

National analysis on violence against LGBTI+ children

Portugal



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Introduction – Research Design and Sample

Interviews to stakeholders

The semi-structured interview script was conceived by DaC research team at the Centre for Social Studies of the University of Coimbra (CES-UC), led by Dr Ana Cristina Santos and Ms Mafalda Esteves, and the 10 interviews were conducted by Ms Alexandra Santos.

The sample of interviewees was purposive, aiming at involving key actors in each of the five DaC areas. Our criteria involved job and post relevance, insertion in networks or professional forums that may benefit from further training in DaC issues and diversity of work experiences. We also privileged access and rapport previously secured, when possible, in order to facilitate contact and ensure the timeline would be successfully met. Overall we interviewed 2 pedopsychiatrists; 1 primary school teacher; 1 school psychologist; 2 journalists; 1 member of the police force; 1 social worker; 1 representative of an LGBTI+ parent organization; and 1 psychologist from a children support organization. Informed consent was secured prior to each interview. A total of 540 minutes of qualitative interviews were audio recorded, anonymised and analysed through a thematic network coding. In terms of age and gender balance, the sample included 10 participants out of which only 2 identified as male. The age of the participants ranged from 27 to 61 years old.

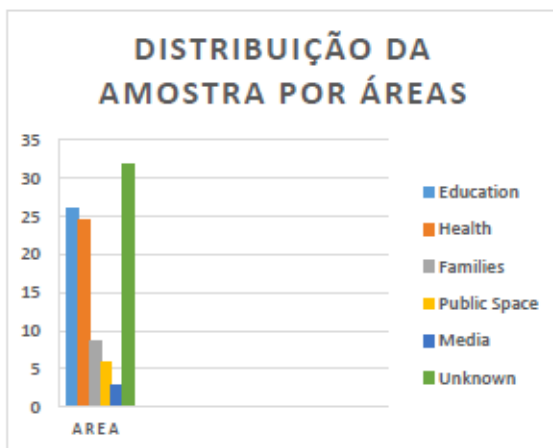
Survey and Sample

The 1st European Survey on Diversity and Childhood was designed by DaC research team at the CES-UC, led by Dr Ana Cristina Santos and Ms Mafalda Esteves, and with the support of Pedro Abreu from the IT Support Office at CES-UC. After being validated by all partners in the Consortium, the survey was translated, adapted to national contexts and applied in a virtual way, using the statistical software Lime Survey, between January and March 2020. This period was heavily impacted by the Covid-19 pandemic which influenced the ability of effectively disseminating the Call and ensuring wider participation. Lime Survey provided participants confidentiality and anonymity and included 3 main sections: 1 – *Beliefs and attitudes regarding gender and gender diversity*; 2 – *Perceptions and opinions regarding the existence of social services for LGBTI+ children and youth*; and 3 – *Public policy and public services*. Since the application was online, the surveys were answered by professionals who worked directly /indirectly with LGBTQI children in Portugal in different areas (education, health, family intervention, public space, media). A flexible model was chosen respecting participants' choice

about which questions they would answer or leave unanswered. This strategy enabled broader participation, but also meant that the number of complete questionnaires was small.

The online survey methodology helped to eliminate bias that could have been introduced by face-to-face interview approaches when dealing with very sensitive and personal questions such as sexual orientation or gender identity. We had the support of partner institutions (such as rede ex-aequo) for dissemination of the survey and, regarding further recruitment, we used professional and personal networks of the national research team, as well as the support of key informants who had been interviewed before.

A total of 69 surveys were collected and the response was distributed by area as follows:



Although a significant part of participants did not identify the area of their professional activity (31,9%), Education and Health are the two most represented areas, gathering 26% (18/69) and 24,6% (17/69) of the respondents, respectively. The remaining areas included in the sample were Family intervention (8,7%), Public space (5,8%) and Media (2,9%).

When we consider the type of institution in which they work, the most commonly mentioned were schools (17,4%) and Hospitals (14,5%).

The sample included 53,6% participants who are self-identified as female, 14,5% as male and only 1,45% as non-binary. Almost half of the sample self-identifies as straight (47,8%), 10% as gay or lesbian, 4,35% pansexual, 1,45% bisexual, 1,45% asexual and 2,90% would rather not say. Most participants were born in Portugal (47/69).

1. Legal and political context regarding LGBTI+ rights

1.1 Historical evolution and/or backlash regarding the formal recognition of LGBTI+ rights

Homosexual acts were illegal in Portugal until 1982. The criminalization of homosexuality enabled police raids and detention camps targeting gay people throughout the longest dictatorship in Southern Europe, between 1926 and 1974 (Almeida 2010; Santos 2013).

In 1995, the Stonewall revolt was celebrated for the first time in Portugal. The indoors event was organized by a collective which had been working on LGBT issues since 1991, called Grupo de Trabalho Homossexual – GTH.¹ GTH was part of the Revolutionary Socialist Party, and the event triggered the interest of the media. In 1996, two major organizations emerged in the sphere of LGBT politics: ILGA Portugal and Clube Safo, the first lesbian rights organization.

In 2001, nineteen years after decriminalizing homosexuality, the Portuguese Parliament approved two laws that changed the face of sexual politics in the country. One of these was the law on shared economy that recognized the legal status of cohabitants regardless of their number, gender or existence of blood ties (Decreto Lei nº 6/01). This law was particularly promising in the fields of friendship and of consensual non-monogamies, as recognition of partners was not limited in number nor by the existence of sexual bonds between them (Santos 2013). The second change in 2001 was the de facto union law, which granted the same rights to different-sex and same-sex cohabiting couples, regarding next-of-kin, health and housing, amongst other legal aspects (Decreto Lei nº 7/01). The legal changes enacted in 2001 interrupted a 19-year period of immobility during which, after the decriminalization of homosexuality in 1982, LGBTQ issues remained marginal in the political agenda, despite the increasing consolidation of collective action and cultural expectations around the topic. Following the approval of these two laws, other

¹ Find more on the group here: <http://portugalpride.org/orgs.asp?id=gth>

changes occurred and LGBTQ legal demands slowly but steadily occupied the Constitution, the Penal Code and the Civil Code (Santos, 2013).

The most controversial change took place in 2010 when, after fierce social debate involving religious leaders, politicians and activists, the Portuguese Parliament approved a gender-neutral marriage law. In 2016, same-sex parenthood received extensive legal recognition (Santos, 2018), including adoption, co-adoption, medically assisted reproduction and even a restrictive version of surrogacy not available to intended gay parents.

In 2018 there were important changes regarding gender identity and expression, as well as intersex (Hines & Santos, 2018). Following a revision of the Gender Identity Law from 2011, in 2018 the law-maker finally established the depathologization of transgender people banning the need of a medical report for people over 18 and teenagers over 16 to change their name and sex in their documents. This law also banned by default surgeries on intersex babies and established that schools must use the social name chosen by the trans child or youth².

To reiterate, from 2001 onwards, Portugal has seen significant increase in the LGBTI+ movement and also in policies and in the Portuguese law concerning not only sexual orientation and gender identity but also sexual citizenship (Carneiro, 2009; Cascais, 2006, 2020; Ferreira, 2015; Gato, 2014; Santos, 2013, 2016). These changes in law have also been possible due to a strong and resilient LGBTI+ movement that pressured the government through public debate initiatives and lobbying. The push for laws regarding LGBTI+ people also led to an increase in the amount of services recently developed for LGBTI+ people and youth specifically. Examples include the state-funded Centro Gis and Rainbow House ([Casa Arco-íris](#)) in Porto and the Qui House ([Casa Qui](#)) in Lisbon providing services including housing for homeless LGBTI+ people, youth and children.

Despite significant changes in recent years, most specifically regarding legal transformation from the 2000s onwards, dominant cultural expectations encourage a consistent type of linearity in intimate biographies: after reaching adulthood, one is expected to find a (preferably different-sex)

² More information about the 2018 Gender Identity Law can be found at https://dre.pt/home/-/dre/123962165/details/maximized?fbclid=IwAR1EuI7Xt_49Y0VzM83I5tJtDP8LovgjVq6AWwml5uTCshpVWVKIRQCI5lg

partner, to get formal relational recognition (preferably through marriage) and to have children (preferably one's own biological children). In previous work, together with colleagues Roseneil, Crowhurst and Stoilova, we referred to this as the procreative norm (Roseneil et al., 2016: 3). Explanations for the difficulties in changing the cultural context can be partially found based in literature on welfare and gender regimes which describe Southern European countries as family-oriented, procreative and (hetero)normative states (Mínguez and Crespi, 2017; Torres, Mendes and Lapa, 2008; Santos, 2013). Consequently, violence and discrimination based on sexual orientation, gender identity and expression are reported every year (ILGA Portugal, 2019; OECD, 2019; rede exaequo, 2019).

One important consequence of mainstream cis-heteronormativity is the lack of knowledge of professionals in areas such as education and health that would enable better service provision to support not only LGBTI+ people in general but LGBTI+ youth and children specifically.

1.2. Timeline of LGBTI+ rights in the country

1982 – Decriminalization of homosexuality

1995 – 1st celebration of Stonewall, indoors, organized by the Homosexual Work Group (GTH³) belonging to the Revolutionary Socialist Party.

1996 – new collectives emerge: ILGA Portugal, Clube Safo and the portal PortugalGay.PT.

1997 – 1st Pride Party (Arraial), 1st Lesbian and Gay Film Festival.

2000 – 1st LGBT March in Portugal (Lisbon) – and every year, ever since.

2001 – Recognition of same sex de facto unions.

2003 – Legislation on workplace discrimination based on gender identity and sexual orientation.

³ Find more on the group here: <http://portugalpride.org/orgs.asp?id=gth>.

2004 – Portugal becomes the 1st European country and the 4th worldwide to include sexual orientation amongst non-discrimination factors in its Constitution.

2006 – Porto is the 2nd city to have its LGBT March – and every year, ever since.

2007 – age of consent is equalized; homophobic hate crimes get aggravated in the Penal Code; reframing of domestic violence includes same-sex domestic violence.

2010 – Revision of the marriage law, regardless of gender and sexual orientation.

2010 – Coimbra is the 3rd city to have its LGBT March – and every year, ever since.

2011 – Gender Identity Law - includes name change in documents with the obligatory registry and a medical report signed by two medical professionals.

2016 – Same-sex couple adoption and same-sex co-parent adoption law.

2016 – Medically Assisted Reproduction, regardless of sexual orientation.

2018 – Gender Self-Determination Law (Revision of the Gender Identity Law) – depathologization, no need for medical report; schools must treat trans students by their social name and give access to safe toilets; surgeries to intersex new-borns are banned, unless life-saving.

2018 – the Portuguese Government issued their National Strategy for Equality and Non-Discrimination (Portugal + Igual), including a plan for sexual orientation, gender identity and expression.

1.3. Relevant statistical data about LGBTI+ situation in your country

LGBTI+ Discrimination in numbers

According to the 2013 European LGBT Survey (FRA, 2013), 51% of the respondents in Portugal said they had been discriminated against on the basis of their gender identity or sexual orientation

in their lifetime, more so in employment, when looking for a job and in education including being victims of harassment and violence in public spaces.

In 2020, the European LGBT Survey (FRA, 2020) indicates situations of violence mainly in the public space (26%), at school/university (26%) and at work (22%). Almost half of the participants (54%), report having been ridiculed, teased, insulted or threatened because of being LGBTI+. The abuser profile is someone unknown (46%), someone from school or college (16%) or a family member (9%). Aggressors are mostly male and the incident occurs in the public space (street, square or parking). Portuguese participants report that they did not communicate the hate motivated harassment to the police (81%) nor another organization (91%) because they consider it not serious enough (45%), or because they didn't think they would do anything (28%), or because they took care of it (18%) and last because of shame and embarrassment (16%).

ILGA Europe (2020), in their review of Human Rights for LGBTI people in Europe and Central Asia, reports cases of discrimination in Law, as well as incidents of violence in public spaces based on SOGIESC issues, in Portugal.

The 2018 Education Report produced by rede exaequo⁴ shows that only 25% of young respondents has ever spoken of gender or sexual diversity in school and more than half of the teachers had witnessed bullying and violence due to gender expression, identity and sexual orientation. Moreover, a recent study on LGBTI+ youth in Portuguese schools revealed many students experience LGBTIphobic verbal abuse and other forms of violence (ILGA Portugal, 2017)⁵

According to FRA 2020, 24% of LGBTI+ children and youth feels discriminated against by school/university personnel due to homo/bi/transphobia. However, the vast majority (92%) does not report the incident because they feel that nothing would happen or change (34%), or because they did not want to reveal their sex or gender identity (23%) or because they felt it was not worth reporting (21%).

⁴ <https://www.rea.pt/observatorio-de-educacao/>

⁵ enaefpnae.ilga-portugal.pt

According to Transgender Europe's (TGEU) map on Trans Rights in Europe and Central Asia of 2019, including 29 categories and a list of 53 countries, Portugal meets 17 of the evaluation criteria and is one of the most advanced countries regarding law that supports and protects trans people. A total of 274 people, including 21 minors, used the new gender recognition law and changed their gender marker in Portugal. (ILGA EUROPE, 2020).

2. DaC Areas of Intervention: schools, health, family, public spaces, and media

2.1. Education

2.1.1. Needs related to children to combat violence regarding sexual and gender diversity in the sphere of education

According to data gathered during Workshop I, in February 2020, children expressed the need for a more inclusive language avoiding the masculine universal. They suggested new words should be invented: e.g. *aluas* or *alunoas*, instead of *alunos*, the gendered Portuguese word to refer to students. Children also mentioned the importance of sharing their emotions and opinions through the creation of safe spaces. Children demonstrated awareness about the need to respect others and placed great importance in self-determination and agency. Stakeholders interviewed highlighted children's need to feel safe in schools, to be heard, to be encouraged to free, critical thinking and thinking outside the box. Children need access to images that avoid stereotypes, and more and better trained psychologists in the space of the school. Teachers have an important role to stop any abuse and bullying – children need to have allies and role models in their teachers. It is also important to overcome isolation and invisibility, to have more positive LGBTI role models and to ensure a mainstreaming of sexual and gender diversity in the school curricula (in all subjects).

2.1.2. Good practices related to education to combat violence against LGBTI+ and gender non-conforming children

The LGBT Observatory of Education, produced and disseminated annually by the LGBTI youth organization *rede ex aequo*, gathering complaints by students, teachers and staff about discrimination based on gender identity or sexual orientation, is an example of a good practice. The ADDs, Alliances for Diversity [Alianças da Diversidade] promoted by ILGA Portugal are also examples of good practices. Interviewed stakeholders mentioned as good practices facilitating

emotional and cognitive access to an array of possibilities and opportunities; avoiding using materials that reinforce gender binarism; and using inclusive language; implementing an Anti-Discrimination Contact Point/ Team in each school; having more groups at school level on Education for Citizenship or Education for Health; conducting a serious revision of contents (language, images, exercises etc) to avoid stereotypes; and replacing urinals for gender-neutral individual toilets in schools. In the Survey, professionals reported that their institutions are open to adopt specific measures and good practices: respect and the use of the children social name, raising awareness, seeking LGBTI + representation in the various activities developed at school, responding to micro-aggressions, including diversity in the teams of professionals. Good other professionals / organizations; referral of identified cases, if necessary and in some cases, psychological support.

2.1.3. Training needs for education professionals

Almost 73% of education professionals in our Survey have never participated in specific training to support LGBTI+ children and youth. In their formal training, 50% state they were never introduced to the issue of sexual and/or gender diversity. Measures to face the lack of adequate institutional response include specific training and awareness campaigns. Considering the interviews to education stakeholders, the training needs include more exposition to all kinds of difference and human diversity, training in human rights education; knowing more and learning, to open up to possibilities, to understand the huge responsibility their profession represents in the lives of children. Professionals also mention the importance of updating their knowledge: to learn the difference between sexual orientation, gender identity and gender expression while having access to materials which are produced or endorsed at the state level. More than half of the respondents in our Survey (55.6%) reveal that they do not have access to resources or specific policies for LGBTI + children in the institution where they work in order to guarantee a comprehensive and adequate intervention.

2.1.4. SWOT

Strengths: legal framework and social policies in the field of education that address gender and sexual diversity in schools. **Weaknesses:** old and outdated textbooks reinforcing stereotypes; unchallenged prejudices amongst teachers; teachers' fear of possible reactions, especially from the parents; lack of training (Teachers, psychologists, support workers) to address LGBTI discrimination and violence. **Opportunities:** a government that takes gender and sexual diversity seriously, in particular the Ministry of Education and the State Secretary for Citizenship and Gender Equality; working with families; Mainstreaming gender and sexual diversity in school manuals; interest in furthering skills to

support LGBTI+ children and youth at schools. **Threats:** the dominant culture of resilient patriarchy and cis-heteronormativity; the interference of unsupportive families and lack of interest of conservative school administrations.

2.1.5. Exemplary quotes from interviews

“Children love thinking, making connections... Kids do not enjoy being tailored. We are the ones tailoring children all the time, stuffing their luggage with items that we are made of.” (Portugal, teacher)

“Education should be the doorway to knowledge, the doorway to diversity. And students must feel that the adult in the classroom is the first to stand for equality. Otherwise, the doorway is wide open to abuse.” (Portugal, teacher)

“It is important to provide adequate training to teachers, answering their questions about gender identity, sexual orientation or gender expressions, making teachers feel safe and encouraged to share their doubts. [To implement change at the school level], teachers need to feel supported by official guidelines and materials.” (Portugal, school psychologist).

2.2. Health

2.2.1. Needs mentioned by children to combat violence regarding sexual and gender diversity in the health sphere

According to stakeholders, children need: health-related procedures that ensure the respect for confidentiality; to feel that the clinic or hospital are safe spaces; diverse family planning appointments avoiding cis-heteronormativity; effective depathologization of trans issues; easier access to prescribed puberty blockers and other hormonal treatments; multidisciplinary health teams providing integrated support to gender diverse children and families; longer medical appointments to build rapport ; de-bureaucratization of medical procedures; being referenced to the right service/ professional; being surrounded by well-informed and sensitive professionals in health centres, clinics and hospitals – doctors, nurses, admin staff. The waiting room is often contrary to the confidentiality and privacy guidelines: the child should be called by their surname or a number to avoid micro violence for trans children/youth/families.

2.2.2. Good practices related to health to combat violence against LGBTI+ and gender non-conforming children

Portugal's good practices include the National Health Strategy for Lesbian, Gay, Bisexual, Trans and Intersex People implemented since 2019 by the government. It includes legal and sociocultural context, health issues regarding gender diverse and LGBTI people, promoting health, ensuring adequate intervention and ethical guidelines. Stakeholders interviewed mentioned the importance of mainstreaming sexual and gender diversity (e.g. including the topic of gender and sexual diversity in training programmes for health professionals such as the *Jornadas de Pediatria*); broadcasting TV series and movies that normalize sexual and gender diversity (e.g. the NETFLIX show Sex Education); using the patient's surname or a number in the waiting room; issuing official medical statements for the school to address the patient by their social name. In the Survey, professionals indicate that their workplace is generally receptive to specific interventions with LGBTI+ children, with 81% of respondents recognizing that it is possible to improve the support provided to LGBTI+ children and youth. Practices such as the creation of spaces for collective discussion with the technical teams and the existence of structures (such as Paediatric Psychology, Paediatric Endocrinology and URGUS) are examples of measures adopted by institutions that show receptivity to LGBTI+ specialized intervention. Regarding institutional policies, the creation of documents and guides, the existence of specific appointments, psychological, legal, psychosocial support and specialized training are pointed out. Some professionals also recognize an effort to adopt the children's social name, even when there is no ongoing procedure for name change. However, half of the health professionals consider that their institution does not offer specialized services to LGBTI+ children, so there is still consensus that much more needs to be done.

2.2.3. Training needs for health professionals

70,6% of health professionals in the Survey work with children directly and less than half mention having had specific training on LGBTI+ issues. These professionals recognize the urgent need to improve training in the field, to deconstruct preconceived ideas around LGBTI+ issues and to increase the capacity to respond more effectively and conveying better and more relevant information and care to LGBTI+ children and their families. Many mention the role of informal conversations with colleagues and self-instruction as the only ways of improving their knowledge in the field, whilst underlining the importance of introducing gender-related issues, especially LGBTQI+ issues, in professional training. Training aiming at depathologizing representations and knowledge improvement should target general physicians, family physicians and paediatricians, and not only specialists. They highlight the need for interactive training, with role-playing and moments for self-reflection and raising empathy, instead of information-based modules only. Training sessions should include a dimension of the lived experience

– examples stemming from interviews to trans people, etc – to add reality to otherwise abstract notions and discussions. Equally important, stakeholders mention the need to stop conversion therapies, to insert gender diversity in the area of child development-related training of pedopsychiatrists (e.g. Society of Clinical Sexology, the College of Medicine Clinical Skills) and raising awareness in all professionals of the health sector, and not just health professionals (e.g. admin staff).

2.2.4. SWOT

Strengths: a strong involvement from trans activists; the progressive legal framework. **Weaknesses:** lack of specific training; misgendering of children and youth; cis-heteronormativity of family planning and reproductive health; absence of intervention in rural areas. **Opportunities:** official guidelines targeting health professionals regarding gender diversity, produced by the National Health Authorities (Direção Geral de Saúde); involving families in combating discrimination; connecting health professionals and schools to better support LGBTI+ children and youth. **Threats:** professionals interviewed referred to Hospitals, health centres and clinics as normative and highly gendered places; professionals who are favourable to conversion therapies; working conditions (work overload, little time ascribed to each patient, etc.) that do not take into consideration the type of support LGBTI+ children and youth need.

2.2.5. Exemplary quotes from interviews

“There is a lot of invisibility and discrimination from health professionals. I haven’t received any formal training on gender diversity and sexual orientation and I finished my specialization only 4 years ago. Even as recent as that, it was absent from the medical school curricula.” (Portugal, pedopsychiatrist).

“Invisibility, discrimination and repression have consequences in terms of mental health, triggering more discrimination and violence. In the absence of a virtuous cycle, there will be a negative vicious cycle with impact.” (Portugal, pedopsychiatrist 1).

2.3. Family

2.3.1. Needs mentioned by children to combat violence regarding sexual and gender diversity in families

Children mentioned the importance of self-determination and that all people involved in the child’s upbringing respect their decision. Interviewed stakeholders mentioned: the inclusion of

gender diversity in the family sphere – families need to get involved, to pay attention, to be proactive in their support to children; the increase in psycho-emotional support to equip children to deal with prejudice and discrimination; children’s right to play and express as they wish (must have freedom to do so); children’s need to be heard and to be taken seriously; addressing gender diversity from an early age.

2.3.2. Good practices related to family to combat violence against LGBTI+ and gender non-conforming children

Our Survey data indicates that 83,4% of professionals who intervene with families do not provide specific help and support to LGBTI+ children and youth. The lack of receptivity on the part of institutions regarding specific interventions with LGBTI + children has been mentioned, even if stakeholders believe this reality may be transformed. Good practices include: accepting children regardless of their characteristics and context; organizing public events and lectures on the subject; listening, supporting and referring the child/young person to qualified services / professionals; promoting discussions on the topics, providing material resources (books for children, for example); improving the communication with existing services; establishing specific protocols for intervention.

Interviewed stakeholders identified as a good practice the Guidelines for Parents and Professionals produced by parents’ organization AMPLOS, and IAC – The Child Support Institute (Instituto de Apoio à Criança). Interviewees also mentioned the importance of investing on school psychologists and other professionals who work in the Family Support Office; the role of inclusive toilets (including family-friendly toilets, where men can change diapers); and the project What If I Had Another Colour (*E se eu fosse de outra cor* - <https://esefosseoutracor.com/>), a platform that informs and supports youth, families and teachers about sexual orientation and gender-based equality.

2.3.3. Training needs for professionals

Only 16% of family-related professionals on the online Survey have received any training on gender and sexual diversity at any point in their education and professional training, and they all recognize that LGBTI+ issues should be included in training/education skills on a regular basis. In order to better prepare work with LGBTI+ children, 3/4 of professionals express their willingness to participate in specific training. Amongst the interviewed stakeholders, needs include access to

more information that explains the basics (e.g. what is gender) and training and raising-awareness sessions outside urban settings.

2.3.4. SWOT

Strengths: strong activism, including parents' activism. **Weaknesses:** lack of specific resources to support LGBTI+ children; never having received training on the topic; absence of a gender-based approach. **Opportunities:** Portuguese legal framework; inclusive media reports. **Threats:** mindset influenced by dictatorship times; slow implementation of legal changes and absence of subsequent monitorization; work overload leading families to be absent from training, awareness and information sessions etc.

2.3.5. Exemplary quotes from interviews

“We need more training, information, knowledge dissemination. Many professionals working with children operate through engrained notions of gender that stem from our past of dictatorship.” (Portugal, social psychologist working in child-support NGO).

“Parents who had to move kids to another school because they were not understood and they were discriminated against... not by their peers, but by their teachers!” (Portugal, member of a parents support NGO).

“Gender-diverse children or children with different gender expressions, whatever they say they are or whatever they are, it doesn't matter. Just let them be children. They're kids, experimenting, growing up, getting to know themselves. They're creating a jigsaw puzzle, not a catastrophe.” (Portugal, member of a parents support NGO).

2.4. Public spaces

2.4.1. Needs mentioned by children to combat violence regarding sexual and gender diversity in public spaces

During the Workshop, children mentioned they felt sad when they or other colleagues/ friends were bullied. They also explained that supporting other children who had been /were victims of bullying was important, as well as standing for their rights in a more general way.

Stakeholders interviewed mentioned the following needs regarding children in public spaces: early intervention (especially until the 6th grade), so that children embrace difference and stop bullying others; creating safe spaces of psychological support and peer-support for gender and sexual diverse children and youth; creating safe spaces of psychological support and peer-support for parents of gender and sexual diverse children and youth.

2.4.2. Good practices related to public spaces to combat violence against LGBTI+ and gender non-conforming children

CIG – State Commission for Citizenship and Gender Equality published guidelines for professionals working in institutions and shelters for domestic violence addressing LGBT victims specifically [Violência doméstica: boas práticas no apoio a vítimas LGBT: guia de boas práticas para profissionais de estruturas de apoio a vítimas]. This manual includes a chapter on LGBT Youth Domestic Violence: good practices for professionals to support LGBT victims.

All of the participants in the online Survey agree there is no specific support for LGBTI+ children and youth in Public Spaces since there are no known policies and consequently practices for this group regarding public spaces in Portugal. In addition, half of the professionals who work in the sphere of public spaces considers their institution little receptive to specific interventions with LGBTI+ children and recognizes the presence of discriminatory situations.

Nonetheless, respondents in the Survey were able to suggest some practices that they would consider positive. These include being open and receptive to sexual diversity, intervening to stop discriminatory behaviours when they occur, creating awareness about sexual and gender diversity, and mainstreaming informed training and counselling regarding LGBTI+ issues in childhood and youth.

When asked about good practices, interviewed stakeholders mentioned the use of gender inclusive language and the proactive engagement of services in demonstrating they are supportive and/or do not discriminate on the bases of sexual orientation and gender identity and expression.

2.4.3. Training needs for professionals: public spaces

75% of the professionals in the field of public spaces recognize they never received any specific training to work with LGBTI+ children and youth. Only 25% (1/4) of respondents state their formal

training mentioned the subject. All of the respondents mention LGBTI+ issues could be included in their training. However, it is also significant to note that some professionals consider being indifferent to the topic of gender. This might mean that they abide by the principle of universality, considering therefore that, in principle, everyone is treated as equal, which would render redundant specific interventions to guarantee safe spaces for everyone.

During interviews, stakeholders mentioned the importance of including topics on informed consent, autonomy and sexual self-determination as fundamental issues to include in training, with a particular focus on areas in which sexual and reproductive health for children and youth is at the centre. Scientific information from social sciences that supports the deconstruction of myths, prejudice, fake news and wrong ideas, at the same time that enables the creation of safe, non-judgemental learning environments in which professionals can express their doubts – even when they haven't acquired the adequate language to talk about LGBTI+ and gender non-conforming children and youth yet – were also mentioned as training needs for professionals.

2.4.4. SWOT

Strengths: greater social awareness of issues such as discrimination, inequality, violence, bullying and LGBTQI rights; the belief amongst professionals that through legislation the sociocultural conservative mind-set can change. **Weaknesses:** ignorance, fear of difference, jokes and teasing of LGBTI people, or people who are perceived as LGBTI. **Opportunities:** working with filmmakers or soap-opera writers in order to mainstream diversity in broadcast contents; promoting and consolidating the work with academia and activism. **Threats:** growth of extreme-right and populism throughout Europe.

2.4.5. Exemplary quotes from interviews

“I can think of at least two situations in a school, with young gay men, they were beaten up, and we had to intervene a couple of times there... The mother of one of them used to cry over and over again because the kid would refuse to attend classes.” (Portugal, police officer).

“I wish one day there wouldn't be the need for my daughter or my son to come out. Come out from where, from what? It should be as simple as it is for any straight daughter or son who comes home and says they are dating someone, “I'll bring her/him over for you to meet soon”. It should be as simple as that.” (Portugal, member of a parents support NGO).

“It is good to see academia concerned about these issues. It is very important to have the endorsement of academia because there are people who also need to have this support, science-based. It validates a number of things.” (Portugal, member of a parents support NGO).

2.5. Media

2.5.1. Needs mentioned by children to combat violence regarding sexual and gender diversity in the media

The workshop with children has shown how children feel pressured to respond to certain gender patterns and preconceived gendered ideas. Children mentioned “It’s the industry’s fault, they make everything in pink and pale for girls!...”.

Media professionals interviewed mentioned children need to be heard and to be considered as sources of information. Only when children and youth are considered as relevant sources of information regarding the issue of diversity and childhood, will media outlets become allies in combating violence regarding sexual and gender diversity.

2.5.2. Good practices related to the media to combat violence against LGBTI+ and gender non-conforming children

Although all media participants of the online Survey claim they are allies to LGBTI+ and gender diverse children and youth, they also acknowledge the inexistence of specific intervention and a general lack of work targeting this population, stemming from the fact that media outlets are not receptive to the topic. There is also the belief that journalism should be neutral (that is, without adopting an inclusive gender perspective in the way of doing journalism).

Regarding good practices, the interviewed stakeholders mentioned the Ethical and Deontological Codes as important tools in promoting the respect for sexual and gender diversity. Making a deliberative effort to include diverse people as sources of info regardless of the topic being reported (e.g. to interview a wheelchair user about the price of bread; to interview a Roma about football, etc.) and making a deliberative effort to avoid replicating stereotypes and stigma (e.g. “maybe we don’t always need to include a trans person when we’re covering a story on sex work”) are also mentioned as examples of good practices. Creating awareness to acknowledge the impact language (e.g. “if I use the word “victim”, that reduces the person to one role only – that of the

victim”) are important practices, as well as having more stories about bullying, its consequences and strategies and tools to combat it. Mainstreaming gender and sexual diversity across the different sections of each newspaper, for instance, would be a good practice.

2.5.3. Training needs for media professionals

The small numbers of media professionals participating in the online Survey is telling of how these professionals believe that this is not an issue of their concern. The professionals who participated in the survey mention not having specific training on sexual and gender diversity. They also recognized that LGBTI+ issues were never mentioned during their training. The participants believe that it does not make sense to include specific LGBTI content because that would not be suitable for training in journalism as, they reckon, training must be neutral and universalistic.

Media stakeholders interviewed affirm the need to improve Ethics (e.g. learning how to approach a certain topic in an ethical way, what to avoid, etc.). They also mentioned the need for more and better materials targeting media professionals, such as guidelines for journalists specially, validated by an official source such as a public state institute or ministry. Training needs include contents based on case-studies and training for strategic audiences on topics such as LGBTI hate speech.

2.5.4. SWOT

Strengths: professionals who address gender and sexuality related issues in reference media outlets; professionals who advocate for a gender sensitive approach to all news areas. **Weaknesses:** lack of gender and sexual mainstreaming in media work (journalists remaining too attached to their specific sector: culture, economy, politics, society, etc.); tendency to use always the same type of allegedly “reliable” sources. **Opportunities:** training; articulating Equality state bodies and media outlets and journalists trade unions to promote gender and sexual awareness. **Threats:** general suspicion of activists against journalists; working conditions: little time, word limit, little availability; and conservative news media editors and boards; the general belief that objectivity equals neutrality, and that therefore journalism should not take sides even in matters related to equality and anti-discrimination.

2.5.5. Exemplary quotes from interviews

“All of these prejudices are also among us, there is a lot of prejudice and therefore there is a lot of work to do in terms of training in order to deconstruct things.” (Portugal, journalist).

“Training based on case studies is so useful... Sometimes it is necessary to mention a specific case and say ‘look, it happened’, to give examples how it was done, where do you go... Sometimes I know the theory, I know where I need to arrive, but how do I get there?” (Portugal, journalist).

3. Overall evaluation: identify tendencies and absences re: LGBTI+ children in your country, including perceptions and attitudes, stereotypes, representations

Gender-based approach

A gender-based approach in institutions and services that is supported at all levels of management is missing.

For the overwhelming majority of surveyed professionals, gender is a social construction and not a category defined by medical criteria, which seems to be aligned with international and national best practices regarding gender self-determination. However, for 36% of professionals gender is defined as a set of biological characteristics and almost one fourth still defends a binary view of gender, making it coincide with the male and female categories. This situation makes plausible the existence of obstacles to trans, intersex and non-binary children and young people when they are in contact with professionals and services.

Although a majority of professionals perceive themselves as an ally of people of different gender and sexuality (58%), 15% consider themselves indifferent to this issue. This indifference is mostly found in the areas of education, family intervention and public space. A professional approach that ignores gender and sexual asymmetries, shielding itself with the principle of equal treatment as if this principle had an automatic translation into everyday life and / or institutional practices, necessarily reproduces structural inequality and, as such, is an accomplice of the cis-heteronormative system that leaves LGBTI + children and young people unprotected.

Training deficit

A striking finding is the total absence of LGBTI + issues in the academic and curricular training of most professionals, with more than half admitting to never having, afterward, updated their knowledge or received specific training for working with LGBTI+ children and young people.

Across all areas many institutions in which these professionals work do not welcome the topic of sexual and gender diversity in childhood. The lack of resources available in the institutions suggests that these professionals are on their own when it comes to seeking for the support they need in this area, and several of them mentioned they go as far as ordering and paying for books or additional training to get access to updated knowledge in the field.

Our findings support the need for training in sexual and gender diversity aimed at professionals across all areas. In fact, among the factors that most hinder an efficient intervention in this field are the lack of training to work specifically with LGBTI + children and young people (81.2%), the lack of knowledge about affirmative practices / LGBTI + resources (78.3%), the lack of knowledge by the technicians about the services available (69.8%) and LGBTI + issues in general (66.7%), and the lack of services for LGBTI + children (60.9%). Furthermore, 40% of the professionals who responded to the Survey were unaware of the existence of any local, regional or national service aimed at LGBTI + children and young people.

These findings are supported by the European Agency for Fundamental Rights' LGBTI Survey (FRA, 2020) which indicates that 92% of young people aged 15 to 17 do not officially report aggressions they suffer. There seems to be a feeling of lack of trust in services and professionals, which hinders the prospects of an integrative intervention.

4. Concluding remarks

After a long history of prejudice and legally enshrined discrimination, the first 20 years of the 21st century put Portugal at the forefront of fundamental changes in matters of intimate, sexual and reproductive citizenship. The most recent OECD report, presented on the 24th of June, highlights Portugal as the second most dynamic country in this regard (OECD, 2020). Previously, the European LGBTI Survey carried out by the European Union Agency for Fundamental Rights (FRA) illustrated such progress comparatively. This path has seen an important acceleration after the social movements working in this area since the 1990s found an efficient interlocutor in the Secretary of State for Citizenship and Equality, from 2015 onwards. With such institutional support, there has been consistent work regarding non-discrimination measures, especially in the areas of Education and Health, with the notable and unprecedented involvement of the respective Ministries, and the approval of specific plans to ensure conditions greater justice for LGBTI + people. In this regard, the National Strategy Portugal +Equal stands out, which identifies equality and non-discrimination as conditions for building a sustainable future for the country. It seems significant that, in a long journey towards inclusion that started in 2001, the legislator's most recent major step was the approval of the Gender Self-Determination Law in 2018 (Law nº 38/2018, of August 7), whose regulation aims to protect children and young people from any form of violence based on their gender identity or expression.

However, the effectiveness of these measures depends on how they are implemented on the ground, and such implementation is often hostage to the goodwill of professionals and services that continue to reveal strong deficits and / or that face challenges and resistance that must be overcome. This need takes on greater importance when one considers that significant aspects of the Gender Self-Determination Law refer to children and youth.

But are health and education professionals, among others, prepared to implement the Gender Self-Determination Law? How do they define gender? What importance do they attach to gender diversity in their work? And what preparation have they received in this regard, throughout their academic path and professional training? What are the biggest difficulties and challenges in this regard? Gender-diverse children and youth express the need to be heard – who's listening?

The lack of trust in services that emerged from data confirms the urgency of creating specific responses on the part of institutions and, therefore, considering professionals as agents of proximity to vulnerable populations.

Our findings demonstrate that there is still a long way to go concerning the creation and promotion of safe spaces for LGBTI + children and youth. The success of the Gender Self-Determination Law depends on the implementation of LGBTI + action plans in institutions, aiming at supporting effective intervention with these children and young people.

We conclude that the absence of specific training on sexual and gender diversity with a focus on childhood blocks professionals from implementing measures included in the Gender Self-Determination Law. The lack of resources and the structural inattention towards gender issues are pointed out as the main cause of this deficit in training.

Given this scenario, we recommend LGBTI + action plans focused on curricular and continuous training, aimed at the various professional sectors, which institutionally validate this type of knowledge and intervention centred on childhood. Such effort requires the continued commitment of the state in the design of procedures for monitoring and follow-up of the Gender Self-Determination Law, namely through the involvement of the Ministry of Labour, Solidarity and Social Security and the Ministry of Science, Technology and Higher Education, alongside the Ministries of Education and Health whose work in this area is already significant.

Otherwise, we run the risk of having a progressive legal framework that guarantees protection for children with gender diversity while maintaining services that are not qualified to implement the Gender Self-Determination Law, leaving these children and their families in an unsustainable standstill. It seems important to remind ourselves that the duty to guarantee the child's best interest applies to all children, including gender diverse.

Finally, mainstreaming sexual and gender diversity, preparing social awareness campaigns and involving more broadly the media and public spaces in the issue seem important steps that will work more effectively on the level which is missing – social and cultural change that will support the respect for progressive legal achievements in the long run.

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