



*Eurasian Coalition
on Male Health*

TRAINING MODULE ON WORK WITH PUBLIC OFFICIALS

on Human Rights and Combating Stigma
and Discrimination against gay men,
other MSM and trans people



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1. PREAMBLE

Dear colleagues!

We are happy to present one more tool developed by ECOM — a training module on work with public officials on human rights and combating stigma and discrimination against gay men, other MSM and trans people.

Why is addressing stigma and discrimination the main topic of this module?

Edwin Cameron, Justice of the South African Constitutional Court, who is an openly gay man living with HIV said:

“...If we do not appreciate the nature and impact of stigma, none of our interventions can begin to be successful. AIDS is probably the most stigmatized disease in history.”

According to the UNAIDS, stigma against the members of vulnerable populations — whether they are men who have sex with men, sex workers or people who inject drugs — becomes the key barrier in access to the HIV prevention services. Stigma against people living with HIV hinders their timely and effective treatment and restricts their access to care and support. Stigma is what makes people hide their HIV status when interacting with others. Besides, it is the cause of discrimination and human rights violations.

A study of the attitudes towards LGBT among the gate keepers of key social services in five EECA countries conducted by ECOM in 2017 showed that 48% of the interviewed health workers, 67% of the social workers and 6% of the police officers have people with homo- or bisexual orientation among their family members or acquaintances. However, 17% of the interviewed health workers and 84% of the police officers stated that homosexuality is not acceptable in the society; 6% of the health workers and 75% of the police officers said that homosexuality is a disease or a consequence of a psychological trauma.

That is why our module was developed for trainers and trainer teams who are planning to work with health workers, public officials or law enforcers.

The main idea of this module is to show people who may influence the life and health of others what impact stigma and discrimination may have on the life of an individual; how negative attitude of a doctor may lead to the risk of contracting HIV; how prejudice of a police officer may hinder investigation of a crime; how one decision of a public official may put thousands of people in a city at risk. It is also aimed at showing them how they may be game changers using their power and authority.

This module contains materials for three one-day workshops. We recommend adjusting the materials to the national context, needs and expectations of the participants, but we still hope that the exercises and presentations we prepared for you will be useful for your workshops.

We would like to thank all the people who took part in developing this training module. We are sure that it will be useful for non-governmental organizations striving to combat discrimination and pursue tolerance towards gay men, other MSM and trans people.

We hope that the activities aimed at educating public officials will allow thousands of gay men, other MSM and trans people to have regular and free access to HIV prevention and treatment services and will also allow to improve the situation with LGBT rights in Central and Eastern Europe and Central Asia.

2. BACKGROUND AND INSTRUCTIONS

This training module consists of three workshops for three target audiences:



decision-makers: representatives of the Ministries of Health, members of the Country Coordinating Mechanisms, people who plan and/or administrate health programs, staff members of city and municipal health departments;



senior, middle and junior medical personnel (doctors, paramedics, nurses, obstetricians, laboratory assistants, medical record administrators, hospital attendants, caregivers, etc.) as well as managers of health facilities, including STI treatment clinics, national and city AIDS centers;



staff of law-enforcement agencies — representatives of the Ministry of Internal Affairs, the Ministry of Justice, the Prosecutor's Office, departments to combat violence, protect human rights and freedoms, police patrol officers, investigators, district police officers, etc.

DURATION OF EACH WORKSHOP: 1 day (9 a.m. – 6 p.m.)

OPTIMAL NUMBER OF PARTICIPANTS: 15-18 people

Required materials: registration forms, badges, flipchart paper, A4 format paper (white and color), glue, felt-tip pens, markers, pencils, stickers, scotch tape, scissors, tables with words «myth»/«fact», soft ball.

Equipment: flipchart, projector, computer, electronic media with presentations.

Handouts: notebooks, pens, agenda for the participants, knowledge assessment forms and training quality and efficiency evaluation forms.

Workshop tools and methods of work: forms, presentations, mini lectures, individual and group activities, discussions, debates, brainstorm, case studies, role-play, warm-up exercises.

The training module is designed: is a way that the first (basic) theory and practice section is the same for every workshop and contains some basic information on stigma and discrimination.

The second part of the workshops is specialized and aimed only at the specific target audiences. Thus, each of the three workshops will include only two theory and practice sections. E.g., the workshop for police officers will include sections 1 and 4.

Examples of agendas for the participants representing different target audiences are presented in annexes, which are part of this training module (see annexes 7, 8, 9).

CONTENT OF THE TRAINING MODULE

№		Decision-makers	Health professionals	Law enforcers
	Goal	Raise the awareness of public officials in the human rights issues to promote equality and counter stigmatization and discrimination.		
	Objectives	Present the basic information on human rights to public officials and analyze the cases of stigma and discrimination against gay men, other MSM and trans people.		
		Review best international practices in preventing and combating discrimination by public officials. Determine how public officials can contribute to addressing stigma and discrimination.	Raise the awareness and observance of the principles of tolerance and non-discrimination by health professionals, in particular in the delivery of HIV services.	Raise the awareness of law enforcers on hate crimes and violence on the grounds of hatred based on sexual orientation or gender identity.

THEORY & PRACTICE

1	Stigma and discrimination			
2	Powers of the government agencies in addressing discrimination			
3	Tolerance and political correctness in healthcare institutions			
4	Equality, non-discrimination and hate crimes counteraction in the work of law-enforcement bodies			

The training module contains theoretical inputs and practical exercises, but before starting the workshops, we would strongly recommend the trainers to study the following issues:

- ✔ presence or absence of (anti)discrimination laws in your country;
- ✔ if your country ratified the main international human rights and anti-discrimination treaties and conventions;
- ✔ current statistics on hate crimes and violence on the grounds of sexual orientation and gender identity;
- ✔ reports of non-governmental organizations on the violation of human rights of gay men, other MSM and trans people in your region/country/city.

The training module includes a lot of case studies on human rights violations, discrimination and hate crimes against LGBT on the grounds of sexual orientation and/or gender identity. All the cases presented happened in the real life and information about them was taken from the open sources:

- ✔ mass media, internet, social networks;
- ✔ reports prepared by non-governmental organizations on the LGBT human rights situation in Armenia, Belarus, Kyrgyzstan, Tajikistan, Russia and Ukraine;
- ✔ Human Rights Watch reports on the LGBT rights in Russia, Kazakhstan, Kyrgyzstan and Chechnya;
- ✔ publications of the Organization for Security and Co-operation in Europe;
- ✔ practical experience of the authors of this module when delivering training for public officials, law enforcers and health professionals.

3. LIST OF ABBREVIATIONS

CEECA	Central and Eastern Europe and Central Asia
ECHR	European Convention on Human Rights
ECOM	Eurasian Coalition on Male Health
HIV	human immunodeficiency virus
ICD-10	International Classification of Diseases, 10th revision
LGBT	lesbian, gay, bisexual and trans people
LGBTI	lesbian, gay, bisexual, trans and intersex people
MoH	Ministry of Health
MSM	men who have sex with men
MtF	three-letter abbreviation, which stands for Male-to-female (transgender woman)
NGO	non-governmental organization
Pap test	a test used to detect pre-cancerous or cancerous cells in the vagina and cervix
PLHIV	people living with HIV
PUD	people who use drugs
SOGI	sexual orientation and gender identity
SW	sex workers
Trans	an umbrella term for people on various stages of the transgender transition or those who decide against such transition as well as all non-binary identities within the spectrum of gender identities.
WHO	World Health Organization
WSW	women who have sex with women

4. AGENDA

No	Time	Session	Notes
Theory & Practice: Section 1 «Stigma and Discrimination» Mandatory for all target audiences			
1	9:00-10:00	Introduction. Registration of participants. Welcoming word and introduction of the trainers. Introduction exercise «Social network». Exercise to collect expectations «Butterflies» Accepting the group rules Filling in the pre-training forms	Annex 1 Annex 2, 3 or 4 (depending on the TA) Annex 10
2	10:00-11:00	Presentation «From stereotypes to discrimination». Exercise «Myths and facts about SOGI».	Presentation 1
3	11:00-11:30	Coffee/tea break	
4	11:30-13:00	Presentation «Discrimination: definition, forms and grounds». Exercise «Personal experience». Exercise «What is it?».	Presentation 1
5	13:00-14:00	Lunch/Break	
Theory & Practice: Section 2 «Powers of the government agencies in addressing discrimination» Target audience: decision-makers. Representatives of the Ministries of Health, members of the Country Coordinating Mechanisms, people who plan and/or administrate health programs.			
6	14:00-15:00	Exercise «Find your own kind». Presentation «Human rights and best international anti-discrimination practices».	Presentation 2
7	15:00-15:30	Coffee/tea break	
8	16:00-17:30	Exercise «I'm an artist, that's how I see it!». Mini-lecture «Comprehensive approach to addressing discrimination». Practical exercise «Anti-discrimination measures». Exercise «Discrimination & HIV».	
9	17:30-18:00	Wrap-up Filling in post-training knowledge assessment forms and training quality and efficiency evaluation forms. Exercise «Anagram». Certificates ceremony and official wrap-up.	Annex 2 Annex 6

Theory & Practice: Section 3

«Tolerance and political correctness in healthcare settings»

Target audience: senior, middle and junior medical personnel (doctors, paramedics, nurses, obstetricians, laboratory assistants, medical record administrators, hospital attendants, caregivers, etc.) as well as managers of health facilities, including national and city AIDS centers.

6	14:00-15:00	Exercise «How do I want people to treat me?». Presentation «Professional ethics and tolerance: quality services for gay men, other MSM and trans people». Exercise «Risk factors and their implications».	Presentation 3
7	15:00-15:30	Coffee/tea break	
8	16:00-17:30	Exercise «Cross to the other side». Presentation «Politically correct terminology and tolerance in health care, in particular in HIV services». Exercise «Case studies».	Presentation 3
9	17:30-18:00	Wrap-up Filling in post-training knowledge assessment forms and training quality and efficiency evaluation forms.. Exercise «Basic set of a tolerant health professional». Certificates ceremony and official wrap-up.	Annex 3 Annex 6

Theory & Practice: Section 4

«Equality, non-discrimination and hate crimes counteraction in the work of law enforcement agencies»

Target audience: representatives of law enforcement agencies. Representatives of the Ministry of Internal Affairs (MIA), the Ministry of Justice, the Prosecutor's Office, departments to combat violence, protect human rights and freedoms, police patrol officers, etc.

6	14:00-15:00	Presentation «Principle of equality and non-discrimination in the work of law enforcement agencies». Exercise «Heroines and heroes».	Presentation 4
7	15:00-15:30	Coffee/tea break	
8	16:00-17:30	Presentation «Hate crimes». Exercise «Photo evidence».	Presentation 4
9	17:30-18:00	Wrap-up Filling in post-training knowledge assessment forms and training quality and efficiency evaluation forms. Exercise «Personal baggage». Certificates ceremony and official wrap-up.	Annex 4 Annex 6

5. INTRODUCTION



DURATION 60 minutes



GOAL

Introducing the participants and the trainers and building a contact among them, creating a comfortable atmosphere, defining the scope of questions, objectives and rules to be followed at the workshop, answering any logistics and organizational questions.

SESSION DESCRIPTION

1

REGISTRATION OF PARTICIPANTS

Before starting the training session, ask all the participants to fill in registration forms (Annex 1. Sample registration form).

2

WELCOMING WORD AND INTRODUCTION OF THE TRAINERS, OFFICIAL OPENING

Good morning, dear participants. We are glad to welcome you at our workshop, which was made possible thanks to... (name and thank organizers and sponsors of the event). My name is... and I am...

Note for trainers: each trainer makes a separate introduction. Say your name and family name and briefly tell about your position, expertise and trainer's experience. It is also important to tell the participants about the goals and objectives of the workshop.

3

INTRODUCTION EXERCISE «SOCIAL NETWORK»

Materials required: template of a professional social network profile (Annex 10) and an arts-and-crafts set.

Objectives: make the participants get acquainted with each other and allow them to build a pool of contacts which might be useful for them in their further professional activities.

Procedure: The trainer invites the participants to fill in their personal profiles in social networks and include the most important information about themselves. Time for preparation: 5-10 minutes. The information presented may be both formal and informal. E.g.:

- name and family name or only preferred name;
- professional activities and hobbies;
- personal contacts (e-mail, telephone) – optionally;
- a personal logo or a meaningful symbol;
- a slogan or a phrase, which best depicts the participant's personal views;
- drawings, illustrations, scraps from magazines or newspapers.

Note for trainers: mention the issues related to the storage and distribution of personal information. If someone does not want to share their personal contacts, it is better not to present them.

After all the participants are ready with this task, ask them to make a round of introductions (one by one). Then place all the profiles on the walls around the room and invite the group to:

- have a look at the profiles of other participants;
- «like» the things which they agree with or feel positive about by drawing hearts or using stickers;
- leave their comments.

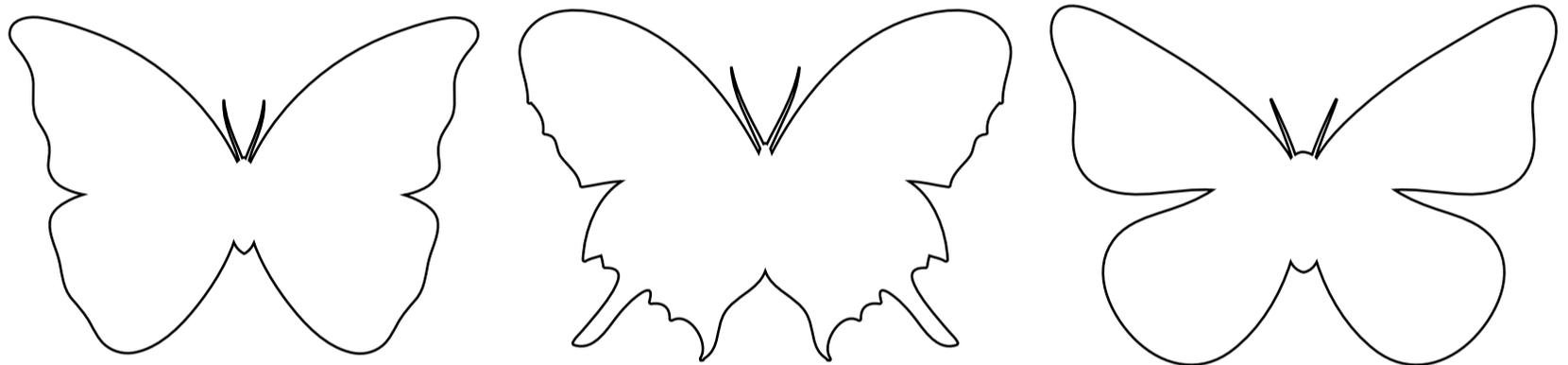
After the participants are done with this task, the trainers hand out badges and markers to everyone, asking to write down their names — the way they would like to be addressed during the workshop.

4

EXERCISE TO COLLECT EXPECTATIONS «BUTTERFLIES»

Materials required: butterflies of different shapes and colors made of the color paper, a field or a big flower drawn on the flipchart, the workshop agenda.

The templates below may be used to make the butterflies.



Objectives: identify the expectations that the participants have and make any necessary corrections if they do not meet the topic of the workshop.

Procedure: give one butterfly to each of the participants and ask a question, «Do you know what the butterfly symbol means?» After several suggestions, if there is no correct answer, tell the participants that every year on 1 March, Zero Discrimination Day, people from all corners of the world unite under the theme of Open Up, Reach Out in order to celebrate diversity and reject discrimination in all its forms.

In 2014, Michel Sidibé, Executive Director of UNAIDS announced that the Zero Discrimination campaign will be held all over the world. This campaign is called to remind about everyone's right to live a full life with dignity — no matter what they look like or whom they love. The symbol for Zero Discrimination is the butterfly, widely recognized as a sign of transformation.

After that, ask the participants to have a look at the workshop agenda and write on the butterfly 1-3 questions, which they would like to answer upon completion of the workshop.

Give the participants several minutes to think it over and write their questions on the butterflies. Then ask each of the participants to come to the flipchart with a flower drawn on it, tell about their expectations and stick the butterfly in any place he or she likes.

Note for trainers: remember that it is important to consider the expectations during the workshop. It may happen that some expectations will completely «fall out» of the agenda. If you know for sure you will not be able to cover some of them, make it clear to the participants.

5

ACCEPTING THE GROUP RULES

Materials required: flipchart paper, markers.

Objectives: develop a set of rules that will guide the group and the trainers to ensure productive work during the workshop, will contribute to the achievement of the goals and objectives set and will help to have a constructive group dynamics.

Procedure: together with the participants, the trainers announce the rules and record them on the flipchart. The rules are to be randomly suggested by the participants. The trainers add any mandatory rules, which have not been suggested by the group.

RECOMMENDED SET OF RULES

 **Telephones** — on vibration mode;

 **Informal style of communication.** We recommend addressing all participants and trainers by name to create an atmosphere of friendliness and equality among all people present irrespective of their age, social status, and experience;

 **Communication based on the «here and now» principle.** At the workshop, people should talk only about what their concerns are right now and discuss what is happening in the group;

 **Confidentiality.** Nothing happening at the workshop may be disclosed or discussed outside of the workshop. This applies to personal, not theoretical information. It will help the training participants to be sincere and feel free. This rule will also allow the participants to trust each other and the group in general;

 **«Photos are optional»** — means that all the workshop participants should give their consent to the photo shooting as well as any further use of their photos by organizers (e.g., in publications, on the website of the organization or its official page in social networks). If one of the participants says that he/she/they would not like to make photos, the trainers should mark such person for the photographer and other participants, e.g. putting some symbol or prohibiting sign on their name badge;

 **Tolerance/respect** — mutual respect, friendliness and tolerant attitude to the views and opinions of other people and to the diversity of the modern world;

 **«Individual free entrance/exit»** — any participant may leave the room during a session, if there is an urgent need, but the participants should do it one by one and not in twos, threes or bigger groups;

 **«One microphone»** — we talk one by one;

 **«I-statements»** — we are speaking on our own behalf. We change impersonal words and phrases, such as «Most people consider that...», «Some of us think that...» into «I consider that...», «I think that...», «It seems to me that...» and so on;



Timing — every session should start and finish strictly in line with the time stated in the agenda;



«**Trainer's STOP rule**» — in case if a discussion goes away from the topic or if it becomes too emotional, the trainers may use this rule and end the discussion.

Discuss each point with the participants and if they agree with the rules suggested, ask them to go and put their signatures on the flipchart. Then place the rules in a visible place and continue with the workshop.

6

FILLING IN PRE-TRAINING FORMS

The trainers shall give each of the participants confidential pre-training knowledge assessment forms (Annexes 2, 3, 4. The knowledge assessment forms were developed separately for every target audience). The participants should mark the answers to the questions, which they think are correct. Announce to the group that only one answer to each of the questions is correct. Besides, tell the participants that it is not an exam and, if they do not know something, it is fine, they are here to learn.

Materials required: pre-training knowledge assessment forms.

6. THEORY & PRACTICE: SECTION 1 «FROM STEREOTYPES TO DISCRIMINATION»



GOAL

Tell how the stereotypes influence the decision-making processes and lead to discrimination.

CONTENT

1

PRESENTATION «FROM STEREOTYPES TO DISCRIMINATION» (PRESENTATION 1)

Duration: 20 minutes.

Objectives: give definitions of the words «stereotype», «stigma», «stigmatization», «discrimination», «tolerance»; analyze the reasons why such concepts appeared.

LECTURE MATERIALS

Stereotype — is a settled, simplistic view of someone or something.

The distinguished American journalist Walter Lippmann was the first to use the term «stereotype» in 1922 in his book «Public Opinion». With this word, he made an attempt to describe the method used by the society to classify people. As a rule, the public opinion just puts a «label» on a person based on certain characteristics. The stereotype, as a blueprint of perception, allows a person to reduce the time needed to respond to the changing conditions of the surrounding world.

Stereotypes are an integral part of the mass culture. They may be based on age, sex, race, occupation, nationality or other characteristics. If a person has some stereotypes, it is not his or her fault. We all have stereotypes, they are a natural way to understand the world around us. Human brain is built in such a way that it constantly classifies everything that it encounters. When we lack information about a certain subject, we refer it to a certain category, automatically attributing certain qualities to it.

The stereotypes can be **positive, neutral** or **negative**.

Positive stereotype: «A perfect friend for any woman is a gay man»

Neutral stereotype: «All gay men are creative»

Negative stereotype: «Homosexuals spread HIV/AIDS»

As a rule, negative stereotypes form a negative attitude to certain social groups. A negative stereotype is called prejudice.

WHAT IS A PREJUDICE?

It is a social attitude with a distorted (often negative) content, leading to the perception of certain social objects in a distorted way.

It is an ungrounded negative attitude preventing the adequate perception of a person, a phenomenon, a message or an action.

Gordon Allport (1897-1967), an American psychologist and author of the trait theory of personality «The Nature of Prejudice» (1954) defined the following manifestations of the antipathy:

- negative thoughts,
- feeling of dislike,
- disfavor,
- disgust,
- contempt,
- discriminatory or violent actions.

WHO ARE THE MOST TYPICAL OBJECTS OF PREJUDICE?

- 👥 ethnic or racial groups;
- 👥 faith-based groups;
- 👥 people of certain sex/gender;
- 👥 people of certain age;
- 👥 homo-, bisexual and trans people;
- 👥 people with health problems;
- 👥 people who have "lowly" occupations;
- 👥 people living with HIV;
- 👥 representatives of certain ideologies;
- 👥 other social «minorities».

SCALE OF PREJUDICE



Could you give any historical examples of such «target groups»?

Jews, Roma, homosexuals.

WHAT IS STIGMA?

In Latin, **stigma** means «stain, mark of infamy, puncture» and comes from Greek «puncture», «burn», «mark». In Ancient Greece, the term stigma was used to mark the physical signs, which showed something unusual or negative about the moral status of an individual. The signs cut or burned on the human body demonstrated that their bearer was a slave, a criminal, a traitor, i.e. someone who dishonored himself and who should be avoided, especially in public places. Now this term is widely used, but usually it means not a mark on the human body, but a person's status.

The notion of stigma exists in different areas: biology, medicine, sociology, religion and history. We will first of all be interested in the social aspects of stigma.

Scientists define stigma as a characteristic negatively rated by the society, which defines the status of a person and other people's behavior towards such person. According to the UNAIDS terminology guidelines, «stigma» means a mark or a stain and refers to beliefs and/or attitudes.

The process of devaluation leading to a person being discredited in the eyes of other people is called **stigmatization**.

What do you feel when you see a person with disability? (Pity, guilt, fear, desire to help...) These feelings are irrational, as you know nothing about the person you see, but you automatically start treating him or her based on how you feel. That is how stigmatization works — you automatically «label» different people and do not see the real person behind that label, but only a certain quality of that person. The same mechanism often works in relation to law enforcers, female drivers, etc.

Stigma is a socially constructed phenomenon, which leads to devaluation of a person and makes a negative impact on the stigmatized people.

Numerous stigmatization studies show that in cases when people consider certain differences critical and attribute some negative qualities to other people based on such characteristics, it may lead to «we» and «they» groups being formed.

Stigma has two sides as a medal. It may be external and internal depending on whether it is aimed at other people or at oneself.

The external stigma is aimed outside at a stigmatized person. It may be caused by such person belonging to a certain group or may be strictly individualized. In case of external stigma, a person becomes an object of stigmatization from the side of other people, while the forms of its manifestation may vary: physical violence, humiliation, avoidance, etc.

Internal stigma first of all refers to the feelings of shame, apprehension, anxiety, depression, inferiority, personal guilt and fear to be stigmatized and discriminated. It develops when a person internalizes the external reactions to him- or herself.

Internal stigma can be manifested as a sense of personal inadequacy, inferiority, attempts to prove that you are better than other members of the group, that you are not «like them all», inability to build relationships with people (not) belonging to the group, fear of discrimination from the side of other people, feeling of being helpless, lack of control over the situation, being confident that your opinions and interests are irrelevant and cannot make any impact.

The worst situation is when a person faces both external and internal stigma.

HOW DOES STIGMA APPEAR?

The society defines the ways to categorize people and a set of qualities that are considered normal and natural for each of the categories. When first meeting a person, our first impression of his or her appearance allows us to attribute him or her to this or that category and identify his or her qualities, i.e. «social identity».

TYPES OF STIGMA

Cultural stigma — social norms and standards, according to which people belonging to a certain group possess certain qualities.

Cultural stigma is widely represented in the ethnical context: «Jews are greedy», «Russians are silly», «Ukrainians are sly», «Germans are fascists», etc. In fact, any joke or satire are usually built on the mockery of some stigma of an individual or a social group. Is there a cultural stigma of your nationality? If yes, what statement can describe it?

Institutional stigma — discriminating attitude to people with certain characteristics by the representatives of government, healthcare facilities, church, business or other state or public institutions.

Personal stigma — personal prejudices and beliefs about a certain group of people. Personal stigma does not appear by itself, it is a direct consequence of institutional and cultural stigma. It may not reveal itself in the everyday life of a person unless he or she meets a member of the stigmatized group.

Interpersonal stigma — hatred, contempt, fear, or embarrassment, which appear when dealing with a stigmatized person or group. Interpersonal stigma may take many forms: insults, stigmatizing words or expressions, discriminatory actions, violence, etc. However, often it takes more hidden, implicit forms: restrained and cold tone of communication, avoidance, lack of trust.

Examples of stigmatization against gay men, other MSM, trans people and PLWH:

- avoiding handshake when greeting a person who lives with HIV or has a homosexual orientation;
- talking to a person living with HIV in a healthcare facility only wearing a face mask;
- comments addressed to trans people, such as «when you were a woman, you looked better» or questions like «why did you change your gender if you like men?» etc.;
- phrases and expressions, which are related to social (non)acceptance and (in)equality of homosexual and heterosexual partnerships, etc.

Note for trainers: to better understand stigma we recommend watching video «Arik Hartmann: Our treatment of HIV has advanced. Why hasn't the stigma changed?»

https://www.ted.com/talks/arik_hartmann_our_treatment_of_hiv_has_advanced_why_hasn_t_the_stigma_changed

2

EXERCISE «MYTHS & FACTS ABOUT SEXUAL ORIENTATION AND GENDER IDENTITY»

Duration: 40 minutes.

Objectives: discussing with the participants facts and myths existing in the society about sexual orientation and gender identity (SOGI); raising the awareness of the participants on the issues of sexual orientation and gender identity.

Materials required: cards with the words «myth» and «fact» written on them for each of the participants.

Procedure: the trainers have a list of myths and facts about SOGI. They read it one by one or demonstrate on slides, and the participants have to vote, using «myth» and «fact» cards. Then the trainers ask some of the participants to comment on their choices. Choose respondents from among the participants who assigned this or that statement to different categories.

Note for trainers: after discussing each of the statements, the trainers should always give the right answers. Make sure that you ask different participants to comment every time, so that the entire group is engaged in the process. Besides, the trainers should have a strong theoretical background in the topics discussed to be able to justify each of the statements.

To gain a strong theoretical background, we recommend reading the following publications:

PDF «Fact Sheet «LGBT Rights: Frequently Asked Questions»

<https://www.unfe.org/wp-content/uploads/2017/05/LGBT-Rights-FAQs.pdf>

PDF «Proposed declassification of disease categories related to sexual orientation in the International Statistical Classification of Diseases and Related Health Problems (ICD-11)»

<http://www.who.int/bulletin/volumes/92/9/14-135541.pdf>

LIST OF MYTHS AND FACTS ABOUT SEXUAL ORIENTATION AND GENDER IDENTITY

Statement	Myth	Fact
Homosexuality and bisexuality are diseases.	<input checked="" type="checkbox"/>	
All gay men hate women and all lesbians hate men.	<input checked="" type="checkbox"/>	
Gay men and lesbians are the «lost souls» of people who were born in different bodies.	<input checked="" type="checkbox"/>	
Coming out plays an important role in the process of accepting one's sexuality and gender identity.		<input checked="" type="checkbox"/>
Homosexuals are people with a tragic fate who are doomed to be lonely when they are old.	<input checked="" type="checkbox"/>	
Gay men and lesbians appeared not so long ago – after the sexual revolution in 60-70s of the last century.	<input checked="" type="checkbox"/>	
Gay men and lesbians can have long-term relationships.		<input checked="" type="checkbox"/>

Gay people pass their homosexual lifestyle to the children they raise.	✓	
Homosexuality is a consequence of a childhood trauma, such as a rape or an incest.	✓	
Homosexual and trans people often face social stigmatization.		✓
Homosexual people may be identified by their appearance.	✓	
Many trans people take hormone therapy without medical consultations based on the experience of other trans people.		✓
Hormone therapy is rather expensive.		✓
Gay men and lesbians are willing to seduce as many heterosexual people as possible.	✓	
«Gender identity disorder», with which trans people are usually diagnosed, is included into the list of diseases according to ICD-10.		✓
All trans people want to have a sex reassignment surgery and change their legal gender.	✓	
Homosexual people cannot have children.	✓	
Gay men and other MSM belong to the populations at high risk of HIV.		✓
Homosexual lifestyle is a danger for health. There are many cases of suicide and alcohol abuse among gay men.	✓	
Treatment may change the sexual orientation.	✓	
Homosexual and trans people choose creative professions.	✓	
Gays are men who want to change their sex.	✓	
Sexual behavior may differ from the sexual orientation.		✓
Religious fundamentalists consider homosexuality to be a sin.		✓
Homosexuality and pedophilia are interrelated.	✓	
As a rule, intersex people with variations in the development of their reproductive organs receive surgeries to correct their internal and external genitals right after birth.		✓
Gay men and lesbians have the same civil and social rights as heterosexual people.	✓	

In the world, LGBT rights are represented in different ways: in some countries, LGBT people can officially register same-sex relationships, even with the right to adopt, in others they can be sentenced to death.



Labor legislation should protect LGBT people from discrimination in the workplace.



The best friend for a woman is a gay man.



Transsexuality is just «another tribute to fashion». Piercing and green hair gave their way to gender reassignment/correction surgeries.



A person may be attacked just because of their sexual orientation and/or gender identity.



3

PRESENTATION «DISCRIMINATION: DEFINITION, FORMS AND GROUNDS» (PRESENTATION 1)

Duration: 30 minutes.

Objectives: give the definition of discrimination, tell how to recognize it and respond to it.

To introduce the topic of the workshop, offer a brainstorming exercise. Ask the participants to name all the associations, which they have when they hear the word «DISCRIMINATION».

Write down all the responses on the flipchart and ask the participants to define if each association is positive, negative or neutral, marking them as «+», «-», «+/-». Then sum it up and start presentation of the theoretical inputs.

LECTURE MATERIALS

SCHEME «FROM STEREOTYPES TO DISCRIMINATION»

Negative thoughts and ideas — prejudices.

Words and expression of emotions — stigmatization.

Stigmatization + power = discrimination (action or failure to act based on a certain (protected) ground).

For this purpose, the word «power» should be understood as a possibility to make decisions related to other people, manage or influence them, even without their will.

For example, a fare collector who refuses to accept the passenger fare from a Roma family, asking the family to leave public transport, not only violates his or her job description and professional duties, but also the right of this group to the freedom of movement on the grounds of their ethnic origin. Thus, discrimination is stigmatization transformed into actions or intentional inaction.

For example, intentional refusal to provide medical assistance to a homeless person is not only a violation of the «Hippocratic oath», but also discrimination on the grounds of the place of residence, social or financial status, etc. Initially, the word discrimination in English meant «capturing the distinctions», now it means «making the distinctions» between people based on the grounds of sex, race, etc.

In a broad sense, **discrimination** is an unfair (as compared to the internationally recognized human rights standards) distinction in relation to people on the grounds of their actual or perceived membership in a particular social group or on the grounds of actual or perceived biological, physical, or social traits.

Discrimination means an action or inaction aimed at restricting the rights and freedoms of an individual or a social group on the ground of a legally protected feature (biological, physical or social) that is inherent to such person or group.

According to the UNAIDS terminology guidelines, **discrimination** refers to any form of arbitrary distinction, exclusion or restriction affecting a person, usually (but not only) because of an inherent personal characteristic or perceived membership of a particular group (in the case of HIV, this can be a person's confirmed or suspected HIV-positive status), irrespective of whether or not there is any justification for these measures. The terms stigma and discrimination have been accepted in everyday speech and writing.

Grounds for discrimination may include various characteristics:

- age;
- biological sex;
- gender identity;
- race;
- skin color;
- nationality or ethnicity;
- social background;
- sexual orientation;
- health condition, in particular HIV-positive status;
- marital status;
- political beliefs;
- membership in an association of citizens or a social group;
- place of residence;
- financial status;
- occupation;
- attitude to religion (religious beliefs);
- language;
- appearance (including height and weight);
- and other characteristics different from other people.

WHAT DOES «OTHER CHARACTERISTICS» MEAN?

Based on the practice of the European Court of Human Rights, **other characteristics** should reflect some «personal» trait (status) which can distinguish a person or a group and should be similar to those already indicated in relevant anti-discrimination regulations, in particular be **inherent, innate, independent of the person and almost or completely unchanged** (such as skin color, gender or sexual orientation) or should relate to the determining choices for the identity of a person or a group, such as religious or other beliefs.

The following question should be asked to determine such characteristics: would the person experience such a negative attitude if he/she/they was of different sex, nationality, age, etc.?

Discrimination means unequal treatment with no legal grounds or objective reasons. All discriminatory actions violate the principle of equality as well as fundamental human rights and freedoms.

In its manifestations, discrimination takes two main forms: de jure (or legal) discrimination enshrined in laws and de facto (or informal) discrimination ingrained in customs and traditions. De facto discrimination occurs in the settings when the dominant group enjoys the advantages officially secured in the regulatory framework in relation to the minority. As opposed to de jure discrimination, which can be eliminated through legislative changes, de facto discrimination cannot be easily eradicated as it is usually in place for a long time, firmly rooted in the customs or institutions of the society and is often not even recognized by its members.

Every country has its **anti-discrimination laws**, which may consist of a number of regulations:

-  articles of the Constitution;
-  signed and ratified international documents;
-  anti-discrimination laws;
-  amendments to the existing laws, documents and codes with the list of protected grounds;

Those are the documents, which should define the grounds protected from discrimination in the country. «Sexual orientation and gender identity» may be included in the main list of protected grounds, may be hidden in the words «and other grounds» or may be not mentioned in the documents in any way.

4

EXERCISE «PERSONAL EXPERIENCE»

Duration: 30 minutes.

Objectives: presenting personal experience of the workshop participants and building motivation for the protection of their rights.

Instructions for the group: I would like to ask you to remember and write down one situation from your life or from the lives of your friends and family members, which may be viewed as discrimination, when you were denied some services/employment/housing rental on the grounds of your sex, age, marital status, religious beliefs, etc. You do not have to read it aloud, only if you would like to share your experience with the group.

Questions for discussion:

-  Would you define this situation as a case of discrimination?
-  Are there any participants who could not remember/write down anything?

Recommendations for the trainers' team: focus the attention of the participants on the fact that all people may have situations in their lives when their rights are violated, but it is our responsibility to know about our rights and to be ready to protect them.

FORMS OF DISCRIMINATION

Direct discrimination — is a situation when a person is treated worse than other people based on certain grounds.

E.g., a man could not get a job because his employer found out that his name and gender identity are different from the ones stated in his passport.

Indirect discrimination — is a situation, when some practices, rules or criteria, which are used similarly to all people, affect some people worse than others because of certain protected grounds.

E.g., at a job interview the employers asks questions, which are not related to the job itself, e.g. about the history and traditions of the country. Thus, for people of other nationalities it may be a challenge, as they may not know the culture of the country very well.

Derogation/oppression/harassment — are behaviors undesirable for a person, when someone treats him or her with disdain, in an offensive manner or makes him or her feel humiliated.

E.g., a feminine young man faces jokes at work because of his appearance and manner of speaking.

Reasonable accommodation — means the measures aimed at eliminating «barriers» in all public places (restaurants, shops, hospitals, pharmacies, governmental and non-governmental organizations, etc.) using various devices allowing people with disabilities to use services and enjoy their rights as well as policies relating to the religious ceremonies, national clothes, motherhood/fatherhood policies, etc. Failure to provide reasonable accommodation is discrimination!

AFFIRMATIVE ACTION

Affirmative action means that the government makes **some temporary** decisions, carries out actions or introduces some legal measures aimed at **providing equal opportunities to people who belong to certain minorities**.

E.g., in the pursuit of gender equality, affirmative action may cover a whole scope of measures: starting from the targeted governmental programs to promote women in their professional careers to the introduction of mandatory quotas for women in the context of employment, formation of the lists of candidates during elections or membership in executive and legislative bodies.

Affirmative action — is a policy or a principle, which means granting advantages in employment, career promotion, education and nomination in the elective bodies to members of the groups traditionally discriminated on the grounds of sex, nationality, religion, sexual orientation, etc.

Key advantages of the affirmative action:

- ⊕ it guarantees that people will have access to different spheres of life irrespective of their sex, nationality, physical traits, etc;
- ⊕ It helps to ensure equal opportunities for different people;
- ⊕ helps to build tolerance towards various social groups in the society.

Key disadvantages of the affirmative action:

- ⊖ often some benefit may be granted to an individual only due to the presence of a legally protected ground (sex, nationality, etc.) and not based on such individual's personal or professional qualities, which leads to negative consequences irrespective of the motivation and skills;
- ⊖ underestimation of the achievements of minorities, since most people may erroneously believe that the success of a person, who is a member of minority, is attributed to affirmative action. Thus, members of the oppressed groups are forced to learn/work much more to earn sincere respect and recognition;
- ⊖ lower level of responsibility among the members of minorities, for example, if a minority student can enter a prestigious university with a much lower score than everyone else, will he make an effort to get the highest score?

Multiple discrimination — means discrimination of one person based on several grounds.

E.g., a homosexual woman with disability may face discrimination on the grounds of her disability, sexual orientation as well as sex, while a gay men may also be PLWH, SW and/or PUD and will also face multiple discrimination.

Note for trainers: it is important to explain the participants that all people have certain «characteristics» as well as a certain level of power. Anyone can face discrimination or discriminate against other people because in some situations we may be members of a conventional majority, while in others we may belong to a conventional minority.

5 EXERCISE «WHAT IS IT?»

Duration: 30 minutes.

Objectives: strengthen the participants' understanding of such terms as «stereotypes», «prejudices», «stigmatization», and «discrimination» and allow them to feel the difference among them in practice.

Materials required: wide scotch tape, words «stereotypes», «prejudices», «stigmatization», and «discrimination» printed on the A4 sheets of paper.

Procedure: using wide scotch tape, visually divide the floor of the room into four sectors and put one sheet of paper into each of the sectors. The trainers should read out situations and the participants should move to one of the sections depending on which answer they choose.

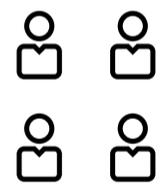
Questions for discussion:

- ❓ Was it difficult to assess the situations?
- ❓ Can you give one definite answer to each of the situations?
- ❓ Do you have any doubts left about the examples given?
- ❓ What is the relation between stereotypes and discrimination?

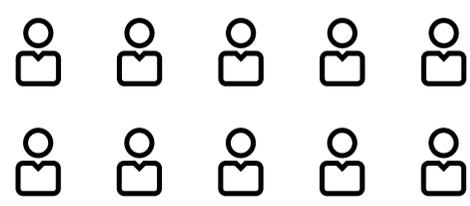
STEREOTYPES



PREJUDICES



STIGMATIZATION



DISCRIMINATION

SITUATION CARDS

Situation	Right answer
Refusal to provide medical services after the health worker learns that the patient has a homosexual orientation.	Discrimination
Homosexual people may not be good parents.	Prejudice
Street campaigns calling for all LGBT people to live in one district of the city.	Stigmatization
Two young men wanted to rent an apartment, found a rental announcement and agreed to meet with the owner. When they met, the owner started asking them where they worked, what they did and what their relations with each other were. When he learned that they were partners, he said: «I don't want to rent my flat to such people as you! I don't trust fags».	Stigma and discrimination
A transgender woman is not allowed to enter the train as her passport photo and name are different from the way she looks	Discrimination
Refusal to shake a hand of a homosexual man.	Stigmatization
All gay men and lesbians think only about sex.	Stereotype
Statement that all gay men are feminine (womanlike) and lesbians are masculine (manlike).	Stereotype
Colleagues started joking about a gay man after they learned about his sexual orientation.	Stigmatization
In a good family the child may not be gay or trans.	Prejudice
Statement that all gay men have good taste and they are all born couturiers and fashion designers.	Stereotype
Refusal to employ trans people.	Discrimination
Counter-campaign with protests and slogans «Father + Mother = GOOD, Father + Father = BAD».	Stigmatization

7. THEORY & PRACTICE: SECTION 2 «POWERS OF THE GOVERNMENT AGENCIES IN ADDRESSING DISCRIMINATION»



TARGET AUDIENCE

Decision-makers. Representatives of the Ministries of Health, members of the Country Coordinating Mechanisms, people who plan and/or administrate health programs.



GOAL

Analyze the powers of government agencies and local government bodies and review best international practices in preventing and combating discrimination by public officials.

1

EXERCISE «FIND YOUR OWN KIND»

Duration: 20 minutes.

Objectives: introduce the topic of inclusion/exclusion of people by others based on their personal traits.

Materials required: stickers with different characteristics.

Procedure: Tell the participants that now they are going to take part in a game, which will help them to better understand the topic of this session. Ask the participants to stand in a line and turn their backs to you. Put stickers with one or several characteristics to the back of each participant, e.g. «black, soft, striped», «white, soft, checkered», «white, hard, spotted» and make sure to put an empty sheet of paper — a «white mark» — on someone's back. The goal of the participants is to form groups not talking to each other. The number of characteristics and combinations is calculated based on the number of participants in such a way that there are no more than two matches on two stickers. Then announce the rules of the game. Within five minutes, the participants have to form groups based on some characteristics. It is not allowed to ask any questions or talk in the course of the game.

Usually, the groups are formed based on certain characteristics, leaving the person with the «white mark» alone. If this is how it works in your group, make a comment that you did not instruct the participants to unite into groups this exact way.

Questions for discussion:

- ❓ Why did you choose this particular way to join into groups?
- ❓ How did you feel when you joined a group?
- ❓ How did the person with the «white mark» feel?
- ❓ How many groups did you form?
- ❓ How did you find your group?
- ❓ What characteristic turned out to be the most important?
- ❓ What conclusions can you make out of this exercise?

Video «The Story of Human Rights»

https://www.youtube.com/watch?v=6XXGF_V8_7M

Discrimination — in all its possible forms and manifestations – is one of the most widespread forms of human rights violations and abuse of rights.

The principles of equality and non-discrimination are set out in the Universal Declaration of Human Rights (UDHR): «All human beings are born free and equal in dignity and rights» (article 1). This concept of the equality in dignity and rights is rooted in the modern democracy in a way that the governments are to protect minorities and vulnerable populations from inequality. Article 2 proclaims freedom from discrimination: «Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind».

The member states of the Council of Europe also have non-discrimination obligations in line with article 14 of the European Convention on Human Rights (ECHR).

Article 14. Prohibition of discrimination. The enjoyment of the rights and freedoms set forth in this Convention shall be secured without discrimination on any ground such as sex, race, color, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth or other status.

Besides, on 4 November 2000 member states of the Council of Europe also signed Protocol No. 12 to the ECHR specially developed to emphasize the right to equality, with a general prohibition of discrimination containing the following provision: «The enjoyment of any right set forth by law shall be secured without discrimination...» Thus, this Protocol expands the scope of ECHR as it covers discrimination in terms of any rights set forth by law even if this right is not directly mentioned in the Convention.

PROTOCOL NO. 12 TO THE EUROPEAN CONVENTION ON HUMAN RIGHTS

Country	Signed	Ratified	Enforced
Azerbaijan	11.12.2003		
Armenia	18.06.2004	17.12.2004	01.04.2005
Belarus			
Georgia	11.04.2000	15.06.2001	01.04.2005
Kazakhstan			
Kyrgyzstan			
Macedonia	11.04.2000	13.07.2004	01.04.2005
Moldova	11.04.2000		

Russia	11.04.2000		
Tajikistan			
Ukraine	11.04.2000	27.03.2006	01.07.2006

Updated information on Protocol No. 12 signed, ratified and enforced by other countries may be accessed at: https://www.coe.int/en/web/conventions/search-on-treaties/-/conventions/treaty/177/signatures?p_auth=0Kq9rtcm

Questions for discussion:

- ❓ Why is the fight for human rights so important?
- ❓ Has your country ratified Protocol No. 12 to the ECHR?
- ❓ Against whom is xenophobia aimed in your society?
- ❓ What is «xenophobia» and how can it be linked to human rights violations?
- ❓ In which areas of life do gay men, other MSM and trans people face discrimination in your country?
- ❓ Which international agencies and/or associations work in the area of human rights protection in CEECA countries?

INTERNATIONAL ORGANIZATIONS AND ANTI-DISCRIMINATION EFFORTS

1. The Council of Europe.

The European Court became the first international body, which established that prosecution on the grounds of sexual orientation violates human rights and developed the oldest and most extensive case law on sexual orientation. The court also considered several cases involving adoption by a single parent.

In 2011, the Council of Europe Commissioner for Human Rights published his report on discrimination on grounds of sexual orientation and gender identity. The report welcomed the advances made in the field of LGBT rights in most member states, stating that «the pathologization and criminalization of homosexuality in Europe clearly belong to the past». At the same time, the report noted that serious concerns remain in many areas of human rights of LGBT persons, and this is especially true of the rights of trans people.

2. United Nations.

One of the primary tools of fighting discrimination within the UN system is the International Convention on the Elimination of All Forms of Racial Discrimination, which commits the signatory states to the elimination of racial discrimination. The Convention includes an individual complaints' mechanism and is monitored by the Committee on the Elimination of Racial Discrimination (CERD), a body of independent experts. All state parties are obliged to submit regular reports to the Committee, which in turn addresses its concerns and recommendations to the state party in the form of «concluding observations». The Committee has three other mechanisms for its monitoring functions: the early-warning procedure, the examination of inter-state complaints and the examination of individual complaints.

Other conventions of the UN address discrimination against specific groups, such as the Convention on the Elimination of Discrimination against Women or the Convention on the Rights of Persons with Disabilities.

3. The Organization for Security and Co-operation in Europe (OSCE).

OSCE is a regional security organization with 56 member states from three continents (including all the Council of Europe member states). The OSCE also participates in combating all forms of racism, xenophobia and discrimination, including antisemitism, discrimination against Christians and Muslims. One of its institutions is the Warsaw-based Office for Democratic Institutions and Human Rights (ODIHR) which:

- ✓ collects and distributes information and statistics on hate crimes;
- ✓ promotes best practices in the fight against intolerance and discrimination;
- ✓ provides assistance to participating states in drafting and reviewing legislation on crimes fuelled by intolerance and discrimination.

The OSCE has a High Commissioner on National Minorities whose mandate includes identifying and seeking the early resolution of tensions involving national minority issues.

4. The European Union anti-discrimination policies.

According to Article 21.1 of the Charter of Fundamental Rights of the European Union, any discrimination in EU shall be prohibited. The EU has several anti-discrimination Directives. The EU legislation also requires that each member state has a designated national equality body.

However, questions around the denial of asylum to refugees, deaths of many migrants on the EU borders, Islamophobia, and the deportation of Roma continue to divide the European Union members and tarnish its record of anti-discrimination efforts. A threat to human rights also comes from political parties, which, when in power, pass de facto discriminative legislation.

These problems can be remedied only by a comprehensive policy, including youth policy in the sphere of non-discrimination, combating racism and intolerance.

Questions for discussion:

- ❓ What government agencies are responsible for anti-discrimination efforts in your country?
- ❓ What articles of the Constitution, legislative regulations or amendments to the existing laws are aimed at combating discrimination in your country?
- ❓ What areas of life does your national anti-discrimination legislation cover?
- ❓ Are there any working mechanisms to protect people from discrimination?

There are several approaches to anti-discrimination activities including:

- legal action to enforce the right to non-discrimination;
- educational programmes to raise awareness about the mechanisms of prejudice and intolerance and how they contribute to discriminating and oppressing people, to promote diversity and tolerance;
- activism by civil society to denounce discrimination and stigmatization, to counteract hate crimes and hate speech, to support victims of discrimination or to promote the required legislative changes;
- research activities.

Government anti-discrimination policy should be aimed at:

- ✔ preventing discrimination;
- ✔ introducing temporary affirmative actions (such as quotas);
- ✔ creating conditions to timely detect the cases of discrimination and protect people and/or groups of people suffering from discrimination;
- ✔ raising awareness and promoting respect to all people irrespective of their traits, appreciation and acceptance of diversity of the modern world in the age of globalization.

Apart from that, an important component of the anti-discrimination efforts is cooperation with civil society organizations in observing the principles of non-discrimination.

In the activities of government agencies and local government bodies, discrimination may be observed in the following situations:

- interaction among staff members;
- delivery of administrative or other services to people who seek such services at government agencies or local government bodies;
- if services are not accessible to certain people/groups of people on certain grounds;
- denial of the reasonable accommodation.

Examples of violation of the rights of gay men, other MSM and trans people from the side of government agencies and local government bodies:

- ⊘ lack of legislation protecting the rights of such groups;
- ⊘ violation of the right to freedom of assembly;
- ⊘ illegal actions or inaction from the side of government authorities;
- ⊘ violation of the right to effective legal protection.

Ways to prevent discrimination:

- 🚩 develop and implement internal anti-discrimination policies and regulations, possibly outside of working hours;
- 🚩 conduct workshops to present new standards of work, new policies and regulations and ensure control over their proper implementation;
- 🚩 review the internal regulations, rules and guidelines as well as their compliance with the principle of equality and non-discrimination;
- 🚩 develop and implement a simple and transparent procedure for filing and handling discrimination complaints, which should be presented to persons who apply for services.

In cooperation with civil society organizations, government agencies and local government bodies can:

- analyze the existing legal framework or draft regulations (public assessment) and develop standards and rules allowing government agencies and local government bodies to avoid discrimination and inequality;
- train staff members of the government agencies and local government bodies to comply with non-discrimination and equality principles and combat discrimination;
- collect data on the cases of discrimination and monitor the situation in certain areas and/or certain groups;
- conduct social surveys and studies;
- provide education, in particular aimed at fostering social tolerance and respect to diversity, as well as legal awareness about the opportunities of protection against discrimination.

SOCIAL TOLERANCE

Dictionaries define «tolerance» as a permissive attitude toward different practices, behaviors, customs, feelings, beliefs, opinions, and ideas.

In 1995, UNESCO proclaimed and adopted the Declaration of Principles on Tolerance. According to the Declaration, «tolerance» is defined as respect and acceptance of the behavior, thoughts, expressions and lifestyles of other people with no aggression.

To be tolerant does not mean to abandon your own beliefs or accept a different worldview (or lifestyle); neither it means imposing your beliefs on other people.

Tolerance is respect, acceptance and appreciation of the rich diversity of our world's cultures, our forms of expression and ways of being human. It is fostered by knowledge, openness, communication, and freedom of thought, conscience and belief. Tolerance is harmony in difference. It is not only a moral duty, it is also a political and legal requirement. Tolerance, the virtue that makes peace possible, contributes to the replacement of the culture of war by a culture of peace (The UN definition).

Tolerance is possible only if a person tries to look at a certain situation from the perspective of «another» person. Tolerance is promoted through the symbols, which correspond to the universal human values, such as human rights, democracy, peace.

Tolerance in action means:

- ✓ respecting other people
- ✓ using positive/neutral terminology
- ✓ recognizing the rights of other people
- ✓ accepting other people the way they are
- ✓ cooperating on equal terms
- ✓ avoiding dominance and violence
- ✓ accepting different views, opinions or beliefs

3**EXERCISE «I'M AN ARTIST, THAT'S HOW I SEE IT!»**

Duration: 20 minutes.

Objectives: explore the notions related to tolerance and differences in perception of the same words by different people.

Materials required: list of words, paper and markers for each of the teams.

Procedure: unite the participants into two teams. Give every team several sheets of paper and markers. Then the moderator asks representatives from each of the teams to come close to him/her and gives them their words.

The participants go back to their teams and draw their words on the sheets of paper. The task of other team members is to guess the word. The team, which gives the first right answer, gets one score. Repeat the task several times to allow each of the participants to do the drawing exercise.

Examples of words: homosexuality, trans person, racism, migration, hatred, equality, prejudice, violence, justice, culture, differences, appearance, country, discrimination, acceptance, intimacy, lesbian, xenophobia, fear, stereotype, gender, advertising, harassment, disability, homelessness, etc.

After the game is over and the scores are calculated, ask the participants to put together the couples of images illustrating the same concepts.

Questions for discussion:

- ❓ How do the pictures of the same things or concepts look like, do they have more differences or similarities?
- ❓ Was it hard to guess?
- ❓ Was it hard to draw such difficult words?
- ❓ What did you have in mind when you were drawing?
- ❓ Which stereotypes do the drawings demonstrate?
- ❓ Which words were easier to depict and which were more difficult?
- ❓ Why do different people draw the same words in different ways?

4**MINI-LECTURE «COMPREHENSIVE APPROACH TO ADDRESSING DISCRIMINATION»**

Duration: 20 minutes.

Objectives: present the house model, which may be used when implementing the models of equality and non-discrimination for public officials and local government bodies.

Recommendations for the trainers: the house model may be presented in different ways: you can draw the model on a poster before the workshop starts; prepare individual parts of the construction and stick them to the flipchart one by one in the course of your mini-lecture; draw the house from the scratch at the workshop commenting on each part of the house or show it on a separate slide. You may choose any method that you prefer.



1. Management tools put in place — develop and implement a system to monitor compliance with the equality and non-discrimination principles and conduct an independent audit of the reasonable accommodation as well as equality policies. (Who could conduct such an audit? What exactly should be audited? Which documents? What should be assessed?).

2. Policies and standards development — draft new or amend the existing standards, policies and rules; introduce mandatory familiarization with the current rules.

3. Controls and sanctions — monitoring of the discrimination cases, transparent procedure of their registration, open reports and statistics, in particular describing practical application of the sanctions.

4. Training programs — develop and introduce development, training and advanced training programs for staff members; make an annual review of such programs to ensure that they are up-to-date and efficient; update the programs if needed.

5. Encouragement of diversity in hiring personnel — review the systems of personnel recruitment and employment, ensure engagement of the members of racial, national and ethnic minorities, pursue gender equality, fighting the «glass ceiling»¹, implement various affirmative actions, etc.

6. Cooperation with NGOs — establish joint task forces, including meetings with the members of populations at most risk of HIV.

7. Communication mechanisms — review and share the existing rules of behavior in public communication, in particular through social media: social networks, blogs and other platforms; develop and introduce guidelines on monitoring, prevention and prompt response of the officials to the publications in mass media and social media.

5 PRACTICAL EXERCISE «ANTI-DISCRIMINATION MEASURES»

Duration: 20 minutes.

Objectives: develop a feasible action plan to address discrimination inside government agencies using a comprehensive approach.

Materials required: flipchart paper, color markers.

¹ «Glass ceiling» — is a term from the gender studies theory, introduced in the early 1980s to describe an invisible and informal barrier (career “ceiling”), limiting the promotion of women due to the factors not related to their professional competencies.

Procedure: unite the participants into seven teams and give one level of the «house» to each of the teams. Then ask each team to discuss and write down on a sheet of flipchart paper what has to be done and what actions may be implemented to combat discrimination in their organizations.

After the teams are ready with this task, have a group discussion, adding your suggestions and recommendations to what is offered by the teams.

Questions for discussion:

- ❓ How feasible is this plan?
- ❓ Which levels of the «house» were most difficult to fill in?
- ❓ Who could help you to draft such an action plan?
- ❓ Which of the ideas suggested you would really like to implement?
- ❓ Which challenges may you face when implementing the plan?
- ❓ How will you address such challenges?
- ❓ Who can be your allies in implementing this action plan?

6 EXERCISE «DISCRIMINATION & HIV»

Note for trainers.

This exercise may be introduced in two different formats:

 **debates**, we would recommend this option to more experienced trainers, who have the skills to moderate discussions on burning issues and have a high level of knowledge in the area of HIV prevention, treatment, care and support;

 **small groups**, we would recommend this option to less experienced trainers and those who are not experts in the area of HIV prevention, treatment, care and supp.

Duration: 20 minutes.

OPTION 1

Objectives: discuss if stigma and discrimination influence HIV prevention, treatment, care and support for gay men, other MSM and trans people.

Format: debates.

Procedure: Unite the participants into two groups by drawing lots, making a warm-up exercise or by visually dividing the participants into two even parts. Together with the participants, arrange the training space in such a way that the teams are located opposite to each other. Irrespective of the personal views of the participants, their task is to find the arguments and evidence to support the statement that their team has to defend.

STATEMENT 1

Stigma and discrimination do not influence the spread of HIV

STATEMENT 2

Stigma and discrimination are the main drivers of the HIV epidemic among gay men, other MSM and trans people

After the teams get their tasks, give them five minutes to prepare and then start the group debates. The teams should take turns in presenting one of their arguments, while members of the second team may use their right to comment on the argument of their opponents and suggest one of their own arguments.

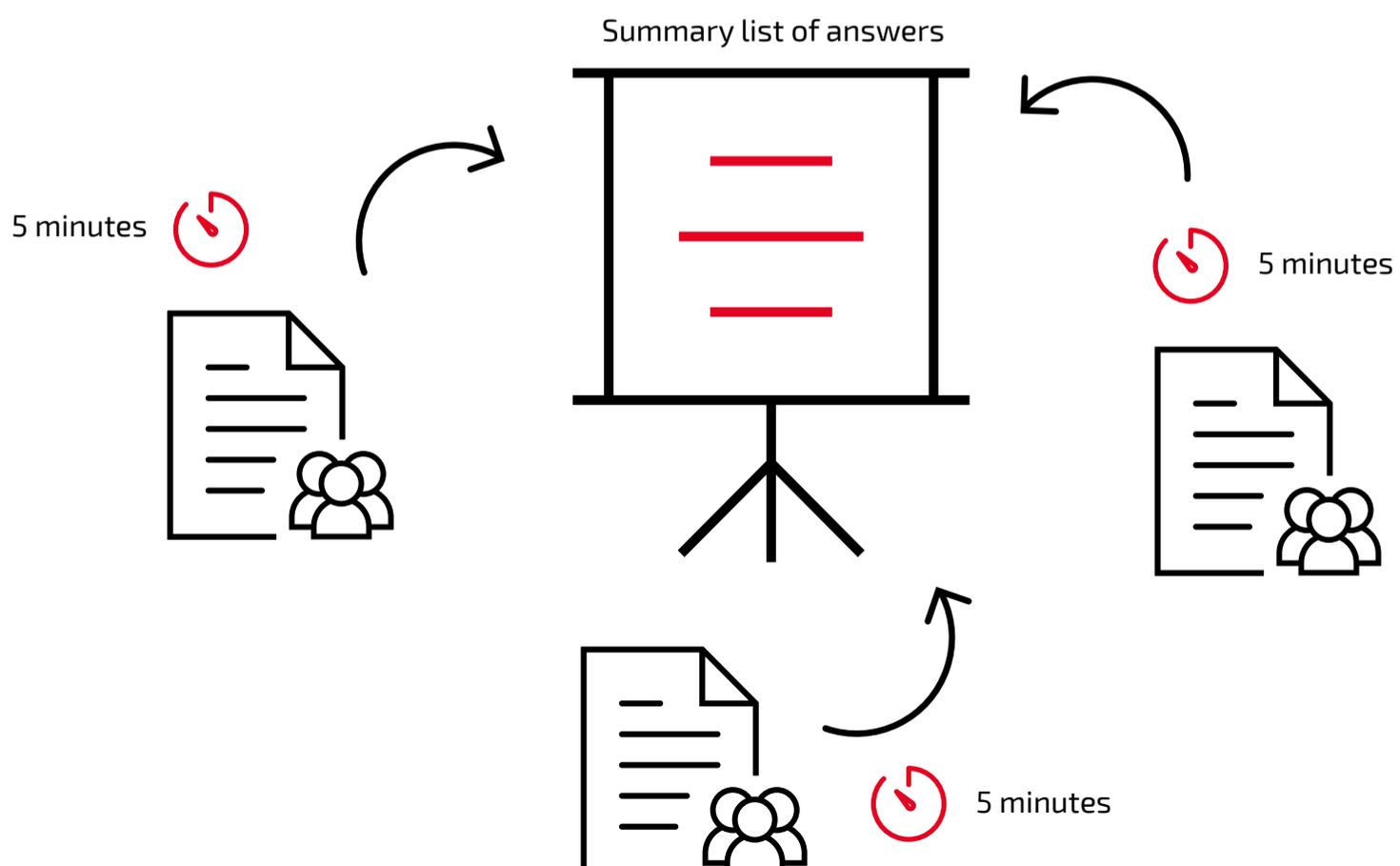
Speakers may change but the word should be given to the participants only by the moderator of this exercise.

OPTION 2

Objectives: analyze how stigma and discrimination are related to HIV and develop a positive approach to addressing stigma and discrimination against gay men, other MSM and trans people from the side of government agencies, in particular using the resources aimed at HIV prevention, treatment, care and support.

Format: work in small groups.

Procedure: unite the participants into three teams. Each team should receive a list of questions. The teams have five minutes to collect as much information as they can and write it down in the relevant boxes. After they get ready, the teams take turns to make presentations, answering each of the questions. If something is not mentioned, two other teams may add to what has been said by the presenting team. At the same time, the trainers make a summary list of answers to the questions suggested on the flipchart, offering their comments and suggestions.



ADDRESSING STIGMA AND DISCRIMINATION AGAINST GAY MEN, OTHER MSM AND TRANS PEOPLE IN YOUR CITY, REGION AND/OR COUNTRY

Who can initiate various events, awareness-raising campaigns etc. to address stigma and discrimination against gay men, other MSM and trans people in your city, region and/or country?

- representatives of the city health councils;
- ...
- ...
- ...
- ...
- ...

Which documents may set forth the activities to address stigma and discrimination against gay men, other MSM and trans people in your city, region and/or country?

- national laws;
- minutes of the country coordinating mechanism's meetings;
- ...
- ...
- ...

Who may be your allies in addressing stigma and discrimination against gay men, other MSM and trans people in your city, region and/or country?

- non-governmental organizations;
- healthcare facilities;
- ...
- ...
- ...

What resources² do you need to start addressing stigma and discrimination against gay men, other MSM and trans people in your city, region and/or country?

- support from the national policy-makers;
- request from gay men, other MSM and trans people;
- ...
- ...

What exactly can you do right now to address stigma and discrimination against gay men, other MSM and trans people in your city, region and/or country?

- training workshops «Tolerance and non-discrimination»;
- social advertising on equality and non-discrimination;
- including MSM and trans people as target populations into the national HIV prevention and treatment program;
- ...
- ...

² Resource is a stock or source of something, which is used as necessary. Types of resources: material (what and for what purpose?), financial (how much and for what purpose?), informational (about what?), human (what experts do we need?), time (how much time do we need?), internal (political will, motivation), etc.



WRAP-UP

Duration: 30 minutes

Objectives: getting a feedback from participants and making a post-training knowledge assessment.

Filling in post-training knowledge assessment forms and training quality and efficiency evaluation forms.

Procedure: the participants fill in post-training knowledge assessment forms (Annex 2) and training quality and efficiency evaluation forms (Annex 6).

EXERCISE «ANAGRAM»

Materials required: printed letters of the phrase «W-E A-R-E A-G-A-I-N-S-T S-T-I-G-M-A A-N-D D-I-S-C-R-I-M-I-N-A-T-I-O-N! W-E C-H-O-O-S-E T-O-L-E-R-A-N-C-E!» The size of the letters should be not smaller than four letters per one A4 sheet of paper. The letters should be cut out and mixed.

Procedure: each of the participants randomly chooses not more than three letters. Then the participants are given three minutes to reflect on what has been happening today, remember their expectations, the topics that have been discussed and think what was most important for them. Each of the participants should write on each of their letters a word, a phrase or an association, which starts from this letter. After all the participants share their impressions, ask the group to put together a phrase, which could summarize the workshop.

W ²	E ⁶	G ²	I ⁶	T ⁴	M ²	O ⁴	H
A ⁷	R ³	N ⁵	S ⁴	D ²	C ³	L	

* The figures in the corner correspond to the number of letters needed to compose the phrases.

Note for trainers: the phrase consists of two sentences, you can use one or both of them as you prefer, depending on the number of participants.



CERTIFICATES DELIVERY CEREMONY AND OFFICIAL WRAP-UP

8. THEORY & PRACTICE: SECTION 3 «TOLERANCE AND POLITICAL CORRECTNESS IN HEALTHCARE INSTITUTIONS»



TARGET AUDIENCE

Senior, middle and junior medical personnel (doctors, paramedics, nurses, obstetricians, laboratory assistants, medical record administrators, hospital attendants, caregivers, etc.) as well as managers of health facilities, including national and city AIDS centers



GOAL

Bringing up the level of tolerance towards gay men, other MSM and trans people from the side of health professionals, in particular working in the area of HIV

1

EXERCISE «HOW DO I WANT PEOPLE TO TREAT ME?»

Duration: 10 minutes.

Objectives: make a point that different people have similar needs and that all people want to be treated with friendliness, tolerance and respect.

Materials required: stickers, poster (flipchart paper), pens, markers.

Procedure: the trainers give one sticker to each of the participants and ask them to write down one word answering the question «How do I want people to treat me?» After they are ready with this task, each of the participants should go to the flipchart, put their sticker on it and explain why he/she/they chose this or that word.

Questions for discussion:

- ❓ Was it difficult for you to choose one word?
- ❓ Are you often treated the way you want to be?
- ❓ What do you feel, when you are treated not the way you expected?
- ❓ How do you feel when you visit different doctors?
- ❓ Visits to which doctor are the most stressful?
- ❓ Which medical professionals would you like to treat you this way?

Note for trainers: after the discussion, make sure to underline that every person irrespective of his or her sexual orientation and gender identity wants and has a right to receive confidential medical services of high quality and expects to be treated in a tolerant, friendly and positive way.

2

PRESENTATION «PROFESSIONAL ETHICS AND TOLERANCE: QUALITY SERVICES FOR GAY MEN, OTHER MSM AND TRANS PEOPLE»

Duration: 30 minutes.

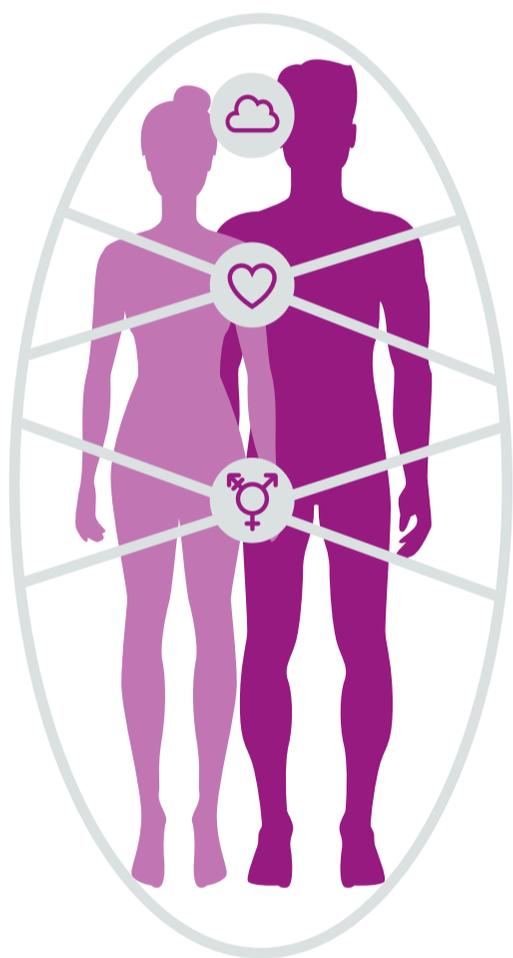
Objectives: analyze the linkage between the professional ethics and quality medical and social services for gay men, other MSM and trans people and tell about the specifics of counseling for the members of these target groups.

Note for trainers: First, you have to find out what the group already knows about LGBT/MSM. Some information was covered during the exercise «Myths and facts», but using unified and correct terminology is crucial.

Ask the participants several questions relating to the key concepts and terms and, if the participants do not know the answers, give them more information.

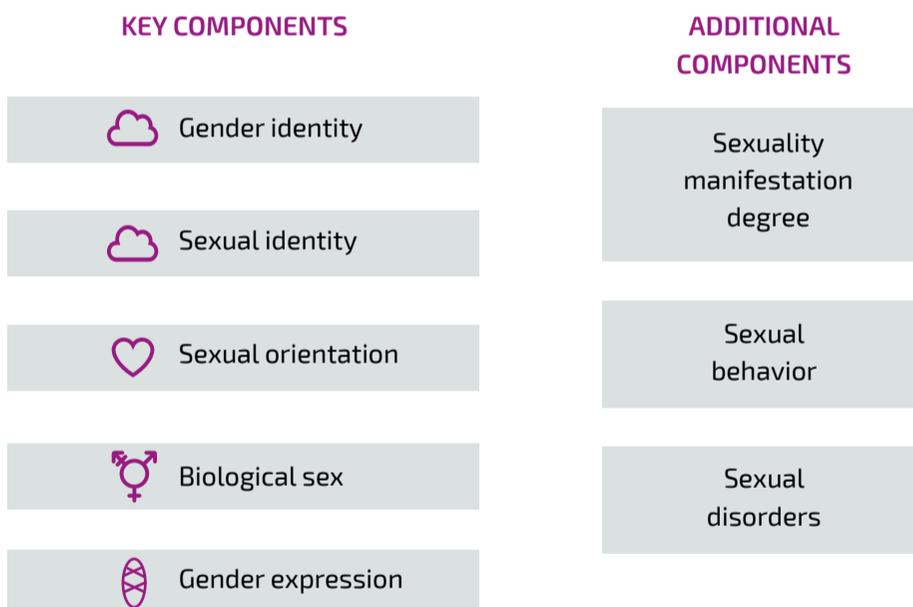
- What is «sexual orientation»?
- What types of sexual orientation do you know?
- What is «sexual identity»?
- What is the difference between «sexual orientation» and «sexual identity»?
- What is «sexual behavior»?
- What is the difference between «sexual behavior» and «sexual orientation»?
- How do you understand the term «gender identity»?
- What is the difference between «gender» and «biological sex»?
- What does the term «trans people» mean and include?

Note for trainers: summarize the discussion, using the following scheme.



SEXUAL AND GENDER IDENTITY MODEL

A detailed description of the model is offered in «Gender Bread» <https://www.genderbread.org>



LECTURE MATERIALS

Professional ethics is a system of a person's moral principles, standards and rules of behavior in the context of their professional profile and the specific situation in question.

Medical ethics are the ethical principles for all health workers to follow. The most important duty of a doctor (or a health worker) when treating a patient is acting in the best interests of the latter, professional integrity and keeping the patient's information confidential. At the doctor's office, any person shares their emotional or physical secrets, entrust their health and sometimes even life to the doctor, that is why trust is not only an important component of the patient-doctor interaction but also a mandatory pre-condition of the quality treatment. Medical ethics is the basis for such trust. It is important for the patient to be able to trust the doctor, not being afraid to face neglect or incorrect lexicon in health facilities.

Note for trainers: you can mention that later you will speak in more detail about the political correctness and why it is important.

Professional ethics of health workers should equally apply to the members of all social groups. Ethical principles of any doctor or any other health worker stipulate respecting the personality and rights of the patient, accepting him/her as he/she/they is, flexibility in the approaches used, etc. This is what the doctors' code of ethics states.

Components of the medical ethics:

- informing the patient about their rights;
- informing the patient about their health status;
- treating the patient in a humane way;
- respecting human dignity of the patient;
- preventing moral and physical harm to the patient;
- respecting the right of the patient to accept or deny medical care;
- respecting the patient's autonomy;
- respecting the patient's right to quality and timely medical care;
- showing careful attitude to the dying patient;
- keeping the professional secrets;
- maintaining the high level of professional competence;
- protecting the patient from incompetent medical treatment;
- maintaining respect to the profession and demonstrating respect to other health workers;
- taking part in public health education;
- demonstrating non-judgmental attitude to the patient, their values and views.

Questions for discussion:

- ❓ What does each of those components mean?
- ❓ Which actions may those components involve?
- ❓ Are those ethical principles documented in any standards or instruments?
- ❓ Is it possible to control doctors' compliance with such principles?

Tolerance and confidentiality are the key aspects in the delivery of health services to gay men, other MSM and trans people.

The key principles of confidentiality in health care based on the guidelines «Human Rights in Public Health»:

- ✓ any medical worker has no right to disclose any information received in the course of consultation or examination with no prior consent of the client/patient;
- ✓ the results of any laboratory/instrumental examinations should be given directly to the patient during a face-to-face meeting. If it is not possible, such results can be mailed in safe packages ensuring safety and confidentiality of the documents contained in them;
- ✓ any healthcare institution should provide the conditions ensuring that no third persons see or hear anything that is going on in a room between the patient and the health worker;
- ✓ the health workers should ensure respect of the medical privacy, creating all the necessary conditions for the careful storage of medical records with restricted access;

- ✔ any conversations with other health workers or third persons about the clients/patients are strictly prohibited;
- ✔ health workers may disclose patient's information to other people with no consent of the patient in case if the patient is not able to express their will, is diagnosed with certain highly contagious diseases, in case of any unlawful acts against the patient, child abuse, when providing medical care to a patient under fifteen years of age or in the course of investigation or court proceedings.

Tolerance means perception of any patient's personality without negative thoughts (prejudices) about their behavior or lifestyle, with respect, following high communication standards and demonstrating attention when listening to the patient's complaints or examining the patient. It all allows building trust relations between the health worker and the patient, so that the patient has no reasons to withhold any information, which may be helpful in diagnosis and treatment of diseases.

Questions for discussion:

- ❓ What is the difference between the terms «client» and «patient»?
- ❓ Do these terms influence the attitude of health workers to people seeking medical advice or health care?

The opinions and views of health workers and clients may differ, but it should not be the reason for health workers to restrict the clients' rights, insult or treat them with prejudices or superiority.

A health worker may tactfully offer their opinion if the situation requires, e.g. suggest different treatment options, but in case of refusal from any options the health worker has to respect the will of the client, in particular if he/she/they wants or does not want to pass any medical check-up procedures or be engaged in various programs and/or interventions.

Sexual behavior is an important part of an adult's personality. That is why any contacts between adults, including homo- and bisexual contacts, which happen by mutual consent and with no coercion should not lead to any aggression or condemnation, especially from the side of health workers. Any person has a right to satisfy their sexual needs and shall be able to maintain and improve their sexual health, which is set forth in the documents of the World Health Organization.

Sexual rights mean «the right of all persons, free of coercion, discrimination and violence, to: the highest attainable standard of sexual health, including access to sexual and reproductive health care services; seek, receive and impart information related to sexuality; sexuality education; choose their partner».

If a doctor or another health worker is not sure that he/she/they will be able to provide the required advice or consultation to a homosexual or bisexual patient, it is better to refrain from giving such advice or consultation. In such situations, the patient should be referred to the relevant specialists. An important factor of a health worker professional development is awareness of the diversity of your audience and its needs. It is crucial to have some prior understanding of the way of life of people you work with to recognize the differences in their life experiences.

Thus, if you are a physician and your duties include informing your patients about the safe sex behaviors to prevent HIV/AIDS and other STIs, it is important for you to know about the variety of sexual practices, about the risks of acquiring infections when contacting with different body fluids, about various means of contraception and methods of their use. Besides, try to also be aware of different LGBT and HIV organizations, counseling centers and specialists who can provide professional consultations, medical care and support to MSM, WSW and trans people.

When attending a doctor, every homosexual or trans person has to decide if he/she/they should disclose the details of their sexual life, if the doctor is going to understand their situation or judge it based on the homophobic or transphobic stereotypes. A doctor as well as any other person may have a set of social stereotypes and prejudices resulting from their personality being formed in certain social and cultural settings. Of course, a patient does not have to disclose their sexual orientation or preferences to any doctor, but there is a number of health professionals who need this information to take the patient's history and prescribe the adequate treatment.

Questions for discussion:

- ❓ What doctors, in your opinion, need such information?
- ❓ What questions does a doctor – gynecologist, proctologist, urologist, STI specialist – usually ask?
- ❓ Do you think it is easy or difficult to tell a doctor about your sexual orientation or gender identity?

As a rule, a conversation with a health professional never starts from informing him/her/them about one's sexual orientation. In the social settings with prevailing heteronormativity³, counselors and health workers almost automatically build their communication with patients treating them as heterosexual cisgender persons by default. It is reflected in the language and manner of counseling, in the recommendations offered and does not contribute to building trust relations when interacting with MSM and WSW.

THE MOST WIDESPREAD HEALTH CONDITIONS TYPICAL FOR GAY MEN, OTHER MSM AND TRANS PEOPLE

When talking about health, most often people mention only physical well-being, paying no attention to the factors influencing the health state of any person irrespective of their will, such as the hereditary background, the external environment, natural and climatic conditions, the quality of medical care and the national LGBT legislation.

Besides, there is a number of other factors influencing the quality of life of **gay men, other MSM and trans people** and determining their lifestyles to a great extent:

-  **income;**
-  **nutrition** (energy value and composition);
-  healthy **sleep;**
-  physical activities (**sports**);
-  **work** and **rest** balance;
-  **bad habits** (курение, злоупотребление алкоголем или наркотиками);
-  **living conditions;**
-  quality and weather appropriateness of **clothes and footwear;**
-  quality of and access to **health services;**
-  quality of and access to **social services for relevant social groups;**
-  quality of the **education;**

³ Heteronormativity is the concept perceiving heterosexuality as a social standard of the sexual behavior.

-  quality of the **culture** (books, magazines, cinematography, etc.);
-  quality of the **service sector**;
-  quality of the **environment**;
-  **presence or absence of children**;
-  **relationships** with friends, relatives, colleagues, partners;
-  **safety** (recorded criminal cases), etc.

Each of the factors above may have a positive or negative impact on the quality of life of LGBT persons as well as their physical and psycho-emotional health.

Many gay men, other MSM and trans people do not have any health issues, they run a moderately active way of life and take care of their health and well-being. However, some health conditions are still more widespread among LGBT persons than among heterosexual people.

Results of the studies carried out in different countries showed that members of the LGBT community more often suffer from **depression and anxiety**, which may be caused by:

-  social prejudices against LGBT;
-  non-acceptance or rejection by their families;
-  abuse of psychotropic or chemical substances;
-  inequality (homophobia, lesbophobia, bifobia, transphobia, misogyny, sexism, racism and other forms of xenophobia within the community);
-  higher risk to fall victim to violence or hate crimes, etc.

Besides, stress, low self-esteem, anxiety because of having to disguise one's sexual orientation, may also be the reasons of **behaviors harmful for health**, so **some health issues may be related to this factor**.

As for the sexual health, it depends on the decision of every person to take care of him-, her- or their self, his, her or their partner and on how trustful and open their relations are and if they can discuss taboo topics and express their wishes relating to safe sex.

According to the Gay & Lesbian Medical Association (GLMA), there are **ten most important health problems**, which medical professionals should focus on and discuss with their homosexual clients:

- | | |
|---|--|
|  HIV/AIDS, unprotected sex; |  prostate/testicular/colorectal cancer; |
|  use of narcotic and/or psychoactive substances; |  alcohol abuse; |
|  depression/anxiety; |  tobacco smoking; |
|  viral hepatitis B and C; |  eating disorders; |
|  other sexually transmitted infections; |  anal papilloma. |

Eating disorders may be caused by gay men trying to match the stereotype images, which are spread by mass media. Considering that the body shape depends on the eating habits and physical activity, members of this group pay a high attention to what they eat. According to the studies, based on which this list was prepared, homo- and bisexual adolescents demonstrated concerns about their weight and had the symptoms of bulimia nervosa more often than their heterosexual peers. Besides, dieting is more common among homosexual people.

Such data prove that the body cult widespread in the gay community may contribute to the formation of psychological complexes and neurotic conditions in some gay men. The scientific studies carried out in the United States (Russell C.J., Keel P.K. Homosexuality as a specific risk factor for eating disorders in men. *International Journal of Eating Disorders*. 2002; 3(31): 300–306), show that a significant proportion of MSM are not satisfied with their bodies and may have an increased risk of eating disorders: anorexia nervosa and bulimia nervosa. Thus, a comparison of the dietary habits of homosexual and heterosexual men showed that 34% of the gay men were suffering from bulimia or anorexia, in contrast to the heterosexual population, where such cases were quite few.

Most transgender men do not choose full sex reassignment surgeries and preserve the cervix. Thus they may have the risk of cancerous diseases of the «female» reproductive organs. That is why transgender men, who have not had a hysterectomy, should go through the same screening procedures as the cisgender women. Passing Pap tests for transgender men can be difficult for various reasons, mostly of the psychological nature (so delicacy in explaining the need of this assay is an extremely important task of the doctor).

Screening check-ups of the mammary glands in transgender men should be performed even after the mastectomy as some exocrine tissue particles can remain in their bodies and cause cancer, especially in people with hereditary predisposition. It is important to remember that the conversation and motivation to go through this procedure can be extremely uncomfortable for trans men and it should be taken into account while building the conversation on this topic.

Masculinizing hormone therapy has a number of side effects, one of the most important being an increase in the coagulation of blood when taking testosterone, which can cause thrombosis and thromboembolism of different localization. That is why blood coagulation tests should be performed at least every three months.

Testosterone also has a negative impact on the mucous membrane of the vagina, cervix and labia, leading to a decrease in the production of protective mucus and to thinning of the mucous membrane, which is an additional risk factor in the transmission of STIs, including HIV.

Usually, after the transition⁴ with or without surgical interventions, trans women preserve their prostate glands, so prostate screening tests are mandatory after 40 years through examination of the prostate-specific antigen (PSA), the prostate cancer marker. However, it is important to remember that feminizing hormone therapy artificially lowers the levels of this antigen, which is not objective in this case, therefore, instrumental methods are to be used for the mandatory preventive tests (according to the National LGBT Health Education Center).

An example of sexual history taking from members of the key populations according to the US Centers for Disease Control and Prevention (CDC) based on the five P's principle: partners, prevention of pregnancy (for transgender men), protection from STIs, practices and past history of STIs.

⁴ Transition is the term which is mostly used to define the process which a trans person is going through when changing their appearance to become closer to the gender/sex which he/she/they feels he/she/they belongs to and/or to be in harmony with their preferred gender expression.

1. PARTNERS

- ❓ «Do you have sex with men, women or both?»
- ❓ «In the past 2 months, how many partners have you had sex with?»
- ❓ «In the past 12 months, how many partners have you had sex with?»
- ❓ «Is it possible that any of your sex partners in the past 12 months had sex with someone else while they were still in a sexual relationship with you?»

2. PREVENTION OF PREGNANCY (FOR TRANSGENDER MEN)

- ❓ «Do you use contraception?»
- ❓ «What contraception methods do you use?»

3. PROTECTION FROM STIS

- ❓ «What do you do to protect yourself from STIs?»

4. PRACTICES

- ❓ «To understand your risks for STIs, please share about the kind of sex you have had?»
- ❓ «Have you had vaginal sex, meaning 'penis in vagina sex'?» If yes, «Do you use condoms: never, sometimes, or always?»
- ❓ «Have you had anal sex, meaning 'penis in rectum/anus sex'?» If yes, «Do you use condoms: never, sometimes, or always?»
- ❓ «Have you had oral sex, meaning 'mouth on penis/vagina'?»
- ❓ «Do you use condoms: never, sometimes, or always?» If never: «Why don't you use condoms?» If sometimes: «In what situations (or with whom) do you use condoms?»

5. PAST HISTORY OF STIS

- ❓ «Have you ever had an STI?»
- ❓ «Have any of your partners had an STI?»
- ❓ «Have you or any of your partners ever injected drugs?»
- ❓ «Have you or any of your partners exchanged money or drugs for sex?»
- ❓ «Is there anything else about your sexual practices that I need to know about?»

Those questions not only help to make the correct diagnosis, but also help to establish a contact between the health professionals and the people seeking medical counseling or care.

3

EXERCISE «RISK FACTORS AND THEIR IMPLICATIONS»

Duration: 20 minutes.

Objectives: review different risk factors, which may have an impact on the effectiveness and quality of the medical care delivered to gay men, other MSM and trans people and to make a list of topics to discuss with the potential clients/patients, taking into account the risk factors defined.

Materials required: printed cards with the tasks.

Procedure: unite the participants into five small groups. Randomly give cards to the groups with one «risk factor» written on each of the cards and with 2-3 potential consequences, which will also be the topics for discussion between the doctor and the patient representing the MSM/WSW/LGBT community. Ask each of the teams to discuss the risk factor presented and offer their own suggestions for the list. Give the groups five minutes to complete this task and then have a group discussion and sum up this part of the workshop.

Risk factor	Potential consequences/topics for discussion
Risky sexual behavior/various sexual practices without barrier contraceptives	<ul style="list-style-type: none"> — HIV; — hepatitis A, B, C; — — —
Destructive behaviors due to homophobia and transphobia	<ul style="list-style-type: none"> — eating disorder; — drugs, alcohol, tobacco; — — —
(In)voluntary disclosure of sexual orientation, gender identity	<ul style="list-style-type: none"> — depression; — anxiety; — family conflicts; — — —
Stigma and discrimination in health institutions	<ul style="list-style-type: none"> — restricted access to the reproductive technologies; — disclosure of sensitive information; — — — —
Failure to provide information about sexual orientation and gender identity	<ul style="list-style-type: none"> — incomplete history taking (e.g., hidden risks, unknown consequences of combining prescribed medicines with the hormone therapy); — reluctance to seek health care; — —

EXERCISE «CROSS TO THE OTHER SIDE»

Duration: 20 minutes.

Objectives: show the participants how it feels to be part of a «majority» and how it feels to be part of a «minority» and to differ from other people in some way.

Materials required: form with a list of questions/statements.

Procedure: all the participants stand on one side of the room. The trainer reads out some statement or question and if a participant answers «yes» to it, he/she/they should go to the other side of the room and stand opposite other participants.

List of questions:

1. Do you write with your left hand?
2. Do you speak three languages?
3. Do you have a sibling?
4. Do you play any musical instruments?
5. Do you like chocolate ice cream?
6. Was any of your parents born abroad?
7. Have you ever been publicly insulted?
8. Do you do any sports?
9. Do you think that pink is a girl's color?
10. Are you a person who does not like to get up early?
11. Do you think that a child should have a mother and a father to be happy?
12. Do you like meat?
13. Is blue your favorite color?
14. Do you need more than half an hour in the bathroom in the morning?
15. Have you ever felt isolated from other people?
16. Do you have your own mobile phone?
17. Do you have your household chores: set the table, do the laundry, clean the house, etc.
18. Do you know a famous person who does not hide his or her sexual orientation or gender identity?
19. Are there any lesbians or gay men among the people you know?
20. Are there any lesbians, gay men, bisexuals or trans people among your family members?
21. Have you ever heard (seen) gay men or lesbians being insulted by other people?
22. Will you share a hotel room with a homosexual person?
23. If your child was homosexual, would it be a problem for you?
24. Are you ready to change your sex at least for one day?
25. If a trans person seeks medical care from you, will you help him/her/them?
26. Are you in love?
27. Have you ever cried because of love?
28. Are you ashamed to talk about sexuality?
29. Have you ever been in love with a person who was elder than you?
30. Were all your answers to the questions of this game true?

Questions for discussion:

- ① What was difficult for you in this exercise?
- ① How did you feel when you had to stand alone?
- ① Did you feel comfortable when doing this exercise?
- ① Which question was surprising for you?
- ① What was the most difficult question?
- ① What question challenged your mind?
- ① What question did you not feel like answering? Why?
- ① What question would you add to this list?

5

PRESENTATION «POLITICALLY CORRECT TERMINOLOGY AND TOLERANCE IN HEALTH CARE, IN PARTICULAR IN HIV SERVICES»

Duration: 30 minutes.

Objectives: present basic information on political correctness and tolerance and analyze the qualities of a tolerant person.

LECTURE MATERIALS

WHAT IS POLITICAL CORRECTNESS?

Political correctness — is the approach of direct or indirect prohibition on the use of words and phrases considered offensive to certain social groups based on their age, national or ethnicity, sex, health state, social status, religion, sexual orientation, gender identity or other similar characteristics.

Finding and accepting the most politically correct forms of address is a complex and lengthy process. It is a system of views and a set of unwritten ethical norms, compliance with which is extremely important for all individuals and social groups to enjoy their rights and freedoms.

Political correctness is crucial not only for the political, but also for other spheres of life of any society: education, law enforcement, employment, health care, etc. E.g., the word "invalid" due to its negative connotations gradually transformed into other terms: handicapped — disabled — people with handicapping conditions — people with limited opportunities — people with special needs, etc. Currently, the most acceptable term is «people with disabilities».

Currently, one of the leading global trends is introduction of the corporate equality practices in selling goods and services, which are aimed at combating discrimination. It means that company employees do not have a right to use stigmatizing or discriminatory language when addressing their colleagues or clients, which belong or may belong to certain social groups.

Moreover, any manifestations of sexism, racism, homophobia, antisemitism, chauvinism, ageism and other ideologies of hatred are prohibited not only in the workplace, but also beyond it, as the words, behavior or actions of one employee can significantly damage the reputation and image of the whole company/firm/organization.

Who defines which term is politically correct?

As a rule, the decisive role belongs to the members of relevant social groups. However, general trends may be defined by non-governmental organizations, professional associations, civil society activists, etc.

WAYS TO ENSURE POLITICAL CORRECTNESS

Euphemisms — are words with neutral meaning or emotional coloring or descriptive expressions, which are usually used in texts and public statements to replace other words and expressions considered indecent or inappropriate.

E.g., using words «homosexual» or «homosexual person» is considered politically and linguistically correct as opposed to the term «homosexualist».

Neologisms — are words, meaning of words or phrases, which recently appeared in the language (newly formed, not previously available). This group includes feminitives (new female-gendered nouns in Slavic languages, to indicate occupation, profession or career used to make women more visible), which are currently widely used in some languages. English is to be considered gender-neutral language.

Phraseological units — are set words or expressions, translations from other languages. Usually they include various slogans to protect the rights of LGBT persons.

E.g., the phrase “Some People are Gay. Get Over it!” has a number of possible translations and each of them may have different emotional coloring.

Gender neutral and recommended questions:

- ❓ Are you in a relationship?
- ❓ Do you have a sexual partner?
- ❓ What is the gender identity of your sexual partner(s)?
- ❓ What types of sexual behavior do you practice?
- ❓ How can I address you? What name can I call you?
- ❓ What pronoun do you prefer to be addressed with?

INCORRECT WORDS AND EXPRESSIONS REFERRING TO LGBT, PREFERRED AND POLITICALLY CORRECT TERMS

Some words and phrases, often used to refer the LGBT community, are obsolete, inaccurate, reflect certain stereotypes or prejudices. Below is a list of such words and expressions, together with the alternative options. This list may be incomplete. Moreover, even community members and activists may have different positions and opinions on each term. Therefore, before using this or that term, make sure it is correct asking the LGBT activists in your region/country/city for advice.

The table was prepared based on the guidelines «Legal basis of reducing the vulnerability of LGBTI community members» by N.K. Mamatazizova, A.O. Mukambetov, R.L. Kim, A.E. Reshetnikov [available only in Russian at:

<http://indigo.kg/wp-content/uploads/2016/05/Pravovyye-osnovyi-snizheniya-uyazvimosti-predstaviteley-LGBTI-soobshhestv.-Metodicheskoe-posobie.pdf>

Incorrect and/or inappropriate term**Politically correct and preferred term**

Homosexuality

This is a medicalized term meaning that homosexuality is a disease, which is not true (homosexuality was removed from the International Classification of Diseases (ICD-10) by the WHO in 1990). Moreover, this term does not make sense as well as the term «heterosexuality». Besides, the -ism ending stipulates promotion and popularization of some idea in the society, which this group does not do.

HOMOSEXUALITY

Homosexualist

A medicalized term to refer to a sick person. This term may be perceived as offensive.

HOMOSEXUAL

Non-traditional sexual orientation

This term is heterocentric (based on the assumption that all people are naturally heterosexual), considering that heterosexuality is the only possible standard and tradition.

HOMOSEXUAL ORIENTATION

HOMOSEXUALITY

BISEXUAL ORIENTATION

BISEXUALITY

LGBT

LGBT COMMUNITY

PEOPLE WITH DIVERSE SEXUAL

ORIENTATIONS AND GENDER IDENTITIES

Sexual minorities

This term is objectionable due to two reasons:
1) focus on the word «sexual», which reaffirms the myth about the excessive sexual activity of the LGBT persons;
2) the word «minorities» does not correspond to the real feelings of LGBT persons that there are many of them.

LGBT COMMUNITY

LGBT

LESBIAN, GAY, BISEXUAL, TRANS PEOPLE

PEOPLE OF GENDER AND SEXUAL DIVERSITY

«Sodomite», «fag», «faggot», «fairy», «pansy», «poof» and other words associating gay and bisexual men with pedophilia, abuse of children, sexual abuse, bestiality and incest

These words are very negative, dehumanizing and derogatory towards gay men, reflect wrong negative associations relating to homo- and bisexuality and present homo- and bisexuality as a threat to the society, especially to children. When such words are used in a quote, it is mandatory to make a footnote and explain that such word is derogatory and offensive.

GAY, BISEXUAL
HOMOSEXUAL MAN
BISEXUAL MAN

Trans/tranny

Stigmatizing words, which are mostly used to refer to trans people to demonstrate one's negative attitude. Trans person is a person whose gender identity and gender expression does not correspond to their assigned biological sex.

TRANS PERSON
TRANSGENDER MAN
TRANSGENDER WOMAN

Hermaphrodite

Obsolete and incorrect term to refer to people who were born with sexual characteristics (including external and internal genitalia, sexual glands and sets of chromosomes) that do not fall within the generally accepted concepts of male or female biological sex.

INTERSEX
INTERSEX PERSON
INTERSEX PEOPLE
INTERSEX COMMUNITY

Straight, normal

Though such words are frequently used, these terms are extremely undesirable as they stipulate that heterosexuality is natural and gay men, lesbians and bisexuals are unnatural.

HETEROSEXUAL

Special rights, gay rights

LGBT do not have any special rights. LGBT activists demand access to the same rights, which most heterosexuals have. LGBT do not ask for any special or additional rights.

EQUAL RIGHTS
EQUAL PROTECTION
HUMAN RIGHTS

MSM — men who have sex with men.

WSW — women who have sex with women.

Usually, these abbreviations are used only in public health, in particular in HIV prevention programs. They should not be used in speech or in the human rights context, as these terms do not reflect the social, cultural and political identities of people, but only their sexual practices.

Note for trainers: for more detailed information on the topic, read the UNAIDS Terminology Guidelines http://www.unaids.org/sites/default/files/media_asset/JC2118_terminology-guidelines_ru.pdf

WHAT IS SOCIAL TOLERANCE?

Social tolerance means a permissive attitude towards different views, lifestyles, behaviors and customs, religious beliefs, nationalities, health conditions, etc. Social tolerance means understanding others and allowing them to live their lives in line with their own views and appreciate the values of their own culture. Social tolerance means acceptance and respect to other cultures, ways of self-expression and manifestations of personal identities. Tolerant attitude is viewed as a social value protecting human rights, freedoms and security. Formation of this concept is often associated with the humanist ideals. According to sociologists, tolerance is the norm of a civilized compromise among the competing cultures which ensures preservation of the diversity and natural right to difference, dissimilarity, and otherness.

FEATURES OF A TOLERANT PERSON

- ✓ recognition of the equality of all people (irrespective their sex, gender, nationality, religion, membership in any other group);
- ✓ friendly and tolerant attitude to other people (people with disabilities, refugees, etc.);
- ✓ respect to cultural identities and languages of other nations;
- ✓ cooperation and solidarity in solving common problems;
- ✓ positive attitude towards other people who are different from you.

It is also necessary to discuss with the participant an opposite type of behavior — intolerance — and compare those two behaviors.

STEPS TO TOLERANCE

1. Legal education. We should have a good knowledge of the human and civil rights and freedoms as they will help us to resist discrimination, harassment, and injustice. Tolerance is, first of all, a pro-active stand, which is based on the recognition of universal human rights and fundamental freedoms.

2. Our own cultural competence. It all starts with changing ourselves. We must identify our own stereotypes and prejudices that prevent us from tolerating members of other social, ethnic or religious groups.

3. Discussion. Do not be afraid to discuss various expressions of hatred. Tell others about it. Do not be silent – defend your rights.

4. Uniting. You can find like-minded people, friends who may have also faced discrimination and/or violence – defending your rights together, you will be able to achieve a better result than if each of you acts on your own.

5. Advocacy leader. Each of you can demonstrate tolerant behavior with your own example, and this will be the best lesson of tolerance both for you and for others.

Best practices in creating a tolerant environment in healthcare settings:

- ✓ actively engaging the administration to implementing workplace equality and non-discrimination policies;
- ✓ including the concepts of LGBTI identities and LGBTI families into the policies of healthcare institutions;
- ✓ including LGBTI identities in questionnaires, primary examination forms and medical records;
- ✓ including LGBTI health information in the bulletins and other awareness-raising materials;
- ✓ training medical personnel in the peculiarities of LGBTI patient management;
- ✓ considering the LGBTI needs in the complex of health services;
- ✓ recruiting LGBTI personnel;
- ✓ assessing the quality of services through social surveys among LGBTI patients;
- ✓ building cooperation with NGOs providing services and support to gay men, other MSM and trans people, in particular by introducing an effective case management and referral system.

6

EXERCISE «CASE STUDIES»

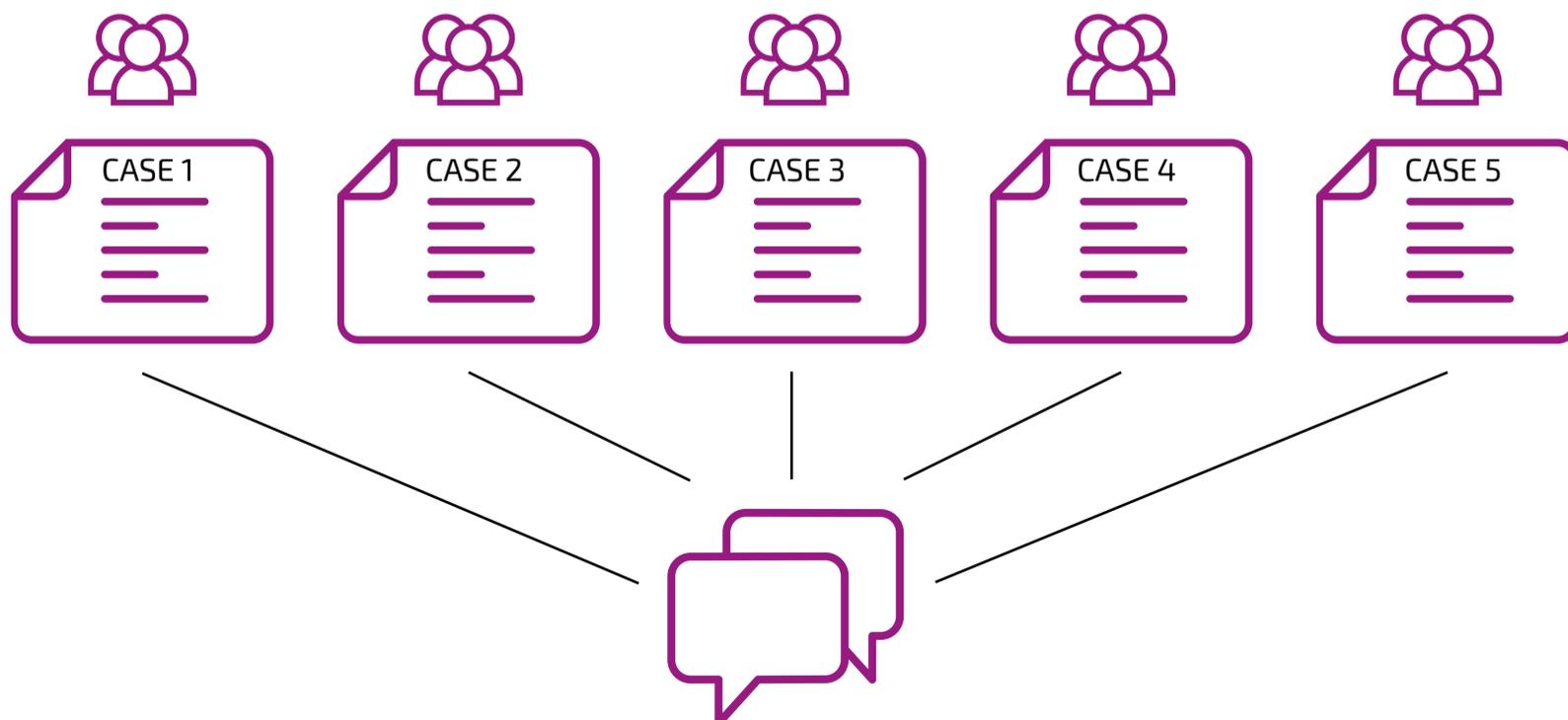
Duration: 30 minutes.

Objectives: raise the topic of acceptance/exclusion of people based on their personal features.

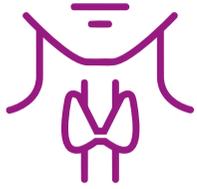
Materials required: forms with printed case studies — one per each mini group, flipchart paper, markers.

Procedure: unite the participants into 4-5 small groups. Each group should receive one card with a case study. The participants should discuss the cases in their small groups, describe their action plan and prepare a list of questions they are going to ask. After the discussion, each mini group should make a presentation for the general discussion. If needed, the trainer can make some additional suggestions.

Instructions for the groups: you have received case studies. Please discuss in your groups what should be the actions of the doctor or another health worker, how they should address the patient, how to respond to him/her, etc. Please write down your action plan and make a list of questions you are going to ask the patient/client.



CASE 1



You are an endocrinologist. You have a visitor entering your office whose appearance may not be characterized as typically «female» or typically «male».

- 1) How will you address the client?
- 2) What do you think is the problem/complaint that brought the client to your office?
- 3) What will your actions be.

CASE 2



You are a gynecologist. You have a female patient who says that she is a lesbian, has sexual contacts only with women and would like to get pregnant from an anonymous donor.

- 1) How will you build your conversation with the client?
- 2) What questions will you ask her?
- 3) What will your actions be.

CASE 3



A young man (18 years old) attends a family practitioner with a suspected acute respiratory viral infection. Symptoms: feeling bad, weakness, blocked nose, body temperature 37.1°C. The patient has had this body temperature for two years already. He gets tested for HIV every three months, but the results are always negative.

- 1) How will you build your conversation with the client?
- 2) What questions will you ask him?
- 3) What will your actions be.

CASE 4



You are an urologist. You have a male patient with a neoplasm (condyloma) on the balanus, who in the course of the medical check-up tells you that he practices anal sex.

- 1) How will you build your conversation with the client?
- 2) What questions will you ask him?
- 3) What will your actions be.

Note for trainers: when discussing this case, the participants should come to a conclusion that the patient needs to seek an additional check-up with a proctologist to exclude anal condylomata. This is a procedure recommended for men who have sex with men.

CASE 5



A 40-year old woman comes to the appointment with a family practitioner with complaints of feeling bad and having a fever. In the course of conversation, it turns out that that she is a transgender woman.

- 1) How will you build your conversation with the client and what questions will you ask?
- 2) What aspects will you focus on during counseling and what additional tests will you prescribe considering that this is a trans person?
- 3) What will your actions be.

Note for trainers: the patient should be referred to the prostate ultrasound, as this is a screening test to prevent the prostate cancer. Usually, patients retain prostate even after a full sex reassignment surgery (MtF).



WRAP-UP

Duration: 30 minutes

Goal: getting a feedback from participants and making a post-training knowledge assessment.

Filling in post-training knowledge assessment forms and training quality and efficiency evaluation forms.

Procedure: the participants fill in post-training knowledge assessment forms (Annex 2) and training quality and efficiency evaluation forms (Annex 5).

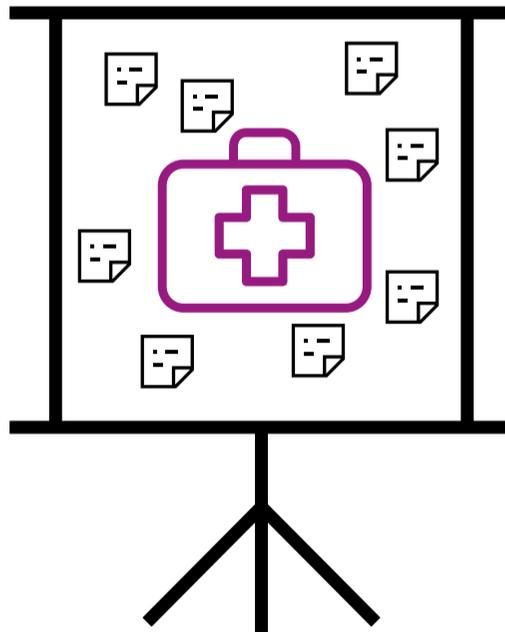
EXERCISE «BASIC SET OF A TOLERANT HEALTH PROFESSIONAL»

Materials required: flipchart paper, markers, drawing of a briefcase or a first aid kit with some health care symbol, e.g. a red cross, stickers.

Procedure: ask the participants to remember what they have been doing at the workshop today. The trainers may remind certain basic points and sections or ask the participants to look through the agenda and write on the stickers answers to the following questions:

- ❓ What would I like to carry away with me from the workshop in a briefcase or in a first aid kit?
- ❓ What was most important?
- ❓ How will my behavior change towards clients/patients who represent the LGBT community?

The participants should write their answers down, go to the flipchart, read what is written on their stickers and put the stickers on the flipchart.



CERTIFICATES DELIVERY CEREMONY AND OFFICIAL WRAP-UP

9. THEORY & PRACTICE: SECTION 4 «EQUALITY, NON-DISCRIMINATION AND HATE CRIMES COUNTERACTION IN THE WORK OF LAW ENFORCEMENT AGENCIES»



TARGET AUDIENCE

Representatives of law enforcement agencies. Representatives of the Ministry of Internal Affairs (MIA), the Ministry of Justice and the Prosecutor's Office, staff of the departments to combat violence, protect human rights and freedoms, police patrol officers, etc.



GOAL

Discuss the principle of equality and non-discrimination in the work of law enforcement agencies and learn how to identify hate crimes.



PRESENTATION «PRINCIPLE OF EQUALITY AND NON-DISCRIMINATION IN THE WORK OF LAW ENFORCEMENT AGENCIES»

Duration: 30 minutes.

Objectives: review the concept of «gender equality» in the work of law enforcement agencies and get acquainted with different forms of gender-based violence.

LECTURE MATERIALS

The main principle of equality of all people is proclaimed in the first article of the Universal Declaration of Human Rights «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». However, this principle is not properly applied in the everyday life, not to mention various aspects of human relations. It underlies the principle of justice that is of paramount importance, thus requiring a serious analysis of fair and unfair equality and inequality based on biological factors, spiritual, social and cultural needs and taking into account the contribution of every person to the well-being of others.

If the principle of equality is accepted, it renders discrimination against a person or a group of people impossible. **Non-discrimination** is based on two integral principles: **equality** and **respect of dignity**. It also stipulates the integrity of human personality, whereas discrimination usually defines a person only based on one of his/her/their features, such as sex, race, skin color, religious beliefs, etc.

Full and efficient implementation of the equality policies requires treating different people taking into account their different situations, reaffirming their equality and empowering them to be engaged in the life of society on equal terms. That is why various approaches are developed to observe the principle of equality and non-discrimination in various areas of life.

Thus, in the work of law enforcement agencies the principle of gender equality and non-discrimination can be achieved through:

- ✔ prevention and actions aimed at different forms of crimes and threats, which men and women, in particular young men and women, face, including gender-based violence;
- ✔ equal participation of men and women in the activities of the law enforcement bodies (based on equal representation, in particular at all levels of the decision-making processes);
- ✔ equal access of men and women to employment in law enforcement bodies, in particular patrol police;
- ✔ prevention of any discrimination and human rights abuses from the side of law enforcement agencies;
- ✔ compliance with international and national laws related to the equal rights and the empowerment of men and women.

Gender inequality is manifested in the conviction that due to the so-called biological differences between men and women they are assigned with stable psychological and social characteristics, which result in their unequal opportunities in the society. Trans people are usually not present in this system at all. That is why it is crucial to differentiate between the terms «sex» and «gender» and address not only inequality based on sex but also based on gender identity.

What is the difference between «sex» and «gender»?

- ❓ What is sex?
- ❓ How do we define the sex of a child or an adult?
- ❓ How many sexes do you know?
- ❓ What is gender?
- ❓ What genders do you know?

Biological sex is a complex of bodily, anatomical, reproductive, hormonal, morphological and other strictly physiological components that determine a person during mother's pregnancy and at birth as a boy or a girl, with male or female gender being assigned in relevant documents — birth certificate, passport, and taxpayer identification number. However, people learn to be women or men through their education, demands of the society and other people.

Gender is a sociocultural construct denoting psychological and behavioral characteristics of a person, associated with masculinity, femininity or androgyny (an interim option, a combination of male and female characteristics, not necessarily in equal parts).

According to the World Health Organization (WHO), there are sex and gender differences based on gender stereotypes/roles.

Sex differences include:

- ✓ internal and external genitalia;
- ✓ reproductive potential;
- ✓ constitution and body proportions;
- ✓ muscle and fat mass distribution;
- ✓ larynx anatomy — protrusion of the thyroid cartilage (Adam's apple) in men;
- ✓ voice pitch and quality;
- ✓ body hair distribution, etc.

However, in most countries of the world **gender differences** are about:

- ✓ canons of personal appearance and behavior for men and women;
- ✓ social status of motherhood and fatherhood, with women primarily responsible for child care;
- ✓ women and girls have more household chores than men and boys;
- ✓ women earn much less than men holding similar posts/positions and face significant barriers in career advancement;
- ✓ boys experience physical punishment more often than girls;
- ✓ girls and women experience sexual abuse and sexual harassment at work more often;
- ✓ usually there is a big difference between men and women in the terms of imprisonment for the same offenses;
- ✓ retirement age;
- ✓ conscription into the armed forces;
- ✓ permit to perform «heavy» works, etc.

For more theoretical information, you can watch the video «Stereo — a film about reversed gender stereotypes»

<https://www.youtube.com/watch?v=ePlriYalzPY>

WHO IS A TRANS PERSON?

If a person is **transgender**, it means that the anatomic sex and the gender roles assigned to such person at birth do not comply with their self-identification. Some trans people identify themselves with the sex opposite to their passport sex, others have identities, which go beyond the binary heteronormative system.

Heteronormativity is a system of distinct and indistinct social perceptions and requirements, which a priori stipulates compliance with the following norms: all people are heterosexual and the gender identity of people is always the same as their assigned anatomic sex, with only two possible options: men and women.

One of the key principles of heteronormativity is social taboo on crossing any borders or any shifts in the gender roles as well as the forms of gender expression, which do not fall into the generally accepted perceptions.

Besides, the heteronormative approach stipulates that «sex», «gender» and «sexuality» always match. For example, if a person is assigned male sex at birth, he is expected to have masculine appearance, character and behavior.

Questions for discussion:

- ❓ Do you think that all people fit into this system?
- ❓ What situations may occur due to the differences between a person's appearance and passport data?
- ❓ How should a trans person be addressed?
- ❓ Which representatives of the law enforcement agencies should perform pat search of a trans person (if needed)?
- ❓ What documents can serve as a proof that a person is transgender?

Law enforcement agencies, among other things, should address any threats that the society may face. Those are the threats, which are more typical for men (such as armed violence) and those, which are more typical for women and girls (domestic violence, sexual abuse). Trans people often face violence due to their failure to fit into the binary gender system.

Considering that the high level of gender-based violence (domestic violence, rape, human trafficking) is a threat to public security, the response **strategies of law enforcement** agencies should contain:

- 🚩 operational procedures and skills that will help to investigate the cases of gender-based violence respecting the dignity of victims;
- 🚩 investigation of any cases of gender-based violence, domestic violence or crimes against trans people in cooperation with relevant civil society organizations;
- 🚩 cooperation between patrol police, healthcare workers, lawyers, educators, and civil society organizations.

There are some general trends reflected in the failure of law enforcement agencies to understand and accept the principle of equality and non-discrimination:

- simplified understanding of the gender equality (just as a proportion of men and women, with no account of their needs and peculiarities and with no account of trans people);
- actions based on the gender stereotypes;
- ignoring the fact that gender may be the ground of offences.

ENGAGEMENT OF DIFFERENT SOCIAL GROUPS IN THE ACTIVITIES OF LAW ENFORCEMENT AGENCIES

Studies conducted in different European countries show that equal engagement of various social groups in the work of law enforcement agencies contributes to building public confidence and is more effective as it ensures the access to a wider range of skills and experiences.

Thus, in Germany there is an Association of Lesbian and Gay Police Officers effectively operating since 1994. The goal of the Association is to provide psychological and legal support to homosexual police officers, address homophobia and counter hate crimes against LGBT. Besides, members of the Association take part in annual gay prides in Berlin and Cologne.

Similar associations exist in the Netherlands, Denmark, Switzerland, the USA and other countries. All these countries take top positions in the ratings of countries with the lowest crime rates and are one of the most LGBT-friendly. This is confirmed by the results of social surveys. Separate attention should also be given to the surveys conducted by Planet Romeo, the biggest dating service for gay, bisexual and transgender men as well as annual large-scale Rainbow Europe surveys conducted by the International Lesbian, Gay, Bisexual, Trans and Intersex Association in the European region (ILGA-Europe).

Thus, the more diverse members of the law enforcement agencies are, the more effective the work of such agencies is and the more people trust them.

The state policy should allow all people irrespective of their gender, sexual identity or any other characteristics to work on equal terms with others, get equal pay for the same qualifications and the same working conditions and take measures to prevent any cases of sexual harassment.

2

EXERCISE «HEROINES AND HEROES»

Duration: 30 minutes.

Objectives: analyze the importance of heroines and heroes as role models and look at how the gender stereotypes are rooted in our history, culture and everyday life.

Materials required: color markers and flipchart paper.

Procedure: give the participants three minutes to remember national or world heroines and heroes (from the history, fiction or modern world) whom they admire. Hand out sheets of paper and ask the participants to draw two columns. In the first column, they should write the names of three heroines plus a brief description of who they are, what they did/do and several key words to describe them, in the second column — names of three heroes and words to characterize them. Now ask the participants to get into small groups of 4-5 people and share their choices of heroes and heroines, explaining why they made such choices. Ask the groups to come to a consensus on two main heroines and two main heroes from each group. Then invite the teams to make presentations of the chosen heroines/heroes and discuss them in the bigger group.

Note for trainers: divide the flipchart sheet into four sections. In two upper sections write down the names suggested and in two lower sections — key words and characteristics typical for heroes and heroines.

NAMES OF HEROINES

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

NAMES OF HEROES

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

KEY WORDS AND CHARACTERISTICS OF HEROINES

KEY WORDS AND CHARACTERISTICS OF HEROES

Questions for discussion:

- ① Was it difficult to choose heroines and heroes?
- ① What kind of people are these heroines and heroes?
- ① Are they modern, historical or fictitious heroines and heroes?
- ① What are the differences and similarities between the two lists of characteristics?
- ① What values do the heroines and heroes stand for? Are these values the same for both?
- ① Do you personally have any stereotypes of men and women?
- ① How do, in your opinion, heroines and heroes become the role models?
- ① To what extent is their perception determined by stereotypes?
- ① Can gender stereotypes deny people their human rights?
- ① Which barriers result from the gender stereotypes?
- ① Is it possible to do something about such barriers?

Duration: 30 minutes.

Objectives: discuss peculiarities of communication and activities of law enforcement agencies in the modern multicultural society and learn how to identify hate crimes.

LECTURE MATERIALS

What is the difference between hate crimes and discrimination?

Hate crimes are criminal acts caused by prejudices against a group of people. Prejudice in this case can be broadly defined as a biased negative judgment, intolerance or hatred directed against a specific group of individuals. Such group should join people with some common trait, which is essential, such as race, ethnicity or religion, language, nationality or sexual orientation.

Thus, a hate crime includes two distinct components:

- ① an act which is an offence in accordance with the criminal law;
- ② prejudices which motivate the offender when committing the criminal act.

Hate crimes are actions, which are defined as offences punished by the criminal law. Discrimination, as opposed to hate crimes, almost never constitutes a criminal offence and mostly lies in the realm of civil or administrative legal relations.

The person committing a hate crime chooses the victim based on his, her, their membership or alleged membership in a particular group. If the crime involves damage to property, such property is selected because it is associated with the group against which the crime is committed and may include such objects such as worship venues, community centers, vehicles or private homes.

Hate crimes damage both personal freedoms and public security.

Hate incidents are the actions, which are associated with prejudices but are not criminal offences as the offence is not proved or it is of a social nature, e.g. a public insult. Thus, they have only the second component of the above definition in common with the hate crimes, while the first component is missing.

Data on hate incidents and hate crimes contain important information on the situation with public security and on the actual rate of violence against certain groups.

HATE CRIMES AND HATE SPEECH

Different kinds of statements that are grounded on hostility or which demonstrate or incite hostility towards a group of individuals (or an individual due to his or her membership in a certain group) are usually called «hate speech». As hate speech can incite hate crimes or accompany them, these two concepts are interrelated.

WHAT IS THE DIFFERENCE BETWEEN HATE CRIMES AND OTHER CRIMINAL OFFENCES?

Hate crimes cause a much more serious damage, in particular in terms of their impact on the victims, their community and the society in general. That is why hate crimes should be treated in a different way than similar crimes not based on prejudices:

-  **Implications for the victim** — hate crimes and incidents often leave the victim with a fear of similar attacks in future and further violence. Besides, such crimes deliver a message that the victims are not recognized as part of the society where they live. Inaction from the side of police, social workers, doctors or judges in response to such offences may cause further damage to the victims. For many people who suffered from such crimes it means even more humiliation, neglect and isolation.
-  **Implications for the community** — hate crimes have a devastating effect on family members and friends of the victim as well as on those who have common characteristics with the victim, which caused prejudice and hatred fueling the attack. Thus, every member of this group can not only start to fear future attacks, but also experience the same mental shock as if they themselves became the victims of such crimes.
-  **Implications for the society** — failure to thoroughly investigate hate crimes and refusal from prosecuting the perpetrators may signal that nothing will stop the attackers from committing further criminal acts. It may also inspire others to commit similar crimes. The impunity of perpetrators contributes to the growth of violence. In the absence of protection from hate-based violence, minorities lose their confidence in law enforcement and government bodies, while marginalization of such minorities is exacerbated. In the extreme cases, hate crimes can lead to counterattacks by the group against which they were directed, thereby creating a new round of violence.

Questions for discussion:

-  Are there any hate crime laws in your country?
-  Are they properly enforced?
-  How are hate crime classified in most cases (disorderly conduct, armed hold-up, etc.)

Hate crime elements are the objective criteria allowing to define the probable hate motive. Such elements should be used by the police and the prosecutor's office to classify the crimes.

Non-exhaustive list of the elements, which may indicate that the crime is based on homophobic and/or transphobic grounds:

- ✔ impressions of the victim and/or witnesses about what happened;
- ✔ victim's appearance, behavior and speech, which may indicate his or her membership in the LGBT community;
- ✔ public activities of the victim in the interests of the LGBT community;
- ✔ the victim openly involved in the LGBT activities;
- ✔ location of the crime, e.g. «cruising areas» (public places for LGBT persons to meet, usually located in the center of the city), gay clubs, offices of the LGBT organizations, etc.;
- ✔ behavior and appearance of the perpetrators, including symbols, tattoos and clothes;
- ✔ any words, statements, comments, written messages, etc. from the side of perpetrators related to the sexual orientation or gender identity of the victim or the LGBT community in general before, during or after committing the crime;
- ✔ membership of the perpetrators in homophobic associations/organizations or linkages to such associations/organizations;
- ✔ perpetrators recognizing the homophobic and/or transphobic motives;
- ✔ distinctness of the crime, i.e. past history of similar crimes against LGBT persons in the region.

The following elements indicate that there is an organized group engaged in committing the hate crime:

- ✔ In the place, where the incident occurred, objects or items typical for the organized «hate groups»⁵ were observed or found (such as graffiti or clothes representing a certain group).
- ✔ An organized «hate group» voiced some threats towards the attacked group shortly before the incident occurred or took the responsibility for the crime after it was committed.
- ✔ The incident occurred on a date which has a special meaning for the «hate groups» (e.g. on Hitler's birthday).
- ✔ The incident occurred before, during or shortly after an event organized by the community (e.g. attacks on the participants of the Equality Marches).

⁵ Organized "hate group" is an organized group of people who come together to prepare or commit crimes based on ideological, political, racial, national, religious or other grounds. Usually the members of "hate groups" consider that they adhere to a higher ideology, e.g. they think that they are called to clear the planet (or their country) from members of a certain group, e.g. homosexuals.

ROLE OF THE POLICE AND OTHER LAW ENFORCEMENT AGENCIES

Often police officers are the first specialists arriving to the scene of crime. In many cases, police is the only governmental authority able to ensure thorough investigation of hate crimes.

When monitoring and registering hate crimes, law enforcement bodies and police officers often face major obstacles. Such obstacles include:

- ⊘ procedural gaps: lack of police rules and procedures to register hate crimes and record detailed evidence relating to the motive of prejudice;
- ⊘ lack of the relevant report forms: police officers may not have any official procedures to submit information on the hate crimes to the regional or national police departments;
- ⊘ low priority: some public officials and relevant law enforcement bodies fail to understand that hate crimes are a serious challenge in their country or region, and thus they do not register hate crimes or do not report to governmental or higher-level authorities on such crimes;
- ⊘ inadequate training: insufficient experience and knowledge on how to identify and investigate hate crimes lead to the lack of skills in recognizing such crimes, collecting evidence on the motive of prejudice and/or complying with the reporting requirements;
- ⊘ fear of the implications of reporting hate crimes: some police bodies may hinder the submission of relevant reports as they are afraid of the negative consequences for themselves or for the community if others learn about the severity of hate crimes;
- ⊘ prejudices: some police officers may fail to report hate crimes as they share the perpetrators' prejudices. There may be an unspoken rule not allowing the police officers to properly respond to the reports of crimes submitted by the members of minorities, thus denying the rights of minorities to respect and equal protection. In such settings, police officers may fail to ask the victims relevant questions on the possible hate motives in the reported cases or may be reluctant to prepare reports on the crimes including information on the hate motives.

MIXED MOTIVES

In many registered cases, people who were attacked on the grounds of prejudices or hate motives also suffered other damages. The fact that in the course of such attacks some valuables were stolen, such as money or mobile phones, is sometimes used to state that a certain incident was not a hate crime. It is important to analyze if a certain person was selected as a target of attack because he or she was identified as a member of some ethnic, religious or other group.

Challenges in collecting accurate data on the hate crimes:

- conviction that such data will not bring any result;
- fear of police or lack of trust to law enforcers;
- fear of revenge;
- lack of awareness in the legal aspects of hate crimes;
- shame;
- denial;

- fear of disclosing sexual orientation or gender identity;
- fear of arrest and/or deportation;
- police officers or other public officials can discourage the victims from filing any complaints;
- there are also some cases when law enforcement officers refuse to accept and register complaints and demonstrate homophobia and transphobia towards the victims.

Usually data on discrimination and hate crimes are collected by non-governmental organizations. Besides, NGOs also provide support (psychological, medical, etc.) to victims and appeal to courts to protect the LGBT rights, in particular in response to unlawful actions of any law enforcement agencies.

NGOs are also usually responsible for the awareness-raising efforts to address hate incidents, hate crimes and hate speech.

4 EXERCISE «PHOTO EVIDENCE»

Duration: 60 minutes.

Objectives: learn to identify the hate crimes against gay men, other MSM and trans people, develop the visual literacy skills, instill empathy and respect to human dignity.

Materials required: 27 printed photos.





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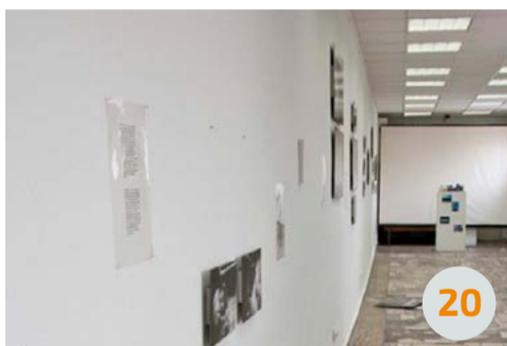
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Note for trainers: there may be more photos. It is preferable to show examples from the country where the workshop is conducted. On the back side of the photo there may be a brief description of what is depicted on it but ask the participants not to read the description before the group discussion is over.

Procedure: put photos on the tables and ask each of the participants to look at them and choose the photo which, in their opinion, best depicts the topic of «hate crimes».

Questions for discussion:

- ① Who is depicted on the photo, what is the age, sex, health state, financial status of the people you see?
- ① What do their positions and facial expressions tell us?
- ① Do the people know that they are being photographed?
- ① Do they pose or do they act in a natural way?
- ① What is the background?
- ① What do the people on the photo do?
- ① What is your general impression about these people?
- ① What feelings do you have when you look at the photo?
- ① In your opinion, where does this photo come from, who made it and why, how may it be used?
- ① What can indicate that what is happening on the photo is related to hate crimes?
- ① How would you title this photo?

PHOTO DESCRIPTIONS

1. Rainbow flag burned by the opponents of the Equality March (Kyiv, 2017).
2. Gay men in the Sachsenhausen concentration camp (photo on the cover of the book «The Men with the Pink Triangle»).
3. Attack on Sviatoslav Sheremet, one of the Equality March organizers (Kyiv, 2012).
4. Photo from the Equality March. Unknown attackers threw smoke boxes to the crowd, two police officers were wounded (Kyiv, 2015).
5. Attack on the office of the QueerHome LGBT organization (Kryvyi Rih, 2015).
6. Mass murder in Orlando. Omar Mateen started a mass shooting in the Pulse gay nightclub and then took hostages, with 49 people killed and 53 – wounded (Orlando, 2016).
7. Table in the network of German Sterlingov's stores (Russia, 2017).
8. Occupy Pedophilia group (Russia, Ukraine, 2013-2014). Maxim Martsinkevich aka «Tesak» (right) calls himself a pedophile fighter. Gay men are tricked into false romantic dates, where his accomplices are lying in wait. The victims are humiliated and tortured, while everything is filmed and shared online. In every video, the victim is shaved and a rainbow — the international LGBT symbol — is painted on his head.
9. Disruption of the Equality Festival (Lviv, 2016).

10. Disruption of the film screening «This is Gay Propaganda» (Chernivtsi, 2016).
11. Homophobic and Nazi messages on the walls of the TIU! art platform (Mariupol, 2016).
12. At the opening of the queer culture festival, Odesa Pride 2015, people wearing medical masks pelted the office of an LGBT organization hosting a number of events with pyrotechnic devices (Odesa, 2015).
13. Arson of the Zhovten Theater during screening of the «Summer Nights» film within the Sunny Bunny LGBT program of the Molodist Film Festival (Kyiv, 2014).
14. Attack against the LGBT community members after a street campaign (St. Petersburg, 2012).
15. Attack on the festival of the LGBT sports federation (Nizhny Novgorod region, 2016).
16. Attack against participants of the Sex Education Week. Ten masked men shouting «There you are, f...gots!» attacked organizers of the Transgender lecture in the Kupidon club (Kyiv, 2017).
17. Attack against participants of the Gay Pride Parade (Jerusalem, 2015).
18. Attack on five LGBT activists (Georgia, 2012).
19. Rape or other sexual assaults against gay men, other MSM or trans people.
20. Attack on the Visual Culture Research Center and the Own Room exhibition by Eugenia Beloruset (Kyiv, 2012).
21. One-man protest in defense of the LGBT rights in St. Petersburg, 2016. In late March 2016, a well-known Russian journalist Dmitry Tsilikin, 54, was found dead in his apartment in St. Petersburg. The forensic experts found at least ten stab wounds on his body. Some valuables disappeared from his apartment. A few days later, police detained the suspect. Sergey Kosyrev, 20, called himself a "cleaner" and explained that he committed the murder out of hatred. He told the investigators that he had met Tsilikin on a dating site.
22. Attack on the participants of the gay pride in St. Petersburg. This campaign was announced illegal, and later the activist Kirill Fedotov and his friends were arrested and brought to court. (photo by Danish photojournalist Mads Nissen).
23. Extortion (of money or other valuables) from LGBT people threatening to disclose their sexual orientation or gender identity.
24. Homophobic graffiti on the walls of a public institution in Sofia, Bulgaria: «The park is for children, not for fags. You will die, fags!».
25. Table in a Kenya hotel: «Alcohol, prostitution, homosexuality not allowed please».
26. Public aggression towards a transgender woman at the talk show «We are all human» about transgender people in Kazakhstan. One of the guests approached Lola, a transgender woman, and started pulling her hair asking, «Is it real?» When she raised and made an attempt to leave, he pushed her. Brief announcement with fragments of the show went viral in social networks and caused arguments among the Kazakhs. Some people say that there is no place for transgender people in the Kazakh society, others protect the young woman and blame the TV channel for allowing violence against a guest of the talk show (Astana, 2017).
27. Mass arrests of the LGBT persons in April 2017 in Chechnya. Public authorities initiated ungrounded arrests of 100 men who are gay or are considered to be gay. These men were beaten and in some cases tortured. Chechen public officials deny that there are any LGBT people in Chechnya, and the Chechen leader, Ramzan Kadyrov, implicitly encourages the so-called «honor killings» of the LGBT people.

After group discussion of each photo, tell the participants how and under which circumstances the photos were made and ask them the following questions.

Questions for discussion:

- ① How did these photos influence your attitude to gay men, other MSM and trans people?
- ② Have they somehow changed your perception of those social groups?
- ③ Which forms of hate crimes were presented at the photos?
- ④ Can we definitely say that there is a hate motive on each of the photos?
- ⑤ What unites all these photos?
- ⑥ Are there any differences in the manifestations of homophobia and transphobia in different countries?



WRAP-UP

Duration: 30 minutes.

Goal: closing remarks, analysis of group and individual activities of the participants, reflection of the participants on their new experiences, feedback.

Filling in post-training knowledge assessment forms and training quality and efficiency evaluation forms.

Procedure: the participants fill in post-training knowledge assessment forms (Annex 4) and training quality and efficiency evaluation forms (Annex 5).

EXERCISE «PERSONAL BAGGAGE»

Instructions for the participants: you have acquired a lot of skills and knowledge at the workshop. Think about the most important things for you in the workshop and reflect on how you would like to use what you have learned in your professional activities. Tell the group about your ideas.



CERTIFICATES DELIVERY CEREMONY AND OFFICIAL WRAP-UP

10. SAMPLE REGISTRATION FORM

Workshop _____
 (name of the workshop, city, date)

№	Name	Position and organization	Contact details (e-mail and telephone)	Signature
1.				
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11. KNOWLEDGE ASSESSMENT FORM FOR REPRESENTATIVES OF THE GOVERNMENT AGENCIES AND LOCAL GOVERNMENT BODIES

Please answer the questions below. There are four answers offered to each of the questions, with only one answer being correct. If you do not know the right answer, you can skip the question

1. Stereotype is...

- our perception of people belonging to a certain group;
- a stable, categorical and simplistic view of someone or something;
- a negative assessment of someone's personal traits;
- a repressive system created by different generations.

2. The types of stigma:

- personal, group, individual, public;
- cultural, institutional, personal, interpersonal;
- direct, indirect, multiple;
- internal, external, associative.

3. «Target group» is...

- an informal group of people who are fond of shooting;
- all national minorities on the territory of a certain country;
- a social group which is allegedly the reason of economic/demographic/cultural and other problems in the society;
- a group of people which is discriminated from the side of government authorities.

4. Discrimination is...

- a negative assessment of someone's personal traits;
- abuse of power and jobbery;
- unjustified negative attitude that prevents an adequate perception of a person, a phenomenon, a message or an action;
- action or inaction aimed at restricting the rights and freedoms of an individual or a social group on the ground of a legally protected feature (biological, physical or social) that is inherent to such person or group.

5. Imagine the situation: you are a man who would like to get a job at a restaurant. When you meet the owner, he starts asking you where you come from, if you are married and if you have children. When the employer learns that you live with a partner of your own gender, he says: «I don't employ such people as you! I don't want any gay men working here». This is an example of:

- harassment;
- direct discrimination on the ground of sexual orientation;
- it is not discrimination as the owner can choose whom to employ;
- standard job interview.

6. Select the characteristics, which may be the grounds of discrimination:

- age, gender, nationality, ethnicity, skin color, religion;
- social background, language, health state, occupation, sexual orientation and gender identity;
- financial status, place of residence, family status, political and other beliefs;
- all answers are correct.

7. Which of the examples below may be called stigmatization:

- refusal to hire a person with homosexual orientation;
- refusal to shake the hand of a homosexual man or woman;
- refusal to provide health care to a homosexual person;
- belief that homosexual people may not have children.

8. Reasonable accommodation means...

- measures to eliminate «barriers» in all public places as well as policies on religious ceremonies, traditional clothing, maternity, etc.;
- denial of one's own interests for the benefit of others;
- access to ramps and toilets for people with disabilities in all public places;
- policies aimed at protecting the rights of people with disabilities.

9. Multiple discrimination means...

- discrimination of one person based on several grounds;
- discrimination from the side of state against all social «minorities»;
- discrimination of one person by several institutions;
- all answers are correct.

10. Tolerance means...

- ignoring any people whose way of life, behaviors, views and opinions you do not share;
- ability to accept other people's views, behaviors, expressions and ways of life, which are different from your own with no aggression;
- respect, acceptance and understanding of the cultural diversity of the world;
- behavior undesirable for a person, when someone treats him/her with disdain, insults or makes him/her/them feel humiliated.

12. KNOWLEDGE ASSESSMENT FORM FOR HEALTH PROFESSIONALS

Please answer the questions below. There are four answers offered to each of the questions, with only one answer being correct. If you do not know the right answer, you can skip the question

1. Generalized views about a certain social group are...

- stereotypes;
- prejudices;
- stigmatization;
- discrimination.

2. Prejudices are...

- actions which cause inequality between different social groups;
- negative or neutral stereotypes;
- social attitude with a distorted (often negative) content, resulting in a person perceiving certain social objects in a distorted form;
- non-verbal expressions of antipathy.

3. Social stigmatization is...

- combination of the symptoms allowing an experienced doctor to make a diagnosis before the detailed examination of a patient;
- preserving traditions, policies and personal attitudes;
- pinning social labels;
- branding/tattooing process.

4. Discrimination is...

- a negative assessment of someone's personal traits;
- abuse of power and jobbery;
- unjustified negative attitude that prevents an adequate perception of a person, a phenomenon, a message or an action;
- action or inaction aimed at restricting the rights and freedoms of an individual or a social group on the ground of a legally protected feature (biological, physical or social) that is inherent to such person or group.

5. The phrase «and other grounds» at the end of the list of grounds prohibited for discrimination means that the list:

- may be supplemented with any other grounds;
- may be supplemented with other protected grounds similar to those, which are already contained in the laws;
- may be supplemented with only several grounds defined by the resolutions of the European Court of Human Rights but not any others;
- may include any additional grounds if there is at least one court decision on the ground, which is not included into the list.

6. Name the principle of medical ethics that should be used when providing services to MSM/LGBT:

- mandatory HIV rapid testing for every patient at first visit;
- informing colleagues about the client's sexual orientation and gender identity;
- tolerance and confidentiality;
- use universal precautions and treat every patient as potentially having HIV.

7. What is the main reason of the limited access of MSM/LGBT to HIV prevention, treatment, care and support?

- stigma and discrimination in health institutions;
- deconstructive and self-destructive behavior of the members of these groups;
- such services are rather expensive;
- all populations most vulnerable to HIV have full access to such services.

8. Political correctness means...

- censorship and control of mass media;
- replacing «colloquial» words with more acceptable, emotionally neutral ones;
- unofficial taboo on the use of words and phrases that are considered offensive to certain social groups;
- replacing word or expressions with euphemisms for a comic effect.

9. Choose the list of the most correct terms, which are to be used to refer to clients/patients taking into account their sexual orientation and/or gender identity:

- homosexualist, member of sexual minorities;
- lesbian, gay, bisexual, trans person, intersex;
- transvestite, tranny, homo, bi, dyke;
- intersexual, hermaphrodite.

10. Choose the correct answer from the list below:

- sexual orientation and sexual behavior may differ;
- sexual orientation and sexual identity are one and the same thing;
- sexual orientation and gender identity are interrelated;
- gender identity is a synonym of the gender expression.

13. KNOWLEDGE ASSESSMENT FORM FOR REPRESENTATIVES OF THE LAW ENFORCEMENT AGENCIES

Please answer the questions below. There are four answers offered to each of the questions, with only one answer being correct. If you do not know the right answer, you can skip the question

1. Positive, neutral or negative may refer to...

- stereotypes;
- prejudices;
- stigmatization;
- discrimination.

2. Stigma is...

- conscious refusal to provide care;
- conscious empathy with the current emotional state of another person;
- certain ground, which is negatively assessed by the society and determines the status of a person and the behavior of others towards such person;
- actions leading to the inequality between social groups.

3. A decisive role in transformation of the negative stereotypes into discriminatory actions belongs to:

- the discriminating person having power;
- the ground protected by law;
- advertising and mass media;
- the intention to restrict the rights of a group threatening the public safety.

4. The situation when a person is treated worse than another person due to a certain ground protected by law is called...

- direct discrimination;
- indirect discrimination;
- derogation/oppression/harassment;
- denial of the reasonable accommodation.

5. The principles of non-discrimination are based on:

- equality policies and procedures;
- social justice;
- personal integrity and security;
- respect to dignity and equality.

6. Gender means...

- biological differences between men and women;
- social roles that a person chooses;
- combination of social norms, requirements and expectations and a system of power distribution among people based on their assigned sex;
- social role that a person has to comply with to perform professional duties and achieve career advancement.

7. In the work of law enforcement agencies, the equality principle is observed through:

- introduction of absolutely identical working conditions for all staff members, regardless of their sex and gender;
- equal participation of different social groups in the work of law enforcement agencies;
- designing different models of the uniform for men and women who work in law enforcement agencies;
- refusal from the categories of «sex» and «gender».

8. A hate crime is...

- an offence falling under the provisions of civil or administrative laws;
- criminal acts based on intolerance against a particular social group;
- an offense related to the damage of property;
- a crime against a specific person.

9. Burning a rainbow flag and attacking participants of the Equality March is an example of:

- disorderly conduct;
- hate crime;
- vandalism;
- expression of democratic values in the society.

10. Different kinds of statements, which are based on hostility, demonstrate or incite hostility against a group of people (or against an individual because of his or her membership in such group) are...

- non-politically correct rhetoric;
- freedom of speech;
- democracy;
- hate speech.

14. KEY

To the Knowledge assessment form for representatives of the government agencies and local government bodies

1. Stereotype is a stable, categorical and simplistic view of someone or something.
2. Types of stigma: cultural, institutional, personal, interpersonal.
3. «Target group» — is a social group, which is allegedly the reason of economic/demographic/cultural and other problems in the society.
4. Discrimination is action or inaction aimed at restricting the rights and freedoms of an individual or a social group on the ground of a legally protected feature (biological, physical or social) that is inherent to such person or group.
5. Imagine a situation: you are a man who would like to get a job at a restaurant. When you meet the owner, he starts asking you where you come from, if you are married and if you have children. When the employer learns that you live with a partner of your own gender, he says: "I don't employ such people as you! I don't want any gay men working here." This is an example of direct discrimination on the ground of sexual orientation.
6. All suggested characteristics can be the grounds of discrimination, that is why the last answer is correct.
7. Refusal to shake the hand of a homosexual man or woman is stigmatization.
8. Reasonable accommodation means measures to eliminate "barriers" in all public places as well as policies on religious ceremonies, traditional clothing, maternity, etc.
9. Multiple discrimination means discrimination of one person based on several grounds.
10. Tolerance means the ability to accept other people's views, behaviors, expressions and ways of life that are different from our own with no aggression.

**To the Knowledge assessment form
for health professionals**

- 1.** Generalized views about a certain social group are stereotypes.
- 2.** Prejudices are a social attitude with a distorted (often negative) content, resulting in a person perceiving certain social objects in a distorted form.
- 3.** Social stigmatization is pinning social labels.
- 4.** Discrimination is action or inaction aimed at restricting the rights and freedoms of an individual or a social group on the ground of a legally protected feature (biological, physical or social) that is inherent to such person or group.
- 5.** The phrase "and other grounds" at the end of the list of grounds prohibited for discrimination means that the list may be supplemented with other protected grounds essentially similar to those which are already contained in the laws.
- 6.** The principle of medical ethics that should be used when providing services to MSM/LGBT are tolerance and confidentiality.
- 7.** The reason of the limited access of MSM/LGBT to HIV prevention, treatment, care and support is stigma and discrimination in health institutions.
- 8.** Political correctness means unofficial taboo on the use of words and phrases that are considered offensive to certain social groups.
- 9.** The list of the most correct terms which are to be used to refer to clients/patients taking into account their sexual orientation and/or gender identity: lesbian, gay, bisexual, trans person, intersex.
- 10.** The statement that sexual orientation and sexual behavior may differ is correct.

**To the Knowledge assessment form for representatives
of the law enforcement agencies**

- 1.** Stereotypes may be positive, neutral or negative.
- 2.** Stigma is a certain ground, which is negatively assessed by the society and determines the status of a person and the behavior of others towards such person.
- 3.** A decisive role in transformation of the negative stereotypes into discriminatory actions belongs to the discriminating person having power.
- 4.** The situation when a person is treated worse than another person on a certain ground protected by law is called direct discrimination.
- 5.** The principles of non-discrimination are based on respect to dignity and equality.
- 6.** Gender means a combination of social norms, requirements and expectations and a system of power distribution among people based on their assigned sex.
- 7.** In the work of law enforcement agencies, the equality principle is observed through equal participation of different social groups in the work of law enforcement agencies.
- 8.** A hate crime is a criminal act based on intolerance against a particular social group.
- 9.** Burning a rainbow flag and attacking participants of the Equality March is an example of hate crime.
- 10.** Different kinds of statements which are based on hostility, demonstrate or incite hostility against a group of people (or against an individual because of his or her membership in such group) are hate speech.

15. TRAINING QUALITY AND EFFICIENCY EVALUATION FORMS

1. General evaluation of the workshop:

Excellent Good Satisfactory Bad

2. The time (duration) of the workshop was:

Too long All right Too short

3. Rate the information you have received on a 5-point scale, with 5 being the highest score:

The information presented was new for you 1 2 3 4 5

The information presented was useful for you 1 2 3 4 5

Content of the information presented 1 2 3 4 5

4. General evaluation of the workshop (1 – very bad, 5 – excellent):

Work of the trainers 1 2 3 4 5

Logistics
(Venue, conditions, etc.) 1 2 3 4 5

Handouts 1 2 3 4 5

Workshop agenda (content) meets your
expectations 1 2 3 4 5

Comments on the efficiency of the trainers' work (general or individual comments, feedback, suggestions):

5. What questions would you like to study in more detail?

6. Do you plan to use the information received in your work?

Yes No Hard to say

7. Your comments and suggestions:

Thank you for your answers!

16. AGENDA

WORKSHOP FOR PUBLIC OFFICIALS ON HUMAN RIGHTS OF GAY MEN, OTHER MSM AND TRANS PEOPLE

№	Time	Session
Theory & Practice: Section 1 «Stigma and discrimination»		
1	9:00-10:00	Introduction.
2	10:00-11:00	Presentation «From stereotypes to discrimination». Exercise «Myths and facts about SOGI».
3	11:00-11:30	Coffee/tea break
4	11:30-13:00	Presentation «Discrimination: definition, forms and grounds». Exercise «Personal experience». Exercise «What is it?».
5	13:00-14:00	Lunch/Break
Theory & Practice: Section 2 «Powers of the government agencies in addressing discrimination»		
6	14:00-15:00	Exercise «Find your own kind». Presentation «Human rights and best international anti-discrimination practices».
7	15:00-15:30	Coffee/tea break
8	16:00-17:30	Exercise «I'm an artist, that's how I see it!». Mini-lecture «Comprehensive approach to addressing discrimination». Practical exercise «Anti-discrimination measures». Exercise «Discrimination & HIV».
9	17:30-18:00	Wrap-up

16. AGENDA

WORKSHOP FOR SENIOR, MIDDLE AND JUNIOR MEDICAL PERSONNEL ON HUMAN RIGHTS OF GAY MEN, OTHER MSM AND TRANS PEOPLE

№	Time	Session
Theory & Practice: Section 1 «Stigma and discrimination»		
1	9:00-10:00	Introduction
2	10:00-11:00	Presentation «From stereotypes to discrimination». Exercise «Myths and facts about SOGI».
3	11:00-11:30	Coffee/tea break
4	11:30-13:00	Presentation «Discrimination: definition, forms and grounds». Exercise «Personal experience». Exercise «What is it?».
5	13:00-14:00	Lunch/Break
Theory & Practice: Section 2 «Tolerance and political correctness in healthcare institutions»		
6	14:00-15:00	Exercise «How do I want people to treat me?». Presentation «Professional ethics and tolerance: quality services for gay men, other MSM and trans people». Exercise «Risk factors and their implications».
7	15:00-15:30	Coffee/tea break
8	16:00-17:30	Exercise «Cross to the other side». Presentation «Politically correct terminology and tolerance in health care, in particular in HIV services». Exercise «Case studies».
9	17:30-18:00	Wrap-up

16. AGENDA

WORKSHOP FOR REPRESENTATIVES OF LAW-ENFORCEMENT AGENCIES ON HUMAN RIGHTS OF GAY MEN, OTHER MSM AND TRANS PEOPLE

No	Time	Session
Theory & Practice: Section 1 «Stigma and discrimination»		
1	9:00-10:00	Introduction
2	10:00-11:00	Presentation «From stereotypes to discrimination». Exercise «Myths and facts about SOGI».
3	11:00-11:30	Coffee/tea break
4	11:30-13:00	Presentation «Discrimination: definition, forms and grounds». Exercise «Personal experience». Exercise «What is it?».
5	13:00-14:00	Lunch/Break
Theory & Practice: Section 2 «Equality, non-discrimination and hate crimes counteraction in the work of law-enforcement agencies»		
6	14:00-15:00	Presentation «Principles of equality and non-discrimination in the work of law-enforcement agencies». Exercise «Heroines and heroes».
7	15:00-15:30	Coffee/tea break
8	16:00-17:30	Presentation «Hate crimes». Exercise «Photo evidence».
9	17:30-18:00	Wrap-up

	NAME, FAMILY NAME
	CITY / COUNTRY:

CONTACT DETAILS

OCCUPATION

ADDITIONAL INFORMATION

HOBBIES AND INTERESTS

COMMENTS

17. REFERENCES

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Rainbow flag burned by the opponents of the Equality
March (Kyiv, 2017).

Gay men in the Sachsenhausen concentration camp (photo on the
cover of the book «The Men with the Pink Triangle»).



Attack on Sviatoslav Sheremet, one of the Equality March organizers (Kyiv, 2012).

Photo from the Equality March. Unknown attackers threw smoke boxes to the crowd, two police officers were wounded (Kyiv, 2015).



Attack on the office of the QueerHome LGBT organization
(Kryvyi Rih, 2015).

Mass murder in Orlando. Omar Mateen started a mass shooting in the Pulse gay
nightclub and then took hostages, with 49 people killed and 53 —
wounded (Orlando, 2016).

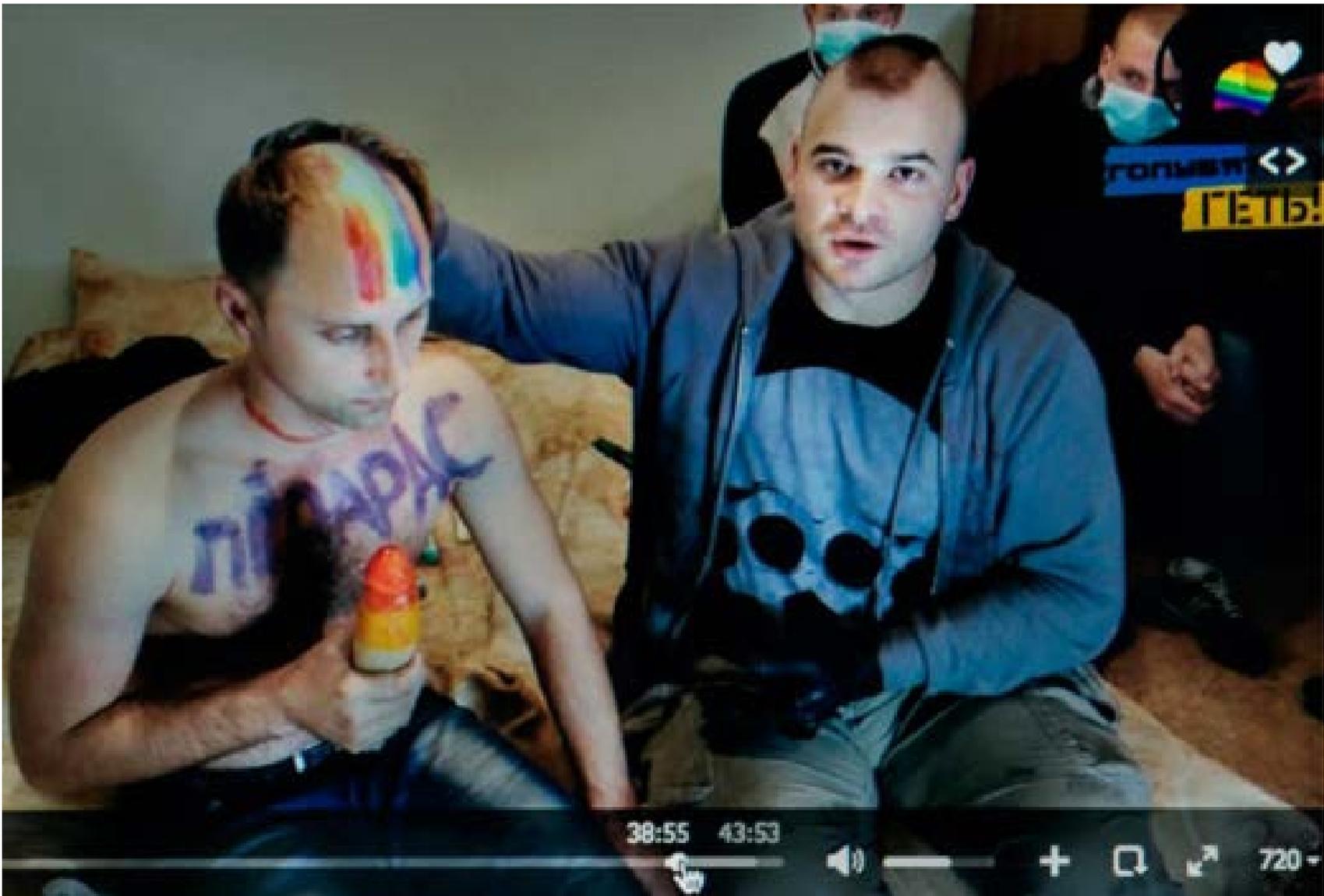


Table in the network of German Sterlingov's stores
(Russia, 2017).

Occupy Pedophilia group (Russia, Ukraine, 2013-2014). Maxim Martsinkevich aka «Tesak» (right) calls himself a pedophile fighter. Gay men are tricked into false romantic dates, where his accomplices are lying in wait. The victims are humiliated and tortured, while everything is filmed and shared online. In every video, the victim is shaved and a rainbow — the international LGBT symbol — is painted on his head.



Львів

У Львові учасників фестивалю рівності евакуювали за місто



Disruption of the Equality Festival
(Lviv, 2016).

Disruption of the film screening «This is Gay Propaganda»
(Chernivtsi, 2016).



Homophobic and Nazi messages on the walls of the TIU! art platform
(Mariupol, 2016).

At the opening of the queer culture festival, Odesa Pride 2015, people wearing medical masks pelted
the office of an LGBT organization hosting a number of events with pyrotechnic devices
(Odesa, 2015).



Arson of the Zhovten Theater during screening of the «Summer Nights» film within the Sunny Bunny LGBT program of the Molodist Film Festival (Kyiv, 2014).

Attack against the LGBT community members after a street campaign (St. Petersburg, 2012).



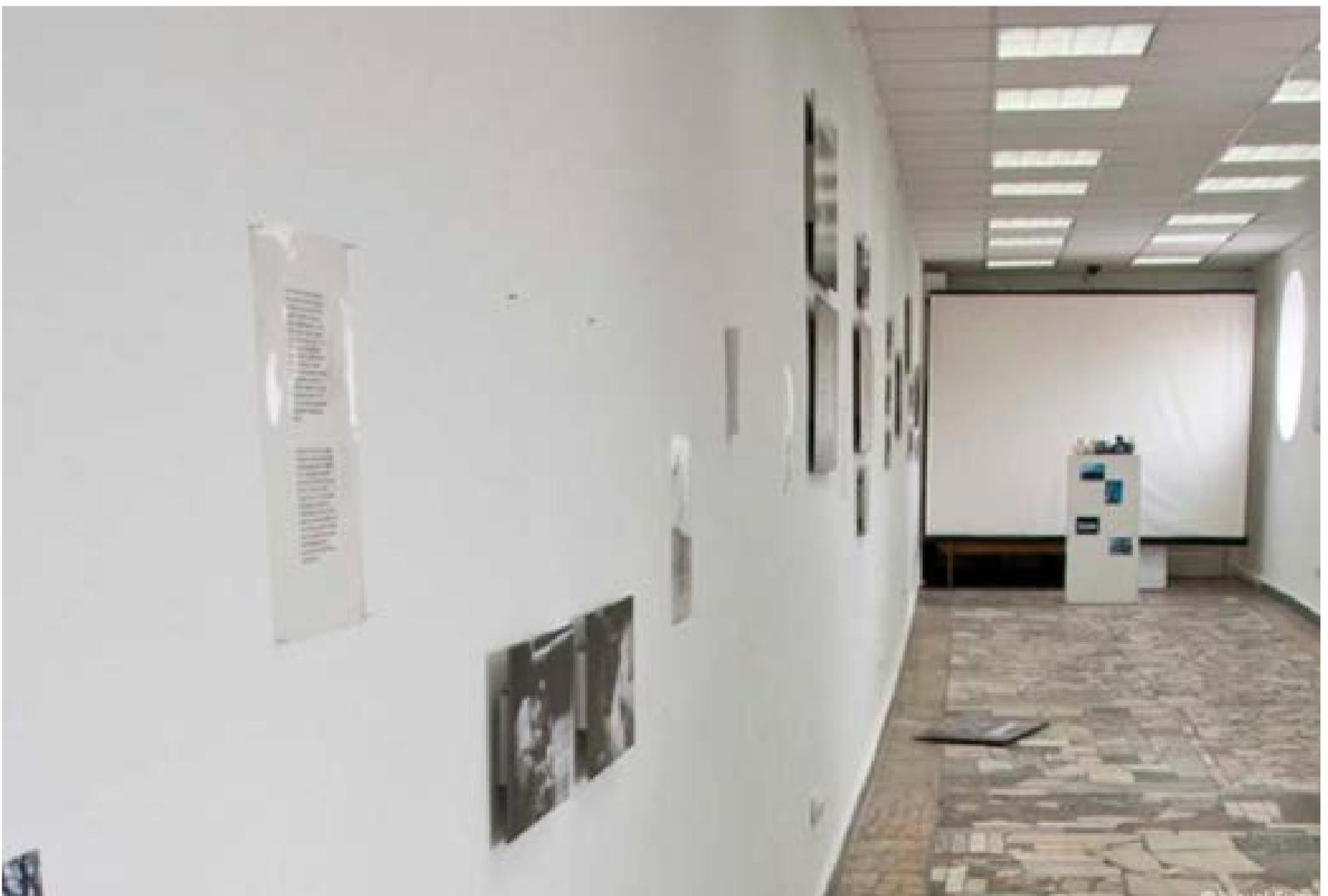
Attack on the festival of the LGBT sports federation
(Nizhny Novgorod region, 2016).

Attack against participants of the Sex Education Week. Ten masked men shouting
«There you are, f...gots!» attacked organizers of the Transgender lecture
in the Kupidon club (Kyiv, 2017).



Attack against participants of the Gay Pride Parade
(Jerusalem, 2015).

Attack on five LGBT activists
(Georgia, 2012).



Rape or other sexual assaults against gay men,
other MSM or trans people.

Attack on the Visual Culture Research Center and the Own Room
exhibition by Eugenia Belorusets (Kyiv, 2012).



One-man protest in defense of the LGBT rights in St. Petersburg, 2016. In late March 2016, a well-known Russian journalist Dmitry Tsilikin, 54, was found dead in his apartment in St. Petersburg. The forensic experts found at least ten stab wounds on his body. Some valuables disappeared from his apartment. A few days later, police detained the suspect. Sergey Kosyrev, 20, called himself a «cleaner» and explained that he committed the murder out of hatred. He told the investigators that he had met Tsilikin on a dating site.

Attack on the participants of the gay pride in St. Petersburg. This campaign was announced illegal, and later the activist Kirill Fedotov and his friends were arrested and brought to court.

(photo by Danish photojournalist Mads Nissen)



Extortion (of money or other valuables) from LGBT people threatening to disclose their sexual orientation or gender identity.

Homophobic graffiti on the walls of a public institution in Sofia, Bulgaria:
«The park is for children, not for fags. You will die, fags!»



Table in a Kenya hotel:
«Alcohol, prostitution, homosexuality not allowed please».

Public aggression towards a transgender woman at the talk show «We are all human» about transgender people in Kazakhstan. One of the guests approached Lola, a transgender woman, and started pulling her hair asking, «Is it real?» When she raised and made an attempt to leave, he pushed her. Brief announcement with fragments of the show went viral in social networks and caused arguments among the Kazakhs. Some people say that there is no place for transgender people in the Kazakh society, others protect the young woman and blame the TV channel for allowing violence against a guest of the talk show (Astana, 2017).



Mass arrests of the LGBT persons in April 2017 in Chechnya. Public authorities initiated ungrounded arrests of 100 men who are gay or are considered to be gay. These men were beaten and in some cases tortured. Chechen public officials deny that there are any LGBT people in Chechnya, and the Chechen leader, Ramzan Kadyrov, implicitly encourages the so-called «honor killings» of the LGBT people.

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