual diversity youth and their reaction to discovering their “difference.”

##### Pedagogical methods:

- Collective brainstorming
- Lectures
- Discussions
- Q&A with participants

**Duration: 50 minutes**

##### Content items:

- Main problems likely to be experienced by sexual diversity youth and adults: bullying, violence, negative or discriminating attitudes, sexual abuse
- The repetitive process of coming out
- Risk and vulnerability factors: depression, stress, anxiety, suicidal behaviours, alcohol or drug abuse, laxity in protected sexual relations
- Personal, interpersonal, institutional, and socio-legal protection factors
- Potential intervention measures to prioritize
- Risk factors regarding HIV and other STBBI among both young and adult LGBTI men (from the pedagogical sheet for Theme 4 of the old version of training #1)

##### Supporting material:

Chamberland, L., et al., (2011) *The Impact of Homophobia and Homophobic Violence on School Persistence and Academic Success in Québec : Key findings*, Montréal, Université du Québec à Montréal, 12 p.

Saewyc, E. M., Konishi, C., Rose, H.A., Homma, Y, School-Based Strategies to Reduce Suicidal Ideation, Suicide Attempts, and Discrimination among Sexual Minority and Heterosexuals Adolescents in Western Canada, *International Journal of Child, Youth and Family Studies*, 2014; 1 :89-112



**SCENARIO 3**

**(Duration: 15 minutes)**

**Collective brainstorming**

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**LECTURE 3**

**(Duration: 35 minutes)**

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## POWERPOINT PRESENTATION

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### General Objective

- Understand the main problems related to sexual diversity and likely to be experienced by sexual and gender minority individuals.



Slide 45

## Specific Objectives

- Identify problems created by the intolerance arising from myths and misconceptions pertaining to sexual diversity.
- Explain the main problems experienced by sexual and gender minority youth and adults.
- Describe the profile of sexual and gender minority youths and their reaction to discovering their “difference.”



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## Group Brainstorming:

Based on your knowledge, what are the main problems related to sexual diversity in Québec, and, in particular, those experienced by youth and young adults?





### 3.1 Issues Related to the Psychosexual Development of Sexual and Gender Minority Youth

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## 3.1 Issues Related to the Psychosexual Development of Sexual and Gender Minority Youth

Source: Martin Blais, Ph. D., Félix-Antoine Bergeron, B. A., and José Ignacio Pichardo Galán, Ph. D., chapter published in M. Hébert, M. Fernet, and M. Blais, *La sexualité chez l'enfant et l'adolescent*, De Boeck ed., 2017.



#### 3.1.1 Sexual Diversity as a Percentage of the Population 14-25 years of Age

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### 3.1.1 Sexual Diversity as a Percentage of the Population 14-25 Years of Age

- According to some 20 Canadian studies of a total of 81 000 respondents 14-25 years old, **almost 16% of the population in this age bracket identify as non heterosexual, or at least not exclusively heterosexual.**
- These numbers are similar to the findings of American studies: in both cases, the number of girls is slightly higher than the number of boys.
- These numbers include youth who are questioning, ambivalent, bisexual, gay, or trans.
- Youth who don't conform to gender stereotypes or who are creative in terms of gender expression are not necessarily included in these statistics.



### 3.1.2 Problems Experience by Youth

Slide 49

## 3.1.2 Problems Experienced by Youth

- The **prejudice and violence** experienced by sexual diversity youth **arising from homophobia/transphobia (negative or discriminatory attitudes toward sexual minorities)** are still significant to this day, as reported by all surveys.
- **Heterosexism (heterosexuality depicted as intrinsically superior), heteronormativity (disapproval of sexual diversity)**, and the constraint to be heterosexual also put pressure, although seemingly more subtle, on LGBTQ youth:
  - The term “**minority stress**” refers to the state of internal stress and worthlessness often experienced by these youth, caused by internal and external pressures and the stigmatization or victimization they are subjected to. Such stress may impair the cognitive and adaptive faculties of these youth.



### 3.1.3 Respecting One's Sexual Orientation

Slide 50

## 3.1.3 Respecting One's Sexual Orientation

- Numerous models have been developed since the 1970s in an attempt to understand the process of coming out to others regarding one's sexual orientation or gender identity and respecting this reality. No professional or scientific consensus has yet been established. This process has been variously described as:
  - **a series of steps to take** (from wrestling with the issue to coming out, followed by acknowledging and even taking pride in one's identity);
  - **a set of milestones** (becoming aware of one's “difference,” redefining oneself, coming out, having one's first contacts and sexual relationships, self-acceptance);
  - **a multi-dimensional process** involving self-esteem, introspection, empathy, compassion, sense of belonging, etc.;
  - **a continuous process or developmental trajectory** that is rather fluid and diverse, depending on the person's gender, socioeconomic status, culture, etc.



### 3.1.4 Protection (or Resilience) Factors for Sexual Diversity Youth

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## 3.1.4 Protection (or Resilience) Factors for Sexual Diversity Youth

- Personal protection factors:
  - Motivation and ability to find support, emotional openness, critical thinking regarding preconceptions and stereotypes, development of a positive identity, optimism, feeling of having control over one's own life, and creativity are all important resilience factors.



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## 3.1.4 Protection (or Resilience) Factors for Sexual Diversity Youth (continued)

- Interpersonal protection factors:
  - **Quality of the relationship with parents:** For example, the parents' acceptance and protection of their child, support during their child's coming-out process and romantic relationship, etc.
  - **Quality of the relationships with peers:** Friends, social support networks, etc.
  - **Quality of romantic relationships:** Enhances self-esteem and decreases "minority stress"; however, this may lead to vulnerability factors with the potential for unauthorized "disclosure" of intimacy, or for domestic violence, given that LGBT youth are also subject to the same pitfalls as anyone else, although in many cases, they will have less support and fewer role models.



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### 3.1.4 Protection (or Resilience) Factors for Sexual Diversity Youth (continued)

- Institutional protection factors:
  - School: Given that youth spend a large proportion of their lives at school, it plays a particular role in terms of protection and vulnerability factors. However, a majority of LGBT youth are victims of bullying and even violence (verbal, physical, sexual) in their school environment. The protection factors identified by youth are the presence of support (**anti-bullying and anti-discrimination policy, an LGBT and allies school group**), access to one or several helpful **school counsellors, training of school staff on LGBT realities**, and the resulting **sense of safety**.



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### 3.1.4 Protection (or Resilience) Factors for Sexual Diversity Youth (continued)

Healthcare and social services may contribute to protection or resilience in the following ways:

- Ensuring a **climate of trust and openness** regarding LGBT people and realities;
- Being **comfortable and skilled** in discussing the lives of LGBT people.

Conversely, negative attitudes and the lack of skills during an intervention are harmful and often reflect a lack of awareness and training, if not ignorance of ethical rules and applicable laws.



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### 3.1.4 Protection (or Resilience) Factors for Sexual Diversity Youth (continued)

- Socio-legal context:

Not only the **regulations and laws**, but also the **knowledge of youth on the matter (as well as that of older people, such as parents and professionals)**, contribute to the sense of safety. Unfortunately, attitudes don't change as fast as laws...

- Presence of allies:

**Having allies on whom to rely**, whether peers or adults (the presence of both is even more beneficial), has been identified as a protection or resilience factor for sexual diversity and gender-variant youth, as it contributes to breaking the sense of isolation.



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## 3.2 Taking Action on Priority Avoidable Health Issues

Slide 56



## 3.2 Taking Action on Priority Avoidable Health Issues



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### 3.2.1 The Many Faces of Social Adaptation Problems

Slide 57

## 3.2.1 The Many Faces of Social Adaptation Problems

- The bonds that people maintain in their living environments, as well as their sense of safety and well-being influence their behaviour, their integration into society, and their ability to adapt to new situations and to make it through certain periods and hardships in their lives.

Source: Programme national de santé publique du Québec 2015-2025, p. 16



### 3.2.2 What are Social Adjustment Problems?

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## 3.2.2 What are Social Adjustment Problems?

- Social adjustment problems are significant changes to social functioning originating from either the person or their social environment.

Source: Programme national de santé publique du Québec 2015-2025, p. 16



### 3.2.3 LGBT Health

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## 3.2.3 LGBT Health

- Four conceptual frameworks to better understand LGBT health:
  1. Personal history: The positive and negative events experienced at each stage of life have an impact on the next stages.
  2. Minority stress: Sexual and gender minority individuals may be exposed to chronic stress when they anticipate or experience discrimination, which has an impact on their physical and mental health.



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## 3.2.3 LGBT Health (continued)

3. Intersectionality: The accumulation of discrimination based on sexual orientation, gender identity, ethnic background, sex, etc.
4. Social ecology: People evolve in various spheres (family, friends, communities, societies) that influence their exposure to certain risks and their ability to take action regarding their own protection and health.



### 3.2.4 Health Issues of LGBT People During Childhood and Adolescence

Slide 61

## 3.2.4 Health Issues of LGBT People During Childhood and Adolescence

- Increased risk of:
  - violence, bullying, and harassment, which increases the risk of depression and suicidal ideation among LGBT youth to a greater degree than among other youth.



### 3.2.5 Health Issues of LGBT Adults

Slide 62

## 3.2.5 Health Issues of LGBT Adults

- Compared to non-LGBT people:
  - Increased risk of mental health problems (depression, anxiety, suicidal ideation, mood disorder);
  - Increased use of tobacco, alcohol, and drugs.





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### 3.2.5 Health Issues of LGBT Adults (continued)

- Gay, bisexual, and other MSM men are exposed to a greater risk of HIV, gonorrhoea, syphilis, and *lymphogranuloma venereum* infection.
- Bisexual and lesbian women are less likely to use preventive health services. They are also at higher risk for obesity and breast cancer.
- Transphobia increases the risk of depression, suicidal ideation, and at-risk sexual behaviour.



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### Key Messages

- LGBT people are at greater risk for certain physical and mental health problems.
- These problems are unrelated to being part of the LGBT community and are rather caused by personal experience (discrimination, stigmatization, inequalities, limited access to services).
- Anticipation of discrimination is just as serious as actual discrimination, as it may stop LGBT people from seeking support and health services.



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## Key Interventions

- Creating inclusive safe spaces;
- Showing respect and openness;
- Using inclusive language;
- Avoiding preconceptions and stereotypes;
- Seeking information to better understand;
- Knowing about adapted resources and giving referrals when necessary.



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## References:

- Information from the Transpulse project: <http://transpulseproject.ca/>
- Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Research Gaps and Opportunities; Board on the Health of Select Populations; Institute of Medicine. *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding*. National Academies Press, 2011. <https://www.nap.edu/catalog/13128/the-health-of-lesbian-gay-bisexual-and-transgender-people-building>



MODULE 4  
Rights Pertaining to Sexual and Gender Minority Individuals, as well as Their  
Partners and Families: Implications for Professionals

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## MODULE 4 – RIGHTS PERTAINING TO SEXUAL AND GENDER MINORITY INDIVIDUALS, AS WELL AS THEIR PARTNERS AND FAMILIES: IMPLICATIONS FOR PROFESSIONALS

### PEDAGOGICAL SHEET

#### MODULE 4 – RIGHTS PERTAINING TO SEXUAL AND GENDER MINORITY INDIVIDUALS, AS WELL AS THEIR PARTNERS AND FAMILIES: IMPLICATIONS FOR PROFESSIONALS

##### General objective:

- Expand knowledge of the evolution of rights pertaining to sexual and gender minority individuals, as well as their partners and families.

##### Specific objectives:

- Identify the main laws, standards, and ethical rules in effect in Québec pertaining to sexual and gender minority individuals, as well as their partners and families.
- Recognize specific situations and contexts that foster vulnerability, in particular for LGBT people who recently arrived in Québec.
- Plan actions that take into account the *Québec Policy Against Homophobia*

##### Content items:

- Evolution of the laws and ethical norms and standards relating to sexual diversity
- The *Québec Policy Against Homophobia*
- Overview of the legal and social realities of sexual minorities in the main countries of origin of newcomers to Québec
- Issues and implications for professionals and the institutions in which they work (including in terms of religious and cultural diversity)

##### Pedagogical methods:

- Short Q&A quiz
- Lectures
- Answers to questions

**Duration: 75 minutes**

##### Supporting material:

Ministère de la Justice du Québec (2009) *Quebec Policy Against Homophobia*, Gouvernement du Québec, 40 p.

Houzeau, M., Ryan, B., *Translating legal equality to school reality in Canada in Combatting Homophobia : Experiences and Analyses Pertinent to Education*, LIT Verlag, Münster, 2011, pp 39-50

Egale Canada Human Right Trust, *Ten faith-based reasons to support LGBTQ Inclusive Education*, 2015, Last Update Oct 20<sup>th</sup>, Access date : Oct 27<sup>th</sup>, 2017. Available from : <https://egale.ca/10-faith-based-reasons-to-support-lgbtq-inclusive-education/>

Major dates in the evolution of rights - Significant dates in the evolution of federal and Québec legislation to recognize the rights of sexual minority members – and other key decisions (Adapted from: The Québec Policy Against Homophobia, 2009, p. 17)



## SCENARIO 4

**(Duration: 15 minutes)**

(prior to lectures A and B)

Q/A quiz

Questions	Answers
1. In what year did homosexuality stop being a crime in Canada?	
2. In what year did homosexuality, male and female, stop being considered a mental health condition per se in North America?	
3. In what year did homosexuality, male and female, stop being considered a mental health condition per se on a global scale?	
4. In what year did same-sex unions become possible in Québec?	
5. In what year(s) did LGBT parenting become recognized in Québec legislation?	
6. In what year did gender expression and identity become included as prohibited grounds of discrimination in Québec's Charter of Human Rights and Freedoms?	

## LECTURE 4-A

**(Duration: 30 minutes)**

**The evolution of rights in Québec**

**LECTURE 4-B**

**(Duration: 30 minutes)**

**Potential situations among newcomers to Québec or people from regions or cultures where realities in terms of sexual diversity are not widely known or accepted.**

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## POWERPOINT PRESENTATION

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## General Objective

- Expand your knowledge of the evolution of rights pertaining to sexual and gender minority individuals, as well as their partners and families.



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## Specific Objectives

- Identify the main laws, standards, and ethical rules in effect in Québec pertaining to sexual and gender minority individuals, as well as their partners and families.
- Recognize specific situations and contexts that foster vulnerability, in particular for LGBT people who recently arrived in Québec.
- Plan actions that take into account the *Québec Policy Against Homophobia*.



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### Quiz

In what year was homosexuality decriminalized in Canada?

Since what year has homosexuality, either masculine or feminine, no longer been considered as a mental disorder in North America?

Since what year has homosexuality, either masculine or feminine, no longer been considered as a mental disorder around the world?

In what year did same-sex unions become legal in Québec?

In what year(s) was LGBT parenthood recognized in Québec laws?

In what year was discrimination based on gender expression and identity outlawed by the Québec *Charter of Human Rights and Freedoms*?

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## 4.1 Sentences for Homosexual Activities in Canada

Slide 71

### 4.1 Sentences for Homosexual Activities in Canada

- 1867: Life imprisonment
- 1954-1969: 14 years in prison
- 1969: Decriminalization by Pierre Elliot Trudeau's omnibus Bill C-143



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### Olympic Games and the Charter

#### 1976: Right before the Olympic Games

- Raids in Montréal's bars lead to mass arrests;
- Media coverage of the event has devastating impacts (job losses, suicide attempts);
- First demonstration for equality of homosexual people in Québec.

#### 1977: *Charter of Human Rights and Freedoms*

- Prohibition of discrimination based on sexual orientation (gender identity and expression were subsequently added).



## 4.2 Legislative Changes Towards Equality

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### 4.2 Legislative Changes Towards Equality

- 1977-1998: Inclusion of the prohibition of discrimination in all provinces and territories of Canada
- 2002: Adoption of Bill 84, *An Act instituting civil unions and establishing new rules of filiation*
- 2005: Adoption of the new federal *Civil Marriage Act*
- 2007: Publication by the CDPDJQ of the report *De l'égalité juridique à l'égalité sociale*
- 2009: Adoption of a *Government action plan against homophobia* in Québec



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### 4.2 Legislative Changes Towards Equality (continued)

- 2015: Québec allows adult trans people to change their name and sex designation at the Registrar of Civil Status without medical requirements
- 2016: Québec allows young trans people under 18 to change their name and sex designation at the Registrar of Civil Status under certain conditions
- 2016: The Federal Government of Canada adds gender identity and expression to the list of prohibited grounds of discrimination and to the aggravating factors for hate crimes
- 2016: Article 10 of the Québec *Charter of Human Rights and Freedoms* is amended to include gender identity and expression to the list of prohibited grounds of discrimination and harassment



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## 4.2 Legislative Changes Towards Equality (continued)

- What about the rights of intersex people?
  - ∅ Physical integrity and autonomy as well as the right to self-determination are not necessarily acquired rights
  - ∅ Variations of sex characteristics may still be pathologized
  - ∅ In their youth, intersex people are still likely to undergo irreversible and medically unnecessary interventions, without having the opportunity to give informed consent



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### 4.3 Québec's Government Action Plan Against Homophobia

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## 4.3 Québec's Government Action Plan Against Homophobia

### Guiding principles:

- **respect for the dignity** of sexual minorities and their differences;
- **elimination of all discrimination** against sexual minorities;
- **recognition of the legitimacy** of the aspiration to well-being of sexual minorities;
- **taking into account** the specific requirements of sexual minorities **in service delivery**;
- **the Province's leadership position** in guaranteeing the respect of rights and freedoms;
- **accountability and commitment of all** institutional and social actors as well as the general population.



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## 4.3 Québec's Government Action Plan Against Homophobia (continued)

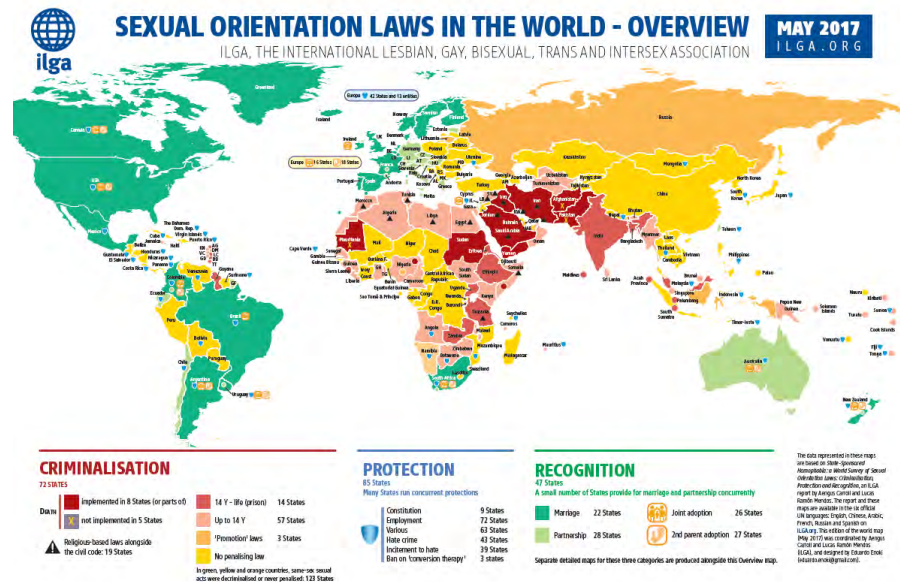
The following strategic directions from this policy are relevant for the purposes of this training:

- **Raise awareness and educate;**
- **Promote rights** and the exercising of them;
- **Support victims** of homophobia and transphobia;
- **Adapt services;**
- **Support community action;**
- **Coordinate the actions** of public institutions and **partnerships.**



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## ILGA – LGBT Rights Worldwide



## 4.4 Reasons to Support Inclusive Education

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### 4.4 Reasons to Support Inclusive Education

- **Political, moral, or religious grounds are sometimes used** to deny the exercise of rights related to sexual and gender minority individuals.
  - Québec and Canada made societal choices by including in their charters and laws full equality for sexual and gender minority individuals, as well as their partners and families.
  - In Québec, Bill 56, *An Act to prevent and stop bullying and violence in schools*, requires school environments to take action.

Source: 10 Faith-Based Reasons to Support LGBTQ-Inclusive Education, excerpt from Egale Canada Human Rights/Sexual and Gender Diversity Trust, New Brunswick Guide, <http://www2.gnb.ca/content/dam/gnb/Departments/ed/pdf/K12/LGBTQ/5-InformationAndResourcesForEducatorsK-12.pdf>, p. 115



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### 4.4 Reasons to Support Inclusive Education (continued)

- According to Rachida Azdouz, “[Translation]The right to not be exposed to behaviours that are not consistent with our personal values is not included in our charters.” \* Rather, social institutions have a responsibility to foster integration and peace based on the advocacy of dialogue.
- Philosopher Ruwen Ogien noted the importance of distinguishing what may be offensive on a subjective level (for example, contrary to beliefs or values) from what may cause harm, i.e., concrete objective damage. For example, one may be offended by the ideas and lifestyles of others without these ideas and lifestyles causing harm or prejudice to anyone, including oneself.

(\*from *Le savoir engagé*, collective work, PUL, 2016, p. 45)



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## 4.4 Reasons to Support Inclusive Education (continued)

- “A requirement of secularism implies that, although the Board is indeed free to address the religious concerns of parents, it must be sure to do so in a manner that gives equal recognition and respect to other members of the community.”
- “Religious views that deny equal recognition and respect to the members of a minority group cannot be used to exclude the concerns of the minority group.”
- “Learning about tolerance is therefore learning that other people’s entitlement to respect from us does not depend on whether their views accord with our own. Children cannot learn this unless they are exposed to views that differ from those they are taught at home.”

(Supreme Court of Canada, *Chamberlain v. Surrey School District No. 36*, 2002)



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## Key Messages

- In a society based on rights, laws are constantly evolving. We have the responsibility to remain up-to-date, and as professionals, to be the first actors of change in enforcing these measures designed to protect sexual minorities.
- Some sexual minorities are still not under protection by law.
- There is still a long way to go from legal equality to social equality.





MODULE 5  
Approach and Skills for Quality Interventions Respecting Sexual and  
Gender Minority Individuals

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## MODULE 5 – APPROACH AND SKILLS FOR QUALITY INTERVENTIONS RESPECTING SEXUAL AND GENDER MINORITY INDIVIDUALS

### PEDAGOGICAL SHEET

#### MODULE 5 – APPROACH AND SKILLS FOR QUALITY INTERVENTIONS RESPECTING SEXUAL AND GENDER MINORITY INDIVIDUALS

##### General objective:

- Ensure that interventions are conducted with full respect for sexual and gender minority individuals.

##### Specific objectives:

- Incorporate the basic principles of intervention with respect to sexual and gender minority individuals, as well as their partners and families
- Adopt proactive attitudes on respecting sexual diversity
- Identify the challenges that arise from the consideration and respect of sexual diversity for professionals and the institutions and organizations within which they work.

##### Pedagogical methods:

- Lectures
- Answers to questions
- Simulation

**Duration: 80 minutes**

##### Content items:

- Main abilities and mindsets to develop to offer quality services to sexual diversity people, their partners, and their families.
- Issues and challenges for professionals, organizations, and institutions

##### Supporting material:

Ryan, B. (2011) *Best Practices of mental health promotion directed toward gay, lesbian, bisexual and trans (GLBT) youth*, Montréal, Public Health Agency of Canada, 48 p.



**LECTURE 5 A**

**(Duration: 20 minutes)**

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**LECTURE 5 B**

**(Duration: 10 minutes)**

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**LECTURE 5 C**

**(Duration: 5 minutes)**

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**SCENARIO 5**

**(Duration: 45 minutes)**

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## **SOME SCENARIOS TO DISCUSS**

### **Document 5.0**

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#### **Scenario 1**

For years, a 10-year-old boy named Dennis has been expressing the feeling of being a girl. His parents thought that he would get over it, which has not been the case at all. They allow him to wear girls' clothing as soon as he gets home from school and on weekends when there is no one over. Denise, the name she goes by during that time, doesn't want anyone to find out for now, apart from her close relatives, fearing that she may lose friends. This is working for the parents, who feel rather uncomfortable with the whole idea. The situation, i.e. the two identities of Dennis or Denise, depending on whether the child is at home or not, is becoming increasingly difficult to manage. The parents tell you about their "little family secret," as they call it, to get advice. What do you tell them?

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#### **Scenario 2**

Philip is 35 years old and his wife, Marie, is 7-month pregnant. He has been seeing someone else for a little while, a male co-worker named Roger, with whom he says he's in love. But, more than anything, he wants to see his (future) child grow up, and he still loves his wife. He comes to see you because he doesn't know what to do, and he is especially confused in terms of his identity (is he homosexual, bisexual, ambivalent, a "bi-curious" heterosexual?). He doesn't know who to talk to as he and Marie have a lot of friends in common and he definitely does not want her to find out, for fear that he may lose both her and their child. He asks you for advice. What do you tell him?

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#### **Scenario 3**

Co-workers in a nursing home are prejudiced against a patient, Mr. Bishop, 78, because of his homosexual orientation. The patients around him have also seemed to be wary of him since he first arrived. Everyone seems to be somewhat influenced by the sense of rejection shown towards this man. The quality of care provided to him is even questionable at times because of a certain degree of negligence by the institution's employees. His bed is not changed as often, and he is always attended to last when he has a specific need. The man seems affected by the situation and has started to withdraw himself, is become increasingly isolated, and is barely talking anymore to the staff and other residents. What should be done?

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### Scenario 4

Mark, a very feminine 20-year-old man, consults you about his problems with depression. He rarely speaks about his life in general, and even remains tight-lipped regarding the heartbreak he seems to have experienced recently with an unidentified person and his tense relationship with his parents. He says he has dark thoughts and that he doesn't feel comfortable with himself. Should the issue of his gender expression (and of his sexual orientation, despite his reservations in disclosing it) be discussed? If so, how?

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### Scenario 5

Matthew, 14, comes to see you, alone, for a consultation. Clearly uncomfortable, he seems to want to tell you something.... Finally, at the very end of the appointment, he asks: "Are there any symptoms of homosexuality?" He explains that he thinks he likes girls, but at school, he is being called a "fag." He continues: "Is it because they know and I don't? How can I let them know that I like girls if I don't have a girlfriend? How will I ever find a girlfriend if everyone thinks I'm gay?" How do you guide him and what do you say to him?

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### Scenario 6

Danielle T. is a 23-year-old (transitioning) transsexual, asserted lesbian, and drug addict. She started taking hormones only a few months ago and says she doesn't know yet how far she'll take her physical transformation process. Her documents (health card) are still under the name of Daniel T. indicating the male gender. In the rush to find a resource, she has had no time to take care of that. However, Danielle is trying to get into a women-only drug rehab centre. She is very motivated to stop taking drugs, but does not want to go through this process surrounded by men, her past experiences with them having been painful, as she has been the victim of several sexual assaults. She said that she had attended support groups for women in the past and that it helped a lot. However, the rehab centre she is trying to get into refuses to admit her as a patient because she is still "officially" a man. What steps should be taken?

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### Scenario 7

Mr. and Mrs. Woods (42 and 41 years old) show up with their son Nathan at the medical clinic where you work, as soon as it opens. When they arrived home the night before, they caught their 15-year-old son watching gay porn and engaging in physical contact with his friend Alex (also 15). The parents, who say they are very religious and conservative, are very troubled that their only son may be a homosexual. They ask you what can be done for him to become "NORMAL." How do you answer them?

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### **Scenario 8**

After much thought, in the locker room of her women's soccer team, Linda, 19, comes out as a lesbian. Some of her teammates are shocked and want her off the team so that she doesn't give it a "bad reputation," they say. One of them even asked the coach to kick her off because the situation is making her feel uncomfortable due to her faith. What should be done? (It is of note that Linda is one of the best players on the team).

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### **Scenario 9**

Marie is 22 years old. She was born in a man's body, but she always felt like she didn't belong in that body. She has started her sex change process and has now been living as a woman for a few months. She just met a boy she is interested in, but the boy does not know about her past and her current transition. After several weeks of dating with no sexual relations, her boyfriend Samuel confronts her regarding her obvious unease with even talking about intimate relationships. Marie does not know how to react. She fears that she'll be rejected if he finds out that she was born in a man's body. She needs help figuring out how to tell him and how to manage the eventual confrontation with her boyfriend over it. What do you advise her to do?

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### **Scenario 10**

Michael, 50, is the principal of an elementary school and is homosexual. He has been happily living with a partner for 10 years. At school, he has always kept his sexual orientation a secret, because he fears the judgment of others (colleagues and especially parents, as he works in a very multiethnic neighbourhood where he has heard very negative comments about homosexuals). Thus, he lives a "double life" at work and outside of work. One day, a particularly homophobic parent finds out (he saw the principal come out of a gay bar while driving in front of it) and tells other parents. Some parents fear that a homosexual principal may have a bad influence on young children. Michael, who feels stressed out about the situation, doesn't know what to do about it: how do you help him?

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### Scenario 11

Julia is 21 years old and has always had exclusively heterosexual relations. One day, when she was really drunk, as she describes it, she engaged in sexual activities with one of her female friends. Since then, she has been completely lost and does not know if this is normal. What does she do now? Is she a “repressed lesbian,” as one of her friends told her? Is she bisexual? How can she build a life with one sex when she’s apparently attracted by both? Will men still desire her? Will they pressure her into taking part in “threesomes” if she lets it be known that she is bisexual? She asks you for advice.

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### Scenario 12

Ali is a 10-year-old child in a family of 5 children composed of 4 girls and 1 boy. He was born in Northern Africa and his family has been living in Québec since he was 7 years old, that is 3 years ago. The child’s situation was reported to the DPJ (child protection services) for physical abuse by the father who violently hit his son following a revelation from the child. The father had caught his son sexually touching a friend one year younger than him. As a result of his father’s blows, Ali “confessed” (revealed) that he likes boys. In this family and its culture of origin, homosexuality is considered something very “wrong;” in their country of origin, it is still a crime. The child showed up at school with visible marks of violence inflicted by the father, so the authorities reported the situation and requested an immediate intervention with the parents. What do you do?

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### Scenario 13

Julian, 16, is aware that he has had a preference for boys since he was very young. His group of friends are all the same age as he is, and no one knows his sexual preference so far. Julian has been living with his secret and has always refused to talk about it to anyone, for fear of being rejected by his peers. He has been going out with a girl for a few months to keep up appearances. Julian no longer wants to live with his secret, but is afraid of talking about it. He is very afraid of rejection and does not want to be “labelled” as a homosexual. One day, after school, Julian locks himself in his room with his father’s hunting rifle. Feeling unhappy and discouraged, and not seeing any other solution, he decides to put an end to his life. Right before pulling the trigger, his mother enters his room and takes the gun away from him. Julian, while crying, reveals his secret to his mother. His mother then, with Julian’s consent, requests help. Julian would like to be able to live with this reality and also to avoid reaching the point of contemplating suicide again. Yet, he says that he is not ready to reveal his homosexuality. What do you advise him to do? And how do you support his parents?

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## **Scenario 14**

The Millars just welcomed a new child into the world. Marianne Millar has given birth to a healthy child. However, the doctor who delivered the baby hesitated a long time before revealing the child's sex. He stated that he would do so soon, within the next 30 days. The parents were very worried to be confronted with such uncertainty. Two weeks later, the doctor met with the parents and told them that, with such ambiguity as this, after conducting tests, he felt that it would be best to perform surgical interventions to ensure that the child “fully” becomes a girl. The parents are worried about the fact that doctors want to operate on their child who has no health problems. They consult you. What do you tell them?



## POWERPOINT PRESENTATION

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### General Objective

- Ensure that interventions are conducted with full respect for sexual and gender minority individuals.



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## Specific Objectives

- Incorporate the basic principles of intervention with respect to sexual and gender minority individuals, as well as their partners and families.
- Adopt proactive attitudes on respecting sexual diversity.
- Identify the challenges that arise from the consideration and respect of sexual diversity for professionals and the institutions or organizations within which they work.



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## Learn About Resources

[www.GuideLGBT.org](http://www.GuideLGBT.org)

<http://www.familleslgbt.org/youth.php?lang=en>



## 5.1 Trans Youth in School Environments

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### 5.1 Trans Youth in School Environments

The situation of trans youth must also be taken into consideration.

Subsequent to consultation, the Commission scolaire de Montréal issued **guidelines for transgender students** to broaden its guidance for stakeholders in various sectors.

Main recommendations:

- Clear **understanding** of the issue (sound knowledge of the appropriate definitions and concepts);
- **Adherence to fundamental principles** which stipulate that:
  - Being transgender is normal;
  - The only indicator is self-identification by the child.



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### 5.1 Trans Youth in School Environments (continued)

- Trans youth must be treated with dignity, equity, and respect.
- Their right to confidentiality and respect for privacy must be preserved at all times.
- Measures implemented for these students must take into account their point of view, needs, and experiences.
- Like all other students, these students are entitled to an environment free from intimidation, discrimination, and violence.
- Institutions and stakeholders have a responsibility to enhance their skills and knowledge, including their knowledge of existing support resources.



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## 5.1 Trans Youth in School Environments (continued)

Support for trans students is characterized by:

- Guidance according to individuals needs;
- The right to use the name and pronoun corresponding to their gender identity (regardless of whether or not the change has been made at the Registrar of Civil Status);
- Ensuring that student files have the right name and pronoun and that confidentiality is respected;
- Notifying the student (or parent) of any breach of confidentiality or possibility thereof.



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## 5.1 Trans Youth in School Environments (continued)

- Right to wear clothing consistent with the student's gender identity.
- Right to use washrooms and locker rooms consistent with the student's gender identity.
- Encouraging full participation of the student in all school activities while respecting their gender identity.





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## Key Message

- By adapting their practices to sexual and gender minority youth as necessary, stakeholders and social institutions develop new knowledge and skills that benefit everyone by contributing to the creation of a society that is more open with regard to sex, gender, and sexual orientation.



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## What Can We Do in Our Environments?

(school, workplace, community, etc.)



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## Plenary Evaluation of the Day

(10 minutes)

- What is the most significant element you learned during this training?
- What changes do you plan to make in your practice as a result of this training?
- How do you plan to incorporate this new knowledge, approach, and expertise in your practice?



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