IENELGBT+

Teaching and Learning tools for Culturally Competent and Compassionate LGBT+ inclusive education

IENE 9

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October 2020

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Project number: 2019-1-UK01-KA202-061955

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Introduction

The IENE9 LGBT+ project aims to enable learner/teacher/supervisors of theory and practice to enhance their knowledge and skills regarding LGBT+ issues by supporting the inclusion of LGBT+ issues within health and social care curricula.
While teaching about certain topics does not mean an independent teacher transferring knowledge to others the personality of "the others" as well as the teachers own personality must be considered. Especially the teacher must be sensitive that students as well as postgraduates might identify themselves as LGBT+. They might have experienced prejudices or even racism, they might have noticed barriers in the healthcare system. In a teaching context these experiences, if shared with others, might be helpful but should be handled with sensitivity. On the other side, students or postgraduates still might feel insecure with this part of their identity and might feel uncomfortable during class. This must be noticed by the teacher as well and being solved adequately with respect and empathy. Therefore, it is very important to be aware of these identities in a classroom context and before starting with the relevant session it should be mentioned that everything discussed in the class is not take outside and that the class is a safe space, for the teacher as well as for the students and the postgraduates.

This document is a compendium of 20 teaching and learning tools which will be integrated into an online European MOOC. The topics of the teaching and learning tools have been developed Using the Papadopoulos model for "Culturally Competent Compassion" (CCC; Papadopoulos, 2018). The newly adapted model has formed the Conceptual European Curriculum Model for Developing a Culturally Competent and Compassionate LGBT+ Curriculum in Health and Social Care Education (IENE9).

The teaching and learning tools are grouped into toolkits based on the four dimensions of the IENE 9 Model for Culturally Competent and Compassionate LGBT+ Inclusive Education (available at https://iene-lgbt.com/output-3). The toolkits are on:

- Cultural Awareness and Compassion
- Cultural Knowledge and Compassion
- Cultural Sensitivity and Compassion
- Cultural Competence and Compassion

Through these tools you will gain insight into the different subjects and topics. The tolls might be used for teaching as well as for self-learning.

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Toolkit One

Cultural Awareness and Compassion

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Tools for Intercultural Education of Nurses in Europe

Culturally Competent and Compassionate
LGBT+ Inclusive Education

(IENE 9)

Topic 1.1: Sexual orientation

by
Victor Dudau, Ghindeanu Claudia, Edunet Organization Romania

THEORETICAL COMPONENT

Principles and Values

Sexual orientation is one of the largest sex differences in humans. The vast majority of the population is heterosexual, that is, they are attracted to members of the opposite sex. However, a small but significant proportion of people are bisexual or homosexual and experience attraction to members of the same sex.

Nurses and medical staff must to be aware of cultural, individual and role differences, including those due to sexual orientation. In their work-related activities, they respect the rights of others to hold values, attitudes, and opinions that differ from their own and do not engage in unfair discrimination based on sexual orientation.

The principles and values that guide this tool include:
Universality of human rights
Equality
Non-discrimination
Acceptance
Respect
Tolerance

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Aims

The aim of this tool is to develop your understanding of sexual orientation and to develop cultural awareness of selves' and others' sexual orientation

You will be engaged in learning through reflection, knowledge acquisition and practical activities.

Learning outcomes

When you have worked through this tool, you will be able to:

- Expand your own knowledge on the subjects of sexual orientation (SO) and how area is included in healthcare
- Develop cultural awareness of others' sexual orientation
- Self-examine and self-reflect on personal and others' attitudes with this regard
- Developing cultural competence of carrying patients who fundamentally differ in value , attitude or behaviour.

Relevant definitions and terms/ What the research say

Relevant definitions and terms

Sexual orientation describes patterns of sexual, romantic, and emotional attraction—and one's sense of identity based on those attractions. Some scientists categorise sexual orientation as being attracted to men or masculinity (androphilic), women or femininity (gynephilic), bisexual, asexual, or something else. Some people identify as pansexual or queer in terms of their sexual orientation, which means they define their sexual orientation outside of the gender binary of 'male' and 'female' only.

Queer is an umbrella term that individuals may use to describe a sexual orientation, gender identity or gender expression that does not conform to dominant societal norms. Historically, it has been considered a derogatory or pejorative term and the term may continue to be used by some individuals with negative intentions. Still, many LGBT+ individuals today embrace the label in a neutral or positive manner (Russell, Kosciw, Horn, & Saewyc, 2010)

The term ***sexual preference*** largely overlaps with sexual orientation, but is generally distinguished in psychological research. *Sexual preference* may also suggest a degree of voluntary choice, whereas the scientific consensus is that sexual orientation is not a choice.

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Sexual identity and sexual behaviour are closely related to sexual orientation, but they are distinguished, sexual identity referring to an individual's conception of themselves in terms of to whom one is romantically or sexually attracted, behaviour referring to actual sexual acts performed by the individual, and orientation referring to "fantasies, attachments and longings."(*Reiter L. 1989)*

For example, a woman may have fantasies or thoughts about sex with other women but never act on these thoughts and only have sex with opposite gender partners. Thus, a this woman is attracted to other women, but calls herself heterosexual and only has sexual relations with men, can be said to experience discordance between her sexual orientation (homosexual or lesbian) and her sexual identity and behaviours (heterosexual).

Gender expression is the way in which a person expresses their gender identity, typically through their appearance, dress, and behaviour in a particular cultural context and stereotypes about femininity or masculinity gender.

Individuals may or may not express their sexual orientation in their behaviours for a variety of reasons, including the desire for a perceived traditional family and concerns of discrimination or religious ostracism etc.
Further, a person's sexual orientation does not always match his or her public expression or even one's own sense of his or her sexual orientation. Sometimes a person keeps secret or even represses his or her sexual orientation, especially in places where same-sex sexuality is subject to social disapprobation. That said, for most people (even those who hide their sexual orientation in some context), there is a strong correlation between their sexual orientation and their sexual behaviour and also between their sexual orientation and their own sense of their sexuality.

What determines Sexual Orientation?

The exact causes for the development of a particular sexual orientation have yet to be established.

Most scientists agree that sexual orientation (including homosexuality and bisexuality) is the result of a combination of environmental, emotional, hormonal, and biological factors.

From the biology perspective, sexual orientation is characterised by a "bipolar distribution and is related to fraternal birth order in males. In females, its distribution is more variable; females being less prone towards exclusive homosexuality" (Rahman Q., Wilson G.,2003).

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Fetal hormones may be seen as either the primary influence upon adult sexual orientation or as a co-factor interacting with genes or environmental and social conditions.

Hypotheses for the impact of the post-natal social environment on sexual orientation are weak, especially for males. (Baley JM, 2016). There is no substantial evidence which suggests parenting or early childhood experiences influence sexual orientation, but research has linked childhood gender nonconformity and homosexuality (*Bem D , 2008)*.

In other words, many things contribute to a person's sexual orientation, and the factors may be different for different people.

Like most human characteristics, sexual orientation appears to form a spectrum, with heterosexuality at one end and homosexuality at the other. People across the middle of the spectrum experience a range of heterosexual and homosexual responsiveness, and are often referred to as bisexual.

Experts agree that sexual orientation is not a choice.

Scientific evidence on the origins of homosexuality is considered relevant to theological and social debate because it undermines suggestions that sexual orientation is a choice" (Michael King, 2009).

The conclusion reached by scientists who have investigated the origins and stability of sexual orientation is that it is a human characteristic that is formed early in life, and is resistant to change.

Sexual orientation is stable and unchanging for the vast majority of people, but some research indicates that some people may experience change in their sexual orientation, and this is more likely for women than for men (*Anderson E, McCormack M,2016)*.
Some people who are homosexual or bisexual may hide their sexual orientation to avoid prejudice from others or shame they may have been taught to feel about their sexuality. Individuals typically experience diverse attractions and behaviours that may reflect curiosity, experimentation, and social pressure and is not necessarily indicative of an underlying sexual orientation.

Experts don’t recommend trying to change someone to a heterosexual orientation, including so-called conversion therapy, which is “clinically and ethically inappropriate.” (American Medical Association) and can be damaging.

Both heterosexual behaviour and homosexual behaviour are normal aspects of human sexuality.
Homosexuality is now regarded as a human characteristic rather than a disorder and is "compatible with normal health and well-being"(Bancroft J, 1988). It has been removed as a diagnosis from all international classifications of diseases.

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Research and clinical experience have led to conclude that being homosexual or bisexual does not mean the person is mentally ill or abnormal in any way. Research has found no inherent association between any of these sexual orientations and psychopathology. Lesbian, gay and bisexual people may face burdens caused by other people's prejudices or misunderstandings. Research shows that LGBT+ individuals suffer from anxiety, depression, substance use, and suicidality at higher rates than their heterosexual peers (Frieman RC, 1999).

These mental health challenges reveal how critical it is for healthcare professionals and society at large to examine how to address the challenges and needs of the queer community.
This means for them to step outside the framework of heteronormativity, the cultural assumption that heterosexuality is the norm and that everyone fits the gender binary, to respond in affirming ways to minority gender and sexual identities.

What does national legislation and international/European treaties and conventions say on the topic?

UNITED NATIONS

The right to equality and non-discrimination are core principles of human rights, enshrined in the United Nations Charter, The Universal Declaration of Human Rights (UDHR) and human rights treaties. The opening words of the Universal Declaration of Human Rights are unequivocal: "All human beings are born free and equal in dignity and rights." The equality and non-discrimination guarantee provided by international human rights law applies to all people, regardless of sex, sexual orientation and gender identity or "other status".
Moreover, United Nations human rights treaty bodies have confirmed that sexual orientation and gender identity are included among prohibited grounds of discrimination under international human rights law.

The core legal obligations of States with respect to protecting the human rights of LGBT+ people include obligations to protect individuals from homophobic and transphobic violence, repeal laws criminalizing homosexuality including all legislation that criminalizes private sexual conduct between consenting adults, prohibit discrimination based on sexual orientation and gender identity. Enact legislation that prohibits discrimination on the grounds of sexual orientation and gender identity, safeguard freedom of expression, association and peaceful assembly for all LGBT+ people, promote a culture of equality and diversity that encompasses respect for the rights of LGBT+ people.

At international level, laws affecting LGBT+ people vary widely from region to region, from majority-like civil rights in America and Western Europe to prison or death sentences in Islamic countries in North Africa and the Arabian Peninsula.

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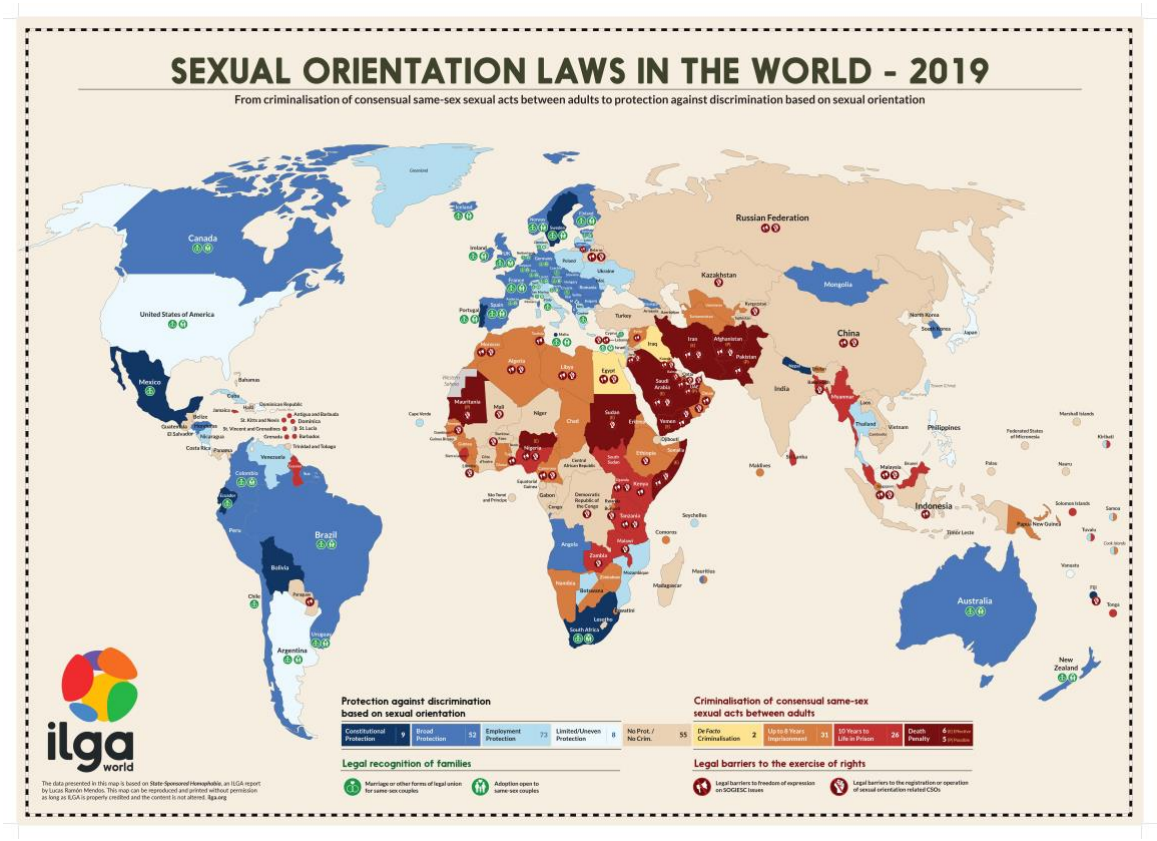

COUNCIL OF EUROPE

On the global spectrum, the EU appears comparatively LGBT+ friendly. EU boasts one of the most extensive sets of anti-discrimination legislation in the world and promotes the rights of LGBT+ people internationally.

The Assembly adopted several resolutions and recommendations regarding sexual orientation and Council of Europe's standards: Recommendation 924/1981 was the first and aimed at ending discrimination against lesbians, gays and bisexuals and it was followed by several resolutions.

Various states repealed their criminal laws against lesbians, gays and bisexuals before being admitted as members or continued to be pressed for compliance with promises made at the time of becoming member of the Council.

The Commissioner for Human Rights was appointed by the Council of Europe in 1999. The office of the Commissioner for Human Rights is an independent institution within the Council of Europe that aims to promote awareness of and respect for human rights

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in its member States. The Commissioner can receive individual complaints and has addressed sexual orientation issues in his reports and visits to member states.

EUROPEAN UNION (EU)

The principle of equality and the prohibition of discrimination on the basis of sexual orientation have an extensive legal basis in the EU Treaties. Treaty of Amsterdam (1999) empowered the EU to adopt measures to deal with discrimination based on other grounds, including sexual orientation.

These Treaty provisions are complemented by the Charter of Fundamental Rights of the EU which was the first international human-rights charter to explicitly prohibit discrimination on the grounds of 'sexual orientation' (Article 21(1)): "Any discrimination based on any ground such as sex, race, color, ethnic or social origin, genetic features, language, religion or belief, political or other opinion, membership of a national minority, property, birth, disability, age or *sexual orientation* shall be prohibited").

The European Parliament passed several (non binding) resolutions on human rights and sexual orientation, the first, adopted in 1984. During the 2014-2019 Parliamentary adopted a number of resolutions condemning discrimination and calling for further legislation and action to protect and extend LGBT+ rights.

The European Union's Framework Directive on Equal Treatment in Employment is currently the only international instrument obliging EU member states and, at a later stage, the candidate states to EU membership, to implement anti-discrimination policies at national level, based on, among other grounds, sexual orientation.

As guardian of the Treaties, the Commission is responsible for ensuring that all EU countries incorporate and apply EU law in the proper manner. Appropriate measures are taken if an EU country fails to incorporate a directive fully into its national law by the set deadline or if the transposed EU law is not applied correctly. In such cases, the Commission may launch a formal infringement procedure against the country concerned. If the issue is still not settled, the Commission may eventually refer the case to the Court of Justice of the European Union (CJEU).

What do local policies say?

Code of conducts, organisational values and so on.

Sexual orientation is now recognized in EU law as grounds of discrimination. However, the scope of the provisions dealing with this issue is limited and does not cover social protection, healthcare, education and access to goods and services, leaving LGBT+ people particularly vulnerable in these areas.
Moreover, EU competence does not extend to recognition of marital or family status. In this area, national regulations vary, with some Member States offering same-sex

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couples the right to marry, others allowing alternative forms of registration, and yet others not providing any legal status for same-sex couples. Same-sex couples may or may not have the right to adopt children and to access assisted reproduction.

Since 1994, Romania has taken essential steps in recognizing gay rights. Repeal art. 200 of the Penal Code in 2001, and the adoption O.G. no. 137/2000 on preventing and sanctioning all forms of discrimination, which included explicit grounds of sexual orientation were key moments of legislative changes aimed at halting a long harassment of the gay community.

But Romania is among the countries of the European Union that do not recognize any form of civil union between people of the same sex.

The hostility towards lesbian and gay is by far the most intense, much more intense than the motivated ethnic, national, religious or the fear of a disease. This probably explains, by campaigns conducted against homosexuality by religious actors, primarily the Romanian Orthodox Church.

Since 2015, the Romanian Orthodox Church and "civic" organizations that were created or assumed a religious social project campaigned to prevent last legislative adjustment to the principle of full equality of gay and heterosexual person's recognition of same-sex marriage or at least their civil partnership.

The Family Coalition , being actively supported by the Orthodox Church and the Roman Catholic Church has collected over 3 million signatures in support of its project to amend the Constitution. The referendum amending article 48 of the Romanian Constitution took place on October 6 and 7, 2018, but was invalidated due to lack of quorum.
But it has the effect of homophobic indoctrination.

Recently, on 16th of July 2020 the Senate voted an amendment to the National Education Law which are prohibited in schools, universities, kindergartens and all spaces dedicated to education "activities to spread the theory or opinion of gender identity, understood as the theory or opinion that gender is a different concept from biological sex and that the two are not always the same ".

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PRACTICAL COMPONENT

Practical activities

Activity 1:
a) Read the information presented in the tool "Sexual orientation" and do a list with the main issues of Sexual orientation.
b) Write a post on the course platform answering to the following questions:

1. Why the sexual orientation of some persons does not always match his or her public expression or even one's own sense of his or her sexual orientation?
2. Why trying to change someone to a heterosexual orientation, including so-called conversion therapy, is "clinically and ethically inappropriate"?
3. Why homosexual behavior has been removed as a diagnosis from all international classifications of diseases?

c) Discuss these issues with the peers, giving reply to their posts.

Activity 2: How to address the challenges and needs of the queer people
a) Watch the video https://www.youtube.com/watch?v=xCMmZUu07IQ and reflect on the following aspects:

4. Do you consider that collecting the data about gender at birth, gender identity, pronouns is important to treat a patient properly?
5. Do you consider that sexual orientation is private and sensitive information? In what cases do you think it is justified to collect information about a patient's sexual orientation and who can do it?
6. Why the correct use of terminology including the pronoun in important making them feel comfortable and respected.

b) Post your thoughts on the course platform.
c) Discuss these issues with the peers, and give reply to their posts.

Activity 3: Managing interactions with LGBT+ people
Read the Case study: **Luis**
At the Family Health Center, Luis, a teenage boy, completes an intake form and hands it to Mary, the receptionist. Mary looks over the form and says with a smile to Luis "I'm sorry, but we do need you to fill out your mother's and father's names. Why don't you just tell them to me and I can fill it out for you?" Luis looks away and, in a low voice, says, "I have two dads. Their names are Carlos Montoya and David Sandoval." Before she can catch herself, Mary becomes flustered and blurts out, "Oh! You don't have a mother?" Mary's exclamation arouses attention in the waiting area. Luis's face turns red and he starts heading out the door. (from Providing Inclusive Services and Care for LGBT+ People: A Guide for Health Care Staff)

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a) What could Mary have done differently to prevent this situation and create a more respectful and inclusive environment for LGBT+ people?
b) Post your thoughts on the course platform.
c) Discuss these issues with the peers, and give reply to their posts.

ASSESSMENT COMPONENT

Formative assessment:
Self assessment: Using the what has been learned from this tool, do this short quiz:
1. Is the homosexuality a disease?
   a) Yes, because lesbian, gay and bisexual people may face disorders like anxiety, depression, substance use, and suicidality at higher rates than their heterosexual peers.
   b) Not. Homosexuality is a human characteristic and is compatible with normal health and well-being.

2. Can be a person responsible for his/her sexual orientation?
   a) Yes, when person expresses their gender identity, typically through their appearance, dress, and behaviour.
   b) Not, because sexual orientation is not a choice.

Group reflection: During the practical activities:
- Discuss with the peers the cultural knowledge and skill needed when carrying patients who fundamentally differ in value, attitude or behaviour.
- Self-examine and self-reflect on personal and others' attitudes regarding the sexual orientation

Summative assessment:
Learning from this tool will be assessed as part of the module within which the tool is embedded.

EVALUATION COMPONENT

1. Self-evaluation:
a) Identify learning that has occurred, and also future needs and reflect on how you may apply the learning in the work environment.
b) Evaluate how the tool has assisted your learning (through the course evaluation questionnaire)

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2. Peer evaluation: Discuss in peer learning groups how this tool helped you in learning, gaining knowledge and increasing cultural awareness.

3. Teacher evaluation: teachers should evaluate the tool through observing classroom activities that demonstrate students developing skills in intercultural communication.

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6. Providing Inclusive Services and Care for LGBT+ People: A Guide for Health Care Staff https://www.LGBT+qiahealtheducation.org/wp-content/uploads/Providing-Inclusive-Services-and-Care-for-LGBT+-People.pdf /

Useful resources

1. The European Commission on Sexual Orientation Law (ECSOL),https://www.sexualorientationlaw.eu/
2. European Commission https://ec.europa.eu/info/policies/justice-and-fundamental-rights_en
3. International Commission of Jurists. Advocates for Justice and Human Rights , https://www.icj.org/themes/sexual-orientation-and-gender-identity/
4. What Is Gender Expression? What it means to be gender-conforming or nonconforming? https://www.youtube.com/watch?v=4AvyVGmpnt0&feature=emb_rel_pause

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Tools for Intercultural Education of Nurses in Europe

Culturally Competent and Compassionate
LGBT+ Inclusive Education

(IENE 9)

Topic 1.2: Gender and Sexual Identity

by
Alfonso Pezzella, Irena Papadopoulos and Sheila Ali

THEORETICAL COMPONENT

Principles and Values

- We believe that LGBTQ+ people should have equal opportunities in accessing services such as education, employment, health and social care.
- We believe that LGBTQ+ education for all will promote understanding about the LGBTQ+ community, thus dispelling the myths and misinformation that currently exist.
- We strive to challenge transphobia, homophobia, biphobia and any discrimination on the basis of gender identity and/ or sexuality

Aims

The purpose of this tool is to make an introduction to the concept of gender, sex, gender identity and sexual identity, as well as sexual orientation and expression, through a culturally competent and compassionate care towards individuals from diverse gender and sexual identity.

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You will be engaged in learning through reflection, knowledge acquisition and practical activities.

Learning outcomes

When you have worked through this tool, you will be able to:

- Articulate the importance of being aware of the difference between sex and gender and sexual identity;
- Discuss the importance of using a culturally competent and compassionate care approach towards individuals from diverse gender and sexual identities;
- Develop an awareness of key aspects of culturally competent and compassionate care towards sexual minorities;
- Develop and use inclusive language to improve the care provided for sexual minorities.

Relevant definitions and terms / What the research says

Gender identity: 'A person's innate sense of their own gender, whether male, female or something else… which may or may not correspond to the sex assigned at birth (adapted from Stonewall)

Sexual orientation: 'A person's sexual attraction to other people, or lack thereof. Along with romantic orientation, this forms a person's orientation identity. (Adapted from Stonewall)

Main barriers to inclusive health and social care for LGBT+ people

- Twenty-four percent of patient-facing staff have heard colleagues make negative remarks about LGB people and twenty percent about trans people. Nine percent of health and social care staff are aware of colleagues experiencing discrimination or poor treatment because they are trans. Twenty-six percent of LGB staff have personally experienced bullying or poor treatment from colleagues in the last five years based on sexual orientation (Summerville, 2015).

- In addition, LGBT+ people may feel that lots of the information and advice they are given about or much of the support available, isn't right for them. This may be because of their experiences, living arrangements, the support they receive

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and who they have around them including carers (LGB&T Partnership, 2017) which are not always receptive to diversity in sexuality and sexual identity. These may vary, for example, some services may explicitly demonstrate a general understanding of LGBT culture whereas others may be seen or actually be outright hostile. Most services are framed within heterosexual assumptions (Cronin et al, 2011; Fish, 2006; Irwin, 2007).

- When accessing services people may not feel confident in being open about their sexuality or gender identity, which means that they may not be able to access the support that they need. They may live in a community or culture where it is not safe for them to be open about their sexual orientation or gender identity.

- A report by Stonewall (Guasp, 2011) found that older gay, lesbian and bisexual people did not feel confident that health care services or social care services would be able to understand or meet their needs. A substantial proportion of people stated that they would not feel comfortable disclosing their sexual orientation to their healthcare provider.

- Trans and non-binary people face many barriers to healthcare because of the reinforcement of the notion that gender is binary, and lack of knowledge or understanding in healthcare providers. This means that they face difficulties in accessing treatment and also face great disparities in health (Safer et al 2016; Vincent, 2019)

- The minority stress model (Meyer, 2003) is widely accepted in the literature as a theoretical approach for understanding the higher rates of mental health problems in LGB+ people (King et al, 2008)- i.e. that a hostile social environment caused by stigma and discrimination can make people from sexual minorities more susceptible to mental health problems such as anxiety and depression. Also, LGBT+ people of colour may face increased discrimination such as homophobia or transphobia and racism (Cyrus, 2017). However, being in a minority group (or more than one minority group) may also have some protective effects. Newer theoretical and empirical work is investigating the ways that resilience and social support may be relevant when looking at the impact of social stressors, especially when considering the intersection with race (e.g. McConnell et al., 2018; Everett et al., 2019).

- There seems to be a lack of theoretical engagement with the dynamics and pressures of LGBT+ caring relationships and care practices which recognise ‘families of choice’ and different family structures, friendship networks, and differences in caring in which reciprocity and giving care are not always kinship based. These relationships may not be recognised, particularly if not validated in legal terms such as through civil partnerships and same-sex marriage (Fish, 2006; 2012).

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- There is a need to engage LGBT+ people in service development and participation by gathering narratives, finding the means to consult and involve them, and adopting the right methods to do so. Capturing users' and carers' own expectations in the context of their cultural experiences is essential to developing responsive services (see SCIE website).

- A lack of tailored care and resources given that broader concerns of personal identity and sense of self can easily be undermined in environments unsympathetic to diverse lifestyles, needs and preferences. A number of studies show that LGBT+ communities are the place for social and emotional support, particularly in rural areas (Fenge and Jones, 2012).

What does national legislation and international / European treaties and conventions say on the topic?

LGBT+ rights in the UK

LGBT+ rights in the UK have seen significant developments in employment, crime, civil partnership, same-sex marriage and family law.

Substantial legislative changes in the past 10-15 years include:

- **Sexual Offences Bill 1967**, decriminalised homosexual acts between two men over 21 years of age in private in England and Wales but not in Scotland (decriminalised homosexuality in 1980) or Northern Ireland (decriminalised in 1982). The Sexual Offences (Northern Ireland) Order 2008 reduced the age of consent to 16 in line with the UK.
- **Criminal Justice Act 2003**, which provides the same legal protection against harassment for LGBT+ people as for heterosexual people.
- **Employment Equality (Sexual Orientation) Regulations 2003**, which makes discrimination against lesbians, gay men and bisexuals in the workplace illegal.
- **Sexual Offences Act 2003**, which provides legal protection against rape for gay and bisexual men.
- **Domestic Violence, Crime and Victims Act 2004,** which affords more protection from violence within LGBT+ relationships.
- **The Civil Partnership Act 2004**, which allowed lesbians and gay men to register as civil partners and have their relationships legally recognised.
- **The Gender Recognition Act 2004 (GRA)** provided transgendered people 18-plus with legal recognition of their acquired gender via the gender recognition certificate (GRC). The GRA does not require that the person has undergone gender reassignment treatment to qualify.

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- **Mental Capacity Act 2005**, civil partners are treated the same as heterosexual married couples. Lasting and enduring power of attorneys granted to same-sex partners, as well as family or close friends.
- **Criminal Justice and Immigration Act 2008**, which gave protection against incitement to hatred on grounds of sexual orientation.
- **The Equality Act 2010** outlaws discrimination when providing any goods, facilities and services on the grounds of someone's sexual orientation or perceived sexual orientation and gives transgendered people similar protection against discrimination on the grounds of sexual orientation as in their acquired gender they may identify as LGB. The public sector equality duty also requires organisations delivering public services to act to eliminate discrimination, encourage equality of opportunity and foster good relations and to publish equality objectives which outline how they plan to tackle inequalities faced by LGBT+ populations.
- **Protection of Freedoms Act 2012** allows men with historic convictions for consensual gay sex to apply to have them removed from their criminal record.
- **Marriage (Same Sex Couples) Act 2013** in England and Wales and for Scotland in 2014. Section 2 of the Act provides protections from any liability for individuals and religious organisations that choose not to "opt in" to solemnise same-sex marriages, including through amending the Equality Act 2010.

What do local policies say?

Health and social care professional bodies in the UK set the professional standards for health and social care staff. They all emphasise the importance of inclusive practice as well as non-discriminatory and non-judgemental practice, but they do not explicitly talk about specific needs with regards to the LGBT+ population. The Nursing and Midwifery Council (NMC) standards, for example, do not explicitly reference LGBT+ people or issues however they emphasise on 'person centred care' that are intended to prepare nurses for caring for LGBT+ people, amongst others.

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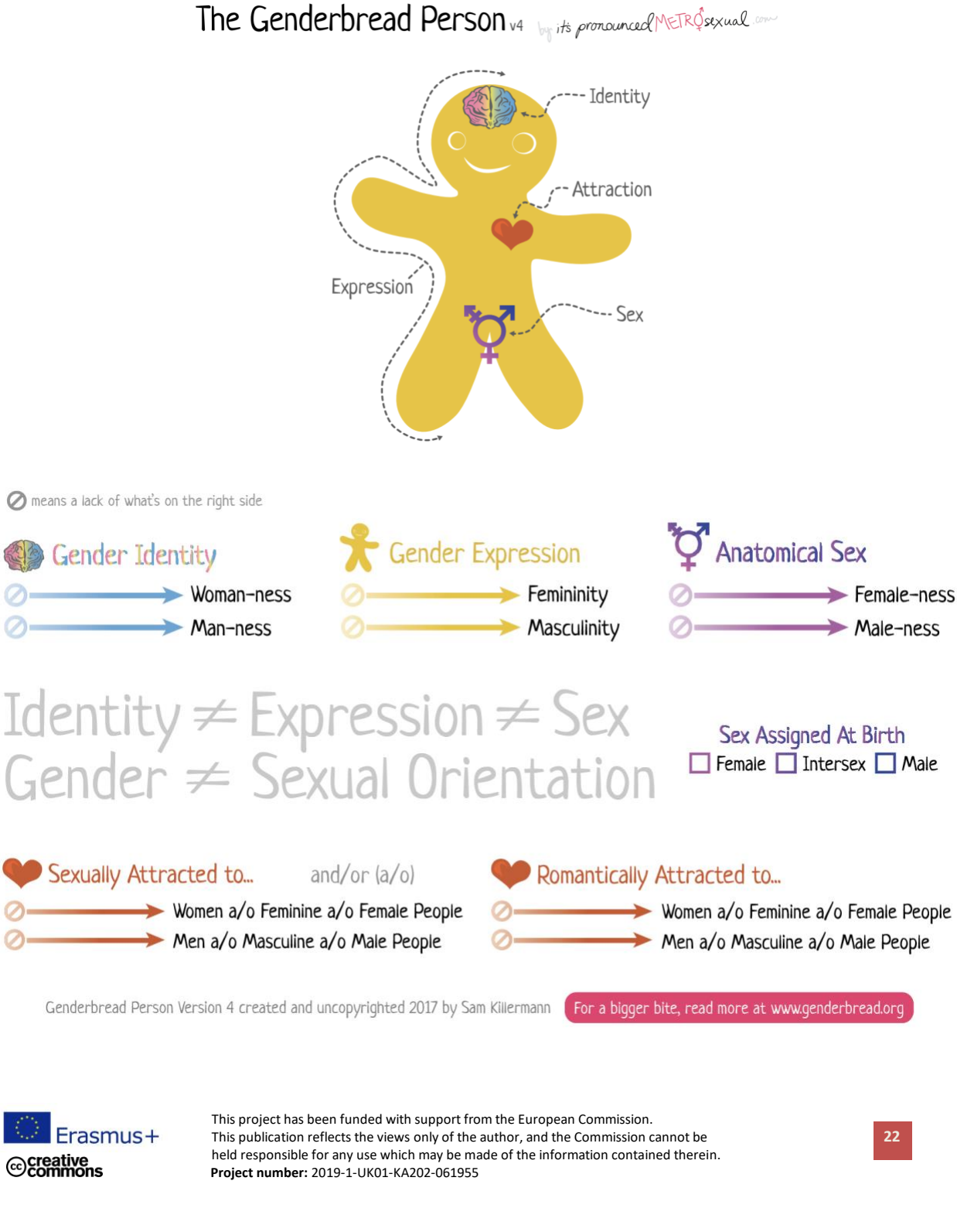
PRACTICAL COMPONENT

Practical activities

Activity one: Sex or Gender?



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Visit the following website https://www.genderbread.org, read on the difference between sex and gender, sexual identity and expression and consider the following points:

a) Is there a difference between sex and gender?
   if yes, what is the difference, and if no, why do we use the term sex in some occasions and the term gender in others?
b) Are gender identity and sexual identity related?
c) Why is important to be aware of gender and sexual identity?

Activity two: Inclusive language

Watch the following video LGBT 101
https://www.youtube.com/watch?v=DE7bKmOXY3w&vl=en and consider the following question:

- Where you aware of this terminology?
- How will being aware of terminology help you in your practice?

Additional resources for this activity:

- EU glossary https://www.ilga-europe.org/resources/glossary
- GIRES terminology UK https://www.gires.org.uk/lgbtqi-cataloguing-terminology-survey-msc-information-management-preservation/

Activity three: Inclusive health and social care services

Listen to the following story
https://www.patientvoices.org.uk/flv/1222pv384.htm (4min)
In this video we hear the story of Khakan, a gay Muslim man.

Reflect on the following:

a) The counsellor had difficulties in believing that there are gay Muslims, and how those two identities are even compatible. What is your view on this?
b) Was the service provided to Khakan adequate and did they take into consideration the cultural needs of the person, as well as their sexuality identity?
c) How is it defined when the identity of an individual has multiple layers, such cultural identity, as well as gender identity, sexual identity, sexual orientation and so on?

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ASSESSMENT COMPONENT

Formative assessment:

A. In your own words, could you explain what the difference is between gender identity and sexual orientation identity?
B. Can you explain why it is important to meet the cultural needs of LGBT+ service users?
C. Are there any concepts we have covered so far which you are struggling with and need more discussion or information?

Summative assessment:
Learning from this tool will be assessed as part of the module within which the tool is embedded.

Create a mind map, infographic, crib-sheet, or 5-10-minute recorded talk summarising the key points you would include if you wanted to tell people about how to be a better ally and advocate for LGBT+ people. Use whichever format is most accessible to you. The aim is to condense the main points you have learned from this module which you would like to tell others about or remind yourself.

EVALUATION COMPONENT

1. Self-administered evaluation questionnaire: the learner should evaluate how the tool has assisted learning through an evaluation questionnaire.

2. Peer evaluation: Peer learning groups should discuss their use of the tool, how it has assisted learning and what has been learned. This stage of evaluation should focus on knowledge gained regarding the topic and how they may apply this learning in the work environment.
3. Teacher evaluation: teachers should evaluate the tool through observing classroom activities that demonstrate students developing skills in LGBT+ inclusive education and services.

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Useful resources

- LGBT 101 https://www.youtube.com/watch?v=DE7bKmOXY3w&vl=en
- EU glossary https://www.ilga-europe.org/resources/glossary
- GIRES terminology UK https://www.gires.org.uk/lgbtqi-cataloguing-terminology-survey-msc-information-management-preservation/
- LGBT+ Flags https://www.youtube.com/watch?v=MjEk6lyow4M

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IENELGBT+

Tools for Intercultural Education of Nurses in Europe

Culturally Competent and Compassionate
LGBT+ Inclusive Education

(IENE 9)

Topic 1.3: Stereotypes

by
Christiana Kouta, Elena Nikolaidou, Elena Rousou

THEORETICAL COMPONENT

Principles and Values

- We recognize that discrimination and stigmatisation or stereotyping of persons on account of their sexual orientation or gender identity have resulted in countless people having to conceal or suppress their identity and to live lives of fear and invisibility, even within their family.
- We recognise that the lack of objective information may contribute to the harassment and bullying of young persons who are or are perceived to be LGBT.
- We believe that failure to address the issues of sexual orientation or gender identity may have harmful consequences for the self-esteem of young lesbian, gay, bisexual and transgender people.
- We believe that there is a need to disseminate unbiased and factual appropriate, objective information and support about sexual orientation and gender identity in the media, schools and society at large, through human rights education and awareness-raising campaigns, promoting respect for LGBT+ people.

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Aim

The purpose of this tool is to develop the understanding of stereotypes for LGBT+ people and enhance people to adopt ways to remove stereotypes based on sexual orientation and/or gender identity

Learning outcomes

When you have worked through this tool, you will be able to:

1. Define what is stereotypes
2. Identify some negative stereotypes regarding LGBT+people
3. Discuss ways to overcome these stereotypes
4. Practice on data collection on sexual orientation and gender identity without stereotypes
5. Reflect on your previous professional or personal practice/behaviour showing discrimination against LGBT+ people.

Relevant definitions and terms

Stereotypes

The term stereotype comes from the Greek words “στερεός” (stereos), "firm, solid” and “τύπος” (typos), "impression” ⟶ "solid impression".

Stereotype is the positive or negative beliefs t*hat we hold about the characteristics of a social group.* The principles of social psychology, including the ABCs—affect, behaviour, and cognition—apply to the study of stereotyping, prejudice, and discrimination and social psychologists have expended substantial research efforts studying these concepts (figure 1). The cognitive component in our perceptions of group members is the **stereotype** Stanger, 2014**.**

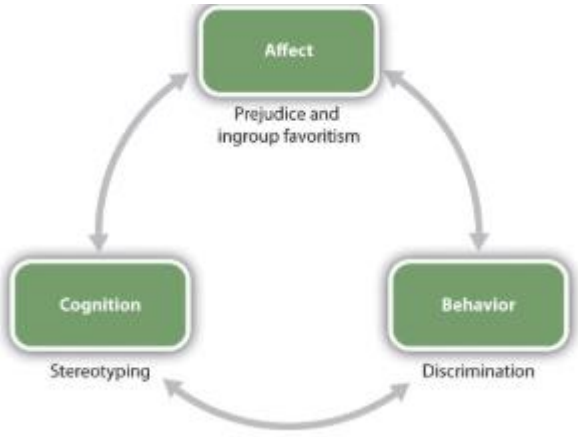

Figure 1.
Relationships among social groups are influenced by the ABCs of social psychology. (from Stanger, 2014)

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We may decide, that “French people are romantic,” that “old people are incompetent” or that “college professors are absent minded” and we may use those beliefs to guide our actions toward people from those groups.

In addition to our stereotypes, we may also develop **prejudice**—*an unjustifiable negative attitude toward an out-group or toward the members of that outgroups*. Prejudice can take the form of disliking, anger, fear, disgust, discomfort, and even hatred—the kind of affective states that can lead to behaviour such as the gay bashing you just read about. Our stereotypes and our prejudices are problematic because they may create **discrimination**—*unjustified negative behaviours toward members of outgroup based on their group membership*. Stereotypes and prejudice have a pervasive and often pernicious influence on our responses to others, and in some cases on our own behaviours.

Some examples of stereotypes in the LGBT community are:

1. Female football players are lesbians or Gay men do not play football.
2. Bisexual people do not want to be, or cannot be monogamous.
3. "All lesbians are masculine."
4. "All gay men are effeminate and flamboyant."
5. "Lesbians hate men."
6. "All gay men are sexual predators or paedophiles."
7. "All trans people are mentally ill."
8. "Members of the LGBT+ community are trying to convert others."

What the research says

Regarding the stereotype “All bisexual people are promiscuous”, a study by the Williams Institute (2011) showed that more than half of all non-heterosexual people in the United States identify as bisexual. As the Gay & Lesbian Alliance Defamation (GLAAD 2020)) points out, bisexual people are often accused of being more promiscuous than non-bisexual people are, because they are attracted to both men and women. Many even blamed bisexual people for spreading HIV and AIDS, all on the assumption that bisexual people were engaging in more dangerous sexual activities. A common stereotype is that bisexual people do not want to be, or cannot be monogamous. This is simply not true,” according to GLAAD. “Bisexual people are just as capable of forming monogamous relationships as heterosexual, gay, and lesbian people.”

The assumption that all lesbians are masculine was further examined in a 2016 study by the American Sociological Association, which found that most Americans feel the need to apply gender roles to those involved in same-sex relationships Fowler, 2016.

A 2017 survey for Attitude magazine polled around 5,000 gay, queer, or bisexual men—and a staggering 69 percent of them admitted that their sexual orientation made them feel less masculine at some point in their lives. Many of those surveyed also pointed to

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the fact that gay men are still not represented fairly in the media, which has only added to this one-note stereotype. (Cain, 2017)

Research results indicated that the cultural stereotype of transgender men was more negative than the stereotype for transgender women. A similar finding did not emerge for participants' personal stereotypes about transgender individuals. As well, participants espousing more negative cultural stereotypes also evidenced greater levels of Trans prejudice Gazolla & Morrison, 2014

What does national legislation and international/European treaties and conventions say on the topic?

In 2012 European Commission's Network of Legal Experts, in the Non-discrimination Field authored a landmark report on discrimination motivated by sex, gender identity and gender expression. The report – drawing upon expert knowledge in European jurisdictions – highlighted the significant levels of inequality which, despite promising developments in individual countries, trans and intersex people confronted across the European Union (EU) and the European Free Trade Association (EFTA). In the years since 2012, the attention paid to the human rights of trans and intersex people and to discrimination on the grounds of gender identity and sex characteristics has increased significantly. Across the various Member States, and at the regional, especially the European and inter-American, level, there is growing awareness of the lived experience of trans and intersex individuals and greater understanding of the social, legal and economic challenges that they face. (European Commission 2018)

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PRACTICAL COMPONENT

Practical activities

Activity One:

Read the interview of The Director of the film "From this Day forward" in the link below, Sharon Shattuck and her parents Trisha and Marcia.

https://www.lgbtagingcenter.org/resources/resource.cfm?r=827

Watch the trailer of the film
http://www.fromthisdayforwardfilm.com/#trailer/0/

- Identify the stereotypes about LGBT+ people in the interview and the trailer

Activity Two:

Read the story:
HTTPS://WWW.LGBTAGINGCENTER.ORG/RESOURCES/RESOURCE.CFM?R=658

- Identify the stereotypes for bisexuals

Activity Three:

Answer the quiz: "The Facts: LGBT Anti-Discrimination Quiz" on the following link:
https://www.haasjr.org/resources/lgbt-anti-discrimination-quiz

- Check the correct answers and your score

ASSESSMENT COMPONENT

Formative assessment:

Reflect some situations from your experience in your workplace in which you have used stereotypes for LGBT+ people.

Summative assessment:

Read the following Stereotypes regarding LGBT+ people. (Moore 2019)

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1. "All lesbians are masculine."
   While it is true that some women who identify as lesbians are more masculine in appearance and disposition, the truth is that every lesbian is different. Another misconception that goes hand-in-hand with this stereotype is that lesbian relationships include one woman who is more "masculine," and one who is considered more "feminine," i.e. the butch-femme dynamic.

2. "All gay men are effeminate and flamboyant."

   Assuming that all gay men are more flamboyant and feminine than straight men is straight-up false. This stereotype dates back to the word "gay" itself, which had originally been used to describe someone who was overly cheerful, loud, and happy. Over the years, the etymology of the word has had a widespread effect on how gay men are perceived.

3. "Lesbians hate men."

   As far as stereotypes go, this one's rather thin. Just because a lesbian dates other woman, that doesn't mean she despises men. Though people may assume that lesbians don't believe that they need men in their lives, the vast majority of lesbians maintain relationships with plenty of men, whether friends, colleagues, or family members"Intersex is just another word for transgender."

4. "All gay men are sexual predators or paedophiles."
   In recent decades, anti-gay protesters have asserted that gay men pose a great danger to society, citing that sexual predators and pedophiles are more likely to be gay men. According to the University of California Davis these accusations have only been fueled by stories of priests abusing boys in the Catholic Church. However, as the UC Davis researchers point out, gay men and women only account for less than one percent of all molestation cases in which an adult was identified.

5. "All trans people are mentally ill."Here's another case where the science is firm: Some of the largest medical organizations around—including both the American Medical Association (AMA) and the American Psychiatric Association (APA)—don't consider being transgender a mental disorder. In years past, both orgs used "gender identity disorder," but no longer. Now, the terminology is "gender dysphoria."

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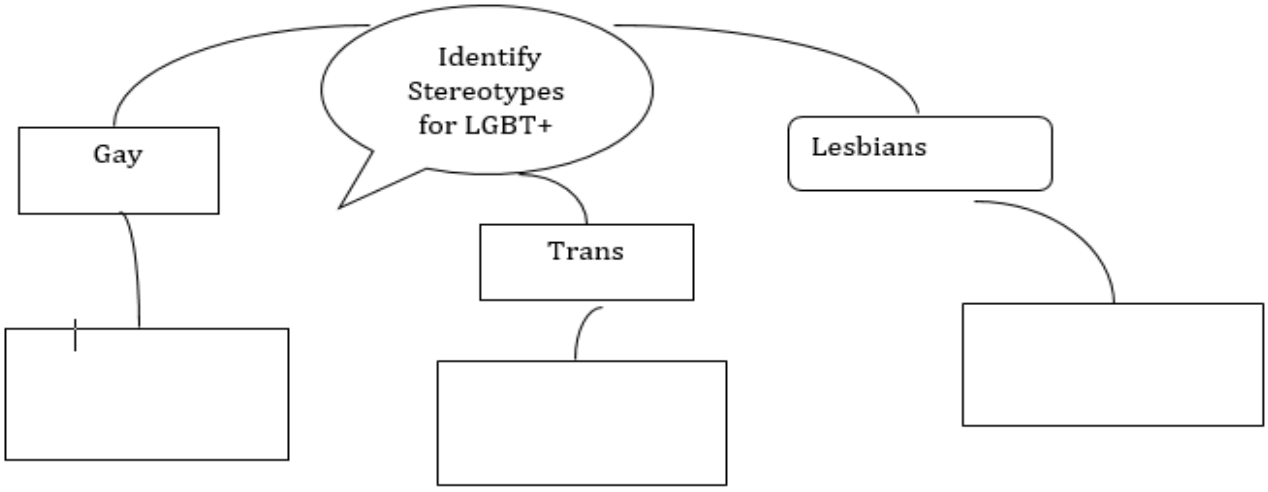
6. "Members of the LGBT+ community are trying to convert others."

   Being a part of the LGBT+ community does not mean you're looking to bring others aboard. First all, no one can become gay—you either are attracted to people of the same sex, or you aren't. And secondly, if a member of the LGBT+ community is trying to educate you on some of these stereotypes, it's only because knowledge helps decrease hatred and ignorance.

- **Fill in the following mind map, based on your owns stereotypes.**



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EVALUATION COMPONENT

1. Self-administered evaluation questionnaire: the learner should evaluate how the tool has assisted learning through an evaluation questionnaire.
2. Peer evaluation: Peer learning groups should discuss their use of the tool, how it has assisted learning and what has been learned. This stage of evaluation should focus on knowledge gained regarding the topic and how they may apply this learning in the work environment.
3. Teacher evaluation: teachers should evaluate the tool through observing classroom activities that demonstrate students developing skills in LGBT+ inclusive education and services

Useful resources

1. The Williams Institute (2011). How many people are lesbian, gay, bisexual, and transgender? Available from: https://williamsinstitute.law.ucla.edu/wp-content/uploads/How-Many-People-LGBT-Apr-2011.pdf (accessed: 28/09/2020}
2. https://www.lgbtagingcenter.org/
3. https://www.lgbtqiahealtheducation.org
4. https://www.rainbowwelcome.org

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Tools for Intercultural Education of Nurses in Europe

Culturally Competent and Compassionate
LGBT+ Inclusive Education

(IENE 9)

Topic 1.4: Socio-cultural stigma and self-stigma

by
Andrea Kuckert Wöstheinrich, Sabine Ziegler

Before you start

Boys who played with dolls as a child are more likely to become gay than those who played with cars.	**Yes or No**
Children who grow up in rainbow families also become lesbian, gay, bisexual or develop a disturbed feeling to their body.	**Yes or No**
"I have no understanding for transsexuals." Almost half of the German population agrees with this statement.	**Yes or No**

	Do you have any idea why you have answered the questions as you did? Did you ever hear about these kind of statements? Did you hear of any other statements?

THEORETICAL COMPONENT

People in the health care sector deviate from the norm, general practices do not seem to work, or there is too little knowledge about the individual person to be cared for in order to be able to provide them person-centred and adequately cared for, and irritations, experienced exclusions or discrimination are pre-programmed. Ultimately, it is always the social context that creates these challenges, not the individual itself. But this requires a critical reflection of one's self as well as a questioning of structures and

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processes in the health care system for which the individual cannot be held responsible. If sexual orientation can be lived in an inpatient care facility despite all impairments, it could be assumed at this stage that it is relatively irrelevant in which category (homo, hetero or bi) a person is currently located – it would not correspond to the normal behaviour of a resident in a nursing home and thus excludes himself per se.

Principles and Values

We strongly believe in the universality of human rights, in equality of all people, in non-discrimination, in acceptance of everybody independent of any race, colour, language, religion among many other characteristics, in respect and tolerance. This is the base of our education and acting in everyday practice towards patients, clients, elderly.

Aims

In this tool you will learn about certain social cultural concepts negatively influencing people with different sexual orientations and gender identities than the norm. Through the learning process you will be aware of how thinking in certain categories causes negative feelings and judgement, and because of insufficient knowledge can create stigmata, stereotypes and racism. This on the other side can lead towards self-stigmata in people with different sexual orientations and gender identities. Broaden your knowledge by evidenced based information and historical perspectives, reflecting about own thoughts and attitudes and practical activities will help you to understand and overcome socio-cultural stigma.

Learning outcomes

When you have worked through this tool, you as a student / teacher / health care professional

- …define relevant terms in the context of social-cultural stigma and self-stigma…
- …differentiate the terms in the context of social cultural stigma…
- …summarize the development of homosexuality / transgender as a disease towards homosexuality / transgender as a sexual orientation
- …reflect on your own ideas towards sexual orientation and gender identity…
- …are aware of your own stigmas in the context of LGBT+…
- …recognise stigmas and prejudices…
- …understand the link between socio-cultural stigma and self-stigma.

Relevant definitions and terms / What the research say

Discrimination / Stigmatization / Self stigmatization
In a European study, 38% of LGBT+ people in Germany report harassment and assault (verbal, non-verbal or on the Internet) in general (FRA 2020). These experienced harassments may also be one of the reasons why same-sex couples are less likely to appear together in public as a couple, e.g. walking hand in hand through the city. In Germany, 45% of respondents often or always avoid it (FRA 2020). Racism is based on

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stigmas and prejudices and not only that the heteronormative society keeps stigmatizing LGBT+ people they themselves.
In a European study, one in ten respondents said they had been personally discriminated against by employees in the past 12 months, compared to two out of ten of transgender people (FRA 2014). These figures increased slightly in 2020 compared to 2014 (FRA 2020). Topics identified in the context of discrimination ranged from institutionalized prejudice, social stress, social exclusion, homophobic and transphobic hatred to bullying and violence (Kuyper & Fokkema 2011; McCann et al 2013; Farmer 2015).

What does national legislation and international/European treaties and conventions say on the topic?

According to the German Federal Statistical Office (2020), 7.4% of the population in Germany identify with the LGBT+ group. The Section §175 of the Criminal Code, which criminalized sexual acts among men, was abolished in 1994. Gay couples have been allowed to marry since 2017, and overall, the legal position of LGBT+ individuals has improved significantly in recent decades. Although only a few Germans are critical of this group (statista 2020), discrimination still takes place – in schools, in the workplace and in society. In March 2020, the Robert Koch Institute published a report on the health situation of lesbian, gay, bisexual, trans and intersex people (RKI 2020). Already in the introduction it is pointed out that the differences in health between this group compared to the general population are not to be found in the individual gender identity of sexual orientation, but the social context in which this group perverts can be an important influence (RKI 2020:3).
The recognition and protection of gender identity are not explicitly mentioned in the UN human rights treaties themselves, but there is a general prohibition of discrimination, which includes all people, including trans* and inter*. The recognition story of sexual orientation is preceded by that of gender identity and is partly overlapping. As early as 1981, the European Court of Human Rights (ECtHR), the first international judicial body, to find that the prosecution of consensual homosexual acts among adults was contrary to human rights. This ruling was followed by numerous other decisions concerning the legalization of homosexual practices. But still discrimination still plays an important role in European societies. In general, trans* and inter* self-representation are more likely to conflict with gender stereotypes because their gender expression is usually ambiguous, i.e. they are often interpreted as gay or lesbian in connection with partnerships and are sanctioned accordingly (Bundeszentrale für politische Bildung 2020).

What do local policies say?

In the meantime, the legal situation of lesbians, gays and bisexuals has greatly improved. For example, Article 21(1) of the EU Charter of Fundamental Rights and Article 10 TFEU prohibit discrimination on grounds of sexual orientation in Article 21(1) of the EU Charter of Fundamental Rights. Several German state constitutions also contain a prohibition of discrimination on the grounds of sexual identity (State constitution of Berlin, von Brandenburg or the Free Hanseatic City of Bremen). But in

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the German Constitution the term sexual orientation is still not included. Article 3 of the German Constitution contains:
(1) All human beings are equal before the law.
(2) Men and women are equal. The state promotes the effective enforcement of equality between women and men and works to eliminate existing disadvantages.
(3). No one shall be discriminated against or favoured on grounds of sex, descent, race, language, homeland and origin, faith, religious or political beliefs. No one should be discriminated against because of their disability.

Several parties tried to put effort in changing the German Constitution, last time in November 2019 (Bundestag 2019) without being successful.

	Do xou know the legal basis in your country?

THEORETICAL COMPONENT

Step into history

In this part a short overview is given about homosexual as a disease, categorized in the DSM II and as a normal sexual orientation, as announced by the WHO 2013. What is considered healthy and thus positive in a society today can be negatively connoted in another context or may have experienced various meanings in its historical development.
In the historical context, transgender and homosexuality were two phenomena that were not only negatively connoted over a long period of time, but were also labelled as a mental illness, which were treated with electrocardiotherapy (ECT, popularly called electroshock) or conversion therapy (e.g. through psychiatric therapies). Prof. Carp (Bakker 2018) was one of the leading psychiatrists in the Netherlands at the beginning of the fifties. He treated several people with gender dystrophy who felt like a woman but were trapped in the man's biological sex. Psychotherapy, diet psychology and psychoanalysis did not achieve the hoped-for success as castration or the administration of male hormones. In addition, according to the psychiatrist, there were the patients who made demands and threatened suicide if they were not supported in their desire to become a woman (Bakker 2018:21).
Since its publication in 1952, the Diagnostic and Statistical Manual of Mental Disorders (DSM) has been regarded as the standard work for psychiatrists when it comes to making psychiatric diagnoses. It is now in its fifth edition. In 1968, homosexuality was included as a disease in the second edition. In 1987 homosexuality was removed from the DSM-III-R and in 1991 from the ICD-10, the International Classification of Diseases.

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According to the German Federal Minister Jens Spahn, a law should only be introduced in 2020, with which "conversion treatment to minors in general" and "full-time offenders who consent to a lack of knowledge (...) e.g. if the practitioner does not inform them of the harmfulness of the treatment (...)' (BMG 2020). The Federal Ministry thus followed the WHO, which declared in 2013 that homosexuality and transgender ness were not a disease and therefore no indication for therapy (WHO 2020b). Since there are still organizations in Germany offering the above-mentioned forms of therapy, these should be criminalized to protect the individual. The historical view of homosexuality and transgender is an example of how disease and health concepts can change in a society.

	What is the history of homosexuality and transgender in your own country? Is homosexuality / transgender seen as a disease, which needs a therapy? Are therapies like conversion treatments are forbidden in your country and if yes since when?

PRACTICAL ACTIVITIES

Differentiating between stigmas, prejudices, stigmatizations and more

Terms	Definition	Example
Stigma	Stigmata are negatively rated attributes that are perceived as a deviation from the norm and whose carriers cost social equality	Homosexuals are weak and more passive. They don´t take responsibilities.
Stereotypes	Stereotypes are socially shared beliefs regarding the attributes, characteristics, behaviours, etc. that members of the self-group or a foreign group have in common (rather cognitive aspect)	Boys who played with dolls as a child are more likely to become gay than those who played with cars.
Prejudices	Prejudices are assessments of a social group, in the sense of attitudes (rather affective aspect)	I have a negative feeling towards lesbians and gays.
Self-Stigma	Their **self**-concept supports the idea of a particular **stigma** that society has created through negative or offensive remarks or actions, which consequently creates negative attitudes toward their own personality and sexuality.	It is comprised of endorsement of these stereotypes of the self (e.g. “I am weak”), prejudice (e.g. “I am afraid of myself”), and resulting self-

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		discrimination (e.g. self-imposed isolation).
Discrimination	Discrimination is the act of making distinctions between human beings based on the groups, classes, or other categories to which they are perceived to belong.	Because of his transsexuality (transman), the person in need is not treated adequately by a gynaecologist.
Homophobia	Homophobia (from ancient Greek homo's "equal", and, via "phobia", of phébos "fear, terror, flight") refers to a social aversion (dislike) or aggressiveness (hostility) directed against lesbian and gay persons.	I am afraid of LGBT+ people and don´t want to take care for them on the ward.

Stigmas – getting an idea!

https://www.youtube.com/watch?v=871u_HRxdLo&list=LL7f8qC20kY4yRZ9LdXJy0EA&index=7&t=0s
Watch the movie for the first 30 seconds. Please than stop. Write down what you think about how the story will continue. How does it end?
Continue watching 'til the end.
Did you expect this end?
What do you think about the dialog between the younger and older man?
If your expectations did not match the real end, do you have an explanation why?

As you have seen, stigmas are socially constructed. And stigmas around LGBT+ people are high. Some examples:
Many lesbians are associated with short hair, wearing baggy clothes, and playing sports. Typically, lesbians are stereotyped as belonging to one of the two following categories: "butch and femme". Butch lesbians dress in a more masculine manner than other women.
Gay men are often associated with a lisp or a feminine speaking tone. Fashion and effeminacy have long been seen as stereotypes of homosexuality. They are often based on the visibility of the reciprocal relationship between gay men and fashion.

Self-stigma: a comprehensive model

In the general model, a person with an undesired condition is aware of public stigma about their condition (Awareness). This person may then agree that these negative public stereotypes are true about the group (Agreement). Subsequently, the person concurs that these stereotypes apply to him/herself (Application). This may lead to harm, to significant decreases in self-esteem and self-efficacy. Unlike other research on self-stigma the stage model shows pernicious effects of stigma on the self-do not occur until later stages. Not until the person applies the stigma, does harm to self-esteem or self-efficacy occur.

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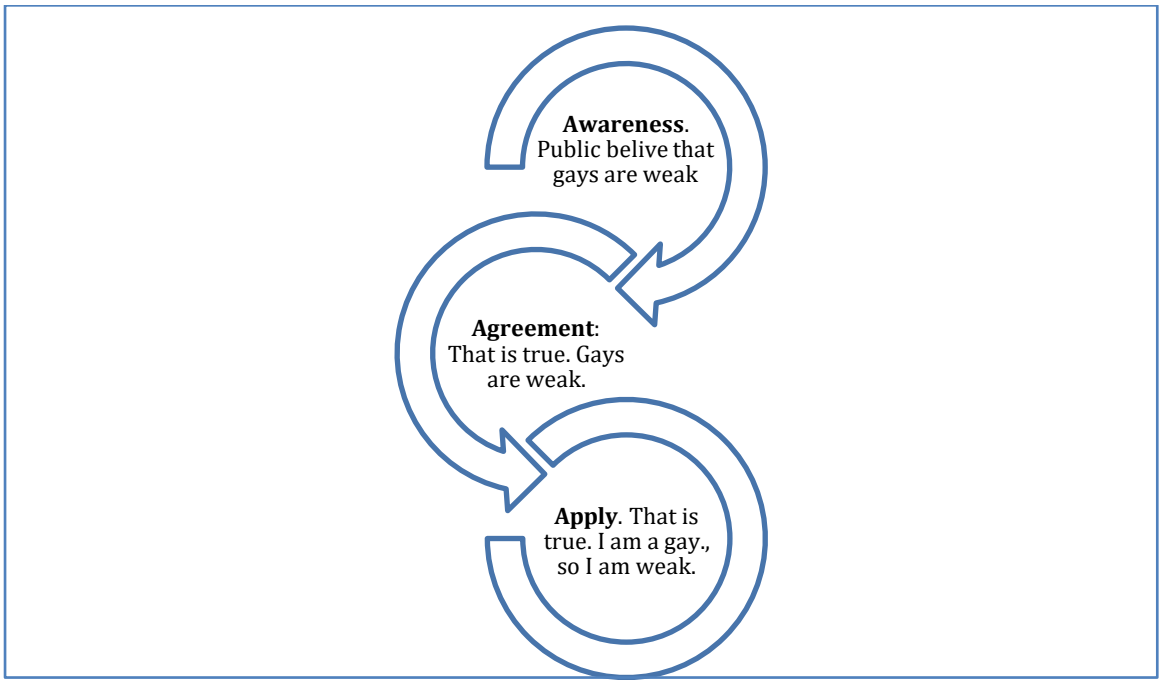

Adapted to the Corriga & Rao. Stage Model of Self Stigma (2012).

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ASSESSMENT COMPONENT

Formative assessment

1. In your own words, could you explain what the difference is between stigma, prejudices, stereotypes, and self-stigma?
2. Can you explain why it is important to be aware of your own stereotypes?

Summative assessment

Learning from this tool will be assessed as part of the module within which the tool is embedded.

EVALUATION COMPONENT

- Self-administered evaluation questionnaire: the learner should evaluate how the tool has assisted learning through an evaluation questionnaire.
- Peer evaluation: Peer learning groups should discuss their use of the tool, how it has assisted learning and what has been learning. This stage of evaluation should focus on knowledge gained regarding intercultural communication and how they may apply this learning in the work environment.
- Teacher evaluation: teachers should evaluate the tool through observing classroom activities that demonstrate students developing skills in intercultural communication.

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IENELGBT+

Tools for Intercultural Education of Nurses in Europe

Culturally Competent and Compassionate
LGBT+ Inclusive Education

(IENE 9)

Topic 1.5: Ethnohistories and LGBT+

by
Sheila Ali, Alfonso Pezzella and Irena Papadopoulos

THEORETICAL COMPONENT

Principles and Values

- We aim to raise awareness of LGBT+ history.
- We recognise and acknowledge the discrimination and disadvantage faced by LGBT+ individuals in many areas of their lives, especially those at the intersection of multiple minority identities.
- We believe that LGBT+ people should have equal opportunities in accessing services such as education, employment, and health and social care.
- We believe that LGBT+ education for all will promote understanding about the LGBT+ community, thus dispelling the myths and misinformation that currently exist.
- We strive to challenge transphobia, homophobia, biphobia and any discrimination on the basis of gender identity and/ or sexuality.

Aims

The purpose of this tool is to make an introduction to the ethnohistory and cultural variables of LGBT+ people. This will be presented through the lens of culturally competent and compassionate care. You will be engaged in learning through reflection, knowledge acquisition and practical activities.

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Learning outcomes

When you have worked through this tool and its activities, you will:
-Have developed an awareness of the key moments of the history of LGBTQ+ rights in the UK

Relevant definitions and terms/What the research say

LGBT+ history

Key moments in the history of LGBT+ rights took place in the UK and the US in the late 1960s. In 1967, male homosexuality was decriminalised in England and Wales. In 1969, the Stonewall uprising and riots in New York led to activists coming together to campaign against mistreatment of LGBTQ+ people and police brutality. Activists from the UK who had taken part in the uprising returned to the UK to form groups in the UK, such as the Gay Liberation Front. These are seen as key moments leading to activism for LGBTQ+ rights.

However stigma still remained, and many people had to conceal their sexual orientation and gender identity. Homosexuality was seen as a mental illness and was included in the American Psychological Association's Diagnostic and Statistical Manual of Mental Disorders (DSM) until it was removed in 1973. Several people had to undergo psychiatric 'treatments' such as aversion therapy (Carr and Spandler, 2019). Still, homosexuality continued to be pathologised (Drescher, 2015). The AIDS crisis of the 1980s led to further stigmatisation and discrimination of LGBT+ people. In the late 80s the section 28 legislation that was introduced in the UK meant that homosexuality could not be included in the school curriculum or 'promoted' by local authorities. By 2003, this legislation had been repealed, but the impacts had already been felt by a whole generation of young LGBT+ people.

The UK Civil Partnerships Act of 2004 led to same-sex couples being allowed to enter into civil unions which gave them similar rights and responsibilities to those in marriage (for example, rights to property and pensions, next of kin rights, and responsibility for children). This was followed by the legalisation of same-sex marriages with the Marriage (Same Sex Couples) Act of 2013.

The Equality Act 2010 led to several demographic characteristics including sexual orientation, sex and gender reassignment being recognised as protected characteristics which specified that legally, people cannot be discriminated against based on these characteristics.

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The present day

Surveys such as the British social attitudes survey suggest an increased acceptance and tolerance of homosexuality in UK society since the 1980s (Curtice et al., 2019). Also more recently, the proportion of people identifying as lesbian, gay or bisexual increased from 1.5% in 2012 to 2.0% in 2017(ONS, 2019). These data could indicate a societal shift in terms of the acceptance of homosexuality.

However other data indicates that stigma still exists and many people face discrimination. For example, in a survey by the charity Stonewall, LGBT+ people reported disproportionately high rates of hate crimes, with one in five reporting that they have been a victim of a hate crime due to their sexual orientation and/or gender identity in the past 12 months (Stonewall, 2017).

In addition, people who are from more than one minority group may face intersecting types of marginalisation and discrimination (for example, racism and homophobia). If people face homophobia within their religio-cultural group or local community, this may also affect their access to specialised services as they may not feel able to be open about their sexuality due to the potential negative consequences of disclosure.

Impacts of stigma and discrimination

- LGBTQ+ people make up a high proportion of youth who are homeless (Albert Kennedy trust, 2015), with a large majority of people reporting that they thought their sexual identity or gender identity was a factor in them being rejected from their home.
- As mentioned in the previous module, there are higher rates of mental health problems in LGBT+ people, and they also face more barriers to accessing health and social care.
- People may not feel confident in disclosing their sexual orientation or gender identity due to fear of being discriminated against (SCIE., 2011). A person who is not 'out' to others about their sexual orientation may not want to disclose to their GP, and this may mean that they are not getting the kind of health services that they need.
- The Stonewall LGBT in Britain Health report found that LGBT+ people faced discrimination and/or unequal treatment in healthcare (Stonewall, 2018). Similarly, the Stonewall unhealthy attitudes report (2015) found that many staff have witnessed or even experienced anti-LGBT+ bullying and discrimination in health and social care, and that several staff don't feel confident in meeting the needs of LGBT+ service users. This is supported by research which suggests that in the UK context there may be LGBT+-related bias in healthcare professionals (Morris et al, 2019; Carr and Pezzella, 2017).
- Although the major professional therapeutic organisations and regulatory bodies in the UK have condemned conversion therapy as unethical and against their principles, it is still technically legal.

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Outside of the UK

Although same sex marriage has been legalised in several countries, homosexuality is still criminalised in many commonwealth countries, even though these countries inherited anti-LGBT legislation from the British Empire. Homosexuality is still illegal in approximately 72 countries and territories worldwide. In these countries people must conceal their sexual orientation and/or gender identity or face punishments such as imprisonment or death. They also find it very difficult to access services and may be denied basic human rights such as being able to get married or adopt children. Also, due to hostile immigration policies in the UK, unfortunately people who seek asylum in the UK on the grounds of sexuality or gender orientation face many difficulties such as a high burden of proof, and a high likelihood of rejection of asylum claims.

What does national legislation and international/European treaties and conventions say on the topic?

As mentioned in the previous module, there have been a number of legislative changes which have led to improved LGBTQ+ rights in the UK. Similar changes have happened in other countries globally, however discrimination still exists, with many LGBT+ people worldwide lacking several basic human rights.

The universal declaration of human rights states that 'all human beings are born free and equal in dignity and rights'. The United Nations is clear that it condemns discrimination on the basis of sexual orientation and gender identity. It is 'calling for equal rights and fair treatment of LGBTQI+ people worldwide (UN Human Rights, 2017).

What do local policies say?

Health and social care professional bodies in the UK set the professional standards for health and social care staff. They all emphasise the importance of inclusive practice as well as non-discriminatory and non-judgemental practice, but they do not all explicitly talk about specific needs with regards to the LGBT+ population.

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PRACTICAL COMPONENT

Practical activities

Activity one:

Most modern-day LGBT+ Pride events are celebratory in nature, with music, celebrations and parties. However many people think that it is important to remember that Pride is a protest. Can you explain in your own words what is meant by this? Why is Pride a protest? For some information, have a look at the resources below and google search relevant phrases such as 'Pride' and 'Stonewall riots'.

YouTube video: How the Stonewall riots sparked a movement. **https://youtu.be/Q9wdMJmuBlA.**

BBC Newsround: Pride Month: Who was Marsha P. Johnson and why were they so important? **https://www.bbc.co.uk/newsround/52981395**

Activity two:

We would like you to reflect on your knowledge of the rights of LGBT+ people in the country or region you are living and studying/working in (or another country or territory of your choosing). Briefly answer the following questions, either from your own knowledge or by looking up the answers online.
In the country you have chosen:

- Is same-sex marriage legal?
- Can same-sex couples adopt children?
- What are the main laws around transgender rights and gender expression (e.g. legal gender recognition)?

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ASSESSMENT COMPONENT

Formative assessment:

Quiz:

Fill in the gaps in the following sentences:

- The Stonewall riots happened in the year 19__
- Same-sex marriage was legalised in the UK in the year ____.
- Homosexuality is still criminalised in ___ countries worldwide.

Reflection on learning:

- Using the information you have learned/reflected on today, what is the key take-home message you would like to tell others in your team about?
- Are there any concepts we have covered that you would like more help with understanding further?

Summative assessment:

Create a mind map, infographic, crib-sheet, or 5-10-minute recorded talk summarising the key information you have learned in this module. The key is to condense the main points you have learned from this module which you would like to tell others about, or to keep reminding yourself what you have learned.

EVALUATION COMPONENT

1. Self-administered evaluation questionnaire: the learner should evaluate how the tool has assisted learning through an evaluation questionnaire.
2. Peer evaluation: Peer learning groups should discuss their use of the tool, how it has assisted learning and what has been learned. This stage of evaluation should focus on knowledge gained regarding the topic and how they may apply this learning in the work environment.
3. Teacher evaluation: teachers should evaluate the tool through observing classroom activities that demonstrate students developing skills in LGBT+ inclusive education and services.

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Useful resources

- https://www.stonewall.org.uk/get-involved/stonewall-research
- https://lgbtplushistorymonth.co.uk/resources/
- https://www.youngstonewall.org.uk/node/43992
- https://www.bl.uk/lgbtq-histories/articles/a-short-history-of-lgbt-rights-in-the-uk
- https://www.bsa.natcen.ac.uk/latest-report/british-social-attitudes-30/personal-relationships/homosexuality.aspx
- https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality

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Toolkit Two

Cultural Knowledge and Compassion

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Tools for Intercultural Education of Nurses in Europe

Culturally Competent and Compassionate
LGBT+ Inclusive Education

(IENE 9)

Topic 2.1: Knowledge and understanding of key LGBT+ terminology

by
Roberto Baiocco, Jessica Pistella

THEORETICAL COMPONENT

Principles and Values

- We aim to raise awareness of key LGBT+ terminology.
- We believe that LGBT+ education for all will promote understanding about the LGBT+ terminology in order to achieve more inclusive and supportive environments.
- We believe that Words are very important, and they may have a relevant weight that can either make the other feel good or embarrassed/humiliated.

Aims

The aim of this tool is to develop your understanding of key LGBT+ terminology and to improve knowledge and competencies to deal with sexual and gender minority people.

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Research suggests that specific training on LGBT+ issues may result in better knowledge and skills of the health and social care workforce, which improve communication between providers and LGBT+ people, as well as diminishing the discrimination experienced by LGBT+ people.

You will be engaged in learning through reflection, knowledge acquisition and practical activities about key LGBT+ terminology.

Learning outcomes

When you have worked through this tool, you will be able to:

- Understand the acronymous "LGBT+" for talking about nonheterosexual and gender-variant people.
- Discuss the importance of using a **culturally competent and compassionate language** and recognize that some terms that have been used in the past but are now considered outdated and sometimes offensive.
- Develop an awareness of heteronormative beliefs and assumptions: Improve the quality of communication between providers and LGBT+ people as well as diminishing the feelings of stigma and discrimination experienced by LGBT+ people.

Relevant definitions and terms/ What the research say

- At present, there is no universally accepted acronym for the communities of people who are not heterosexual and/or express their gender in different ways. *LGBT+* is an umbrella term, a frequently used acronym for lesbian, gay, bi and trans people. It includes both sexual orientation (LGB) and gender identity (T). The term "+" (plus) is used to identify all the other gender identities and orientations that are not specifically covered by the other four initials.
- The letter *Q* in the acronymous LGBTQ+ includes the "*queer community*". **Queer** is an umbrella term that individuals may use to describe a sexual orientation, gender identity, or gender expression that does not conform to dominant societal norms. It is possible to adopt the "queer" identity to avoid limiting themselves to the gender binaries of female and male and/or to the perceived limitations imposed by LGB sexual orientations.
- ***Non-binary*** is an adjective describing a person who does not identify exclusively as a woman or man. Specifically, some non-binary people do not deftly fit into the categories of "woman" or "man"," or "female" or "male". Non-binary people may identify as being both a woman and a man, somewhere in between, or completely outside these categories. While many also identify as transgender, not all non-binary people do.

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- ***Cisgender*** or *CIS* is a term used to describe a person whose gender identity aligns with those typically associated with the sex assigned to them at birth. Cisgender restores the terms "non-transgender" or "bio woman/bio man" to refer to individuals who have a match between the sex they were assigned at birth and their gender identity.
- ***Heteronormativity*** is the belief that heterosexuality is the normal or preferred, mode of sexual orientation. Again, is the assumption that everyone is heterosexual, and that heterosexuality is superior to all other sexualities. Heteronormativity is often linked to discrimination and homophobia.

What does national legislation and international/European treaties and conventions say on the topic?

LGBT+ rights in Italy have been significantly improvements in recent years, although sexual minority people may still face some legal challenges not experienced by non-LGBT people.

Most important changes in the past 10-15 years include:

In 2010, the Constitutional Court issued a landmark ruling which recognized same-sex couples as a "legitimate social formation, similar to and deserving homogeneous treatment as marriage".

Same-sex civil unions and unregistered cohabitation have been legally recognized since June 2016. Stepchild adoption was, however, excluded from the bill, and it is currently a matter of judicial debate.

In March 2018, the "LIBER@DI ESSERE" Project was conducted by the National Racial Anti-Discrimination Office (UNAR) and some of the most important Italian LGBT+ Association. The project is a modular information and training course on LGBT+ diversity dedicated to psycho-socio-health operators.

In 2019 – 2021 an International European Project (EU4LGBTI) was created to combat discrimination on the grounds of sexual orientation and gender identity in Italy, Lithuania, and Romania. The project increased awareness on the negative impact of rights violations experienced by LGBTI persons.

What do local policies say?

Italian society is considered one of the most conservative in the European Union. The LGBT+ community in Italy remains a marginalized minority that faces discrimination on social, legal, and health care levels, and this may discourage them from seeking health care services.

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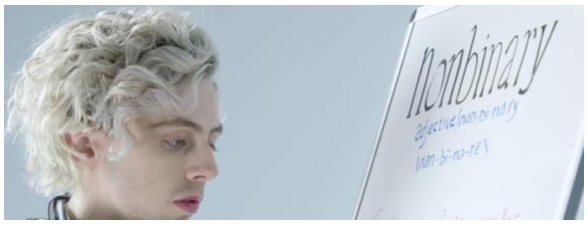
The "**Be as You Are**" clinical research centre for the study of sexual orientation and gender identity was established in **2011** by Sapienza University of Rome. The "Be as you are" is the first Italian public-service agency specifically created on a university campus for LGBT+ people.

PRACTICAL COMPONENT

Practical activities

Activity one: Non-binary



See the following video: Non-Binary People Explain What "Non-Binary" Means To Them: **https://www.youtube.com/watch?v=kVe8wpmH_lU** (7 minutes)
See the video and consider the following points:

a) People who are non-binary may use gender-neutral pronouns. Although there are a variety of gender-neutral pronouns, the most used one is the singular they. It can be difficult for some people to get used to using the singular they, but it gets easier with practice. Will you have problems using gender-neutral pronouns in your work?
b) According to you, why is it important to respect people's pronouns? Why does using appropriate pronouns matter for inclusion?
c) Non-binary identity and freedom. What do you think about it?

Activity two: heteronormative beliefs and assumptions

Heteronormative societal assumptions and influences can be seen everywhere from traditional views on marriages, religion, cinema, and media, including the news, commercials, and advertisements.

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See the following video about heteronormative beliefs and assumptions: **https://www.youtube.com/watch?v=tp7v3JQna6U** (3 minutes)

a) Make a list of typical heteronormative questions or assumptions that you have been experienced (or have been done) in your work context.
b) A very easy activity: search for images with the key phrase "couple" or "love". Analyse the results and try to "read" what you find on internet with a critical thought [i.e., The images you will find seems to suggest that heterosexuality is the norm, and that anything else is unusual at best and abnormal at worst].

ASSESSMENT COMPONENT

Formative assessment:

1. Write down 4 definitions (or a simple discursive description) of the key LGBT+ terminology:
   a) Queer
   b) Non-binary:
   c) Cisgender:
   d) LGBT+:

Self-reflection:
   a) Are there any words related to LGBT+ issues we have covered that you did not know, or you knew with a different meaning or in a wrong way?
   b) Have you ever used heteronormative assumptions about the life of your colleagues? If yes, describe them and analyse them in a critical way.

Summative assessment:

Create a mind map, infographic, or 5-10-minute recorded talk summarising the key LGBT+ terminology you have learned in this module. The key is to condense the main key LGBT+ terminology you have learned from this module which you would like to tell others about, or to keep reminding yourself what you have learned.

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EVALUATION COMPONENT

1. Self-administered evaluation questionnaire: the learner should evaluate how the tool has assisted learning through an evaluation questionnaire.
2. Peer evaluation: Peer learning groups should discuss the relevance of using appropriate language with LGBT+ people, their use of the tool, how it has assisted learning and what has been learning. This stage of evaluation should focus on knowledge gained regarding communication with LGBT+ people and how they may apply this learning in the work environment.
3. Teacher evaluation: teachers should evaluate the tool through observing classroom activities that demonstrate students developing skills in understanding LGBT+ terminology to achieve more inclusive and supportive environments.

References

- Baiocco, R., & Pistella, J. (2019). "Be as You Are" Clinical Research Center at the Sapienza University of Rome. *Journal of Gay & Lesbian Mental Health*, *23* (4), 376-379. Retrieved from: https://www.researchgate.net/publication/334715833_Be_as_You_Are_Clinical_Research_Center_at_the_Sapienza_University_of_Rome
- Herz, M., & Johansson, T. (2015). The normativity of the concept of heteronormativity. *Journal of Homosexuality, 62*, 1009-1020. Retrieved from: https://www.researchgate.net/publication/272842543_The_Normativity_of_the_Concept_of_Heteronormativity

Useful resources

- Division 16 (School Psychology) and Division 44 (Society for the Psychological Study of Lesbian, Gay, Bisexual and Transgender Issues) of the American Psychological Association. *Key Terms and Concepts in Understanding Gender Diversity and Sexual Orientation Among Students.* Retrieved from https://www.apa.org/pi/lgbt/programs/safe-supportive/lgbt/key-terms.pdf
- American Institutes for Research. (2014). *A guide for understanding, supporting, and affirming LGBTQI2-S children, youth, and families.* Retrieved from:https://www.air.org/sites/default/files/A_Guide_for_Understanding_Supporting_and_Affirming_LGBTQI2-S_Children_Youth_and_Families.pdf
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- Cochrane, K. (2016). Why heteronormative is a bad think. Retrieved from:https://www.teenvogue.com/story/heteronormativity-gender-identity-sexual-orientation

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Self-administered evaluation questionnaire

How much it is important to use in a correct way the following terms in you work context?

Not important	Slightly important	Moderately important	Important	Very important
1	2	3	4	5

LGBT+	1	2	3	4	5
Queer	1	2	3	4	5
Non-binary	1	2	3	4	5
Cisgender	1	2	3	4	5
Heteronormativity	1	2	3	4	5

Sum your response, if your sum is less than 15 please discuss your answers with your peer learning group: debate with them regarding the relevance of using appropriate language with LGBT+ people.

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IENELGBT+

Tools for Intercultural Education of Nurses in Europe

Culturally Competent and Compassionate
LGBT+ Inclusive Education

(IENE 9)

Topic 2.2: Human Rights and Social Justice

by
Christiana Kouta, Elena Nikolaidou, Elena Rousou

THEORETICAL COMPONENT

Principles and Values

- We recognise and acknowledge that many people in Europe are stigmatised because of their actual or perceived sexual orientation or gender identity and cannot fully enjoy their universal human rights.
- We believe that some of them are victims of hate crime and may not receive protection when attacked in the street by fellow citizens, while some of their organisations are denied registration or are banned from organising peaceful meetings and demonstrations.
- We believe that LGBT+ education will promote understanding about LGBT+ community, thus no one should feel a need to conceal their identity to avoid discrimination, hate or even violence.

Aim

The purpose of this tool is to develop your understanding of national and international laws treaties, charters, local rules and regulations, as well as the injustices in societies in terms of power/privilege and wealth distribution, and their impact on minority and diverse groups such as LGBT+. You will be engaged in learning through reflection, knowledge acquisition and practical activities.

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Learning outcomes

When you have worked through this tool, you will be able to:

- Discuss the fundamental principles of human rights and social justice in relation to LGBT+.
- Reflect on your everyday practice in relation to the implementation of human rights and social justice principles and acts in providing culturally and compassionate care to LGBT+ service users.
- Reflect on your everyday practice in relation to the implementation of human rights and social justice principles and acts in providing inclusive education in regard to LGBT+ service users.
- Identify ways to include practices to improve the response to health, social and learning needs based on principles of human rights and social justice related to LGBT+ service users from different cultures.

Relevant definitions and terms

Human Rights:

Human rights are universal and indivisible, and hence apply to everybody, including intersex people. The Universal Declaration of Human Rights(UDHR) affirms that all human beings are born free and equal in dignity and rights and that everyone is entitled to all the rights and freedoms set forth in the instrument, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth, or other status Council of Europe 2015

The rights contained in international human rights treaties apply to all people, and thus to LGBT people through the conventions' open-ended non-discrimination clauses. The committee stated that "other status" includes "gender identity ... as among the prohibited grounds of discrimination", adding that "persons who are transgender, transsexual or intersex often face serious human rights violations, such as harassment in schools or in the workplace" CESCR 2009.

Social Justice:

Social justice is a concept of fair and just relations between the individual and society, as measured by the distribution of wealth, opportunities for personal activity, and social privileges. Social justice assigns rights and duties in the institutions of society, which enables people to receive the basic benefits and burdens of cooperation. The relevant institutions often include taxation, social insurance, public health, public school, public services, labour law and regulation of markets, to ensure fair distribution of wealth, and equal opportunity. At the most basic level, many LGBT persons remain invisible in everyday life out of fear of negative reactions at school, at work, in their neighbourhood or in their family. They fear that being "out" will lead to harassment, rejection, physical violence and discrimination. Many LGBT+ individuals conceal their sexual orientation or gender identity and adjust to the heteronormativity present in society. LGBT persons

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encounter a wide range of problems in accessing health care as are affected by discrimination in the employment sector.

What the research says

The European Union Agency for Fundamentals Rights in 2019 launched the largest EU-wide EU-LGBTI II survey delivering for the first-time comparable data on how LGBT people experience their human and fundamental rights in daily life. 139,799 respondents participated, providing a wealth of information comparable across countries. Many LGBTI respondents (58 %) say that they experienced, during the five years before the survey, harassment in the form of offensive or threatening situations – including incidents of a sexual nature – at work, on the street, on public transport, in a shop, on the internet or elsewhere.

The evidence produced by the survey provides unique insights necessary to assess reliably the implementation and impact of EU law on the ground as it relates to LGBTI persons. The EU can use the findings to explore what further legal and policy measures would more effectively protect and promote the rights of LGBTI people, including in areas where existing law appears to be ineffectually implemented.

Member States are strongly encouraged to use the country results, and to compare them with other EU countries, to assess the impact of their national legal and policy framework and, in turn, consider how best to improve it. In this regard, the agency provides its own independent opinions that outline areas for action. The survey also reveals that experiencing physical or sexual attacks is more common for trans and intersex respondents (17 % and 22 %, respectively, in the five years before the survey), compared with the average for all respondents (11 % in the EU-28).

What does national legislation and international/European treaties and conventions say on the topic?

In debates on the human rights of LGBT persons, it can be assumed that the protection of the human rights of lesbian, gay, bisexual and transgender people amounts to introducing new rights or “special” rights. Legislative and judicial developments in the last decades have led to the consistent interpretation that sexual orientation and gender identity are recognised as prohibited grounds of discrimination under major human rights treaties and conventions, including the UN International Covenants and the European Convention on Human Rights.

UN Instruments

Several UN special rapporteurs have applied the international standards in raising serious human rights concerns about the treatment of LGBT persons Council of Europe 2011.

Council of Europe instruments

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All member states of the Council of Europe are parties to the European Convention of Human Rights. In 2011, the Committee of Ministers adopted the Convention on prevantion and combating violence against women and domesti violence. This convention is the first legally binding instrument in the world creating a comprehensive legal framework to prevent violence and to protect victims. The non-discrimination article of the convention includes the grounds of sexual orientation and gender identity thereby making it the first international treaty to include explicitly both sexual orientation and gender identity as prohibited grounds of discrimination.

European Union Instruments

The majority of member states have recognised, in line with international and European standards, that sexual orientation is one of the grounds of discrimination in comprehensive or sectoral non-discrimination legislation.

Some member states do not appear to protect LGBT persons against discrimination. A lower number, 20 out of 47 member states cover discrimination based on gender identity in their non-discrimination legislation, either as gender identity explicitly or as a recognised interpretation of the terms "sex", "gender" or "other ground of discrimination". For the other 27 member states, the non-discrimination legislation remains silent or is unclear on the protection of transgender persons (Council of Europe, 2011).

Cyprus

Cyprus was greatly lagging other European countries in the recognition and protection of the rights of LGBT persons and same-sex couples. However, from the 1990s, when male-to-male consensual sex was decriminalized, to 2015 when (same-sex and opposite-sex) civil partnerships were introduced, Cyprus has gone a long way – legally – in the recognition of same-sex relationships and the protection of the rights of LGB persons, although, admittedly, some important gaps still persist. As regards trans persons, things are not equally encouraging, as the legal system – still – makes no systematic provision for them. Although some important steps in the right direction have been made, especially in recent years, there is still a long way to go for achieving complete equality under the law between LGBT persons and their heterosexual and cisgender brothers and sisters.

PRACTICAL COMPONENT

Practical activities

Activity One:

1. **Answer** the small survey for LGBT rights in the following link:

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https://docs.google.com/forms/d/e/1FAIpQLScQnRl_iYDqDU1iF9mje_tXbHKI0aC8-JSPF4RHeWDBGKZguw/viewform?vc=0&c=0&w=1&flr=0

2. **Discuss** the results of the survey with the leader and the participants of your group.

Activity Two:

1. You are a service provider in a health centre. Read the following document and write down the three most important questions for data collection on sexual orientation and gender identity for your adult clients.

https://www.lgbtagingcenter.org/resources/pdfs/Sage_CollDataGuidebook2016.pdf

Activity Three:

Watch the Video: "THE HISTORY OF LGBT RIGHTS AT THE UN"

https://www.unfe.org/un-leaders-sport-stars-activists-join-forces-equality/

- **Write the key points** of this short infographic video regarding LGBT rights

ASSESSMENT COMPONENT

Formative assessment:

1. List four rights of LGBT+ people which promote the social justice.

(Link for useful resource: Discrimination on grounds of sexual orientation and gender identity in Europe)

1. _____
2. _____
3. _____
4. _____

Summative assessment:

Learning from this tool will be assessed as part of the module within which the tool is embedded.

Answer the following quiz and check the correct answers:

1. Which country was the first to permit some sex marriage?
    a. Spain
    b. Argentina
    c. Netherlands (V) The Netherlands allowed gay marriage in 2001 and was followed by other countries

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2. Many historians say that a new era of LGBT rights started in the 1980s due to what?
    a. AIDS epidemic (√) The disease frightened people all over the world and changed the way many people approached sexually-charged topics.
    b. A wave of out politicians serving in the United States
    c. A sudden shift in media coverage of gay society
3. In which country is homosexuality still punishable by death?
    a. Russia
    b. Iran (√) Other countries in the Middle East and Africa also may choose capital punishment for homosexuality
    c. Uganda

EVALUATION COMPONENT

1. Self-administered evaluation questionnaire: the learner should evaluate how the tool has assisted learning through an evaluation questionnaire.
2. Peer evaluation: Peer learning groups should discuss their use of the tool, how it has assisted learning and what has been learned. This stage of evaluation should focus on knowledge gained regarding the topic and how they may apply this learning in the work environment.
3. Teacher evaluation: teachers should evaluate the tool through observing classroom activities that demonstrate students developing skills in LGBT+ inclusive education and services

Useful resources

1. https://www.hrw.org/topic/lgbt-rights
2. https://www.lgbtqiahealtheducation.org/
3. https://rm.coe.int/discrimination-on-grounds-of-sexual-orientation-and-gender-identity-in/16809079e2

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IENELGBT+

Culturally Competent and Compassionate
LGBT+ Inclusive Education

(IENE 9)

2.3: Physical and mental well-being

by
Roberto Baiocco and Jessica Pistella

THEORETICAL COMPONENT

Principles and Values

- We believe that LGBTQ+ education for all people will promote understanding about the specific LGBT+ needs with regard to physical and mental well-being.
- We believe that there is a lack of culturally competent training within institutions and it may contribute to a risk for distress experienced by LGBT+ people, thus promoting health disparities.
- We strive to increase specific competencies and ensure safe and affirming environments in healthcare settings for LGBT+ people.

Aims

The aim of this tool is to develop an understanding of the risk and protective factors involved in the physical and mental well-being of LGBT+ people. Through the use of the Minority Stress Model, one of the most accredited empirical and theoretical frameworks in the LGBT+ psychological literature, this tool intends to increase knowledge on the health disparities resulting from sexual stigma.

Learning outcomes

When you have worked through this tool, you will be able to:

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- Articulate the importance of being aware of health disparities between LGBT+ and general populations;
- Benefit from a scientific wealth of knowledge of the factors involved in sexual minorities physical and mental well-being;
- Obtain more professional instruments and competencies to improve the service provided to LGBT+ patients.

Relevant definitions and terms/ What the research say

- The physical and mental well-being of LGBT+ people is strongly influenced by sexual stigma, consisting in the refusal, denigration, and devaluation of sexual minorities at an individual and social level.
- In order to understand the impact of sexual stigma on physical and mental health, Meyer (2003) developed the *Minority Stress Model*, which considers prejudice and discrimination as a source of psychosocial stress which is unique – that is, minority stress is additive to other stressors that are experienced by the majority of people – and chronic – that is, minority stress depends on quite stable social and cultural structures.
- Ranging from distal to proximal processes, minority stressors can be categorized as follow: (1) external and objective events, such as discrimination and victimization; (2) the expectations of negative events, which causes vigilance; (3) the internalization of societal negative attitudes and beliefs toward the self (because of one's sexual identity), that is internalized sexual stigma.
- The minority stress model also considers the importance of personal (i.e., having a positive LGBT+ identity) and group resources (i.e., LGBT+ clubs and/or LGBT+ organizations) which can buffer the effect of minority stressors, thus allowing to reduce or prevent negative health outcomes.
- Internalized Sexual Stigma (also called *internalized homophobia*) has been found associated with negative health outcomes, such as increased depression, anxiety, alcohol and drug abuse, low self-esteem and self-acceptance, low relationship satisfaction, HIV risk behavior, self-harm and eating disorder. LGBT+ people with higher levels of internalized sexual stigma are less likely to "come-out" in different social contexts.

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What does national legislation and international/European treaties and conventions say on the topic?

Historically, in Italy there were not specific laws aimed at explicitly condemning LGBT+ practices. However, the lack of such laws did not reflect a lack of persecution perpetrated against LGBT+ people. Like other western countries, the management of LGBT+ issues were delegated to those institutions and scientific disciplines (e.g. religion, psychiatry, and criminology) that defined morally and socially acceptable behaviors, by determining the criteria of social deviance.

Only in February 2016 Italy legalized same same-sex civil unions. However, Italian civil unions are not accompanied by regulation about the access to any form of assisted reproduction or adoption. Furthermore, the 2016 law does not recognize and protect the relationship between the child and his or her non-genetic parent. Moreover, to date there are no Italian laws aimed at protecting LGBT+ individuals from discriminatory acts. A legislative proposal against homotransphobia is currently debated but is strongly opposed by the conservative and right-wing parties. The law aims to extend the current protection for ethnic and religious groups to sexual identity, through an aggravating circumstance that applies when discrimination or violence is linked to the sexual orientation and/or gender identity of the victim.

What do local policies say?

In Italy there is still an important lack of inclusive policies at an institutional level. LGBT+ people face cisheterosexism in several contexts, such as school, sports, and family, and there is little or no visibility of LGBT+ subjectivities and relationships in university and school curricula. The most important experiences of existing affirmative policies and practices depend on LGBT+ community struggles, as well as individual initiatives within institutional places.

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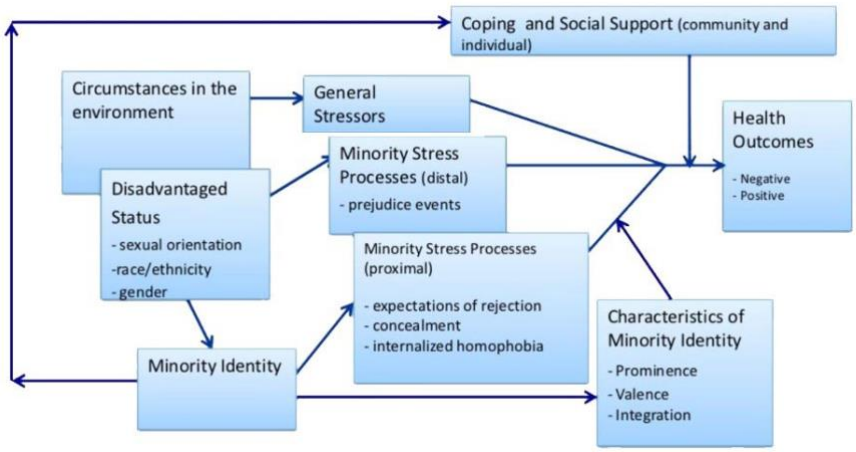
PRACTICAL COMPONENT

Practical activities

Activity one: Minority Stress Model

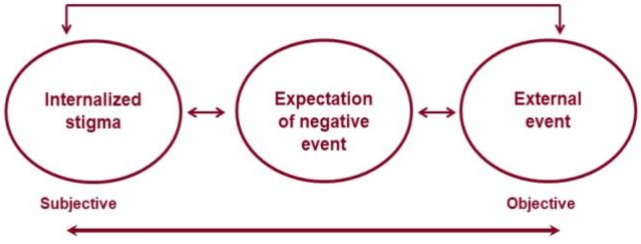


Look at the minority stress model and try to answer to the following questions:

- What distinguishes minority stress from general sources of stress?
- According to you which are the more relevant variables that can promote resilience and well-being in LGBT+ people?
- What kind of coping resources do you think LGBT+ people can enjoy?

Activity two: Define the different minority stressors

This is a very simple graphic representation of the Minority Stress Model.
The graphic represents three main minority stressors.



Discuss regarding this graphic representation and consider the following points:

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a) By taking into account the minority stress model, try to report some example of internalized stigma (also called internalized sexual stigma or internalized homophobia), expectation of negative event (perceived stigma), and external event (experiences of discrimination/victimization).

b) Given its insidious process of self-stigmatization, devaluation, and internal conflict, internalized stigma emerged as one of the most dangerous minority stressors. According to you, why internalized stigma is so relevant for the well-being and the development of a positive LGBT+ identity?

Activity three: Erase your internalized sexual stigma

See the following video: https://www.youtube.com/watch?v=UtQx-5su0Ps (11 minutes)

The majority of person may have internalized homophobia whether they admit it or not . . . but how do you get rid of it?

Discuss regarding the following points:

a) Knowledge & accept that we are
b) Be present & aware each time
c) Actively stand up to discrimination toward LGBT+ people
d) Law of attraction

ASSESSMENT COMPONENT

Formative assessment:

a) Could you explain what the difference is between internalized stigma, expectation of negative event and external event?
b) Can you explain why it is important to know the coping resources of LGBT+ people?
c) Are there any stressors or coping resources which you are need more discussion or information?

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Summative assessment:
Create a mind map, infographic, or 5-10-minute recorded talk summarising the coping resources you would include if you wanted to tell people about how to improve the well-being and mental health of LGBT+ people. The aim is to condense the main points you have learned from this module which you would like to tell others about or remind yourself.

EVALUATION COMPONENT

1. Self-administered evaluation questionnaire: the learner should evaluate how the tool has assisted learning through an evaluation questionnaire.
2. Peer evaluation: Peer learning groups should discuss their use of the tool, how it has assisted learning and what has been learning. This stage of evaluation should focus on understanding of the risk and protective factors involved in the physical and mental well-being of LGBT+ people and how they may apply this learning in the work environment.
3. Teacher evaluation: teachers should evaluate the tool through observing classroom activities that demonstrate students developing skills in LGBT+ inclusive education and services.

References

- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. Psychological bulletin, 129(5), 674-697. Retrieved from: https://pdfs.semanticscholar.org/a84c/e94f1b2de629076569a21b1fb66028d34399.pdf?_ga=2.77264989.951191687.1602070719-2034753841.1582448626

Useful resources

- LGBT rights in Italy (2020). Available at: https://en.wikipedia.org/wiki/LGBT_rights_in_Italy
- Italy: why Italy needs a law on homotransphobia. Available at: https://equal-eyes.org/database/2020/7/10/italy-why-italy-needs-a-law-on-homotransphobia
- Revel & riot website. *Internalized sexual stigma.* Available at: https://www.revelandriot.com/resources/internalized-homophobia/
- Revel & riot website. *Coming out.* Available at: https://www.revelandriot.com/resources/coming-out/

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Self-administered evaluation questionnaire

How much it is important to use in a correct way the following concepts in you work context?

Not important	Slightly important	Moderately important	Important	Very important
1	2	3	4	5

Prejudice events	1	2	3	4	5
Expectation of rejection	1	2	3	4	5
Expectation of negative events	1	2	3	4	5
Concealment	1	2	3	4	5
Internalized sexual stigma	1	2	3	4	5
Minority identity					

Sum your response, if your sum is less than 18 please discuss your answers with your peer learning group: debate with them regarding the importance of being aware of health disparities between LGBT+ and general populations.

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Tools for Intercultural Education of Nurses in Europe

Culturally Competent and Compassionate
LGBT+ Inclusive Education

(IENE 9)

Topic 2.4: Sociocultural disparities / inequality

by
Dorthe S. Nielsen, Laila Twistmann Bay and Anders Valentin Johansen

THEORETICAL COMPONENT

Principles and Values

Sociocultural disparities and inequality can be referred to as how people from other cultures or minority groups like the LGBT+ are being discriminated or disadvantaged compared to majority groups in society.

The principles and values that guide this tool include:

- Tolerance
- Courage
- Acceptance
- Respect
- Equality
- Recognition

Aims

The aim of this tool is to develop your understanding of sociocultural disparities and inequality among LGBT+ people/individuals

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You will be engaged in learning through reflection, knowledge acquisition and practical activities

Learning outcomes

When you have worked through this tool, you will be able to:

- Articulate the need for addressing sociocultural disparities and inequality in the health care sector experienced by LGBT+
- Discuss the literature and theoretical underpinnings of discrimination and inequality from different viewpoints
- Reflect on you own practice (in the relation) to provide an equal and compassionate care and service
- Identify strategies to nurture confidence in your own practice when communicating with LGBT+ individuals

Relevant definitions and terms/ What the research say

What do we mean by sociocultural?

- Sociocultural is a term related to social and cultural factors, which means common traditions, habits, patterns and beliefs present in a population group.
- These factors can be economic resources (individual and society), education, employment, marital status and more structural factors – how society is arranged

Why do we need to address inequality?

- Inequality can be linked to sociocultural factors and may affect society and individuals on a number of parameters. Differences between how population groups have access to healthcare, are treated in healthcare, are met by the healthcare system (risk of prejudice) and how information/knowledge can be used are contributing factors to inequality in health.
- Inequality in healthcare of LGBT+ patients is usually linked to heteronormative communication on part of the healthcare worker. This may lead to inadequate treatment, but also a resistance from the patient to disclose vital information, thereby securing correct treatment.

What does national legislation and international/European treaties and conventions say on the topic?

Advancement of human rights standards for LGBT+ people through the perspective of international human rights law

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The article addresses the issue of how various religious and legal systems cope with current developments that undermine binary opposition of man and woman including a definition of their sexual and cultural identities. More concretely, it tries to explain, how concrete societies and legislations deal with claims of lesbians, gays, bisexuals, and transsexuals (LGBT) that claim broader recognition. It elucidates differences among Western provisions and policies of the relevant legal bodies such as the General Assembly of the United Nations, the European Court of Human Rights, and the Supreme Court concerning these issues. It also points to the nature and real impact of international civil society forces such as Yogyakarta principles that formulate extension of rights concerning lesbians, gays, bisexuals, and transsexuals.

On the basis of comparison of various legal and religious discourses it explains current practices of direct and indirect discrimination and in some non-European national systems even extra-judicial killings, torture and ill-treatment, sexual assault, rape and other violations of human rights.

When emphasizing substantial differences among current European states and non-European ones concerning policies toward lesbian, gay, bisexual and transgender people (LGBT), it shows current tendencies of advancement in the field by common policies of Council of Europe, recent judgments issued by the European Court of Human Rights as well as civil society efforts such as Yogyakarta principles. Swedish standards have been introduced in order to emphasize existing progressive attitudes to LGBT people concerning gay marriages and adoption procedures http://compaso.eu/wp-content/uploads/2013/01/Compaso2012-32-Cviklova.pdf.

ILGA-Europe is a driving force for political, legal, and social change in Europe and Central Asia. Their vision is of a world where dignity, freedoms and full enjoyment of human rights are protected and ensured to everyone regardless of their actual or perceived sexual orientation, gender identity, gender expression, and sex characteristics https://www.ilga-europe.org/who-we-are/what-ilga-europe.

What do local policies say?

The government in Denmark have a Plan of action to promote safety, well-being and equal opportunities for LGBTI-persons 2018-2021 (2018) https://www.regeringen.dk/media/5348/lgbti-handlingsplan.pdf

Under the heading, “An equal part of the community” a new collected LGBTI+ policy from Copenhagen municipality have been conducted to ensure that the municipality to an even higher degree meet LGBTI+ persons with respect, equality, dialog and trust. 2019-2023 (2019) https://www.kk.dk/nyheder/koebenhavn-klar-med-danmarks-foerste-lgbti-politik

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PRACTICAL COMPONENT

Practical activities

Activity 1: Why is it important to focus on hate crime and hate speech against LGBTI people?
LGBT+ people fear violence and hate everywhere in Europe. More than one of four LGBT+ individuals has either experienced physical/sexual violence or threats within the last 5 years, according to the 2012 survey conducted by the Fundamental Rights Agency (FRA).

In general, hate crime and hate speech aim to undermine the dignity and value of a human being belonging to a particular social group – based on their skin colour, ethnicity, religion/belief, gender, sexual orientation, gender identity and sex characteristics. On a wider scale, it sends a negative message to LGBTI communities, their supporters and rest of the society. It implies that a particular social group does not deserve recognition, respect, equality and tries to legitimise attacks on members of that group.

Consider and discuss the following questions in groups of three to four:

- *Discuss why the hate crime and hate speech occurs?*
- *Have you experienced any form of discrimination acts towards LGBT+ individuals in your institution?*
- *How can we address socio-cultural disparities and inequality in our everyday life?*
- *Who is responsible?*

Activity 2:
See the movie: https://www.youtube.com/watch?v=B6GOYVsOQy4

Consider the following questions in the same groups as above:

- *Discuss the influence and impact of inequality and discrimination on social and cultural variables of the life and experiences of LGBT+ individuals*
- *Write down five recommendations that can prevent inequality and discrimination of LGBT+ individuals*

Activity 3:
Focus on awareness and self-reflection.

- *Write down experiences where you have felt discriminated and where you have experienced disparity, inequality or discrimination*
- *Then write down experiences where you have been discriminating others and may have caused inequality or socio-cultural disparity*

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ASSESSMENT COMPONENT

Formative assessment:
Conduct three PowerPoints and tell your group in five minutes about what you have learned in this tool – this presentation will be followed by 10 minutes of discussion with the rest of the goup

Summative assessment:
Learning from this tool will be assessed as part of the module within which the tool is embedded.

EVALUATION COMPONENT

1. Self-administered evaluation questionnaire: the learner should evaluate how the tool has assisted learning through an evaluation questionnaire.

2. Peer evaluation: Peer learning groups should discuss their use of the tool, how it has assisted learning and what has been learning. This stage of evaluation should focus on knowledge gained regarding intercultural communication and how they may apply this learning in the work environment.

3. Teacher evaluation: teachers should evaluate the tool through observing classroom activities that demonstrate students developing skills in intercultural communication.

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1. King M, Semlyen J, Tai SS, et al. A systematic review of mental disorder, suicide, and deliberate self harm in lesbian, gay and bisexual people. BMC psychiatry 2008; 8: 70.
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3. Semlyen, J., Ali, A., & Flowers, P. (2017). Intersectional identities and dilemmas in interactions with healthcare professionals: an interpretative phenomenological analysis of British Muslim gay men. Culture, health & sexuality, 1-13.

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Useful resources

https://pubmed.ncbi.nlm.nih.gov/31194801/

https://www.sdu.dk/-/media/files/om_sdu/gender_equality/leru-edi-paper_final_sep2019.pdf

https://pubmed.ncbi.nlm.nih.gov/29981953/

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Tools for Intercultural Education of Nurses in Europe

Culturally Competent and Compassionate
LGBT++ Inclusive Education

(IENE 9)

Topic 2.5: Identification of and addressing barriers and facilitators to meet LGBT+ service users'/learners' health and social care needs and learning needs

by
Victor Dudău and Claudia Ghindeanu

THEORETICAL COMPONENT

Principles and Values

Alongside discrimination and prejudice, LGB persons also face some health risks not faced by other members of the population. Many health professionals are unaware of specific health issues LGB persons may face. This lack of awareness is often related to the discrimination LGB persons encounter in healthcare.

This tool can support health professionals to address LGBT people's specific needs and avoid discrimination on grounds of sexual orientation or gender identity.

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The values which drive this tool are:

- Health and security
- Non-discrimination
- Equality
- Respect
- Empathy
- Kindness
- Dialog

Aims

This tool will help you to identify barriers and facilitators to meet LGBT+ patients' health and social care needs and learning needs and help you to address properly these needs.

You will be engaged in learning through reflection, knowledge acquisition and practical activities.

Learning outcomes

When you have worked through this tool, you will be able to have a better understanding of:

- factors that affect LGBT+ people's health outcomes;
- specific health needs of LGBT+ people;
- access and barriers to proper care faced by LGBT+ people;
- barriers and challenges faced by healthcare professionals in providing care for LGBT+ people.

What the research says

Research suggests that LGBT+ individuals face health disparities linked to societal stigma, discrimination, and denial of their civil and human rights. Examples may include: discrimination in access to health insurance, employment, marriage, adoption, and retirement benefits, lack of laws protecting against bullying in schools, lack of social programs targeted to and/or appropriate for LGBT+, recreational facilities and activities, safe meeting places, safe schools, neighbourhoods and housing and access to health services.

Experiences of violence and victimization are frequent for LGBT+ individuals and have long-lasting effects on the individual and the community.
Discrimination against LGBT+ persons have been associated with high rates of psychiatric disorders, substance abuse, and suicide. In fact, personal, family and social

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acceptance of sexual orientation and gender identity affects the mental health and personal safety of LGBT+ individuals.

Health problems that LGBT+ people face

▪ LGBT+ youth are 2 to 3 times more likely to attempt suicide and are more likely to be homeless (it is estimated that between 20% and 40% of all homeless youth are LGBT+). LGBT+ youth are also at higher risk for becoming infected with HIV and other sexually transmitted diseases (STDs). They are also more likely to be bullied.

▪ Gay men and other men who have sex with men (MSM) are at higher risk of HIV and STDs, especially among communities of color.

▪ LGBT+ people are much more likely to smoke than others; they also have higher rates of alcohol use, other drug use, depression, and anxiety.

▪ LGBT+ people have higher rates of behavioral health issues.

▪ Transgender individuals experience a high prevalence of HIV and STDs, victimization, and suicide.

▪ Elderly LGBT+ individuals face additional barriers to health care because of isolation, diminished family supports, and reduced availability of social services.
(source https://www.healthypeople.gov)

LGBT+ health requires specific attention from health care and public health professionals to address a number of disparities.

But there are many barrier LGBT+ people encounter when accessing health care. LGBT+ people have limited access , are less likely to have health insurance, either because they have been rejected by their families when they are young, or because they are unemployed or homeless, or because they require services that are not available to them even when they have health insurance.

LGBT+ people may have negative experiences and trouble when accessing care, such us unequal treatment, needs ignored or not recognized, denial of access to treatment or are subject to humiliation.

Bad experiences with inadequately trained professionals are a big reason why LGBT+ people do not seek medical care. LGBT+ people sometimes discover that providers do not have knowledge or experience in caring for them and are not knowledgeable and culturally competent in LGBT+ health.
LGBT+ people may experience discrimination or prejudice from health care staff when seeking care because prejudicial attitudes and intolerant or discriminatory behavior of staff including inappropriate curiosity.

Many health professionals' knowledge about LGBT+ (particularly bisexual, trans and intersex people) is limited and also their cultural competence concerning the lives and healthcare needs of LGBT+ people. In some cases, healthcare professionals do not know

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how to approach and provide treatment to LGBT+ persons, and homophobic or transphobic behaviour was also reported.

The FRA – European Union Agency research reveals that healthcare professionals in several EU Member States still view homosexuality and trans sexuality as pathological. At the same time, as evidenced by the EU LGBT+ survey, discrimination against LGBT+ persons in the health sector is a reality.

What does national legislation and international/European treaties and conventions say on the topic?

The article 35 of the Charter of Fundamental Rights of the European Union states that "everyone has the right of access to preventive healthcare and the right to benefit from medical treatment under the conditions established by national laws and practices".

Article 168 of the Treaty of Maastricht gives the EU limited legislative competence in the field of public health, which basically remains to a large extent the prerogative of each member state. EU Member States are responsible for the organization and delivery of health services and medical care.

Race Equality Directive, implementing the principle of equal treatment irrespective of racial or ethnic origin obliges Member States to adopt relevant anti-discrimination legislation in the areas of social protection (including social security and healthcare), education and access to and supply of goods and services available to the public (including housing).

The Employment Equality Directive, prohibit discrimination on the grounds of religion or belief, disability, age or sexual orientation in the areas of employment, occupation and vocational training.

The EU Health Strategy (2008-2013) identifies equity in health as a fundamental value and considers that addressing health inequalities and equity in healthcare is a key action.

The Council of Europe Recommendation CM/Rec(2010)5 recommends the following to member states to take into account the specific needs of LGBT persons in the development of healthcare plans, medical curricula, training courses and materials for healthcare professionals.

What do local policies say?

Code of conducts, organisational values and so on.

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The Council of Europe monitoring body, the European Commission against Racism and Intolerance, concluded in its 2017 annual report that homophobic and transphobic hatred remains present in Europe, and that its prevalence on the internet and in social media has helped fuel a rise in hostility towards LGBTI people. The FRA confirm in the Report 2015 the extent of homophobia, transphobia and discrimination experienced by LGBT+ people throughout Europe.
ILGA Europe also considers that LGBT+ people all over Europe are facing discrimination every day. It might happen in their workplace, at the doctor, in school or at a restaurant. They could be denied services due to their sexual orientation, gender identity and/or sex characteristics.

At the national level, the situation is very different: many countries have introduced some sort of anti-discrimination legislation; others have no legal framework which prohibits discrimination of LGBT+ people. Very few countries have adopted horizontal anti-discrimination laws to protect LGBT+ people in all spheres of life.

In Romania, a Eurobarometer survey on discrimination in Europe, conducted in 2015, shows that LGBT+ people are the most discriminated.

The legal and policy situation of LGBT+ people in Romania must to be improved by adopting legislation to recognise and protect same-sex couples, introducing hate crime laws that explicitly cover all bias-motivated crimes based on sexual orientation, gender identity and sex characteristics, and developing a fair, transparent legal framework for legal gender recognition, based on a process of self-determination and free from abusive requirements such as sterilisation, GID/medical diagnosis, or surgical/medical intervention (*ILGA-Europe)*

PRACTICAL COMPONENT

Practical activities

Activity 1:

a) Check our Rainbow Europe module made by ILGA-Europe (https://www.rainbow-europe.org/) and see the latest updates on the legal situation for LGBT+ people in Europe and how the 49 European countries are rated.
b) Then, check your country score and see which the criteria your country met.
c) Search for more information in the situation in your country and do a list of the things must be improved in the situation of LGBT+ people in your country.
d) Post your list on the forum, read the other lists and give feedback to them.
e) Discuss with your peers about the laws and policies on the LGBT+ people's human rights that have to be improved in health and social care fields.

Activity 2:

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a) Watch the video https://libguides.massgeneral.org/c.php?g=912395&p=6616450 and reflect on how LGBT+ people from the video want the health care providers treat LGBT+ patients.
b) Read the Recommendations to individual and institutional healthcare providers from the Documentation of discrimination in the field of LGBT+ heath in Romania, page 35-36:

Create a welcoming environment that is inclusive of LGBT+ patients.
- Prominently post the hospital's nondiscrimination policy or patients' rights information sheet.
- Waiting rooms and other common areas should reflect and be inclusive of LGBT+ patients and families.
- Create or designate unisex or single-stall restrooms.
- Ensure that visitation policies are implemented in a fair and nondiscriminatory manner.

Avoid assumptions about sexual orientation and gender identity.
- Refrain from making assumptions about a person's sexual orientation or gender identity based on appearance.
- Be aware of misconceptions, bias, stereotypes, and other communication barriers.
- Recognize that self-identification and behaviors do not always align.

Facilitate disclosure of sexual orientation and gender identity, but be aware that it is an individual process.
- Honor and respect the individual's decision and pacing in providing information.
- All forms should contain inclusive, gender-neutral language that allows for self-identification.
- Use neutral and inclusive language in interviews and when talking with patients
- Listen to and reflect patients' choice of language when they describe their own sexual orientation and how they refer to their relationship or partner.

Provide information and guidance for the specific health concerns facing lesbian and bisexual women, gay and bisexual men, and transgender people.
- Become familiar with online and local resources available for LGBT+ people.
- Seek information and stay up to date on LGBT+ health topics. Be prepared with appropriate information and referrals.

c) Propose additional recommendations to this list.
d) Post your proposals on the forum, read other suggestions of your peers and give reply or comment them.

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ASSESSMENT COMPONENT

Formative assessment:
Self-assessment: List five factors that affect LGBT+ people's health outcomes.

Group reflection: using the content of what has been learned today discuss with your colleague how to address specific health needs of LGBT+ people in practice.

Summative assessment:
Learning from this tool will be assessed as part of the module within which the tool is embedded.

EVALUATION COMPONENT

1. Self -evaluation: Identify learning that has occurred, and also future needs.
   i. Think of something that you have learned.
   ii. Think of something that you would put in place after the training!
   iii. Share it with your colleagues.

2. Peer evaluation: Discuss with the your peers about how to use the learning tool in the work environment and the knowledge gained to remove the barriers to proper care faced by LGBT+ people.

3. Teacher evaluation: teachers should evaluate the tool through observing classroom activities that demonstrate students developing skills in intercultural communication.

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2. Eurobarometer survey on discrimination the LGBT+ people, http://tgeu.org/wp-content/uploads/2016/10/EU_eurobarometer_2015_437.pdf
3. The rights of LGBTI people in the European Union, https://www.europarl.europa.eu/RegData/etudes/BRIE/2019/637950/EPRS_BRI(2019)637950_EN.pdf

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4. Lesbian, Gay, Bisexual, and Transgender Health, https://www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health
5. Documentation of discrimination in the field of LGBT+ heath in Romania General overview, legal framework, findings and recommendations, ACCEPT Association 2014, https://www.ilga-europe.org/sites/default/files/Attachments/romania.pdf

Useful resources

1. Providing Inclusive Services and Care for LGBT+ People: A Guide for Health Care Staff, Guide for Health Care Staf, FENWAY INSTITUTE, https://www.lgbtqiahealtheducation.org/wp-content/uploads/Providing-Inclusive-Services-and-Care-for-LGBT-People.pdf
2. Health4LGBTI Training https://ec.europa.eu/health/sites/health/files/social_determinants/docs/2018_lbti_module2_en.pdf

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Toolkit Three

Cultural Sensitivity and Compassion

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Tools for Intercultural Education of Nurses in Europe

Culturally Competent and Compassionate
LGBT+ Inclusive Education

(IENE 9)

Topic 3.1. Use of Language

By
Patricia Rocamora-Pérez, Remedios López-Liria
and María del Pilar Díaz-López

THEORETICAL COMPONENT

Principles and Values

Perhaps we are not aware of the magnitude of our words, and sometimes an unfortunate comment towards a vulnerable group can cause a lot of damage. Our rational nature manifests itself through our capacity for reasoning, which in turn becomes apparent through intelligence. This intelligence is given through language, the only communication system with a poetic function (beautify) and a metalinguistic function (which allows to speak of the language itself) (Beristain, 2017). Language, tone of voice, speed and pronunciation are all key elements of effective communication, which should be also considered when working across cultures (Sully & Dallas, 2010).

Given the importance of language in the relationship between the health care provider and the patient/user, as well as the myriad ways in which language can reflect knowledge, skills, and attitudes, we contend that language is both a facilitator and an inhibitor of competence (Rossi & López, 2017). Due to the constantly changing trends in language, we believe that current models of competency training are often limited regarding how we communicate with our patients. The messages we send via dialogue can facilitate and hinder care, and incorporating new approaches for how to best meet the needs of our patient population is important. Thus, it is important that providers be trained on how to use language best in a culturally competent manner and to create inclusive environments for their patients, where they can use the language that reflects best their individual

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identities. In O'Byrne's opinion this implies that this 'language' is malleable enough as to allow the attribution of (different) meaning(s) by distinct groups of individuals with diverging interests. The linguistic aspect of human rights appears ever more important if one acknowledges that LGBT+ identities and issues are multifarious, multidirectional and often intersecting with other individual characteristics (Anmaturo, 2019).

The **principles and values** that underpin the "***use of language***" are: respect, trust, empathy, compassion, accuracy, effective communication.

Barriers arise due to: technical language, limited language proficiency, no linguistic equivalent; gender roles, family structure; prejudice, stereotyping.

Aims

You will be engaged in a learning process through reflection, knowledge acquisition and practical activities about *use of language*. The aim is to:
- Reflect on your own practice in relation to *Use of Language* with the LGBT+ community.
- Understand the need to use inclusive language. Deal with new codes in the language. Reflect on the importance of body language.
- Give appropriate explanations to patients about their process and needs. Being sensitive about the way they request information from users/patients, using inclusive and respectful language. Allow the user/patient to use the words that express best their own identity.
- Identify strategies to show confidence in your own practice when communicating with LGBT+ users. Remember the need to use politeness strategies when making requests. Become a competent provider by listening to users/patients, using user's/patient's language, and adjusting accordingly.

Learning outcomes

When you have worked through this tool, you will be able to:
- Use accurately specific terms of language regarding LGBT+ themes.
- Recognise, prevent and solve different problematic situations with regards to communication.
- Better understand and respond to users'/patients' personal and health needs.
- Avoid discrimination in the *Use of Language*.

Relevant definitions and terms/ What the research say

Ideally, a professional will be considered competent once they (1) acquire a foundation in issues associated with LGBT+ individuals, as well as a basic understanding of appropriate vocabulary; (2) reconcile personal beliefs with their professional role; (3) create an inclusive healthcare environment such that the influence of personal biases does not negatively impact care; and (4) use identifiers suggested by the patient (Rossi & López, 2017).

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A review of the scientific literature has highlighted the importance of developing curricula that include learning about key terminology, stigma and discrimination, sexuality and sexual concerns, talking about sex and LGBT+, specific health issues and heath disparities (Cheng & Yang, 2015; Echezona-Johnson, 2017; McCann & Brown, 2018; Sekoni et al., 2017). In one UK study involving medical students, where almost 85% of participants reported a distinct lack of LGBT+ education, nearly half said that they would not routinely ask about sexuality or gender identity needs when assessing patients. Students admitted feeling a lack of confidence and poorly prepared regarding LGBT+-specific health care terminology and this may lead to miscommunication and potential shortcomings in the provision of adequate health and social care (McCann & Brown, 2018; Parameshwaran et al., 2017).

The research of Travits & Pérez (2019) also makes a theoretical contribution by specifying that gender-neutral language influences attitudes and beliefs about gender equality and tolerance towards LGBT+ individuals by decreasing the cognitive salience of males (and increasing the salience of nonmales). This is a significant improvement over prior literature, which has demonstrated that language impacts evaluations and judgments. Johnston (2016) notes that understanding the nuances of language is important as, depending on how a person self-identifies, meanings and connotations of terms may vary. In Higgins´s systematic review, the authors stress the importance of education on LGBT + terminology and concepts, and the use of inclusive and appropriate language with LGBT + individuals (Higgins et al., 2019)

The grounding education for students should include the following topics at a minimum to ensure a full understanding of the LGBT+ patient (Compton, 2015; Obedin-Maliver et al., 2011): the definitions of gay, lesbian, transgender, gender identity, gender expression, and sexual orientation; awareness of the differences between sex, gender, and sexual orientation; diversity of sexual orientation, gender identity and gender expression in the general population; sexual developmental disorders/intersex conditions.

Some important themes about the “Use of Language” have been described in the Ward-Gale Model for LGBTQ-inclusivity in Higher Education (Hafford-Letchfield, Pezzella, Cole, Mannig, 2017; Ward & Gale, 2016): Avoiding abusive and discriminatory language; avoiding hetero-normative and cis-normative language; critical engagement with queer/trans inclusive language.

What does national legislation and international/European treaties and conventions say on the topic?

Many governments have adopted policies that enshrine gender parity and inclusion, integrating gender-neutral words into their vocabulary (e.g., police officer instead of policeman) and promoted gender-neutral pronouns (e.g., they instead of he or she). The Committee on Lesbian and Gay Concerns (CLGC) has considered issues of heterosexual

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bias in language since it was founded in 1980. A first draft of the "CLGC Nomenclature Guidelines for Psychologists" was approved at the September 1985 meeting. Comments were solicited from the American Psychological Associations (APA's) Division 44 and from the Association of Lesbian and Gay Psychologists. A revised document was approved by CLGC in October 1985 and by the Board of Social and Ethical Responsibility in Psychology in spring 1987.

From the patients' or clients' perspective the strategies that may increase their comfort with health care professionals include: ensuring confidentiality of information provided; structuring questions and comments that do not assume heterosexuality; and with the agreement of the patient or client, allowing partners to be present during consultations and allowing them to participate in decision making. It is important that nurses and others use inclusive language on forms and when talking to users/patients to ensure they do not unintentionally present same-sex relationships as less significant than heterosexual ones. The challenge for educators is to recognise and acknowledge their own prejudices and biases as these can be communicated directly and indirectly to students (Irwin, 2007).

What do local policies say?

Law 3/2016, of July 22, on Comprehensive Protection against LGBT+phobia and Discrimination on the basis of Orientation and Sexual Identity in the Community of Madrid establishes several articles that promote the use of inclusive language: Article 4-g. Article 7- 4. Article 12. Media.

PRACTICAL COMPONENT

Practical activities

Activity 1. Your own experiences of Use of Language. Your professional practice

First, we invite you to take part in this interactive terminology activity. Participants should click on LGBT+ terms to learn their definitions, and zoom in and out of a map of terms, so that they could better understand how these terms relate (or do not relate) to one another. Then, use your reflective diary to look back over the incidents you have noted regarding the *Use of Language* in your life and your responses in these situations:

- Have you ever cared for a LGTB+ patient?
- Have you had any difficulties?
- Do you think you used appropriate language?
- Would you change something after having studied this topic?
- Include a statement in your reflective diary or the discussion panel on avoiding hetero and cisnormative language
- Discuss with other students what constitutes abusive or discriminatory language.

Activity 2. Other people's experiences of Use of Language

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Participants should watch the video and reflect on their contents and link contents with their own experiences, too. Individual learning and reflection:
We Are Here: A Transgender Training Video for Healthcare Professionals (16´02´´): https://www.youtube.com/watch?v=X22w0I-RQkQ

This video presents LGBT+ users who describe their experiences seeking healthcare, and emphasizes the importance of communication and cultural competency around LGBT+ issues. By including this video, we aim to emphasize the real-world, human element to the concepts illustrated by the training module.

Please, list which are the “communication barriers” between the professional and LGBT+ individuals, in your opinion.
Read the tweets of this link and reflect on how the use of language can affect the LGTB+ collective and society, taking into account the influence of the media and the vision that can be granted on the LGTB+ collective.

Activity 3. Interpersonal skills. What is the right thing to do?

A video presents participants a dialogue illustrating how the professional will communicate with the patient.
Care to the Trans and Gender Non-Conforming Identified Patient (10´27´´) https://www.youtube.com/watch?v=NEHxlmFBRrA

Participants can learn some practical example to communicate better with client. Based on the knowledge you have gained so far, define different communication skills, effective communication, barriers to communication. LGBT Healthcare Training Video: "To Treat Me, You Have to Know Who I Am" (10´12´´) https://www.youtube.com/watch?v=NUhvJgxgAac

Post your opinion on the discussion-board and compare it with the other participants’ ones. Provide a feedback to another participant.

Case Study

The participants should read the specific case study, in order to reflect, assess and improve their learning. Individual assessment and Group reflection. Access the document below by clicking on the link (**Case Study Use of Language**).

a) Make a list of the key points in the document (analysis) and post this and your reflection (proposal) about the key points on the discussion board for this topic.

b) Read at least 5 entries from other participants and provide feedback to them.

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ASSESSMENT COMPONENT

Formative assessment:
Group reflection based on experience from practice, using the content of what has been learned today to guide reflection, identify learning that has occurred, and future needs, also. A writing assignment based on the learning activity such as a reflective account, entries into discussion boards, a blog, a vlog and so on. Participants are encouraged to select one or more ways they would address non-inclusive elements of their own practice revealed during their evaluation.

Summative assessment:
Learning from this tool will be assessed as part of the module within which the tool is embedded. Use of Language is a topic inside "Sensitivity Culture and Compassion" Module. All the topics will be assessment with a critical analysis of a case study. What will be assessed? Practical skills and capacity of building an action plan against discrimination and the values promoted: respect, tolerance, dignity and rights of patients.

EVALUATION COMPONENT

1. **Self-administered evaluation questionnaire: the learner should evaluate how the tool has assisted learning through an evaluation questionnaire.** This stage of evaluation should focus on the use of the reflective diary and the development of awareness of Use of Language in LGBT+ issues.

2. **Peer evaluation: Peer learning groups should discuss their use of the tool, how it has assisted learning and what has been learnt.**
   This stage of evaluation should focus on knowledge acquired regarding Use of Language and what it might mean for different people in different situations.
   The post-test should include questions such as:
   i. After completing this activity, how comfortable do you feel with regards to providing healthcare for LGBT+ patients?
   ii. Have your clinical skills improved to a level where you feel prepared to carry out a cultural and compassionate care on the LGBT+ population?

3. **Teacher evaluation: teachers should evaluate the tool through observing classroom activities that demonstrate students developing skills in *use of language*.** Activities that demonstrate students developing skills in Use of Language, focusing on how they relate to users'/patients' health and social care.

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USEFUL RESOURCES

LGBTQ+ Community Engagement in Healthcare | Mark Litwin & Christopher Mann | UCLAMDChat (27´34´´)
https://www.youtube.com/watch?v=slVP3X2LbRU

How Effective Healthcare Communication Contributes to Health Equity (7´14´´)
https://www.youtube.com/watch?v=dOZLf-RYvHk

LGBT Health Matters (12´26´´)
https://www.youtube.com/watch?v=pD9MSNuhg0E

We Are Here: A Transgender Training Video for Healthcare Professionals (16´02´´)
https://www.youtube.com/watch?v=X22w0I-RQkQ

LGBT Healthcare Training Video: "To Treat Me, You Have to Know Who I Am" (10´12´´)
https://www.youtube.com/watch?v=NUhvJgxgAac

Speaking with Patients about Sexuality and Gender Part 1 (24´34´´)
https://www.youtube.com/watch?v=slpgUr9Zdr8

Speaking with Patients about Sexuality and Gender Part 2 (16´53´´)
https://www.youtube.com/watch?v=ALRDdVFptPY

Care to the Trans* and Gender Non-Conforming Identified Patient (10´27´´)
https://www.youtube.com/watch?v=NEHxlmFBRrA

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CASE STUDY TOLERANCE

Obtained from: Personas trans: identidad, libertad y respeto. Guía de buenas prácticas. Vicerrectorado de responsabilidad social y cooperación. Editorial Universitat Politécnica de Valencia. (Trans people: identity, freedom and respect. Good practice guide. Vice-Rector's Office for Social Responsibility and Cooperation. Editorial Polytechnic University of Valencia.)

Example 1. (Valid in Spanish, NOT in English)

The Netherlands includes the neutral gender in the civil registry:

"The Dutch justice has decided that the time has come to update the civil registry to include men, women and those who do not fit into one of the two categories at birth: intersex"

EL PAÍS, 05/28/2018

SOLUTION for example 1:

Analysis: use of the masculine "los" as generic and referring to the reality of non-binary people: intersex.

Proposal: “The Dutch justice has decided that the time has come to update the civil registry to include men, women and THOSE who do not fit into one of the two categories at birth: THE intersex POPULATION.

Ejemplo 1. Holanda incluye el género neutro en el registro civil:

“La justicia holandesa ha decidido que ha llegado el momento de actualizar el registro civil para que incluya a hombres, mujeres y los que no encajen en una de las dos categorías al nacer: los intersexuales”

El PAÍS, 28/05/2018

SOLUCIÓN del ejemplo 1:

Análisis: utilización del masculino “los” como genérico y referido a la realidad de personas no binarias: intersexuales.

Propuesta: “La justicia holandesa ha decidido que ha llegado el momento de actualizar el registro civil para que incluya a hombres, mujeres y A QUIENES no encajen en una de las dos categorías al nacer: LA POBLACIÓN intersexual.

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Example 2. "Angela Ponce, the first transsexual to win Miss Universe-Spain" VANGUARDIA MX, 07/10/2018

SOLUTION for example 2:

Analysis: Misuse of the term "transsexual"

Proposal: "Angela Ponce, the first trans woman to win Miss Universe-Spain"

EXPRESSIONS AND TERMS. EXAMPLES OF DISCRIMINATION

There are expressions incorporated into colloquial speech with a strong discriminatory content that must be avoided:

Sex change: "He has recently changed sex, he was a girl before".

Person of normal sexual orientation: "I am normal" (implying: “My sexual orientation is normal, but other sexual orientations are not”)

Hermaphroditism. Hermaphrodite.

Travesti, travelo or other degrading terms in reference to trans realities.

RESPECTFUL EXAMPLES

Discovery of gender identity. Gender self-determination:

"He has self-determined his gender identity recently."

Heterosexual person, cis person (matching sex and gender), cisheterosexual person (matching sex, gender and sexual orientation).

Intersexuality. Intersex

Trans, trans person

TERMS OF COMMON USE

COMMON

Parents (“Fathers”, “Padres”, in Spanish): use of the term as comprehensive of mother and father

Mother, father: does not always include LGTB+ realities

Girlfriend, boyfriend: the concept of these terms is linked to heteronormativity. The person's partner is assumed to be of the opposite gender.

Husband and wife: referring to marriage

Children (“Sons”, “Hijos” in Spanish): used to refer to daughters and sons.

Born (“Nacido/a” in Spanihs) in: used in administrative forms and similar documents

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ALTERNATIVE

Family, mother and father. The plural "mothers" or "fathers" is referred to homoparental families.

You have to ask politely how the person identifies in their family relationship. A solution in forms or administrative documentation is the use of "ascendants", comprehensive also of "grandmothers and grandfathers" and "aunts and uncles".

Partner: avoid preconceived assumptions about the person's sexual affective orientation

Marriage: also includes same-sex-gender couples

Daughters and sons, offspring

Native of….

GRAMMATICAL ASPECTS

Faced with doubts in the use of pronouns referring to a trans person, we should ask this person the correct way to name them.

In some areas, the use of the pronoun élle (plural élles) is being promoted as a unifier of both genders. The ending in (-e) or its plural (-es) are proposed to replace the feminine and masculine marks.

None of these grammatical alternatives is accepted in academic use or formal communication.

In English the use of the singular pronoun “they” is accepted. In Spanish the accepted strategy is the ellipsis of the pronoun without losing coherence in the message. Neutral pronouns in the third person are used to:

- refer to people whose gender identity is unknown. They is driving recklessly.

- to mention mixed groups with people of different gender identities. They will be here at nine o´clock.

- Refer to a non-binary person or people. They smiled when I gave their gift.

- Refer to a generic person. If someone is going in that bus, they must pay.

GENERIC MASCULINE AND OTHER ANDROCENTRIC FORMS

Strategies to avoid the use of the generic masculine and other androcentric forms:

- Use of collective nouns: population, neighbourhood, students (“estudiantes”, in Spanish), staff ...

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- Ellipsis of the subject without losing coherence in the text.

- Use of terms that include both genders: baby (“bebé” in Spanish), student (“estudiante” in Spanish), teacher (“docente” in Spanish)... (In Spanish, the article will be ellipsed to avoid the gender mark. E.g. Students and teachers addressed the event, instead of the students –“los” estudiantes- and the teachers – “los docentes”).

- Periphrasis. Those who practice engineering (engineers, “ingenieros” in Spanish)

- Use of the imperative E.g. (the applicant must send their CV, “el” solicitante, in Spanish). Send your CV to the address.

- Use of the passive form. E.g. (the applicant will submit the form before day 1, “el” solicitante, in Spanish). The form will be submitted before day 1.

- Determinants without gender mark and omission of the determinant. E.g. (All committee members will receive their gift at the end of the event, “Todos los miembros…”, in Spanish) Each committee member will receive their gift ... (Cada miembro…, in Spanish).

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IENELGBT+

Tools for Intercultural Education of Nurses in Europe

Culturally Competent and Compassionate
LGBT+ Inclusive Education

(IENE 9)

Topic 3.2: Communication, inclusive, non-heteronormative communication

by
Dorthe S. Nielsen, Laila Twistmann Bay and Anders Valentin Johansen

THEORETICAL COMPONENT

Principles and Values

Communication and non-heteronormative communication can be referred to as how people with different background and with different sexuality and identity come together to communicate in recognition and unprejudiced

The principles and values that guide this tool include:

- Recognition
- Empathy
- Open mindedness
- Tolerance
- Acceptance
- Respect
- Courage
- Genuine Curiosity

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Aims

The aim of this tool is to develop your understanding of the importance of communication how to communicate in a respectful and sensitive way and be able to address language differences, barriers, misunderstandings and promote competences in non-heteronormative communication.

You will be engaged in learning through reflection, knowledge acquisition and practical activities.

Learning outcomes

When you have worked through this tool, you will be able to:

- Address non-heteronormative communication
- Articulate the need for the focus on communication and non-heteronormative communication in any health care practice
- Discuss the underpinnings of communicating in an intercultural and diverse context, using active listening, dealing sensitively, respectfully, empathetically and culturally appropriately to others feelings, needs, vulnerabilities and concerns
- Identify strategies to nurture confidence in your own practice when communicating with LGBT+ people, with different values and beliefs.

Relevant definitions and terms/ What the research say

What is non-heterosexual?

- Non-heterosexual is a word for a sexual orientation or sexual identity that is not heterosexual. The term helps define the concept of what the norm is and how a particular group is different from that norm.

What do we mean with intercultural communication?

- Intercultural communication is communication across cultures and social groups. It involves the understanding of different cultures, languages and customs of people from different cultures. It can be referred to as how people from different cultures languages, social and economic backgrounds, beliefs and regions come together to communicate.

- Intercultural communication involves knowledge of cultural values, beliefs, characteristics and behaviours, awareness and sensitivity, which promotes non-judgemental flexibility and openness, influencing attitude and behaviour.

- Intercultural communication enables the individual to recognise and respond to people in ways that otherwise may result in miscommunication due to cultural differences.

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What does national legislation and international/European treaties and conventions say on the topic?

ILGA-Europe is a driving force for political, legal, and social change in Europe and Central Asia. Their vision is of a world where dignity, freedoms and full enjoyment of human rights are protected and ensured to everyone regardless of their actual or perceived sexual orientation, gender identity, gender expression, and sex characteristics https://www.ilga-europe.org/who-we-are/what-ilga-europe

What do local policies say?

Links to the areas that the national association for lesbian, gays, bisexual and trans persons (LGBT+ Denmark) work with political agenda, including side legislation which affords their users a lot of problems.

http://lgbt.dk/politik/

PRACTICAL COMPONENT

Practical activities

Activity 1: Cultural awareness, sensitivity and competences

- https://www.youtube.com/watch?v=tRvFj3ugdWU
- Discuss the importance of being able to communicate with the appropriate terms for the LGBT+ collective
- How can we put more focus and learn to communicate in a respectful and sensitive way
- Write down five recommendations that can be shared in your institution

Activity 2: Cultural awareness

Non-verbal communication

- Groups of 3 to 5 people
- Discuss how non-verbal communication can be judgemental
- Have you ever been judgemental in your body language – when, how and why?
- How do we put focus on our awareness, pre-understanding and prejudices

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Activity 3: Cultural awareness, knowledge and sensitivity

I am a female-looking, white young woman who looks like many other women in Switzerland. My boyfriend is a good bit taller than I am, of the same skin colour and looks decent in a shirt. If we walk into the theatre together, holding hands, people will smile at us, probably thinking that we are a lovely young couple that will certainly produce one or two beautiful babies and make wonderful parents.

When I did the same thing with my ex-girlfriend a few years earlier, the experience was quite different. We could not just walk in casually. We had all eyes on us; some were curious, some confused or even appalled. What these people were thinking I cannot judge, but the fact that it was impossible for us to just walk in without attracting everyone's attention proves how deeply heteronormativity is rooted in our society.

Nevertheless, as I think that thought, I know that by thinking it, I reinforce the powers of heteronormativity by noticing that the two people in front of me are not what we consider normal. They are deviant. Non-heteronormative. Queer. However, one might want to call it.

Discuss in groups:

- How can we grant equal rights for people whom we call 'non-normal', 'non-standard' or even 'weird'?
- How can we achieve equality for LGBTQ+ people in our way of communicating and putting focus on non-heteronormative communication?
- How can society and we all accept any kind of sexuality that isn't 'straight' and every gender identity that isn't 'male' or 'female' as a non-negotiable part of society, without calling it 'different' or 'not normal'?
- Discuss the issue the fact: "in order to grant equal rights to the LGBTQ+ community, we must get rid of the term non-heteronormative"

ASSESSMENT COMPONENT

Formative assessment:
Write down three key take-home messages you would like to tell others about – have you changed attitude or sensitivity towards minority groups inclusive LGBT+ persons – why and why not?

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Summative assessment:
Learning from this tool will be assessed as part of the module within which the tool is embedded.

EVALUATION COMPONENT

4. Self-administered evaluation questionnaire: the learner should evaluate how the tool has assisted learning through an evaluation questionnaire.

5. Peer evaluation: Peer learning groups should discuss their use of the tool, how it has assisted learning and what has been learning. This stage of evaluation should focus on knowledge gained regarding intercultural communication and how they may apply this learning in the work environment.

6. Teacher evaluation: teachers should evaluate the tool through observing classroom activities that demonstrate students developing skills in intercultural communication.

USEFUL RESOURCES

https://pmj.bmj.com/content/early/2019/12/11/postgradmedj-2019-136683

https://www.uil.it/documents/vademecum_lavoro%20e%20diritti%20lgbt.pdf

https://www.philenews.com/european-union/loati-rights/article/724749/parperis-sta-scholeia-mas-yparchei-omofobia-ti-kanei-i-ee-ga-pataxi-ti

https://www.tandfonline.com/doi/abs/10.1080/15546128.2015.1009597

https://www.amazon.com/LGBT-Health-Meeting-Gender-Minorities/dp/0826133770

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IENELGBT+

Tools for Intercultural Education of Nurses in Europe

Culturally Competent and Compassionate
LGBT+ Inclusive Education

(IENE 9)

Topic 3.3: Compassion: Culturally sensitive and compassionate care

by
Dorthe S. Nielsen, Laila Twistmann Bay and Anders Valentin Johansen

THEORETICAL COMPONENT

Principles and Values

Papadopoulos[1-3] has defined culturally competent compassion as the human quality of understanding the suffering of others and wanting to do something about it using culturally appropriate and acceptable nursing/healthcare interventions which take into consideration both the patients' and the carers' cultural backgrounds as well as the context in which care is given.

The principles and values that guide this tool include.

- Respect
- Recognition
- Dignity
- Equity
- Human rights
- Acceptance
- Inclusion
- Empathy
- Professionalism

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Aims

The aim of this tool is to develop your understanding of compassionate care and the need for awareness and cultural sensitivity in meeting the LGBT+ individual. You will be engaged in learning through reflection, knowledge acquisition and practical activities.

Learning outcomes

When you have worked through this tool, you will be able to:

- Articulate the need for the focus on compassion in current health care practice;
- Discuss the meaning of compassion from different viewpoints: your own, your patients' and their families'; and colleagues' viewpoints;
- Reflect on your own practice in relation to the provision of compassionate care that is safe and effective for a variety of different patients;
- Identify strategies to nurture your own practice in this respect.

Relevant definitions and terms

What do we mean by compassionate care:

- Compassion is a relational concept and thus cannot be considered within a vacuum. Compassion arises in nursing encounters with patients, so there is a need to consider compassion alongside expertise.

- The focus on compassion is part of a wider drive to improve the quality of care; - Values at the heart of the vision for nurses, midwives and care-givers are underpinned by

    - Care
    - Compassion
    - Competence
    - Communication
    - Courage
    - Commitment

- Compassion means care given through relationships based on empathy, kindness, trust, respect and dignity, regardless of the circumstances and seeing the person behind the condition

- Rather than seeing compassion as something that can be taught and learnt in a vacuum it is important to link the nurturing of compassion to all nursing activities. Compassion requires empathy, courage and commitment to gather insight into patients' experiences and represent them to others in authority.

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Cultural sensitivity refers to:

- Cultural sensitivity is being aware that cultural differences and similarities between people exist without assigning them a value – positive or negative, better or worse, right or wrong.
- To be cultural sensitive means that you are aware that people are not all the same and that you recognize that your culture is no better than any other culture.

What does international/European treaties and conventions say on the topic?

Using the exclusionary experience suffered by LGBT people as sexual minorities, the paper argues that we must pay attention to the exclusionary impulses that continually threaten to undermine the full realization of the Universal Declaration of Human Rights' vision of human rights protections for all, and not just for some.

https://journals.sagepub.com/doi/abs/10.1177/0020702014544885

What do local policies say?

In Denmark, compassion and discrimination has risen to prominence in the media and policy circles; it has therefore been decided to build a new health care centre with focus on compassion and sensitivity for LGBT+ persons

https://outandabout.dk/nyt-sundhedshus-for-lgbt-personer/

PRACTICAL COMPONENT

Practical activities

Activity 1: Awareness

- We know that compassion is a subjective feeling, so it is important to consider your own feelings about compassion:
- Think about a time when you were suffering in some way, maybe you were stressed about something.
    1. Was someone kind to you?

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2. Did someone convey compassion for you?
3. How did you feel?
4. Make some notes about what helped you to feel better.
5. What would be your own personal definition of compassion?
6. Reflect on your own experience in the care giving process – be aware of thoughts and feelings.
7. Why did you choose nursing as a career? Maybe you chose nursing because you wanted to help people, to contribute to the alleviation of suffering.
8. To what extent do you feel able to uphold the values you held when you chose nursing as a career?
9. Are there any barriers that are hindering your ability to provide care with compassion?

Activity 2: Compassionate care

- Read the short paper on https://www.hopkinsmedicine.org/news/articles/guiding-compassionate-transgender-care
- Discuss in groups what are the barriers in providing a compassionate-transgender- care
- Identify the barriers in your institution
- Write down five recommendation which can ensure compassionate care is provided to all patient no matter which background, beliefs or identity they may have

Activity 3: Compassionate and sensitive care

- See the movie https://www.youtube.com/watch?v=NUhvJgxgAac
- Discuss how you manage to see the patient how the patient is?
- Discuss barriers and challenges in providing compassionate care?
- Come up with solutions – how can we provide compassionate care to LGBT+ individuals ?

ASSESSMENT COMPONENT

Formative assessment:

Write down the most three important things you have learned today about cultural companionate and sensitive care towards LGBT+ persons – tell your group about your reflections and how you are going to bring your new knowledge back to your clinical practice

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Summative assessment:
Write 500 words about your reflections – the aim with the paper is to condense the main points you have learned, and it can be used as a newsletter to your colleagues.

EVALUATION COMPONENT

1. Self-administered evaluation questionnaire: the learner should evaluate how the tool has assisted learning through an evaluation questionnaire.

2. Peer evaluation: Peer learning groups should discuss their use of the tool, how it has assisted learning and what has been learning. This stage of evaluation should focus on knowledge gained regarding intercultural communication and how they may apply this learning in the work environment.

3. Teacher evaluation: teachers should evaluate the tool through observing classroom activities that demonstrate students developing skills in intercultural communication.

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Useful resources

https://www.tandfonline.com/doi/full/10.1080/19317611.2016.1223255

https://www.sciencedirect.com/science/article/pii/S8755722315000046?via%3Dihub

https://pubmed.ncbi.nlm.nih.gov/29510349

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IENELGBT+

Tools for Intercultural Education of Nurses in Europe

Culturally Competent and Compassionate
LGBT+ Inclusive Education

(IENE 9)

TOPIC 3.4. TOLERANCE: STRATEGIES FOR CREATING INCLUSIVE ENVIRONMENTS

By
Remedios López-Liria, Patricia Rocamora-Pérez
and Noelia Navarro-Gómez

THEORETICAL COMPONENT

Principles and Values

Tolerance is a value that allows us to open up to the other, understand and value their positions, without thinking of them as a threat to our own. Therefore, it implies the ability to listen and accept others. Tolerance has been treated as a virtue (Bowlin, 2016; Heyd, 1996) and a key principle in liberal theories of the state and human rights. "Tolerance" is a concept related to acceptance and consideration of the actions or opinions of others when they are different from ours or opposed to the personal framework of beliefs.

Tolerance for ambiguity can be defined as the degree to which an individual is comfortable with uncertainty, unpredictability, conflicting directions, and multiple demands. Tolerance for ambiguity is manifest in a person's ability to operate effectively in an uncertain environment. Today, tolerance is often used as the opposite of prejudice, discrimination, and even bigotry.

Thus, some of the principles that underpin this tool are: Respect for, interest in, and focus on: patient experience, responsibility, inclusion, professionalism.

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Tolerance points to a world where who you love, or the gender with which you identify, does not affect your status as a full member of civil society.

Aims

You will be engaged in learning through reflection, knowledge acquisition and practical activities in *tolerance*: Strategies for creating a welcoming, inclusive clinical/teaching-learning environment for LGBT+ service users/learners that encourages mutual tolerance and respect and values diversity. The aims are to:

- Reflect on your own practice in relation to Tolerance. To accept and understand patterns behaviour different from one's own.
- Discuss the meaning of tolerance from different viewpoints: your own, patients' and their families', colleagues' viewpoints.
- Identify strategies to nurture your own practice in this respect.
- Provide equal access to health by eliminating discrimination in the health system and by promoting an inclusive environment.
- Overcome any prejudice against other sexual minority. Keep an open mind, willingness to know/understand others; Sensitivity for diversity.
- Promote the understanding and tolerance of others, the acceptance of sexual diversity and the inclusion in a fair and equitable social and health system for all.

Learning outcomes

When you have worked through this tool, you will be able to:

- Promote flexibility and openness, influencing attitude and behaviour towards acceptance, recognition as equals.
- Identify knowledge, attitudes and skills that show *Tolerance.*
- Identify barriers and challenges to *Tolerance.*
- Demonstrate behaviours that show *Tolerance* in health and social care.
- Learn the cultural values, behaviour, and rules for *tolerant interaction* with LGBT+ individuals.

Relevant definitions and terms/ What the research say

Tolerance is treated as a virtue and a key principle in liberal theories of the state and human rights. Yet, tolerance is still invoked in human rights advocacy, and the United Nations promotes teaching tolerance as a means to protect human rights. However, Tolerance does not ensure non-discrimination, freedom from persecution, or ending violence. Instead, it can be complicit in violence against LGBT+ persons (Arat & Nuñez, 2017).

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Women are found to be less likely to be homophobic than men, as well as more tolerant of diverse sexual orientations (Brown & Henriquez, 2008; Whitley, 2001). Men are more concerned about and affected by prevalent social norms of patriarchy, heterosexuality and masculinity, while women are often oppressed by such norms and embrace them to a much lesser degree. Studies have shown that single individuals, in general, are more tolerant of homosexuality than married ones (Herek & Gonzalez-Rivera, 2006; Moskowitz et al., 2010*).* Opposite-sex marriage reinforces the perceived legitimacy of heterosexuality and strengthens heterosexual identity among married people. Non-hostile and open healthcare environments for LGBT+ patients are required and needed to be created. A varied research focus on wider LGBT+ health issues may help challenge the commonplace representations which persist in university classrooms today, with a view to promoting medical, health and social care students' sensitivity to the diversity of health issues and requirements presented by LGBT+ communities (Davy et al., 2015).

Attention to curricular priorities for LGBT+ issues and needs in healthcare provider education programs is essential to effect broader change in healthcare delivery. This is a high priority intervention: the right of all persons to respect, dignity and a high standard of care is deeply valued across the health professions. Professionals can learn from the voices of these LGTBT+ persons to significantly improve the quality and effectiveness of healthcare encounters, humanizing care at all levels, reducing health disparities, and contributing to improve health outcomes and social justice in healthcare (Smith & Turell, 2017).

What does national legislation and international/European treaties and conventions say on the topic?

Legislative frameworks and professional codes of practice require that nurses and other health care workers consider their professional obligations to minority groups such as LGBT+ people. To be effective they need to be sensitive to cultural differences, embrace diversity, and provide an environment that is open and respectful of the needs of minority groups such as LGBT+ people. They should ensure that service users and their partners are treated with dignity and respect, irrespective of their gender identity or sexual orientation or any other protected characteristic such as age, disability, ethnicity, religion, faith or belief (Royal College of Nursing, 2016).

United Nations Human Rights Council Session 32 Resolution 32/2. Resolution adopted by the Human Rights Council on 30 June 2016—32/2: Protection against violence and discrimination based on sexual orientation and gender identity A/HRC/RES/32/2 15 July 2016.

What do local policies say?

LGBT+ rights in Spain. Ley 11/2014, de 10 de octubre, para garantizar los derechos de lesbianas, gays, bisexuales, transgéneros e intersexuales y para erradicar la homofobia, la

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bifobia y la transfobia" (PDF). www.boe.es (in Spanish). (Law 11/2014, of October 10, to guarantee the rights of lesbians, gays, bisexuals, transgenders and intersex and to eradicate homophobia, biphobia and transphobia).

PRACTICAL COMPONENT

Practical activities

For each topic, it will be created a **learning tool with information divided into many sequences, organized in an attractive form with on-line links to text, files, virtual books, glossaries, articles, worksheets, audios, videos, websites, youtube videos, podcasts, games, animations and quizzes, etc.**

1. **Activity 1: Please, explain your own experiences of Tolerance in a clinic environment from LGBT+ perspective. Your professional practice in an inclusive environment.**

   Learners should reflect on “World is full of difference and diversity”; our opinion on the sexuality is influenced by our cultural perspective. Individual reflection provides examples of a non-inclusive and an inclusive clinic space.

   We suggest sharing opinions with other learners from other countries in order to increase their competencies. Compare individual opinions by posting them on the discussion board.

2. **Activity 2: Other people’s experiences of Tolerance**

   Learners should watch the video and reflect on their contents considering their own experiences, too. Individual learning reflection. Video: THE GRAPEVINE | Homosexuality Tolerance vs. Acceptance | Ep. 32 (20 minutes). We discuss homosexuality and tolerance: https://www.youtube.com/watch?v=2ElWzL-dCuQ

   Is it possible to disagree with homosexuality and still respect people in LGBT+ community? Let us know what you think!

3. **Activity 3: Interpersonal skills about Tolerance. What is the right thing to do?**

   Participants read the article just to understand the diversity around the world.

   Learners should learn more information and concepts related to interpersonal skills about Tolerance, and use the contents to reflect on their own experiences.

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Please, analyze the status and treatment of LGBT+ persons. Group-reflection. Develop strategies for signalling acceptance of LGBT+ patients.

A Case Study

The participants should read the specific case study, in order to reflect, assess and improve their learning. Individual assessment and Group reflection.

1) key-points of the case; the right and the wrong things; what would you do in the same situation?
2) Post your list on the discussion-board.
3) Compare your list with other learners' ones and provide feedback to each other.

CASE STUDY 1. TOLERANCE

Dr. Laura Johnson is a young lesbian who works at the Central Hospital. The clinic where he works is located on the edge of one of the most populated neighbourhoods, where highly stigmatized communities coexist. One day a week Dr. Laura runs a mental health office. She has been working for years to modify the patriarchal structures that sustain the health system. In addition to its visibility, it brings into play one of the main access obstacles for lesbians: the "presumption of heterosexuality". Among the first questions doctors ask, women are assumed to be heterosexual and are given information focused on pregnancy and sexually transmitted diseases with men. For this reason, at the doctors' offices, many lesbians are silent or hide in front of the "certainty" of the medical word. Indeed, the girls who come to this clinic declare that "when they answer that they are not heterosexual, the information that is provided is very general and based on prejudices and fantasies." When a person from the LGBT + collective goes to the hospital because they have a Sexually Transmitted Disease (STD) or even HIV, sometimes they have received a comment such as "you are very promiscuous" or "you have asked for it".

Is there any differential treatment in public hospitals for gay or bisexual persons? How do these persons feel when they are cared for? How would they like to be cared for?

ASSESSMENT COMPONENT

Formative assessment:

Group reflection based on experience from practice, using the content of what has been learned today to guide reflection, identify learning that has occurred, and future needs, also. A writing assignment based on the learning activity such as a reflective account, entries into discussion boards, a blog, a vlog and so on. Participants are encouraged to

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select one or more ways they would address non-inclusive elements of their own practice revealed during their evaluation.

Summative assessment:

Learning from this tool will be assessed as part of the module within which the tool is embedded. Tolerance is a topic inside "Sensitivity Culture and Compassion" Module. All the topics will be assessed with a critical analysis of a case study. What will be assessed? Practical skills and capacity of building an action plan against discrimination and the values promoted: respect, tolerance, dignity and rights of patients.

EVALUATION COMPONENT

1. **Self-administered evaluation questionnaire: the learner should evaluate how the tool has assisted learning through an evaluation questionnaire.**

This stage of evaluation should focus on the use of the reflective diary and the development of awareness of *Tolerance in LGBT+ issues.*

2. **Peer evaluation: Peer learning groups should discuss their use of the tool, how it has assisted learning and what has been learnt. This stage of evaluation should focus on knowledge gained regarding *Tolerance* and how they may apply this learning in the work environment.**

The post-test should include questions such as:

- After completing this activity, how comfortable do you feel with regards to providing healthcare for LGBT+ patients?

- Have your clinical skills improved to a level where you feel prepared to carry out a cultural and compassionate care on the LGBT+ population?

3. **Teacher evaluation: teachers should evaluate the tool through observing classroom activities that demonstrate students developing skills in TOLERANCE.**

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Useful resources

Video: REPRESENTACIÓN LGBT+ EN LA ANIMACIÓN (LGBT+ representation in animation) | Draw My Life. https://www.youtube.com/watch?v=EwKcZRzTwtE

Video: THE GRAPEVINE | Homosexuality Tolerance vs. Acceptance | Ep. 32 (20 min). We discuss homosexuality and tolerance. Is it possible to disagree with homosexuality and still respect people in LGBT+ community? Let us know what you think! https://www.youtube.com/watch?v=2ElWzL-dCuQ

"Spain's first openly gay referee quits due to homophobic abuse". 11 May 2016. https://www.pinknews.co.uk/2016/05/11/spains-first-openly-gay-referee-quits-due-to-homophobic-abuse/

Short Video "EASY" (4 min): https://www.youtube.com/watch?v=OTN2_aicXq0

Video "De vuelta" ("Back Again") (subtitled in different languages) (13 min). https://www.youtube.com/watch?v=nOhLll4Mz7I

Video "¿Cuál es la diferencia?" ("What is the difference?") Centros libres de homofobia en Uruguay. Homophobia-free Healthcare Centers (Uruguay). Help raise awareness among healthcare teams, and for their permanent training. It consists of partial representations of medical encounters seeking to encourage thought and a critical analysis of professional practices. (19 min): https://www.youtube.com/watch?v=2asPSMg0HDk

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Tools for Intercultural Education of Nurses in Europe

Culturally Competent and Compassionate LGBT+ Inclusive Education

(IENE 9)

Topic 3.5: Compassionate and safe relationships in the health care system

by
Sabine Ziegler and Dr. Andrea Kuckert-Wöstheinrich

Theoretical Component

Principles and Values

People from the LGBT+ spectrum often have to experience discrimination, hate crimes, and sometimes even traumatizing abuse or mistreatment. It is therefore deeply important to us that they not only don´t experience this again as part of their treatment in our facilities, but that they are part of a compassionate, trustworthy and safe relationship. By that you as a healthcare worker create a basis for the most possible positive treatment, recovery process and personal development.
For this purpose, we want to introduce the polyvagal theory, which impressively shows how the feeling of security is indispensable for good social interactions and how strong feelings of insecurity can lead to blockades, withdrawal, and even freeze. This is relevant for LGBT + people as health care professionals as well as patients / clients / students. As a specialist psychiatric clinic, the Alexius / Josef Hospital is part of the St. Augustinus Group, a Catholic provider of clinics, homes for the disabled and nursing homes, as well as complementary social facilities, mainly in the North Rhine area. The Augustinus Code is the guiding principle for all employees. The main statement there is: "We support independence" with the subtitle "It is normal to be different - that is why we support the independence of the people entrusted to us."
The following values are specifically required:

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- ✓ Respect
- ✓ Appreciation
- ✓ Interest in people's life stories and fates
- ✓ Refrain from joking about people's peculiarities - as unusual as they may be
- ✓ Strive for tolerance for human characteristics
- ✓ Respect for and interest in other types of cultural and religious influences
- ✓ Equal treatment without preferential treatment to individuals

In addition (only the points relevant to our topic are mentioned) protection of privacy, open and empathetic speaking including calm, patient and empathetic active listening, an attitude of caring without paternalism, courtesy, friendliness, eye contact, closeness and personal address even under time pressure, role model function, acceptance of and constructive discussion of criticism, awareness of one's own position of power, solidarity and compliance with agreements with informed consent as relevant values for dealing with them.

	Take a look at the guidelines / values and rules of your institution. Which of them do you think are particularly relevant in the context of our topic? Which factors do you miss?

Aims

This learning unit is intended to enable you to act more sensitively, compassionately and more confidently when dealing with LGBT + people, so that you can create an environment in which positive learning and healing experiences are possible.

You will understand the basics of polyvagal theory and be able to derive from it how security and compassion on both sides lead to an optimal basis for learning and development processes including recovery.

You will reflect on your actions about these factors and thus be able to create (even) better conditions for positive developments in the future.

You will distinguish between basic factors that apply in every situation and specific ones that are particularly important when dealing with LGBT + people.

Learning outcomes

By the time you've completed this lesson you should be able

- to know the relevant factors for a compassionate and security-conveying relationship design
- to reflect on your own attitudes, values and (pre-) judgments regarding LGBT + people and not let them determine your interpersonal behaviour
- to experience more security in dealing with people from the LGBT + spectrum

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- to create environments in which both employees and patients / clients can have positive, healing experiences.

Relevant definitions and terms/ What the research say

Just as there are no reliable figures about the exact number of people from the LGBT+ spectrum, it is not possible to state exactly how often this group of people is subject to discrimination or experiences that go beyond it.
A study from 2007 and 2017 ("Out in the Office ?!") examined the work situation of lesbian, gay, bisexual and trans * employees in Germany to show the changes in social development. 76.3% of the respondents stated that they had experienced discrimination. These included ignoring segregation, subtle impediment, voyeuristic-heightened arguing, offence / insult, blackmail and violence. Unfortunately, the results have barely improved over the course of the 10 years, so that in 2017 20.6% of those surveyed still reported experiences of discrimination relevant to criminal law (see Federal Anti-Discrimination Agency 2017, p. 10 f.).
In the area of health and care, a study from 2017 shows that experiences of discrimination were made in medical practices, in hospitals, in social services as well as in health, long-term care and pension insurance. Among those who turned to an anti-discrimination agency about their sexual identity, 75.8% said they had been exposed to material disadvantage, 76.4% experienced social degradation and 5.0% also experienced physical abuse.
Thus the study found that the failure to take into account the living situation is one of the most common forms of discrimination in the healthcare system: "It is often about the fact that a patient does not feel that they are being taken seriously by the medical, nursing or administrative staff when it comes to such a central issue as their own body or their own psyche. The reasons for this can be both ignorance and prejudice (...). Failure to consider the living situation in this way can have even more far-reaching consequences if those affected do not receive the best possible treatment for such a reason". (See Beigang et al. 2017, p. 230 ff.). Since there is a special relationship of dependency in the health sector, ignorance and prejudices of the practitioner are particularly problematic.

	Find out what uncertainties arise in you when you meet people from the LGBT + spectrum. Reflect on how you react to this. What interventions can you use to remove this uncertainty and bring you into a state of calmness?

What does national legislation and international/European treaties and conventions say on the topic?

There are anti-discrimination laws, as detailed in several other tools, but no clear guidelines that regulate how people deal with people in the health system.

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As listed above, the Augustine Code describes numerous positive values in connection with our subject. However, it does not specifically go into the fact that this applies to dealing with LGBT + people; rather, political and religious convictions are named that should not lead to discrimination.
The "S3-Guideline Gender Incongruence, Gender Dysphoria, and Trans Health", which describes a lot of the possible procedures for transsexual people in the German health care system, dedicates a separate chapter to therapeutic attitude and relationship building. You find the suggestions made there in the chapter "Practical acitivities".

Practical Component

Polyvagal theory in ultra-short version

The neuroscientist Stephen Porges has found that the autonomic / vegetative nervous system comprises not two, but three strands: in addition to the well-known (ventral vagus / parasympathetic nerve as relaxation nerve and sympathetic nerve as stress nerve with fight or flight reaction) the dorsal vagus as the oldest part, which when activated in the context of strong stress and anxiety leads to a freezing and thus to a blockage of both the activating sympathetic reactions and, even more relevant for our topic, the interactional positive experiences possible in the ventral vagus mode. Only in this mode helpful therapeutic, supportive and health-promoting interventions are useful, as otherwise they cannot be processed by the patient / client / counterpart.

	Check out the following video about polyvagal theory: https://www.youtube.com/watch?v=27FSiBqEDUs For a more intensive study of the topic, a video of a training with Deb Dana: https://www.youtube.com/watch?v=7CSHKAgAEL0

Considering the figures above on the previous experience of LGBT+ people both in society as a whole and in the health care system shows how important it is for employees in the health care system to pay attention to this if they want to work helpful.

Practical activities

The experiences of LGBT+ people show, both in society as a whole and in the health care system, how important it is for employees in the health care system to pay attention to their own behaviour if they want to work helpful, compassionate and respectful.
The endeavor to return to a state of the ventral vagus again and again is important for both the patient / client and the staff. Stephen Porges emphasizes that "co-regulation is indispensable for our feeling of security" (Porges 2017, chap. 2, pp. 29 - 64). Deb Dana

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means with her statement “Many people have never known co-regulation in their life.” clients who experienced trauma in their childhood, as a result, “they are very familiar with the feeling of not belonging, and feeling lonely is a well-known autonomous experience for them”. Isn't she describing an experience that is often well known to people from the LGBT+ spectrum?
In her book "The Polyvagal Theory in Therapy", Deb Dana names numerous factors with which employees can increase their sense of security as well as that of the other, so that a beneficial co-regulation arises: On the one hand, there are **personal factors such as eye contact, smile, prosody (vocal melody), gestures that create closeness**, etc. (Dana 2018, p. 118 ff.: "Create a safe environment"). She also describes **environmental factors** that can create security or feelings of unsecurity, e.g. **dark and unfamiliar noises** cause protective reactions, but noises and **sounds in the high frequency range also tear out of the state of connectedness**. **Thermal comfort** is important because people outside their "thermal comfort zone" can be distracted from danger by neuroception. These neurobiological systems are closely linked to the social warmth regulating systems (Inagaki & Eisenberger 2013). Concrete measures to generally improve the sense of security are:

- ✓ Personal introduction with name and function
- ✓ Eye contact
- ✓ Kindness
- ✓ Provide sufficient information and explain
- ✓ Communicate with understanding
- ✓ Meeting the other person at eye level
- ✓ …

	Imagine a first contact in healthcare, e.g. a ward control centre in the hospital. Which behaviours of your counterpart cause you to spontaneously feel comfortable and trust, which behaviour leads to “shut down”?

Very good information can be found in the Safewards concept, which was originally designed for acute psychiatric wards, but in which important and specific information for improving interpersonal contact can be found for all forms of treatment: see under “Helpful resources ".

	Try this with a colleague or friend (from John O. Stevens): Sit down opposite. Let each other know how you differ and the points on which you disagree with the other person. Tell the other person how you perceive the differences, do not criticize, justify or argue, but just describe the existing differences as you see them. Describe your feelings as clearly, precisely, and in as much detail as possible.

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Regarding the specific needs of LGBT+ people there are some more influencing factors and therefore suggestions for practical activities. One of the main factors is the attitude of the health care professionals. The German guideline about gender dysphoria and health of trans people has some consensus-based recommendations:

- Discriminatory factors in a largely bisexual society should be critically reflected on together with those seeking treatment.
- The individual gender self-description of the person seeking treatment should be discussed openly during the initial contact and recognised in consultation with the person seeking treatment.
- The practitioner should, if possible, have critically reflected on their own gender-related development and their relationship to physical gender characteristics as part of self-awareness.
- Self-reflection should include dealing with the confusion that the contradiction between personal perception and self-portrayal or self-description of those seeking treatment with regard to gender can cause.
- The practitioner should develop an understanding of gender that goes beyond a construct of bisexuality.
- The participation of those seeking treatment in the planning of the therapeutic process and transparency in the course of the therapeutic process should be made possible.

Here you will find exercises that you can use to improve your self-reflection and awareness. They are written in German, but by Google translate it´s easy to use them in other languages. Some of them can be done in a couple, others in a group setting:
http://portal-intersektionalitaet.de/forum-praxis/methodenpool/intersektionalitaet/2012/ich-nicht-ich/
http://portal-intersektionalitaet.de/forum-praxis/methodenpool/gute-nachbarschaft/2012/kisten/
http://portal-intersektionalitaet.de/forum-praxis/methodenpool/gute-nachbarschaft/2012/power-flower/
http://portal-intersektionalitaet.de/forum-praxis/methodenpool/intersektionalitaet/2012/bushaltestelle/
http://portal-intersektionalitaet.de/forum-praxis/methodenpool/gute-nachbarschaft/2012/typisch/

Working through our other tools will be an effective way to reduce prejudices and be open-minded towards LGBT+- and all other people.
Some concrete suggestions to change the contact to LGBT+ people as a health care professional are:

- ✓ Addressing the patient / client in the way he / she wishes
- ✓ Clarify mutual expectations
- ✓ When choosing words, take into account that there are lifestyles that differ from the heteronormative ones (e.g. "partner" instead of "husband / wife")

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- ✓ Clarify whether physical contact is desirable
- ✓ …

Think about or discuss with several people what further measures in your institution can help to give people from the LGBT + spectrum a more secure experience.
Which suggestions are you already implementing and which ones could you integrate next?

Assessment Component

1. Please explain in your own words the polyvagal theory
2. Think of advantages and disadvantages.

Evaluation Component

1. Self-administered evaluation questionnaire: the learner should evaluate how the tool has assisted learning through an evaluation questionnaire.
2. Peer evaluation: Peer learning groups should discuss their use of the tool, how it has assisted learning and what has been learning. This stage of evaluation should focus on knowledge gained regarding intercultural communication and how they may apply this learning in the work environment.
3. Teacher evaluation: teachers should evaluate the tool through observing classroom activities that demonstrate students developing skills in intercultural communication.

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Useful Resources

Polyvagal theory: https://youtu.be/htxxzqdUWo4 (German), https://youtu.be/27FSiBqEDUs (English)
Study "Out im Office?!" (Out in the office?!): https://www.antidiskriminierungsstelle.de/SharedDocs/Downloads/DE/publikationen/Umfragen/20170719_Umfrageergebnisse_Out_im_Office.pdf?__blob=publicationFile&v=2 (German)
S3-Leitlinie Geschlechtsinkongruenz, Geschlechtsdysphorie und Trans-Gesundheit (Gender Incongruence, Gender Dysphoria, and Trans Health, S3-Guideline), only published in German**:** https://www.awmf.org/uploads/tx_szleitlinien/138-001l_S3_Geschlechtsdysphorie-Diagnostik-Beratung-Behandlung_2019-02.pdf
Safewards: http://www.safewards.net/de/
Methods pool to LGBT+ questions: http://portal-intersektionalitaet.de/forum-praxis/methodenpool/ (in German, easily to translate by e.g. google translator or other translating systems)

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Toolkit Four

Cultural Competence and Compassion

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Tools for Intercultural Education of Nurses in Europe

Culturally Competent and Compassionate
LGBT+ Inclusive Education

(IENE 9)

Topic 4.1: Homophobic and transphobic discrimination

by
Roberto Baiocco and Jessica Pistella

THEORETICAL COMPONENT

Principles and Values

- We know that homophobic and transphobic discrimination in health and social care contexts are common, and they are clearly linked to the compromised well-being of LGBT+ people.
- We believe that health professionals should be trained to provide quality services which are free from sexual prejudice and discrimination.
- We strive to challenge homophobic and transphobic discrimination in health and social care settings.

Aims

The aim of this tool is to develop your understanding of the phenomenon named homophobic and transphobic discrimination. Current curricula in educational institutions pay little attention to the discriminations and negative attitudes toward LGBT+ people.

Learning outcomes

When you have worked through this tool, you will be able to:

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- Highlight the importance of being aware of the episodes of homophobic and transphobic discrimination when they occur in the workplace;
- Discuss the importance of using a culturally competent and compassionate care approach to prevent and address episodes of homophobic and transphobic discrimination;
- Develop an awareness of key aspects of culturally competent and compassionate care to prevent and address episodes of homophobic and transphobic discrimination;
- Develop and use inclusive language to reduce the discrimination toward LGBT+ people and to create a supportive environment for all people regardless their sexual orientation or gender identity.

Relevant definitions and terms/ What the research say

Homophobic discrimination is the exploitation of an individual's actual or perceived sexual orientation with the intention of belittling and denigrating, often with the intention of **inflicting mental or physical harm**. Homophobic discrimination does not exclusively affect lesbian, gay, bisexual people; it also affects people who are perceived as not conforming to traditional masculine/feminine gender roles, even if these people do not self-identify as a sexual minority **(Nama et al., 2017).**

Transphobic discrimination is a specific type of violence against transgender people because of their gender identity, and the way they express their gender identity, that represents a structural problem that occurs in nearly all educational institutions.

The European Union Agency for Fundamental Rights (2014) reported that of 93,079 LGBT+ adults (aged 18 or over) from 28 countries, nearly one in five (19 %) who was employed in the year preceding the survey said that they felt discriminated against at the workplace in the past year because of being LGBT+. In the same survey, transgender respondents felt discriminated against in employment in the past year because of being LGBT+ more often than other sexual or gender minorities.

What does national legislation and international/European treaties and conventions say on the topic?

- "LGBT rights in Italy" The main legal regulations about anti-discrimination legislation was implemented in the last decades, such as the promulgation of various Penal Codes, the changes to the transposition of Directive 2000/78/EC against discrimination in the workplace based on sexual orientation during the XIV legislatures.

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- The Judgment 4184/2012 of the Court of Cassation regarding the recognition of a same-sex marriage held abroad, the law on civil unions of 2016 (Cirinnà law) and the consequent proposed changes in this regard.

- **Discrimination** on grounds of sexual orientation is prohibited by the Employment Equality Directive (Directive 2000/78/EC) and the Gender Equality Directive (recast) (Directive 2006/54/EC). European Member States have a legal obligation to set up structures to combat discrimination and to promote equal treatment in employment, by transposing this legislation.

What do local policies say?

Health and social care professional highlight the importance to include non-discriminatory practice, but there are not a clear request of specific training needs with regards to **the homophobic and transphobic discrimination**. In the same way, there are not mandatory courses about this specific topic in Italy.

Amnesty International and the state of LGBT Human rights worldwide. Specifically, Amnesty International (2014), with the collaboration of some Italian researchers, published a guide named "LGBTI rights, human rights. Guide for teachers against homophobia and transphobia". This guide was created as a resource for educators who wish to address the issue of discrimination due to sexual orientation and gender identity, want to strengthen the fundamental role that people have in the fight against all forms of discrimination.

The UNAR (Italian office for the promotion of equal treatment and the removal of discrimination based on race or ethnic origin) with the Council of Europe proposed the "National strategy for contrasting and preventing discrimination based on sexual orientation and gender identity". Specifically, the Council of Europe for the implementation of the Recommendation of the Committee of Ministers CM/REC (2010) aimed to be supportive of national and local policies envisaged for the fight against discrimination and the insurance of the rights of the LGBT+ community.

Researchers from Sapienza, University of Rome proposed the "Guidelines for psychological counseling and psychotherapy with lesbian, gay and bisexual people" (Lingiardi & Nardelli, 2014) to provide psychologists, psychotherapists and all mental health professionals with the basic tools to be able to recognize and deal without prejudice with the many issues that can affect the lives of lesbian, gay, bisexual people (LGB) and their families.

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PRACTICAL COMPONENT

Practical activities

Activity one. Examples of homophobic, transphobic discrimination and language.

Participants were asked to indicate if the following sentences are referring to homophobic and/or transphobic discrimination.

Episodes of discrimination	Type of discrimination	
In Italy, Robert a 17-year-old student at a secondary school in Rome committed suicide. The victim had endured torment from his school mates over several years for being "transgender".	Homophobic discrimination	Transphobic discrimination
I was an outpatient at hospital, and they did not have a section to record that I was in a civil partnership on their computer system. I was told that it went on the computer as single.	Homophobic discrimination	Transphobic discrimination
Well, I was looking for a psychotherapist and I found one. After our first meeting, where I came out as lesbian, she told me she could not treat me without explaining clearly why. The psychotherapist only told me she believed that for me was better a male therapist. Again, she was too busy because she had too many patients. Ironically, an acquaintance of mine went to the same therapist one or two week later and the psychotherapist immediately accepted her as a client. So, I got confirmation of the rejection.	Homophobic discrimination	Transphobic discrimination
I remember one time before I transitioned when I first moved to Rome. I was on the train with my roommate, who was a cisgender woman. A young Italian guy was like, "Yo, yo ... is that a dude or is that a woman?"	Homophobic discrimination	Transphobic discrimination

Reflect on the following:

a) Indicate for each scenario if it was a direct or indirect discrimination.
b) If you encountered this scenario, how would you have intervened with the victim/s?
c) If you encountered this scenario, how would you have intervened with the aggressor/s?

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Activity two. Transgender issues and discrimination in daily-life moments

Listen to the story https://www.patientvoices.org.uk/flv/0234pv384.htm (4min)

In this video we hear the story of Kate who reflects on some of the highs and lows of becoming a woman, highlighting important trans issues.

a) How is it defined when some people deride and banter another person because there is an incongruence between the biological sex and gender identity.
b) Many people deride Kate because of her gender identity, and they had difficulties in believing how a man can be a woman. What is your view on this?
c) Were the social and clinical contexts around to Kate adequate and took into consideration the cultural needs of the person, as well as the "journey from one gender to another"?

ASSESSMENT COMPONENT

Formative assessment:

Quiz:
Fill in the gaps in the following sentences:

a) Transphobic discrimination is a specific type _____
b) The European Union Agency for Fundamental Rights (2014) reported that _____.
c) European Member States have a legal obligation_____.

Reflection on learning:

a) Is there a difference between homophobic and transphobic discrimination?
b) Do homophobic and transphobic discriminations exclusively affect LGBT+ people?
c) Using the information you have learned/reflected on today, what is the key message you would like to tell others in your team about?

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Summative assessment:

Create a mind map, infographic, or 5-10-minute recorded talk summarising the definition of homophobic and transphobic discrimination, including the different forms of violence. The key is to condense the main LGBT+ discrimination you have learned from this module which you would like to tell others about, or to keep reminding yourself what you have learned.

EVALUATION COMPONENT

1. Self-administered evaluation questionnaire: the learner should evaluate how the tool has assisted learning through an evaluation questionnaire.

2. Peer evaluation: Peer learning groups should discuss their use of the tool, how it has assisted learning and what has been learning. The aim of this tool is to develop your understanding of homophobic and transphobic discrimination and how these knowledges may be achieved for more inclusive and supportive environments.

3. Teacher evaluation: teachers should evaluate the tool through observing classroom activities that demonstrate students developing skills in LGBT inclusive education and services.

References

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Useful resources

- National Association of Citizens Advice (2020). *Discrimination because of sexual orientation.* Available at: https://www.citizensadvice.org.uk/law-and-courts/discrimination/discrimination-because-of-sex-or-sexual-orientation/discrimination-because-of-sexual-orientation/
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- Planned Parenthood. *What's transphobia?* Available at : https://www.plannedparenthood.org/learn/gender-identity/transgender/whats-transphobia
- Direct, indirect, subtle and adverse effect discrimination. Available at: http://www.ohrc.on.ca/en/book/export/html/18926

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Self-administered evaluation questionnaire

Participants were asked to indicate if the following sentences are referring to homophobic or transphobic discrimination.

	Episodes (use of language)	Type of discrimination	
1	Someone calling another pupil a 'dyke' or 'faggot	Homophobic discrimination	Transphobic discrimination
2	People pestering a young transgender male with questions about his gender such as "are you a real boy?" or "are you a boy, or are you still a girl?" or asking questions like "do you wear knickers or boxers?"	Homophobic discrimination	Transphobic discrimination
3	You cannot discuss about the right way to raise a child: you are a gay man!!	Homophobic discrimination	Transphobic discrimination
4	A transgender woman went in my hospital to work as nurse. The colleagues requested a group meeting because they did not want to work with her. One person said that: "Our work is so difficult, we have not time or desire to have more problems; we need a person that can be useful to our community not another problem to resolve".	Homophobic discrimination	Transphobic discrimination

These are the right answers:
Episodes 1: Homophobic discrimination
Episodes 2: Transphobic discrimination
Episodes 3: Homophobic discrimination
Episodes 4: Transphobic discrimination

Discuss your answers with your peer learning group: debate with them regarding the relevance of these episodes for the well-being of LGBT+ people.

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IENELGBT+

Tools for Intercultural Education of Nurses in Europe

Culturally Competent and Compassionate
LGBT+ Inclusive Education

(IENE 9)

Topic 4.2: Assessment of social / health / learning needs

by
Christiana Kouta, Elena Nikolaidou, Elena Rousou

THEORETICAL COMPONENT

Principles and Values

- We recognise that social inequality is often associated with poorer health status, and sexual orientation has been associated with multiple health threats.
- We recognise members of the LGBT+ community are at increased risk for a number of health threats when compared to their heterosexual peers (CDC 2014).
- We believe that differences in sexual behaviour account for some of these disparities, but others are associated with social and structural inequities, such as the stigma and discrimination that LGBT populations experience.
- We believe that LGBT+ education will increase understanding about the LGBT+ community social/health/learning needs, thus promote culturally sensitive and compassionate person centred caring.

Aim

The aim of this tool is to develop your understanding of a person-centered, culturally competent, compassionate and appropriate assessment of social/health/learning needs of LGBT+ service users'/learners. You will be engaged in learning through reflection, knowledge acquisition and practical activities.

Learning outcomes

When you have worked through this tool, you will be able to:

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- Discuss the fundamental health and social learning needs related to LGBT+ service users;
- Discuss the importance of meeting the health and social learning needs related of LGBT+ service users;
- Reflect on your own practice in relation to the ability to meet health and social and learning needs related of LGBT+ service users;
- Identify ways to include practices to improve the response to health, social and learning needs related of LGBT+ service users from different cultures.

Relevant definitions and terms/ LGBT+ Concepts & Terminology

Social Learning needs of LGBT+

Although social acceptance LGBT+ people has been improving, LGBT+ individuals continue to face stigma and discrimination. These negative experiences, combined with a lack of access to culturally affirming and informed health care, result in multiple health disparities for LGBT+ people. According to Office of Disease Prevention and Health Promotion, social determinants affecting the health of LGBT+ individuals largely relate to oppression and discrimination. Examples include:

- Legal discrimination in access to health insurance, employment, housing, marriage, adoption, and retirement benefits
- Lack of laws protecting against bullying in schools
- Lack of social programs targeted to and/or appropriate for LGBT+ youth, adults, and elders
- Shortage of health care providers who are knowledgeable and culturally competent in LGBT health ODPHP 2020.

Health Learning needs and LGBT Health Disparities

Health disparities facing LGBT+ populations are thought to stem from a lack of informed health care and minority stress. Minority stress refers to the discrimination, stigma, and internalized homo- and transphobia experienced by LGBT+ individuals in their daily lives Meyer 2013. Both the Institute of Medicine Report and the Department of Health and Human Services Healthy People 2020 initiative have documented these disparities as following:

- Higher rates of HIV and other sexually transmitted infections
- Lower rates of mammography and Pap smear screening
- Higher rates of substance abuse
- Higher rates of unhealthy weight control/perception
- Higher rates of smoking
- Higher rates of depression, anxiety
- Higher rates of violence victimization (National LGBT health Education Centre, 2016)

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LGBT+ health requires specific attention from health care and public health professionals to address several disparities, including:

- LGBT+ youth are 2 to 3 times more likely to attempt suicide (CDC, 2020)
- LGBT+ youth are more likely to be homeless. (Oster et al, 2011)
- Lesbians are less likely to get preventive services for cancer (Mark et al,2004).
- Gay men are at higher risk of HIV and other STDs, especially among communities of colour (CDC, 2020).
- Lesbians and bisexual females are more likely to be overweight or obese (Blosnich et al, 2010)
- Transgender individuals have a high prevalence of HIV/STDs, victimization, mental health issues, and suicide and are less likely to have health insurance than heterosexual or LGB individuals (Hadland et al, 2014).
- Elderly LGBT individuals face additional barriers to health because of isolation and a lack of social services and culturally competent providers
- LGBT populations have the highest rates of tobacco, alcohol and other drug use (Durso et al, 2012).

What the research says

In an extensive review of the literature examining care seeking behavior of older LGBT individuals, (Fredriksen-Goldsen and Muraco, 2010) found that LGBT+ older adults are at increased risk of abstaining from needed care. Evidence suggests that fears experienced by LGBT+ seniors are warranted and the need for improved competency of services provided to the LGBT aging population is clear (Knochel et al, 2011). LGBT+ seniors are five times less likely to access available public and community services due to fear of discrimination or harm (Stein et al, 2010). However, further examination of current cultural competencies of healthcare and social service providers is needed to understand best practices for intervention.

Sexually transmitted infections, including HIV, are major concerns in some LGBT+ groups, particularly MSM and transgender women. MSM account for more than two thirds of all people diagnosed with HIV each year in the United States, despite comprising only 2% of the general population. Young, Black MSM, in particular, are disproportionately affected. The number of new HIV infections in this group rose by 20% from 2008 to 2010 In addition, gay, lesbian, and bisexual individuals experience more depression and anxiety than their heterosexual counterparts and are more likely to attempt suicide, transgender populations probably also experience higher burdens of mental distress and attempted or completed suicides, although rigorous data on this subject are sparse. However, missed screening opportunities and the greater burden of some cancer risk factors in LGBT groups – such as smoking, alcohol abuse, and for breast cancer, raise concern that the

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incidence of certain cancers in LGBT+ groups may exceed that of the general population. Finally, despite increasing social acceptance, violence and victimization related to homo- and transphobia continue to impact LGBT+ groups (CDC, 2014).

What does national legislation and international/European treaties and conventions say on the topic?

1. The right to health in the International Bill of Human Rights

The right to health is enshrined in the International Bill of Human Rights which includes the Universal Declaration of Human Rights (1948), the International Covenant on Civil and Political Rights (ICCPR, 1966, into force since 1976) and the International Covenant on Economic, Social and Cultural Rights (ICESC, 1966, into force since 1976). Although sexual orientation or Sexual and Reproductive Health and Rights are not referred to directly, it is understood they are included, as the fundamental right to health exists for every member of the human family.(Ilga-Europe 2020)

2. The Joint United Nations Programme on HIV/AIDS (UNAIDS) documents identify clearly men who have sex with men as a vulnerable category and underline that homophobia is one of the most important obstacles to tackle the spreading of HIV/AIDS. UNAIDS and the Office of the High Commissioner of Human Rights (OHCHR) published some International Guidelines on HIV/AIDS and Human Rights in 1998. These Guidelines represent a progressive and radical voice in regard to homosexuality. (OHCHR, 2020)

3. The United Nations General Assembly held a special session on HIV/AIDS in 2001 (UNGASS, 2001). With respect to the most vulnerable groups, the Declaration does not explicitly mention men who have sex with men (MSM) but explicitly states that the vulnerable should be given priority in the prevention, care and treatment of HIV/AIDS.

What do local policies say?

In 2015 when (same-sex and opposite-sex) civil partnerships were introduced, Cyprus has gone a long way – legally – in the recognition of same-sex relationships and the protection of the rights of LGB persons, although, admittedly, some important gaps still persist. As regards trans persons, things are not equally encouraging, as the legal system –still – makes no systematic provision for them.

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PRACTICAL COMPONENT

Activity One:

Watch the video: LGBT Voices: Perspective in health care
Link: https://www.lgbtqiahealtheducation.org/video/lgbt-voices-perspectives-on-healthcare/

Write which three stories were more interesting/impressed you

Activity Two:

Read the article: Overcoming Barriers to Care for LGBT Elders with Alzheimer.

https://www.lgbtagingcenter.org/resources/pdfs/Generations%20Overcoming%20Barriers%20for%20LGBT%20Elders%20with%20Alzheimer's.pdf

Reflect on the following:

1. Did you have faced a similar issue (have to take care a gay couple) in your career?
2. Have you met any barriers for the care you have given?
3. What would you change today after reading the article?

Activity Three:

Watch the video: Asking a patient about sexual orientation and gender identity (SOGI)
https://www.lgbtqiahealtheducation.org/courses/so-gi-data-collection-training/lessons/asking-a-patient-about-sexual-orientation-and-gender-identity/

1. Reflect on the way you ask your patients in your workplace about SOGI.
2. How do you ask for SOGI in your country?
3. Do you have SOGI data collection tools in your practice?

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ASSESSMENT COMPONENT

Formative assessment:

Group reflection based on experience from practice.

- Do you assess the health and social needs of LGBT people in your work placement?

Summative assessment:

Answer the questions below:

1. LGBT people are faced risk for a number of health threats, except:
    a. Violence victimization
    b. Depression and anxiety
    c. Hypertension
    d. Diabetes Mellitus

Fill in the line with True or False

a. Sexually Transmitted Diseases and HIV are major concerns in some LGBT groups_____ (T)
b. Heterosexual partners experience more depression and anxiety than LGBT individuals_____ (F)
c. LGBT individuals are more likely to attempt suicide _____ (T)

Useful resources

1. https://www.lgbtagingcenter.org
2. https://transequality.org/
3. https://www.lgbtqiahealtheducation.org/
4. https://www.lgbtqiahealtheducation.org
5. https://www.cdc.gov/lgbthealth/about.htm
6. https://www.cdc.gov/msmhealth/STD.htm
7. https://www.ilga-europe.org/sites

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IENELGBT+

Tools for Intercultural Education of Nurses in Europe

Culturally Competent and Compassionate
LGBT+ Inclusive Education

(IENE 9)

Topic 4.3: Accessible services

by
Andrea Kuckert Wöstheinrich and Sabine Ziegler

THEORETICAL COMPONENT

Healthcare in European countries is financed through a mix of financing schemes. These include: first, government spending generated through general taxation (f.e. Great-Britain); second, compulsory health insurance generated through employer and employee contributions and/or premiums paid to private health insurance companies (f.e. Germany); third, out-of-pocket (OOP) payments by households (all over Europe) and fourth, voluntary health insurance (VHI) schemes (all over Europe). As a rule, all inhabitants of a country should have the same access to the health system and be treated in the same professional way. People in an unfavourable social situation, not-German native speakers, people with a different understanding of health and disease and people who deviate from the heteronormative system are often inadequately taking advantage of health services. They face barriers. This includes a lower amount of financial resources, e.g. for the payment of own shares in health care (practice fee, dentures, etc.), but also with educational resources, e.g. less knowledge of disease development and health behaviour. Moreover, the heteronormative health system is not always designed to meet the needs of LGBT+ people. People with different sexual orientations are afraid (or have experienced it in the past) of discrimination when they are admitted to a nursing home or hospital for example. They conceal their gender identity or sexual orientation. This might cause other problems as well.

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Principles and Values

According to the WHO (2020) patients need to have access to the health care system, have to be treated professional by the health care workers with a high-quality standard in care. Accessibility, acceptability, quality, and performance are the four pillars of a good functioning health care system (WHO 2020).

- **Availability** – the sufficient supply and appropriate stock of health workers, with the competencies and skill-mix to match the health needs of the population;
- **Accessibility** – the equitable distribution of these health workers considering the demographic composition, rural-urban mix and under-served areas or populations;
- **Acceptability** – health workforce characteristics and ability (e.g. sex, language, culture, age, etc.) to treat all patients with dignity, create trust and promote demand for services;
- **Quality** – health workforce competencies, skills, knowledge and behaviour, as assessed according to professional norms and as perceived by users.

Without sufficient availability – accessibility to health workers cannot be guaranteed; if they are available and accessible, without acceptability, the health services might not be used, when the quality of the health workforce is inadequate, improvements in health outcomes will not be satisfactory (WHO 2020).
We strongly believe that each healthcare institution should try their best in offering the healthcare needed by all patients, independent their sexual orientation and gender identity.

Aims

In this tool you will learn about barriers some people are facing while searching for adequate support or not being able to use certain supplies because of not knowing or not being aware of. This might be especially relevant in the field of prevention.

Learning outcomes

When you have worked through this tool, you as a student / teacher / health care professional

- …define relevant terms in the context of accessible services for LGBT+ people…
- …know their health care system in general…
- …understand the emergence of healthcare barriers…
- …reflect on their own participation in the emergence of health care barriers…
- …think about interventions to reduce possible healthcare barriers for LGBT+ people…

Relevant definitions and terms/What the research say

Just to make clear. Talking about accessible healthcare services often includes talking about barriers in healthcare. What are barriers? According to the dictionary, a barrier relates to a fence or natural obstacle that prevents or blocks movement from one place

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to another. : a law, rule, problem, etc., that makes something difficult or impossible. : something that makes it difficult for people to understand each other. Related to the healthcare system it means that people with their needs might not be recognised, are not able to find their ways to certain institutions, don´t have knowledge about the system, feel not understood among many others. What does that mean for the group of LGBT+ people?

In her study of older lesbians and gays in the UK, Westwood (2017) describes that there is a not to be underestimated number of people who would choose to commit suicide due to a subjectively perceived poor quality of life combined with poorly experienced care. Vries & Gutman (2016) analysed in their study that in the US older LGBT+ people have a need for care at the end of life and that they do not have the traditional resources such as family members. That is why it is important in this group how they might want to live in nursing dependency. Shnoor (2019) concludes in his study conducted in Israel that the aging LGBT+ community would not profess their sexual orientation or gender identity for fear of restrictions in different health settings. In addition, they often live alone and cannot count on family support in old age. In a Portuguese study, the authors point to older LGBT+ individuals who are also more likely to be alone without family support and have greater difficulty in accessing the health system adapted to their needs (Pereira et al 2018). Pulver (2015) also describes similar results in Germany. Older LGBT+ people conceal their sexual orientation for fear of discrimination and inadequate care in the nursing home. "They fear, partly rightly, that one day they will be deported to homes that are not prepared or unprepared for homosexual residents" (Pulver 2015:310, translation by author). This was confirmed in an American study (Witten 2014). The biggest fears of LGBT+ people are, for example, in the area of nursing care in the context of dementia or the publicity of their transgender identity if surgical gender adjustments have not been performed in their entirety.

What does national legislation and international/European treaties and conventions say on the topic?

“The right of everyone to timely access to affordable, preventive and curative care of good quality is one of the key principles of the recently proclaimed European Pillar of Social Rights[1]. This means that access to healthcare should be effective for each person: it should be provided when people need it, through a balanced geographical distribution of healthcare facilities, professionals and policies to reduce waiting times. Costs should not prevent people from receiving the healthcare they need. Curative care, health promotion and disease prevention should be relevant, appropriate, safe and effective (European Commission 2018:5).

What do local policies say?

As an example, we would like to introduce you to a health care organization in Germany covering the needs of psychiatric and somatic patients, people with a handicap and elderly. “The St. Augustine Group promotes the networking of its services for old, disabled, physically and mentally ill people. The St. Augustine Group is constantly adapting its organizational structures **to the changing needs of the people** and the need

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for economic management. It has flat organizational hierarchies and clear competence assignments that start at the lowest possible organizational level.
The Christian mission is the basis of all activities of the St. Augustine Group. Against this background, the employees deal with religious questions and accompany the people entrusted to them in this sense. The St. Augustine Group supports its employees in this endeavor. The business decisions are made **on this basis in compliance with the economic and legal conditions**. The **dignity of the human being and the protection of human life are the highest principles**. Border issues are weighed together with stakeholders based on Christian principles (St. Augustinus Gruppe 2020)."
Healthcare institutions are aware of possible barriers and try to sensitize their staff as well as being aware of organizational and structural conditions which might cause healthcare barriers.

PRACTICAL COMPONENT

Barriers in general
Talking about barriers it is necessary to collect examples what is meant by barriers. Not all inhabitants of a country face barriers. They depend on health literacies, the health care system itself, the language a person speaks and can make himself understandable, attitudes of the health care staff among many others. In the following table, some barriers from the European Commission report (European Commission 2018) are presented.

Barrier	Examples	Own country	Intervention
Architecture	Especially for elderly people and people with a handicap good access to healthcare institutions is crucial.		
Attitude	People with specific needs have to been seen by health care staff in the way that their needs are recognised respectful and tolerant. Judgements about someone´s behaviour, sexual orientation or gender identity must not be judged or influence professional behaviour.		
Communication	Especially for people who are less competent in the first speaking language of the country might have difficulties in finding their access to the health care system or following certain therapies.		
Coverage by healthcare insurance	Some therapies might not be paid by the healthcare insurance. Certain people		

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Barrier	Examples	Own country	Intervention
	might pay for the therapy by themselves, others cannot afford it.		
Ethnicity	Roma have been reported as a vulnerable group who are almost not seen in the health care systems.		
Certain groups are not covered by the healthcare insurance	Depending on the finance of the health care system certain groups might be disclosed of prevention and therapy programmes (f.e. homeless people, illegal refugees and so on).		
Concepts of health and disease	Depending on socialisation, education and country of origin people might have different health and disease concepts who must be recognised by the health care professions.		
Low income	People with low income have unmet health needs who are not recognised in the health care system.		
Refugees	Because of their legal position refugees cannot be seen by specialist.		
Shortage of health care staff	Especially in rural areas because of the shortage of health care workers, patients have to travel much longer to get adequate treatment.		
Waiting list	In certain countries people have to wait a long time for a doctor´s appointment or operation		

Think about your own country and the relevance of this barrier.
Do you think, that this barrier is common, does not exist at all and how would you diminish that specific barrier?

Barriers specific LGBT+

Read through the following statements:

"I am worried that I will develop dementia and will not remember that I have transitioned. I am worried that I will not be able to support myself and that there will be no one to	"I'd personally rather commit suicide than go into the elderly care ''I can afford'' due to the exceptionally poor quality of it & the extremely high incidences of	"Right now I have had just top surgery and have no intention of getting bottom surgery, so when I die, and they get me ready for cremation my secret will be out and I may once

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take care of me." (Witten 2014:9)	sexual/physical/mental abuse that happens there." (Witten 2014:9)	again be looked at a freak or a weirdo, and that would be horrible, to live your life as a man, and have everyone around you accept me as a man, then at the end have the secret let out of the bag and everyone call me a freak again, I may be around to hear those words again, but it would be still terrible knowing that people know my secret after all the years living in secret." (Witten 2014:9)

	What do you think of these statements? Which barriers are obvious? Which kind of suggestions do you have? Might it be possible in creating a health care system without any barriers?

	Being aware of all different kind of barriers check for the city you are living which kind of specific healthcare services are available for LGBT+ people like self-help groups, doctors offering specific hours for LGBT+ people among money others.

ASSESSMENT COMPONENT

Remember the different barriers you have thought of in your own institution. Name at least 5 and think of how you would reduce these specific barriers.

Group reflection: Discuss with your peers and draw together a plan for reducing barriers in your institution. Who would be part of the group, responsible to develop a sufficient concept and how would the concept look like.

Summative assessment
Learning from this tool will be assessed as part of the module within which the tool is embedded.

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1. Self-administered evaluation questionnaire: the learner should evaluate how the tool has assisted learning through an evaluation questionnaire.
2. Peer evaluation: Peer learning groups should discuss their use of the tool, how it has assisted learning and what has been learning. This stage of evaluation should focus on knowledge gained regarding intercultural communication and how they may apply this learning in the work environment.
3. Teacher evaluation: teachers should evaluate the tool through observing classroom activities that demonstrate students developing skills in intercultural communication.

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Useful Resources

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IENELGBT+

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Culturally Competent and Compassionate
LGBT+ Inclusive Education

(IENE 9)

Topic 4.4: safeguarding: cultural and compassionate aspects of safeguarding of LGBT+ individuals

by
Victor Dudau and Ghindeanu Claudia

THEORETICAL COMPONENT

Principles and Values

Lesbian, Gay, Bisexual and Transgender (LGBT+) people constitute a vulnerable group and continue to fall victims of persecution, discrimination and gross ill-treatment, often involving extreme forms of violence.

The principles and values that guide this tool include:
Universality of human rights
Equality
Non-discrimination
Acceptance
Respect
Tolerance

Aims

The aim of this tool is to develop your knowledge and skills needed to protect the health, well-being and human rights of vulnerable people under your care.

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You will be engaged in learning through reflection, knowledge acquisition and practical activities.

Learning outcomes

When you have worked through this tool, you will be able to:

1. Understand how LGBT++ people are at risk of harm or are particularly vulnerable;
2. Identify any situations where an individual might be experiencing discrimination, abuse or discomfort;
3. Effectively communicate with LGBT+people about their needs and well-being, as well as the skills needed to talk about abuse and discrimination;
4. Understand the correct procedures you should follow when protect vulnerable people under your care;
5. Provide culturally competent, compassionate and person-centred care for vulnerable people.

Relevant definitions and terms/ What the research say

Safeguarding is a term used in the United Kingdom and Ireland to denote measures to protect the health, well-being and human rights of individuals, which allow people — especially children, young people and vulnerable adults — to live free from abuse, harm and neglect. (Care and support statutory guidance , UK Department of Health and Social Care,2020)

Discrimination is the most common issue that LGBT+ people face in the majority of countries and on a daily basis on the grounds of sexual orientation or gender identity. Discriminatory practices can be found in the workplace and in the public sphere, specifically regarding access to health care and education.

According to the FRA LGBT+ Survey, 32 % of respondents felt discriminated against in areas outside of employment, such as education.

There are four main types of sexual orientation discrimination.

Direct discrimination *happens when someone treats you worse than another person in a similar situation because of your sexual orientation.*

For example: a hotel owner refuses to provide a double bedroom to two men.

Indirect discrimination happens when an organisation has a particular policy or way of working that applies to everyone but which puts people of your sexual orientation at a disadvantage.

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Harassment occurs when someone makes you feel humiliated, offended or degraded. For example: colleagues keep greeting a male worker by the feminine version of his name although he has asked them to use his proper name.

Victimisation is when you are treated badly because you have made a complaint of sexual orientation related discrimination. For example: a gay worker complains that he has been 'outed' by his manager against his wishes and his employer sacks him.

LGBT+ people experience a number of **health disparities**. They're at higher risk of certain conditions, have less access to health care, and have worse health outcomes. These disparities are seen in the areas of behavioural health, physical health, and access to care.

Safeguarding involves reducing or preventing the risk of significant harm from discrimination or abuse, while also supporting people to maintain control of their own lives.

Safeguarding vulnerable people focus on empowerment, protection, prevention, proportionate responses, partnership and accountability (Principles of the Care Act 2014, https://www.highspeedtraining.co.uk/hub/principles-of-the-care-act-2014/).

When safeguarding LGBT+ people , professional carers have to:

- Ensure they can live in safety, free from abuse and neglect.
- Empower them by encouraging to make their own decisions and provide informed consent regarding their care and protect the personal and sensitive information about people.
- Prevent the risk of abuse or neglect, and stop it from occurring to reduce long-term harm.
- Promote their well-being and take their views, wishes, feelings and beliefs into account.
- Collaborate with local services and communities to help prevent, detect, and report suspected cases of discrimination and abuse.

In line with the Papadopoulos model, compassionate attitude toward LGBT+people is one of the most positive attitude toward LGBT+ , especially in cultural contexts bound by pronounced heteronormative values. (https://iene-LGBT+.com/).

What does national legislation and international/European treaties and conventions say on the topic?

LGBT+ people have the same human rights as all individuals, which include the right to non-discrimination in the enjoyment of these rights. At the global level, it is embodied in

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Article 26 of the International Covenant on Civil and Political Rights (ICCPR) and Article 2 of the International Covenant on Economic, Social and Cultural Rights (ICESCR).

EU laws and policies include equality and non-discrimination on the grounds of sexual orientation, enshrined in Articles 10 and 19 of the Treaty on the Functioning of the European Union (TFEU), and Article 21 of the Charter of Fundamental Rights of the European Union (CFREU).

Article 21of CFREU: Any discrimination based on any ground such as sex, race, color, ethnic or social origin, genetic features, language, religion or belief, political or any other opinion, membership of a national minority, property, birth, disability, age or sexual orientation shall be prohibited.

Since 2014, the European Parliament has consistently expressed support for better standards for lesbian, gay, bisexual, transgender, and intersex (LGBT+) individuals in Member States, in the EU, and in the world. It has made notable progress in the areas of external action, media, health, education, transgender rights, asylum, and free movement.

The European Parliament condemned LGBT+ conversion therapy in the EU for the first time in a resolution on the situation of fundamental rights in the EU in 2016. The text also takes a stand against pathologisation of trans identities and the requirement of forced sterilization and surgery to have access to legal gender recognition in several Member States. It also condemned the medically unnecessary “genital ‘normalisation’ surger[ies]” performed on intersex children. *(Situation of fundamental rights in the EU in 2016)*

The EU horizontal directive on non-discrimination would fill this gap in protection but has been stalled in the Council for years.

In UK, the Equality Act 2010, provides the legal framework to tackle disadvantage and discrimination.

But, in many EU Member States there is a lack of non-discrimination law and the legislative gap in protection from bias-motivated crimes based on sexual orientation and gender identity put LGBT+ people, the most marginalised populations, at risk of discrimination and violence.

What do local policies say?

Code of conducts, organisational values and so on.

LGBT+ people face discrimination and violence worldwide. Discrimination and violence against LGBT+ people has taken multiple forms, with recent examples including homophobic statements in the campaign for a referendum on narrowing down the

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definition of family in Romania, attacks on LGBT+ social centres in several Member States such as Hungary and Slovenia, homophobic statements and hate speech targeting LGBT+ people, as recently observed in Estonia, Spain, the United Kingdom, Hungary and Poland, in particular in the context of elections, and legal instruments which might be applied to restrict media, culture, education and access to other forms of content in a manner that unduly restricts freedom of expression regarding LGBT+ issues, such as in Lithuania and Latvia.

Since the beginning of 2019, in Poland there have been over 80 instances where regions, counties or municipalities have passed resolutions declaring themselves free from so-called 'LGBT+ ideology', or have adopted 'Regional Charters of Family Rights' or key provisions from such charters, discriminating in particular against single-parent and LGBT+ families.

PRACTICAL COMPONENT

Practical activities

Activity 1:

1. Do LGBT+ people enjoy equality in access to health facilities for issues relevant to them in your country?

Checklist	Yes	No
Is there access to confidential and adequate health services for LGBT+ people?	☐	☐
Is there adequate information on HIV/AIDS/STD prevention targeting them?	☐	☐
Do adverse criminal laws prevent or make access to health facilities more difficult for LGBT+ people?	☐	☐
Are some health services denied to LGBT+ people, e.g. reproductive health care to lesbians?	☐	☐
Are psychiatrists and doctors permitted to assist transgendered people to change their gender?	☐	☐

2. What is your opinion about the of situation regarding LGBT+ human rights in your country?
3. Share your opinion with your peers

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4. Read and comment other opinions.

Activity 2:

1. Associate the discriminatory abuses in column 1 with possible signs of discriminatory abuse in column 2.

Types of discriminatory abuse	Possible signs of discriminatory abuse
☐ Unequal treatment based on sexual orientation ☐ Verbal abuse, derogatory remarks or inappropriate use of language related to sexual orientation ☐ Denying basic rights to healthcare, relating to a sexual orientation ☐ Substandard service provision relating to sexual orientation ☐ The service does not take account of the person's individual needs in terms of sexual orientation ☐ Providing care in a way that the person dislikes ☐ Failure to administer medication as prescribed ☐ Refusal of access to visitors ☐ Not taking account of individuals' cultural, religious or ethnic needs ☐ Ignoring or isolating the person ☐ Preventing the person from making their own decisions ☐ Failure to ensure privacy and dignity	☐ The person appears withdrawn and isolated ☐ Expressions of anger, frustration, fear or anxiety ☐ Poor environment – dirty or unhygienic ☐ Poor physical condition and/or personal hygiene ☐ Pressure sores or ulcers ☐ Malnutrition or unexplained weight loss ☐ Untreated injuries and medical problems ☐ Inconsistent or reluctant contact with medical and social care organisations ☐ Accumulation of untaken medication ☐ Uncharacteristic failure to engage in social interaction ☐ Inappropriate or inadequate clothing

2. Reflect to a case of discriminatory abuse in your work environment and on the effects on the client/learner
3. Share your story with your peers
4. Read other stories and comment .

ASSESSMENT COMPONENT

1. Formative assessment:

At a job interview, a woman makes a reference to her girlfriend. The employer decides not to offer her the job, even though she is the best candidate they have interviewed.

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What type of discrimination is this?

a. Direct discrimination
b. Indirect discrimination
c. Harassment
d. Victimisation

2. Group reflection: Discuss with your peers and draw together a plan for reducing or preventing the risk of significant harm from discrimination or abuse, and supporting LGBT+ people to overcome the health disparities

3. Summative assessment:
Learning from this tool will be assessed as part of the module within which the tool is embedded.

EVALUATION COMPONENT

1. Self-evaluation: Evaluate how the tool has assisted your learning and identify learning that has occurred.

2. Peer evaluation: Discuss in peer learning groups on how you may apply the learning in the work environment for safeguarding LGBT+ people

3. Teacher evaluation: teachers should evaluate the tool through observing classroom activities that demonstrate students developing skills in intercultural communication.

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4. Public discrimination and hate speech against LGBT+I people-including LGBT+I free zones, EU Parliament 2019 https://www.europarl.europa.eu/doceo/document/TA-9-2019-0101_EN.html#def_1_12
5. The European Commission on Sexual Orientation Law (ECSOL),https://www.sexualorientationlaw.eu/

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6. European Commission https://ec.europa.eu/info/policies/justice-and-fundamental-rights_en

Useful resources

1. Care and support statutory guidance , UK Department of Health and Social Care,2020 https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance
2. Types and indicators of abuse, https://www.scie.org.uk/safeguarding/adults/introduction/types-and-indicators-of-abuse
3. Handbook on the protection of LGBT+ people, https://www.lgl.lt/en/files/Handbook-on-the-protection-of-LGBT+-people-ENG-Internet1.pdf

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IENELGBT+

Tools for Intercultural Education of Nurses in Europe

Culturally Competent and Compassionate
LGBT+ Inclusive Education

(IENE 9)

Topic 4.5: Advocacy for LGBT+ people

by
Sheila Ali, Alfonso Pezzella and Irena Papadopoulos

THEORETICAL COMPONENT

Principles and Values

- We recognise and acknowledge the discrimination and disadvantage faced by LGBT+ individuals in many areas of their lives, especially those at the intersection of multiple minority identities.
- We believe that LGBT+ people should have equal opportunities in accessing services such as education, employment, health and social care.
- We believe that LGBT+ education for all will promote understanding about the LGBT+ community, thus dispelling the myths and misinformation that currently exist.
- We strive to challenge transphobia, homophobia, biphobia and any discrimination on the basis of gender identity and/ or sexuality.

Aims

The purpose of this tool is to make an introduction to the subject of advocacy for LGBT+ people. This will be presented through the lens of culturally competent and compassionate care. You will be engaged in learning through reflection, knowledge acquisition and practical activities.

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Learning outcomes

When you have worked through this tool and its activities, you will :

- Understand what it means to be an ally
- Know some examples of advocacy and allyship
- Have developed an awareness of the best practices for caring for LGBT+ service users and patients in your specialism and developing LGBT+ inclusive services.

Relevant definitions and terms

Advocacy: this can mean public support of a particular cause or policy, and it can also mean speaking for on behalf of someone.

In the context of social justice an ally of LGBT+ people is someone who aligns with and supports LGBT+ people and their rights, and fights discrimination against this group of people.

Advocacy and allyship are both active processes and can involve several actions including:

- Using inclusive language and knowing the correct terminology
- Not making assumptions about people's gender identity or sexual orientation identity
- Making efforts to educate ourselves about the issues faced by LGBT+ people
- Understanding the individual and systemic discrimination that LGBT+ people face and how they may face multiple intersecting forms of discrimination and marginalisation
- Challenging myths, stereotypes and discriminatory behaviour
- Being vocal and open in our supportive of LGBT+ people
- Having awareness of our own biases and prejudices that we may have learned from the media, society, or our upbringing, and challenging these biases through self-reflection.
- Knowing LGBT+ rights and helping our service users understand their rights
- Helping LGBT+ people to feel included in our services, and helping them to access specialised support where needed
- Helping LGBT+ people speak up for what they need and advocating for them where needed, for example when speaking to other services and agencies on their behalf. Listening to their needs and helping them to express themselves in the best way to access the support and services that are needed.
- Getting involved with any relevant consultations and changes that are being made at an organisational or governmental level (e.g. involvement with staff equality and diversity networks, or LGBT+ networks and working groups) and helping to ensure that service users voices are heard.

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IENELGBT+

What does national legislation and international/European treaties and conventions say on the topic?

The universal declaration of human rights states that 'all human beings are born free and equal in dignity and rights'. The United Nations is clear that it condemns discrimination on the basis of sexual orientation and gender identity.

The Equality Act (2010) protects against discrimination on various protected characteristics including sex, sexual orientation, and gender reassignment.

What do local policies say?

In 2018 the UK Government published a National LGBT survey and an LGBT action plan to improve the lives and rights of LGBT+ people in the UK and abroad. In 2019, the government's Women and Equalities committee released a report in which a number of recommendations were made including the development of policies to help organisations meet the needs of LGBT+ service users.

PRACTICAL COMPONENT

Practical activities

Activity one:

Resources on allyship and advocacy:

- https://www.stonewall.org.uk/about-us/news/come-out-lgbt-becoming-active-lgbt-ally
- https://guidetoallyship.com
- https://www.prideinpractice.org/articles/transgender-pronouns-guide/

1. From reading these resources (and the ones listed at the end of this document, if relevant), or any others you can find, explain briefly in your own words what it means to be an ally (no more than 150 words).

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Activity two:
Read 2 or 3 of the stories on the 10 stories website (https://lgbt.foundation/10stories) and explain some of the steps taken by the clinics/GP surgeries and staff to be more inclusive, and describe what type of impact they had on the patients in the stories. Try to find examples of inclusive language, visual indicators of an inclusive service (e.g. posters, leaflets, written materials), actions taken by healthcare professionals.

Activity three:
Below is a list of resources on best practices by profession/sector.

- General: Stonewall page of toolkits and resources. Click on the menu options to find the relevant guide for your profession.
- NHS: Sexual orientation guide and NHS employers page of resources
- RCN LGBT+ Health
- Personalisation: working with LGBT people (Social care)
- See me, hear me, know me: Guidelines to support the needs of older LGBT+ people in nursing, residential and day care settings.

1. The links above have information about best practice in several different professions within health and social care. Read the one that is most relevant for you, and/or look up some best practice that is related to your area of work, and your particular organisation.
    a. Can you think of examples of best practice you have seen in the organisation you are working in?
    In what ways does your organisation aim to be a safe and inclusive place for LGBT+ staff and patients or service users?
    Would patients say that your organisation is LGBT+ inclusive?
    What would you like to see done differently?
    Based on these questions and/or any other thoughts you might have on this topic, write a couple of paragraphs about your observations about how your organisation is LGBT+ inclusive.
    b. What is your knowledge of any LGBT+ specialist services that are offered in your organisation, or another organisation which you can signpost or refer to?

Activity four

Scenario:
There is a new patient/service-user who is gay and you witness a colleague make homophobic remarks about him in his presence and to his relatives. When the colleague sees you later they continue to make prejudiced remarks about the patient, and display prejudiced attitudes, including the use of homophobic slurs. When the colleague realises

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that other staff are shocked by this behaviour, they appear defensive and say that they were only joking around.

Question: What would be a way of challenging this homophobic behaviour?

ASSESSMENT COMPONENT

Formative assessment:

1. Write down 3 practical actions that you can take (now and in the future) to become an ally for LGBT+ people:
    1.
    2.
    3.

Self-reflection:

a. Using the information you have learned/reflected on today, what is the key take-home message you would like to tell others about?
b. Are there any concepts we have covered that you would like more help with understanding further?

Summative assessment:

Create a mind map, infographic, crib-sheet, or 5-10-minute recorded talk summarising the key points you would include if you wanted to tell people about how to be a better ally and advocate for LGBT+ people. Use whichever format is most accessible to you. The aim is to condense the main points you have learned from this module which you would like to tell others about or remind yourself.

EVALUATION COMPONENT

1. Self-administered evaluation questionnaire: the learner should evaluate how the tool has assisted learning through an evaluation questionnaire.
2. Peer evaluation: Peer learning groups should discuss their use of the tool, how it has assisted learning and what has been learned. This stage of evaluation should focus on knowledge gained regarding the topic and how they may apply this learning in the work environment.

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3. Teacher evaluation: teachers should evaluate the tool through observing classroom activities that demonstrate students developing skills in LGBT+ inclusive education and services.

Useful resources

- https://www.trustedhealth.com/blog/the-role-of-allyship-in-healthcare-and-nursing
- https://www.advocacyproject.org.uk/what-we-do/
- https://blogs.bmj.com/bmj/2019/07/04/duncan-jarvies-its-time-for-healthcare-to-be-a-better-lgbt-ally/
- https://www.sageusa.org/wp-content/uploads/2018/05/sageusa-understanding-issues-facing-lgbt-older-adults.pdf
- https://www.aclu.org/issues/lgbt-rights/transgender-rights/three-ways-be-informed-advocate-transgender-people
- https://www.thetrevorproject.org/resources/
- https://www.hrc.org/resources/advocating-for-lgbt-equality-in-your-workplace
- https://www.diversitynetwork.org/news/472622/True-Allyship-A-Toolkit-for-Allies-of-the-LGBTQIA-Community.htm
- https://www.rainbow-project.org/internalised-homophobia
- https://www.rainbow-project.org
- http://www.glma.org/index.cfm?fuseaction=Page.viewPage&pageId=534
- https://www.researchgate.net/profile/Henry_Ng4/publication/304748627_Best_practices_in_LGBT_care_A_guide_for_primary_care_physicians/links/5787a60608ae95560407ad36.pdf
- https://www.hrc.org
- https://oro.open.ac.uk/31195/2/Guidelines_for_researching_and_writing_about_bisexuality.pdf

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Appendix

METHODOLOGY FOR CREATING THE LEARNING / TEACHING TOOLS FOR COMPASSION, COURAGE, HEALTH INEQUALITIES, AND INTERCULTURAL COMMUNICATION

This paper has been prepared by Prof. Irena Papadopoulos

Introduction

This paper deals with the methodology to be used in the development of learning /teaching tools for compassion, courage, health inequalities, and intercultural communication. The **first section** provides a definition of what the term 'tools' means for this project. The **second section** provides the guiding values and principles of the methodology, whilst the **third section** presents the model for the development of culturally competent and compassionate health care professionals. This model will be adapted to provide some key content for the other three areas which we will develop tools (courage, health inequalities, and intercultural communication). The **fourth section** provides the components of a tool. The **fifth section** provides a template that can be used in the development of the tools. The **final section** provides a step by step summary of the methodology.

**Please note that for the benefit of clarity, I refer to a 'tool' as one activity whereas 'toolkit' is a package containing a collection of tools.*

1. What do we mean by 'tools'?

Learning tools are 'materials' which students use on their own or with others to learn about a topic, to develop their cognitive (thinking), psychomotor (practical) and affective (emotional) competencies. Learning tools may be identified or developed by the students or the teachers (sometimes referred to as teaching tools). Because every individual learns in a different way, teachers use a variety of learning/teaching tools, to respond to the diversity of learning styles. For example, tools could be a book, a picture, a power point presentation, a diagram, a quiz, a visit, a podcast, a song, a video, a computer game, a website and so on.

The following list can be used as a checklist for learning/teaching tools. Not all learning tools will meet all criteria. But generally speaking the more criteria a learning tool meets, the stronger the tool.

A good tool:

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- Contains customised steps to help students progress through their learning goals;
- Provides observable evidence of learning;
- Clarifies what students know and don't know;
- Allows the teacher to see/hear (and intervene) when students don't understand;
- Leads to and connects with other tools in the process of meeting larger /higher level learning goals;
- Helps students synthesize knowledge and meaning;
- Provides building blocks that enable students to step into and through difficult concepts or processes to reach predetermined learning goals;
- Provides pathways that lead to depth and clarity in learning;
- Adds to the meaning-making in the classroom.

Modified from a list provided by the Perpich Center for Arts Education
http://www.mnartseducation.org/docs/03/_pdf/03_01.pdf

2. Guiding values and principles of the methodology

Taken from the United Nations human rights declaration, the overall **guiding value** of our methodology is:
'All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood'.
(http://www.un.org/cyberschoolbus/humanrights/declaration/1.asp)

Further, the values of the IENE3 team, which were expressed during a values workshop which used 'compassion' as the vehicle for the value clarification exercise at the beginning of the project, are compatible with the following:
Effective 'values education':

- helps students to understand and to be able to apply values such as care and compassion;
- pursues excellence by requiring the students to do their best;
- purses and protects the common good where all people are treated fairly for a just society;
- pursues freedom in order to protect the rights of self and others;
- pursues honesty and truth;
- helps the students achieve consistency between their words and deeds in accordance with moral and ethical conduct;
- promotes the respectful treatment others;
- promotes personal responsibility and accountability of one's own actions and the resolve of differences in a non-violent and peaceful ways;

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- promotes the understanding and tolerance of others and their cultures, the acceptance of diversity and the inclusion of others.

Adapted from: National Framework for Values Education in Australian Schools, DEST 2005, p 5,

http://www.valueseducation.edu.au/verve/_resources/Values_PLP_intro.pdf

The principles which inform the methodology derive from the previous work on the Papadopoulos, Tilki and Taylor model of transcultural nursing and cultural competence (1998, 2006) and the Intercultural Education of Nurses in Europe (IENE1 & IENE2 projects), as well as other principles of intercultural education which can be found in the literature. These are:

- Respecting the cultural background and identity of the learner by relating learning to their previous knowledge and experiences
- Providing equal access to learning by eliminating discrimination in the education system and by promoting an inclusive learning environment
- Promoting learning which encourages the understanding of personal values and the development of self awareness, both of which form the basis for reflective communication and co-operation across cultures and social boundaries
- Promoting a critical approach regarding the power linked to the production and use of knowledge to either oppress or emancipate people
- Encouraging the establishment of peer learning communities for support and the exchange of knowledge and experiences
- Tolerating language imperfections by providing language support and/or by allowing extra time for people to express themselves
- Avoid over-dependence on oral learning methods and use visual and other interactive and culturally appropriate learning approaches
- Emphasising realism. Intercultural learning is a life long process
- Promoting courage. Thinking outside the box and speaking out against injustice.

Whilst the above principles will inform and guide the development of the IENE3 tools, an **additional principle** is that the tools should have an element of innovation. The Collins dictionary defines 'innovative' as:
novel, *new*, *original*, *different*, *fresh*, *unusual*, *unfamiliar*, *uncommon*, *inventive*, *singular*,

ground-breaking, *transformational*.

Figure 1 summarises the above.

Fig. 1: Values and Principles for the development of learning/teaching tools.

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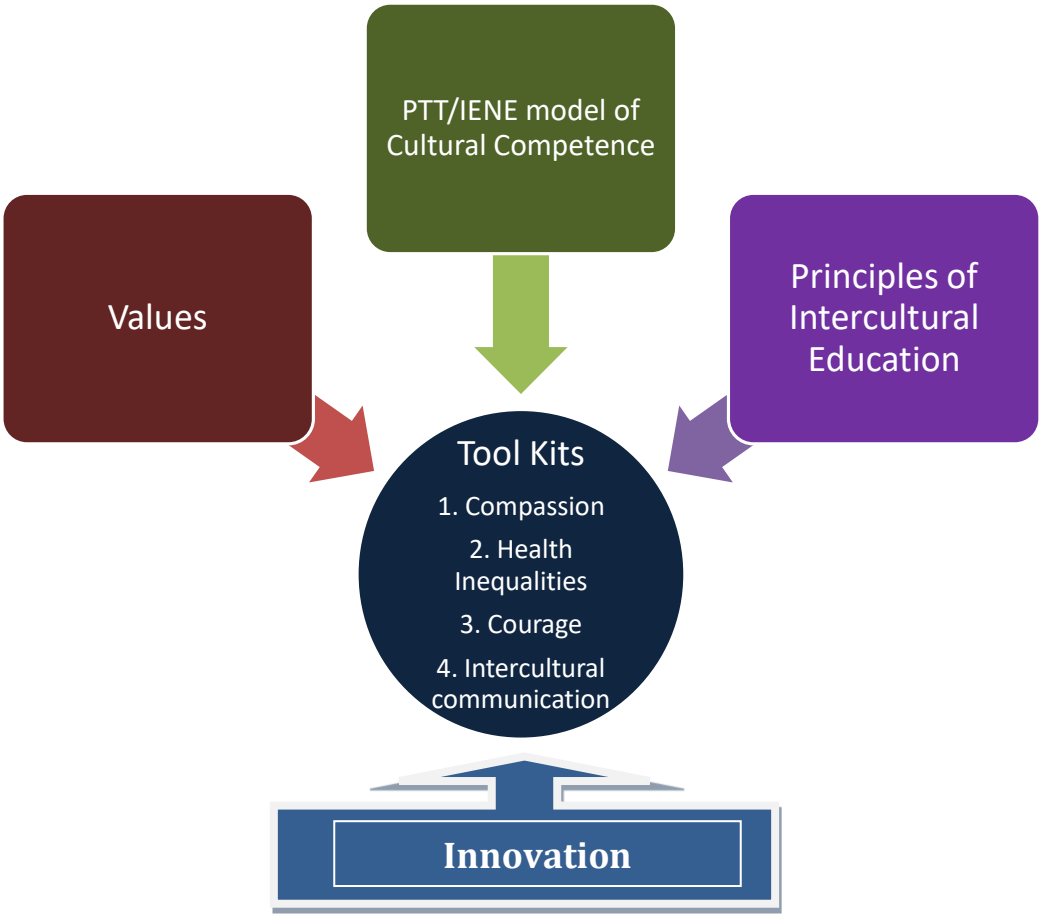

The model for the development of culturally competent and compassionate health care professionals

The proposed model uses the construct 'compassion' to propose the overall methodology for the development of tools (Fig. 2). The construct under development is placed in the centre of the four boxes each containing the main construct of the PTT/IENE model. In each box a small number of sub-constructs are proposed, about which learning / teaching tools could be developed. The proposed sub-constructs could be added to or replaced with relevant others. In this way each sub-construct is considered not only for in own sake but, importantly, it is considered from the cultural perspective. For example, in order to start on the process of becoming a culturally competent and compassionate health professional, a student should be encouraged to reflect on the meanings, understandings, expressions, etc of compassion from their own

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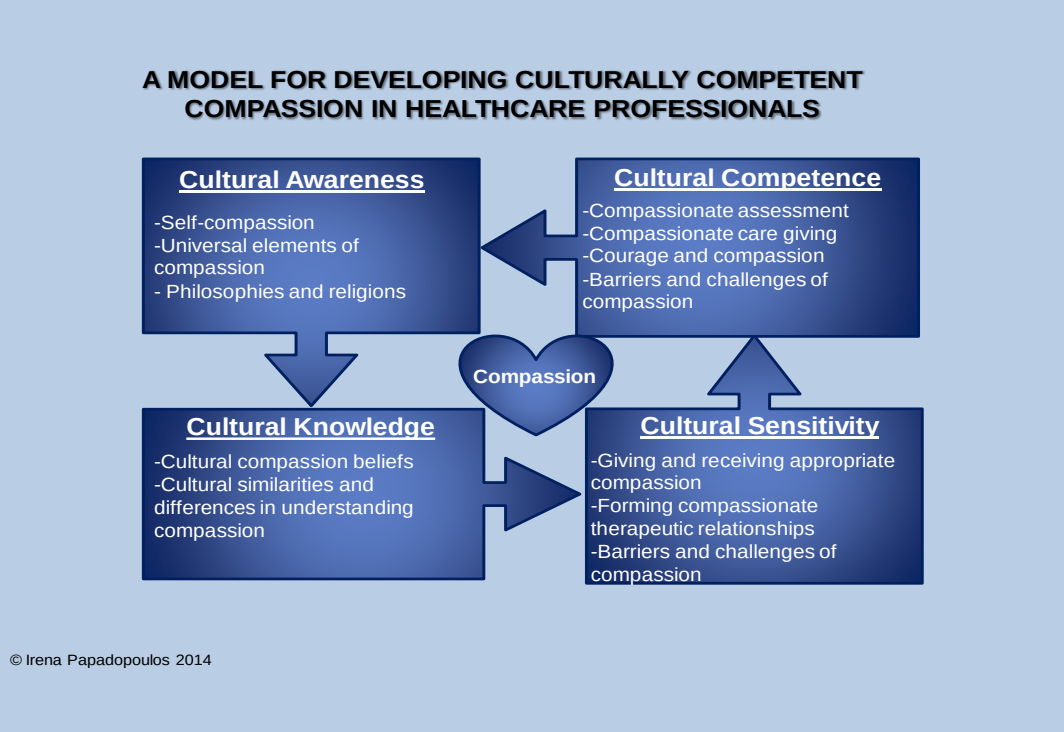
cultural point of view. A variety of learning /teaching tools can be developed to address the other sub-constructs.

By replacing 'compassion' with 'courage' in the centre of the diagram, we can identify relevant sub-constructs for 'courage' and then develop the learning/teaching tools, and we repeat this process with 'health inequalities', and 'intercultural communication'.

Fig.2:



3. The components of a learning/teaching tool

Figure 3 identifies the main components which we can use for the development of the learning/teaching tools. These are:

- the theoretical component
- the practical component
- the assessment component
- the evaluation component

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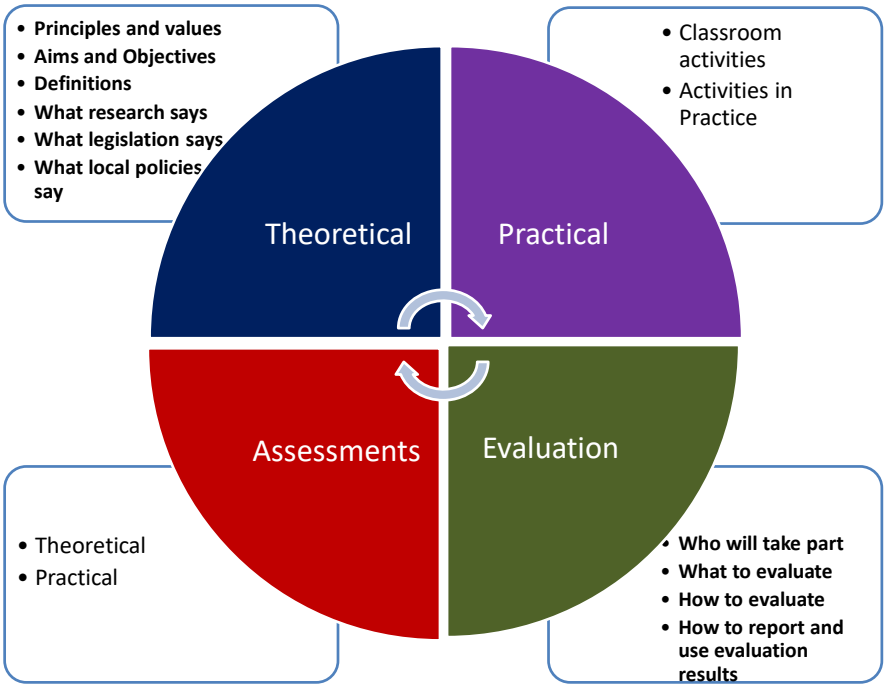
Fig. 3. Components of a tool



1. Template for the development of the tools

(Please use one template per tool and use as much space per section as needed)

THEORETICAL ASPECTS OF THE TOOL

1.1 Title of the tool

1.2 Articulate the principles and values relevant to the tool

1.3 Overall aim for the tool

1.4 Learning outcomes *(up to six)*

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1.5 Relevant definitions and terms *(to be added to the IENE glossary)*

1.6 What the research says on the topic *(add at least 6 research references with a brief summary for each and relevant URLs)*

5.7 What the legislation/treaties/conventions says on the topic *(add 2-3 local and 2-3 European and 2-3 International with brief summaries and relevant URLs)*

5.8 What local policies say (*add 2-3 policies from your institution and those organisations you work with)*

PRACTICAL ASPECTS OF THE TOOL

(please note that a tool can be either classroom based or practice based)

5.9 Classroom activities *(provide the summary here. The full activity with teacher instructions and specific materials to be used e.g a game-board, a power point presentation, etc can be attached as a separate document which will be uploaded on the IENE website)*

5.10 Activities in Practice *(provide a summary with full instructions and materials to be used in a separate document as above)*

TOOL ASSESSMENT*

(Please note that a tool does not need to have both theoretical and practical assessment. Use whichever is relevant)

5.11 Theoretical assessment.

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5.12 Practical assessment.

*in this paper the term 'assessment' refers to those activities used by teachers and students to confirm what they (the students) have learnt which demonstrates whether they have achieved the learning outcomes of the tool. The term 'evaluation' may be used instead of the term 'assessment'.

EVALUATION

5.13 Please suggest who should take part in the evaluation and why.

5.14 'What' to evaluate *(for example: the quality of the materials used in the tool, the relevance between learning outcomes and the content of the tool, the user-friendliness of the tool, etc)*

5.15 How to evaluate the 'what' *(5.14).*

5.16 How to report and use the evaluation results.

AUTHORSHIP

5.17 Provide the names of the people who led the development and those who assisted in any of the many ways that colleagues do.

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