

Pre-Reading Booklet

Sexuality & Gender Identity
Awareness Training

qahc
Queensland Association for
Healthy Communities Inc.

Table of Contents

- 1. LGBT Identities and Terminology**
- 2. LGBT Young People**
- 3. LGBTS Aboriginal and Torres Strait Islanders**
- 4. Service Provision to the LGBT community**
- 5. Social pressures that affect LGBT people**
- 6. Australian Medical Association Position Statement on sexuality and gender identity**

Fact Sheet:

Lesbian, Gay, Bisexual and Transgender Identities and Terminology

Sexuality

Sexuality is the expression of a person's desires, sexual activities, behaviours, characteristics and interpersonal relationships.

Sexuality is not a choice

Identifying as gay, lesbian or bisexual is not a choice. Few people would choose to adopt a sexual identity that is subject to such high levels of discrimination, stigma and social isolation. People attracted to members of the same sex do not consider this a *choice*. Rather same sex attraction is a sexual, psychological and emotional desire and need. To assert sexuality is a choice will generally cause offence and represents a lack of understanding and knowledge regarding sexuality.

Homosexual

A homosexual is a person whose primary sexual and emotional attraction is toward people of the same sex. The term homosexual or homosexuality, within the gay, lesbian and bisexual community, can also have a clinical connotation that is associated with the pathology of same-sex attraction, and reflects the historical judgements that same sex attraction is an illness. This is generally considered an out-dated term that may cause offence or be considered derogatory.

Queer

Queer is an umbrella term that includes a range of alternative sexualities and gender identities, including lesbian, gay, bisexual and transgender (LGBT). However not all LGBT people would find this term appropriate or choose to be identified as Queer.

Gay

Gay is a term that primarily describes a man whose primary emotional and sexual attraction is toward other men. However the term is also used to describe both men and women who are attracted to members of the same sex.

Lesbian

A lesbian is a woman whose primary emotional and sexual attraction is towards other women.

Bisexual

A bisexual is a person who is emotionally and sexually attracted to people of both sexes.

Heterosexism

Heterosexism is the belief that everyone is or should be heterosexual, and other types of sexual behaviours are unhealthy, unnatural or a threat to society. Heterosexism also assumes that sex and gender (and the relationship between the two) are fixed and not open to change.

Homophobia

Homophobia is the fear and hatred of lesbian, gay and bisexual people and of their sexual desires and practices.

Internalised Homophobia

The term Internal Homophobia is associated with the internalised negative attitudes and feelings towards same sex attraction and sexuality held by gay men, men who are having sex with men, lesbians and women who are having sex with women. These values and opinions of same sex attraction are often formed before people realise they are attracted to members of the same sex. Such beliefs are reinforced by social and cultural beliefs, values and representations that consider homosexuality as unacceptable, not 'normal' and wrong.

Women who have sex with Women (WSW)

Women who engage in sexual activity with other women but do not necessarily self-identify as lesbian.

Men who have sex with Men (MSM)

Men who engage in sexual activity with other men, but do not necessarily self-identify as gay.

Terminology: The Golden Rule is to Ask!

Caution Against Labelling

Not all people having sex with members of the same sex will identify as Lesbian, Gay or Bisexual, nor will they see their sexual practices as being associated with the sexual practices of gay men or lesbians. In this regard it may be more relevant to focus upon an individual's sexual behaviours than their sexual identity.

The following definitions seek to give an overview of the terminology used in reference to Transgender and/or transsexual people. Within the Transgender community there is a variety of identities that transgender/transsexual people will identify with. Transgender may be seen as an umbrella term for people with a sense of gender identity that is outside the social norms of male and female. However the term transgender may also be used to define one's self as transsexual, referring to an individual with gender dysphoria. In relation to the contention between the use of terminology between transgender and transsexual it is most appropriate to ask individuals how they would like to identify.

However people with gender dysphoria very often transition to the opposite sex they were anatomically/physically born with. They live and identify as their true gender identity - a man (female to male) or a woman (male to female). Transgender /transsexual people may wish to identify solely as man or woman and not as transsexual, transgender, F-M or M-F. This is an important part of respecting individuals who have struggled with gender identity issues, and an important aspect of acknowledging that psychologically their gender always has been that of the man or woman they have transitioned to.

Gender Identity:

A person's sense of identity defined in relation to the categories of male and female.

Gender Identity and Sexuality

It is important to recognise the distinction between Gender Identity and Sexuality. The terms are not synonymous nor are they necessarily inter-related. Many people who are confronting or have confronted gender identity issues take offence at the unnecessary enquiries about, or association of, an individual's sexuality or sexual practices in reference to their gender identity. Sexual diversity exists within the transgender/transsexual community. Transgender/transsexuals may be heterosexual, lesbian, gay or bisexual, however this does not necessarily relate to an individual's gender identity concerns.

Gender Dysphoria:

This is a medical term that refers to a person's physical discomfort with their body, caused by their strong gender identification which is opposite to their biological sex. This can result in an individual suffering unusual anxiety, depression or unease. This is also known as Gender Identity Disorder.

Gender Dysphoria or being transgender/transsexual is not a choice: No one chooses to be gender dysphoric, transgender or transsexual. Being Gender Dysphoric or transgender/transsexual is subject to high levels of discrimination, social isolation and very little understanding from the general community. To assert or imply that an individual has chosen to be transgender/transsexual will generally cause offence and represents a lack of understanding of gender identity issues.

Transsexual:

This term refers to a person who is born as a biological male or female but has a profound identification with the opposite gender to their biological sex. Transsexuals intend to make or have made the transition to live as the gender that they identify with.

Intersex

Intersex is a biological condition where a person is born with reproductive organs and or sex chromosomes which are not exclusively male or female. The previous term for Intersex was hermaphrodite. If the process of sex assignment to an intersex person is not successful, and the wrong sex has been assigned, sex re-assignment surgery may be needed later in life.

Transitioning:

Transitioning describes the process of transgender/transsexuals recognising their true gender identity and making steps to adopt the lifestyle and/or physical characteristics of the gender that they identify with. This may involve undertaking hormone therapy and/or sex reassignment surgery. This process often takes some time and it is important for people to be supportive, accepting and non-judgemental while a transgender/transsexual person is in the process of transitioning.

Reassignment Surgery:

This is a medical procedure that aligns a transsexual/transgender biological body to the gender they identify with. Reassignment surgery is not always an option for all transsexual/transgender people, usually for medical reasons.

Pre-operative transsexual:

A transsexual/transgender person who has not under taken reassignment surgery.

Post-operative transsexual:

A transsexual/transgender person who has undertaken reassignment surgery.

Female Male (F-M) Transsexual:

A biological female whose core gender identity is male. Whether F-M is pre-operative or post-operative their identity is that of a male. Many female to male transsexuals/transgender men choose not to undertake the genital reconstruction of plasticity (construction of the penis) as the procedure is not highly successful.

Male Female (M-F) Transsexual:

A biological male whose core gender identity is female. Whether M-F is pre-operative or post-operative their identity is that of a female.

Sistergirls:

This term is often used in Aboriginal and Torres Strait Islander communities to describe biological males who are effeminate, or who live as women and see themselves as akin to women. Sistergirls perform many of the roles of women in the community. Their sexual partners are mainly straight men and they take a usually passive role in sexual activities. Most Sistergirls are respected within their home communities. Not all Sistergirls dress as women. Those Sistergirls who live and dress as women and/or are post-operative are considered to be women by their community. Not all Sistergirls undergo sex-reassignment surgery.

Cross Dressers/Transvestites:

Someone who has an inescapable emotional need to identify as a member of the opposite gender, on a temporary or permanent basis. This is a separate category from transsexual. Cross dressers and Transvestites generally do not have the profound feelings that they have been born into the wrong body in relation to how they psychologically relate to their gender (gender dysphoria) that transsexual's experience.

Transphobia:

This is the common term for the fear and hatred of people who are transsexual/transgender.

Internalised Transphobia

Internalised transphobia is associated with the internalised negative attitudes and feelings towards transsexualism/transgenderism, held by transgender/transsexual people. These values and opinions of transgender people and gender identity are often formed before people realise they identify as transgender or have gender dysphoria. Such beliefs are reinforced by social and cultural beliefs, values and representations that consider transgender people as unacceptable, not 'normal' and wrong.

Fact Sheet:

Lesbian, Gay, Bisexual and Transgender Young People

Realising Sexuality and Gender Identity

Sexuality and gender identity are integral aspects of everyone's personal identity. Gender, sex (male or female) and sexual desires all influence our sense of identity, emotional needs, interpersonal relationships and awareness of our bodies. Realising same sex attraction or emerging gender identity issues is a process of self-awareness and acceptance of personal identity rather than a choice to identify as lesbian, gay, bisexual or transgender (LGBT), cross gender norms or engage in same sex sexual behaviours.

Research indicates that many LGBT people are aware of their sexuality or gender identity at an early age. Evidence indicates that 55% of same sex attracted youth realise their sexual difference around the age of puberty, while one third have realised this at a much earlier age. However for many LGBT people issues of sexuality and gender identity are often not addressed until later stages in their lives, when people are able to access supportive environments and have the ability to be in more open and confident about their feelings.

The Relationship between Gender Identity and Sexuality

Many transgender people have experienced identifying as lesbians or gay men before realising that their difference relates to gender identity rather than sexuality. This may reflect the lack of awareness and understanding of transsexuality in the broader community and/or personal denial or discomfort in confronting gender identity issues at an early age. While confronting sexuality issues may reflect part of the process of exploring gender identity issues for some transgender people, sexual behaviours or sexuality does not necessarily relate to a person's gender identity. Transgender people have varied sexualities, being heterosexual, bisexual, lesbian and gay. Gender identity relates to a person's sense of identity as a male or female, not their sexual practices.

Young People Identifying and Labelling

Adolescence is the stage in life where young people develop a sense of their own identity, often exploring issues of sexuality and gender identity. Since 1998 nearly twice the amount of same sex attracted youth are identifying as lesbian, gay or homosexual (41% vs 74% in 2004). This correlates with indications that gender identity issues (transsexualism) are increasingly being identified in young children and teenagers. The increased awareness and willingness of young people to identify as LGBT is considered to reflect the increased social awareness, visibility and acceptance of same sex attraction, transsexualism and public LGBT identities in our current society.

However there are still many young people who while acknowledging same sex attractions will choose to avoid labels or identifying as lesbian, gay or bisexual. Many young people are concerned if they label themselves as an LGBT person they will be judged or identified solely on the basis of their sexuality or gender identity, or it may limit their options to explore their sexuality in the future or are concerned that they are still unsure of their feelings towards sexuality or gender identity.

The Process of Coming Out

Coming out is an integral aspect of incorporating one's sexuality or gender identity into their social and personal lives. This process often requires LGBT people to overcome negative values and beliefs relating to same sex attraction or gender identity issues, while also overcoming the fear of how other people will react to this information. In confronting these issues many LGBT people experience increased levels of stress, anxiety and depression. This often results from experiencing or confronting the threat of being rejected by friends and family, being social isolation and stigmatised, harassed, physically and verbally abused due to their sexuality or gender identity.

Experiences of Discrimination

Many LGBT young people experience interpersonal and indirect discrimination on the basis of sexuality or gender identity. In 2004 33% of same sex attracted young people reported experiencing unfair treatment, 44% experienced verbal abuse and 16% experienced physical abuse as a result of their sexuality. Transgender people are considered to experience far greater rates of discrimination on the basis of their gender identity than lesbians, gay men or bisexuals (LGB). Many transgender people are easily identified by members of the general public, unlike some LGB people, and are consistently dealing with negative reactions and experiences of hostility. However LGBT young people also experience heterosexism

on a daily basis. That is the assumption that everyone is and ought to be heterosexual and that gender identity issues do not exist. The affect of such attitudes often reinforce feelings of guilt, social isolation, not being 'normal' and the invisibility of LGBT people in the general community.

Discrimination and Mental Health issues

There is strong evidence to suggest that experiences of discrimination on the basis of sexuality or gender identity are linked to the mental health outcomes of LGBT people. The link between experiences of discrimination and mental health is considered to be influenced by the social pressures that LGBT people experience such as:

- Decisions surrounding disclosing one's LGBT identity or coming out
- The fear of other people disclosing one's LGBT identity
- Experiences or threat of discrimination or prejudice
- Social isolation and stigma
- Rejection by family or friends
- Internal feelings of guilt, not being 'normal' (internal homophobia or internal transphobia)

LGBT young people compared to their heterosexual peers experience higher rates of:

- Depression and Anxiety
- Suicide attempts and self harm, especially for people in rural areas and transgender people
- Multiple risk taking behaviours, and earlier initiation into these behaviours
- Homelessness often resulting from rejection by families
- Drug and Alcohol use

Sexual behaviours and Sexual identity

Same sex attracted youth, on average, are likely to be sexually active at an earlier age than their heterosexual peers. Seventy percent of 15 – 18 year old same sex attracted youth were sexually active and significantly more likely to engage in sexual activities such as oral sex, genital touching and penetrative sex than heterosexuals in this age group. However this sexual activity was not restricted to members of the same sex.

Who Same Sex Attract Youth Had Sex with over the last two years in 2004

Same Sex Attracted Youth	Had Sex with Men Only	Had Sex With Women Only	Had Sex With Both Men & Women
Gay Men	61%	3%	16%
Lesbians	30%	12%	30%

The discordance between sexual identity and sexual behaviour may reflect a desire to explore and confirm their sexual feelings for one particular sex or both. It may also reflect efforts to avoid being labelled or stigmatised as a result of their sexuality, attempts to overtly identify as heterosexual and hide their same sex attraction. LGBT young people's sexual health demands an awareness that sexual identity may not always correlate with sexual behaviours.

Sexual Health concerns

Evidence has shown that LGBT young people engage in multiple risk taking behaviours, including risk taking in sexual activities, at higher rates and an early age than their heterosexual peers. Such behaviours are considered to be influenced by and used to cope with the social pressures related to sexuality and gender identity such as denial, guilt, hiding or not disclosing LGBT issues, discrimination, social stigma and isolation.

Rates of Sexually Transmitted Infections

Rates of condom use during penetrative sex are similar between heterosexual (65%) and same sex attracted (70%) young people however the rates of sexually transmitted infections (STIs) are significantly different between the two groups. Same sex attracted youth are five times more likely to be diagnosed with an STI than their heterosexual peers. Ten percent of 15 – 18 year old same sex attracted youth have been diagnosed with an STI compared to 2% of their heterosexual peers.

The most common STIs reported amongst this group are warts, gonorrhoea, Chlamydia and herpes. Same sex attracted youth are also three times more likely to have been diagnosed with some form of Hepatitis than their heterosexual peers.

The higher rates of STI infections may be influenced by the earlier age LGBT young people are having sex, their sexual partners are in a higher risk group for STIs or that safe sex information for same sex attracted youth is more difficult to obtain. However evidence also suggests that the rates of STIs may be influenced by the increased rates of drug and alcohol use by LGBT young people often linked to sexual risk taking behaviours.

Safe Sex Education

Many LGBT young people have difficulty in accessing information on safe sex practices for same sex partners. 80% of same sex attracted youth found sex education in schools useless or fairly useless due to the lack of information for same sex partners. This is compounded by the lack of information on safe sex practices for same sex partners in general sexual health resources. LGBT young people are most commonly using the internet, same sex attracted friends, the LGBT community and LGBT media to access information on safe sex practices. However information on contraception is still a concern for these young people. Ten percent of 15-18 year old same sex attract women who had engaged penetrative sex with a man had experienced being pregnant, and of these women 26% identified as a lesbian, exclusively attracted to women.

LGBT Students in Schools

Nearly 80% of the discrimination and abuse experienced by same sex attracted youth was experienced within school environments, with over 40% of these young people not feeling safe at school. These factors most likely influence the increased absentee and drop-out rates for LGBT youth compared to heterosexual students. Concerns related to supporting LGBT students are often complicated by their often invisible presence school environments. While sexuality is not generally a physically trait (easily identified) these students are also under pressure to conform to heterosexual norms to avoid discrimination, harassment and being outcast by others. The pressure to conceal sexuality or gender identity issues for LGBT students is reinforced by the lack of positive role models, LGBT teachers and other LGBT peers who they can approach for support and advice. Few schools offer educational resources that address LGBT issues and relationships that could support and assist LGBT students.

The importance of Support

Maintaining LGBT health and wellbeing is considered to be linked to the degree of support LGBT people have from family, friends, the wider community and the ability to access quality health care and welfare services. Social isolation is a primary concern for LGBT people in general. Not knowing other LGBT people, how to access support services or groups to address sexuality and gender identity issues or having visible LGBT role models in the community increases the sense isolation LGBT people experience. Accessing support has been shown to make a positive difference towards feeling safe, developing social networks and having a positive self-image. However many LGBT young people do not know how to access services or who to contact for support, and often face real concerns that parents or friends will find out about these issues as a result of accessing support.

Supporting LGBT young people

Australian research has indicated that LGBT young people who have experienced abuse on the basis of their sexuality are more likely to disclose this information to other people. However it is also noted that they are least likely to disclose these issues with health and health-related professionals. For those working with young people, it may be useful to consider the following factors, to assist and encourage young people to address sexuality or gender identity issues with you or your service:

- Not assuming young people are heterosexual
- Providing visual resources that include LGBT people or sexuality and gender identity issues
- Recognising the high priority for confidentiality surrounding sexuality and gender identity
- Reassuring LGBT young people that confidentiality will be maintained
- Providing information and resources on sexuality and gender identity
- Providing referrals to support groups or telephone counselling services for LGBT people to further discuss these issues, if appropriate

It is also important for those working with LGBT young people to be aware that coming out to family and friends may not be a safe or viable option for some young people. Many LGBT young people face homeless, harassment and abuse as a result of disclosing these issues. It may be a safer option and more positive experience for LGBT young people to disclose this information when they have access to environments and social networks are able to provide support and understanding, also considering the confidence of the individual to deal with the experience and likely consequences of disclosing this information to others.

References

- Hillier, L., Turner, A. and Mitchell A. (2005) *Writing Themselves in Again: 6 years on. The second National report on the sexuality, health and well-being of same sex attracted young people in Australia.* Monograph Series no. 50, Australian Research Centre in Sex, Health and Society, Latrobe University, Melbourne:
www.latrobe.edu.au/arcshs/downloads/Reports/writing_themselves_in_again.pdf
- MACGLHV. (2002) *What's the Difference? Health issues of major concern to Gay, Lesbian, Bisexual, Transgender and Intersex (GLBTI) Victorians.* Department of Human Services: Victoria: www.health.vic.gov.au/macglh/difference.htm and hostility from the broader community issues.



Fact Sheet:

Aboriginal and Torres Strait Islander Lesbian, Gay, Bisexual, Transgender and Sister Girls

Aboriginal and Torres Strait Islander lesbian, gay men, bisexual, transgender and sister girl (LGBTs) identities remain strongly connected to cultural identity and community. How Aboriginal and Torres Strait Islanders address issues of sexuality or gender identity are strongly influenced by such factors as:

- Support and acceptance from ones family
- Respect for family beliefs and attitudes towards these issues
- Fulfilment of family and community roles
- The levels of discrimination, acceptance and understanding within the community
- The impact of stigma and isolation
- The level of influence christianity has within the community

For many LGBTs people their identity as Aboriginal or Torres Strait Islanders comes before their sexual or gender identity. This may result in LGBTs people prioritising their connection with and respect for their family and community before addressing personal issues of sexuality or gender identity.

The Visibility of LGBTs people in the Community

Same sex relationships and sexual behaviours are generally far less visible in Aboriginal and Torres Strait Islander communities compared to the wider community. Factors that often influence the invisibility and the difficulties of gay men, lesbians and bisexuals to be open about their sexuality include:

- The association of gay men with paedophilia and acts of sexual abuse
- Men may engage with same sex sexual behaviours but not identify as gay
- The expectation of women to raise families
- Women often identify as lesbians later in life, after they have had children. The association of mothers being lesbians is often not recognised
- Terminology such as lesbian, gay, bisexual or transgender is often not used in rural and remote communities to describe these identities or sexual behaviours

The acceptance and visibility of sisters is often considered far greater than gay men or lesbians in Aboriginal and Torres Strait Islander communities. Sisters are biological men who are effeminate or live their lives as women. Communities will often accept and recognise sisters as women. Sisters undertake the roles and responsibilities of women, having relationships with straight men. However sisters do not generally identify as transgender.

Feelings about sexuality and Community connection

The Queensland Survey of Aboriginal and Torres Strait Islander Men Who Have Sex With Men:2004 (QLD Survey) reported that 75% of men who have sex with men agreed or strongly agreed that they were happy to be gay. Just over half of the respondents had told most or all of their close family, straight and heterosexual and Aboriginal and Torres Strait Islander friends about their sexual identification.

The survey noted that these men maintained a stronger attachment and involvement with the Aboriginal and Torres Strait Islander community than the gay community. Seventy-five percent of respondents considered themselves to be very much a part of the Aboriginal and Torres Strait Islander community while only 44% of respondents considered themselves to be very much a part of the gay community. Again more men felt they were very much involved in the Aboriginal and Torres Strait Islander community while only 26% of men considered themselves very much involved in the gay community. Although men who have sex with men may maintain a stronger connection with the Aboriginal and Torres Strait Islander community many LGBTs people experience geographic relocation as a result of the lack of acceptance of their sexuality or gender identity, especially from cultural communities and rural areas. Relocation often results in the loss of support networks and family connection, adding to concerns for the health and wellbeing of LGBTs people.

Aboriginal and Torres Strait Islander people are disproportionately exposed to depression, alcoholism, suicide and violence, in part as a result of colonialism. However the effects of social displacement can be even greater for LGBT people in indigenous communities. Experiences of social exclusion for LGBT people are often experienced within both indigenous and non-indigenous communities, either on the basis of sexuality or gender identity or race and sometimes both. In the *QLD Survey* 41% of men having sex with men reported often or occasionally experiencing discrimination on the basis of their sexuality within Aboriginal and Torres Strait Islander communities. However 54% of these men also experienced racial discrimination within the gay community. Facing issues of discrimination on the basis of race, sexuality or gender identity and economic inequality may increase LGBT people's sensitivity towards issues of discrimination generally and addressing issues related to sexuality and gender identity.

The difficulties generally encountered with transitioning to life in metropolitan areas, the loss of social support networks and experiences of social isolation, depression and discrimination as a result of an individual's sexuality or gender identity may influence the high rates of alcohol consumption and use of illicit drugs by LGBT people. The *QLD Survey* noted one in six men who have sex with men consumed alcohol at high risk levels to their health and two thirds used illicit drugs at considerably higher rates than the general population. However the increased use of drug and alcohol use are a concern with the general LGBT community.

Sexual Health and HIV/AIDS in the LGBT community

Concerns are still prevalent around the attitudes of shame and stigma associated with sexual health issues and education for LGBT people. This has been noted especially as a concern for LGBT people moving to metropolitan areas, with less opportunity to access information regarding sexuality, safe sex practices and knowledge of the LGBT community in general. As with the general LGBT community a lack of education and resources that address LGBT sexual health concerns remains a concern for ensuring positive health outcomes for this community.

The *QLD Survey* identified slightly lower rates of HIV testing amongst men having sex with men in comparison to the general population of gay men in QLD. In the last 12 months 43% of Indigenous men were tested for HIV compared to 74% of men who responded to the *QLD Gay Community Periodic Survey 2004* (QGCSP). Again lower levels of knowledge regarding Post Exposure Prophylaxis (PEP) and its appropriate use was noted in comparison to the findings in the QGCSP. The *QLD Survey* noted only 39% of respondents were aware of PEP compared to 65% of men in the QGCSP.

Source of HIV transmission may vary in Aboriginal and Torres Strait Islander communities compared to the general community. Significantly more Indigenous women contract HIV through injecting drug use and heterosexual contact than the general population and less HIV is transmitted through gay men's sexual practices. However HIV in rural and remote communities is considered to be a 'gay man's disease' or urban disease and not considered a threat to Indigenous communities. This is especially a concern in regard to the amount of men having sex with men in Aboriginal and Torres Strait Islander communities but do not identify as gay.

Accessing services

The fear of breaches in confidentiality is a primary concern for LGBT people, especially those in rural and remote communities. The disclosure of having sexuality, gender identity or HIV status disclosed to members of the community is considered one of the main reasons for not accessing health services.

Support Groups for LGBT people in QLD

Yu Pla, Me Pla, Ah fla in Cairns: Brendan PH: (07) 4041 5451 M: 0407 554 470 Email: bleishman@qahc.org.au

gar'ban'djee'lum in Brisbane: Brett PH: (07) 3017 1736 M: 0407 587 719 Email: bmonney@qahc.org.au

References

AFAO (1998) *The National Indigenous Gay and Transgender Project Report and Sexual Health Strategy*, Sydney: AFAO.

ALawrence, C et al. (2005) *QLD Survey of Aboriginal and Torres Strait Islander Men who have Sex with Men 2004*. National Centre in HIV Epidemiology and Clinical Research, Australia.

QuAC (2005) *LGBT Health Systems Community Consultation Report October 2005 Our Health Our Community*: www.quac.org.au/education/lgbt_health/report2005.pdf

Fact Sheet:

Service Provision to the Lesbian, Gay, Bisexual and Transgender Community

This fact sheet aims to provide information to improve service provision to Lesbian, Gay, Bisexual and Transgender people in health care settings.

Disclosure of Gender Identity and Sexuality

Health care providers have a duty of care to ensure that Lesbian, Gay, Bisexual and Transgender (LGBT) people are able to access services within a safe, inclusive environment, which enables LGBT clients to be able to address sexuality and gender identity issues comfortably. However many LGBT people are sceptical of the standard of care and the level of knowledge service providers can offer in relation to sexuality and gender identity issues. Due to the noted scepticism and a variety of other personal and environmental factors accessing health care services can be difficult for LGBT people.

Factors that can make it difficult for LGBT clients to access health services:

- Heterosexism (assuming clients are heterosexual)
- The lack of service providers knowledge of LGBT issues
- The fear of breaches of confidentiality
- Expectations or experiences of discrimination/negative attitudes from service providers
- The client's levels of self-acceptance and comfort with issues of sexuality or gender identity
- Social isolation experienced as a result of sexuality or gender identity
- The levels of homophobia or transphobia in the wider community

These factors can also affect the willingness of LGBT clients to address or disclose sexuality, gender identity or HIV/AIDS issues with services providers.

Health Care Provider's use of Language: Assisting Disclosure

The appropriate use of language can assist LGBT people to feel comfortable disclosing and addressing sexuality and gender identity issues with service providers. Health care providers need to be conscious of not using heterosexist language during consultations with clients. Heterosexism is the tendency to view the world in exclusively heterosexual terms, in other words assuming a client is heterosexual. When heterosexist language is used LGBT clients may feel that service providers are not aware, knowledgeable, accepting or comfortable addressing sexuality or gender identity issues. This may cause the client to feel uncomfortable about disclosing these issues and may result in the non-disclosure of sexuality and gender identity issues to service providers.

To encourage LGBT clients to feel more comfortable about disclosing sexuality or gender identity issues service providers need to be conscious of using gender-neutral language during client consultations. This prevents service providers asking questions that already assume a person's sexuality or heterosexuality.

Examples of Client Questioning Gender-Neutral vs Heterosexist Language

Client: could be heterosexual, bisexual or a lesbian...	Gender-Neutral Language	Gendered/Heterosexist Language
Female	<ul style="list-style-type: none">• Are you in a relationship?• Do you have a partner?• Are you having sex with a man, woman or both?	<ul style="list-style-type: none">• Do you have a boyfriend?• Do you have a husband or boyfriend?• Are you having sex with men?

Who Is Having Sex With Who?

Sexual Identity and Sexual Activity

It is important to note that not everyone's sexual identity will correlate with their sexual behaviours. People may identify as being a lesbian or gay man and still be engaging in heterosexual sex, while others may not identify as a lesbian, gay man or even bisexual although engage in same sex sexual practices. It is important for health care providers to first focus upon the sexual behaviours of a client rather than the client's sexual identity.

Gender Identity and Sexuality

Gender identity issues are not synonymous to sexuality. Gender identity is an individual's sense of identity in relation to being a man or a woman. It is not centred upon issues of sexuality or sexual behaviours. Transgender people are often offended by health care provider's unnecessary enquiries about their sexual identity and sexual practices. A diverse range of sexualities exist in the transgender community, as they do within the broader community. Transgender people identify as heterosexual, bisexual, lesbian and gay. However the distinction between gender identity and sexuality is important for health care providers to understand. Enquiries regarding a transgender person's relationships or sexual activities, when appropriate, should be treated with sensitivity and based upon gender-neutral language to avoiding assuming a person's sexual identity.

(For more information refer to Fact Sheet Lesbian, Gay, Bisexual and Transgender Identities).

How comfortable is your client?

It is important to be aware of the client's personal level of comfort in addressing sexuality or gender identity issues. An individual's level of comfort may vary depending on whether they have disclosed this information to other people, if they have support to address these issues and their personal levels of acceptance and understanding of sexuality or gender identity.

Health care providers should be aware that some LGBT clients may not have disclosed information regarding their sexuality or gender identity to other people. This may indicate that the client is still struggling to come out. Coming out is the process of integrating ones sexuality or gender identity into their social and personal lives. Some LGBT people may have to confront issues of internal homophobia or internal transphobia, involving negative attitudes, beliefs and feelings towards their own sexuality or gender identity before they can accept their own LGBT identity.

The initial process of coming out can be quite traumatic and stressful. LGBT people may face rejection from family and friends, open hostility, social isolation, stigma, discrimination and even violence as a result of their sexuality or gender identity. However being able to come out and overcome issues related to internal homophobia/transphobia is an important element in being able to accept ones own identity and reduce the mental health concerns that LGBT often confront when addressing sexuality and gender identity issues. It is considered a crucial factor in the overall health and wellbeing of an LGBT person.

Supporting LGBT Clients

Social isolation is a predominant concern for the health and wellbeing of LGBT people, especially in rural areas. Many LGBT people do not disclose issues of sexuality or gender identity due to the fear of experiencing negative reactions or rejection from family, friends and the general community. Social isolation is reinforced when LGBT people do not know other LGBT people or have access to support services to address sexuality or gender identity issues. This may affect an individual's level of self-acceptance and reinforce internal homophobia or internal transphobia.

Health care providers need to be aware of the importance of social support for LGBT clients, especially for clients dealing with internal homophobia or transphobia, or still in the process of coming out. The inability to share these concerns or disclose gender identity and sexuality issues can lead to mental health problems, including depression, anxiety and distress associated with the fear of being outed and the inability to express one's own identity.

The Importance of Confidentiality

Health care providers are familiar with the duty of confidentiality to clients. However for some LGBT client's confidentiality may be a higher priority than other clients. This is often reflected in and reinforced by the high levels of discrimination encountered on the basis of sexuality, gender identity and HIV/AIDS status within the broader community. The fear of breaches in confidentiality or being outed, which results in having information relating to sexuality, gender identity or HIV/AIDS status disclosed to other people without the individual's consent, is one of the main reasons LGBT people are reluctant to access services or disclose LGBT or HIV/AIDS issues to service providers. This is especially relevant if a client has not disclosed these issues to family, friends or other members of the community.

The consequences of breaches in confidentiality surrounding issues of sexuality, gender identity or HIV/AIDS can result in:

- Rejection from family and friends
- Loss of partners
- Discrimination and stigma from the general community
- Loss of employment
- Harassment and threats or actual violence
- High levels of stress and anxiety resulting from the disclosure of this information and its consequences
- Having to geographically relocate due to high levels of discrimination, harassment, threats or actual violence within the community.

LGBT clients are more likely to discuss sexuality and gender identity issues if they are assured that confidentiality will be maintained within the service. It is important that LGBT clients are assured that confidentiality will be maintained, with service providers offering an understanding of the highly sensitive nature of these issues. However this assurance needs to be certified within all staff that access client files eg receptionist, file clerks and other health care professionals within the service. This is a particular concern for LGBT client's in small communities where staff may know their family or friends, or their family or friends work within the service.

Improving Access to Health Care Services

Health services need to ensure that service environments and service provision promotes a discrimination-free and confidential setting for LGBT clients to feel comfortable in addressing these issues with service providers. LGBT clients need to be assured they are accessing services that are receptive, comfortable and respectful of LGBT concerns.

Health care providers can assist LGBT people coming to terms with their sexuality or gender identity by being comfortable discussing these issues, being informed about sexuality and gender identity issues and the coming out process that is involved for most LGBT people. Being able to provide information for LGBT people to access appropriate forms of social support or information on sexuality or gender identity issues is an important part of assisting people coming to terms with these issues.

Fact Sheet:

Social Pressures that affect Lesbian, Gay, Bisexual and Transgender (LGBT) people

Homophobia and Transphobia

Homophobia is the unreasoning fear and hatred of homosexuals, anti-homosexual beliefs and prejudices. The term transphobia represents a similar unreasoning fear, hatred and prejudice against transgender people. These attitudes are influenced by social, cultural and religious beliefs that reinforce negative attitudes towards homosexuality and transgender people and affect can people's behaviour towards lesbian, gay, bisexual and transgender (LGBT) people.

The Queensland *Anti-Discrimination* legislation protects LGBT people from being discriminated against or vilified publicly on the basis of sexuality or gender identity. However LGBT people still experience social isolation, stigma, rejection, verbal abuse, harassment, threats and acts of violence as a result of homophobia and transphobia. The 2005 study *Mapping Homophobia in Australia*, reported that approximately 38% of Queenslanders considered homosexuality immoral, making QLD one of the most homophobic states in Australia. The impact of living with the threat or the experiences of such high levels of discrimination is often wrongly negated by the misconception that being attracted to the same sex or transgender is a choice for LGBT people.

Heterosexism

Heterosexism is the belief that all people are or should be heterosexual, that other types of sexuality are wrong and that everyone's gender identity is fixed by their sex at birth. Such attitudes are often communicated without people realising, through assumptions rather than overt acts of discrimination like homophobia. Although heterosexism does not directly express negative attitudes or beliefs about sexuality or gender identity, the lack of recognition of LGBT people, sexuality and gender identity issues still implies that LGBT people are not socially acceptable within our community.

Heterosexism can affect LGBT people by:

- Making LGBT identities, sexuality and gender identity issues invisible or non-existent
- Reinforces feelings of guilt, difference, not being 'normal' (internal homophobia or transphobia)
- Increases expectations of negative reactions or lack of understanding about sexuality or gender identity issues
- Increases the fear of rejection by family, friends or service providers

The Process of Coming Out

Coming out is a process of integrating a person's sexuality or gender identity into their social and personal life. It is a crucial element of an LGBT person's self-acceptance and general health and wellbeing.

The initial coming out process involves:

- A growing awareness and self-acceptance of an individual's own sexuality or gender identity
- Developing social ties with other LGBT people
- Developing positive attitudes or awareness of sexuality or gender identity
- Self-disclosure to others and being comfortable with people knowing this information.

Coming out, especially the initial stages of this process can cause stress, trauma or anxiety. This is often influenced by the fear or experience of being rejected or socially isolated due to the stigma attached to sexuality and gender identity, experiencing discrimination, harassment and even violence on the basis of an individual's sexuality or gender identity. However coming out is not considered to be a specific stage or event in an LGBT persons life but rather a life long process. When an LGBT person enters a new social environment such as starting a new job, moving towns or joining new social groups, the decision whether to disclose sexuality or gender identity status is often something that must be considered, taking into account the consequences of this disclosure.

¹Flood M, Hamilton C, Mapping Homophobia in Australia, The Australia Institute Ltd, website, http://www.tai.org.au/Publications_Files/Papers&Sub_Files/Homophobia%20webpaper%20Final.pdf

For transgender people the process of coming out is often not a choice they have the ability to control. Some transgender people may be easily identified by general members of the public, without actively disclosing this information to people. This has been noted to increase levels of stress and anxiety encountered by transgender people when they are transitioning to their correct gender identity and generally living as a transgender person.

Internal Homophobia and Transphobia

The process of coming out may be made more difficult by feelings of internal homophobia or/and transphobia. Both terms refer to the negative attitudes and feelings towards either, homosexuality and transgenderism respectively. These attitudes are generally formed before people realise they identify as an LGBT person, and are influenced by social values and beliefs that reinforce negative attitudes about homosexuality and transgender people. Internal homophobia and transphobia can affect the mental health of LGBT people, their ability to accept their own sexuality or gender identity and make the process of coming out more difficult.

Internal homophobia or transphobia can affect LGBT people by:

- Increasing levels of depression, anxiety and psychological distress
- Increasing low self-esteem
- Decreasing the likelihood of disclosing sexuality or gender identity issues to others
- Reducing the connection with the LGBT community or other LGBT people.

Transitioning from heterosexual to same sex relationships and transgender identities

The acceptance of an LGBT person's own sexuality or gender identity often involves a transitioning period. Some LGBT people will have been in heterosexual relationships, been identified as heterosexuals or always perceived as a man or woman rather than the gender that they identify with. Transitioning into an LGBT identity and life involves confronting issues of personal identity. During this period many LGBT people experience a sense of conflict and confusion relating to sexuality or gender identity issues. High levels of stress and depression are often experienced throughout this process of change. This is often increased if individuals do not have adequate support, are not able to disclose these feelings to other people or relate to other members of the LGBT community.

However other Factors can add to the stress of transitioning, such as;

- Loss of relationships
- Rejection by family, friends and work colleagues
- Residency/Custody battles for children
- A major change in living arrangements, may include geographical relocation
- Coming to terms with a shift in an individual's personal identity

Disclosing sexuality or gender identity status

Being Outed in the community

Some LGBT people find it difficult to address or disclose sexuality or gender identity issues due to the fear of being outed in the wider community. Being outed involves other people disclosing an individual's sexuality or gender identity without the individual's consent or knowledge. The fear of being outed is influenced by concerns relating to how people will react to this information, the fear of stigma, social isolation and the lack of acceptance of an individual's sexuality or gender identity. Being outed can force LGBT people to confront these issues before they have accepted their own sexuality or gender identity, before they are ready to discuss these issues with other people or before they are prepared to deal with the lack of social acceptance and understanding from the wider community.

The fear of having other people find out about a person's sexuality or gender identity can affect how LGBT people interact with family, friends, work colleagues and access services.

In this context confidentiality and trust are often crucial in assisting LGBT people disclose this information, especially by those working within health or health-related services.

Factors that make disclosing sexuality and gender identity issues difficult include:

- Fear or experience of being rejected or stigmatised because of their sexuality or gender identity
- The lack of understanding and acceptance of sexuality and/or gender identity issues
- Internal homophobia or transphobia: personal levels of comfort and acceptance
- Not being out to many people or anyone at all
- Fear or experience of being discriminated, harassed or threatened on the basis of their sexuality or gender identity
- Levels of social and/or institutional homophobia or transphobia in the community

Many issues relating to the fear of disclosure of sexuality and gender identity issues are similar to the concerns people living with HIV/AIDS have about disclosing their HIV status.

Not Disclosing Sexuality or Gender Identity Status

Not disclosing sexuality or gender identity issues can lead to mental health concerns for LGBT people such as high levels of depression, social isolation, anxiety and distress related to the fear of being outed and not being able to express or accept one's own identity. People who generally do not disclose their sexuality or gender identity to other people are often referred to as being 'closeted'. However disclosure may take place at different levels. A person may disclose their sexuality or gender identity to trusted friends but not to work colleagues and family. While non-disclosure can have a negative impact upon the health and wellbeing of LGBT people it may not always be a positive or safe step to disclose this information in all environments. Such disclosure may need to be considered in relation to the reactions an LGBT person may have to deal with from other people and if the individual is capable of dealing with the consequences of this disclosure.

Social Isolation

One of the greatest concerns for LGBT people is the experience of social isolation. Social isolation may affect LGBT people due to a variety of personal and environmental reasons;

- The inability to live openly as an LGBT person in their community
- The inability to disclose sexuality or gender identity to family, friends and support services
- Not knowing any other LGBT people in their community
- Geographical relocation due to levels of homophobia or transphobia experienced or expected from the community

The lack of social support and acceptance of LGBT people can affect their ability to come out, to disclose issues relating to their sexuality or gender identity to support services and other peers and their ability to lead open and fulfilled lives. Accessing support from people who understand or are accepting of sexuality or gender identity issues is a vital component to the overall health and wellbeing of LGBT people in the community.

Website: <http://www.ama.com.au/web.nsf/doc/WEEN-5GA2YX>

Sexual Diversity and Gender Identity - 2002

1. Sexual Diversity in Society

1.1 Homosexuality is defined as the sexual and emotional attraction to members of the same sex, and has existed in most societies for as long as sexual beliefs and practices have been recorded. The proportion of the population that is not exclusively heterosexual has been estimated at between 8 and 11 percent.¹ This figure will naturally vary depending on the definitions used to describe the continuum of sexual identity that exists in our society.

1.2 Societal attitudes towards homosexuality have had a decisive impact on the extent to which individuals have been able to express their sexual orientation. In 1973 the American Psychiatric Association removed homosexuality from the Diagnostic and Statistical Manual of Mental Disorders. Subsequently homosexuality was recognised as a form of sexual orientation or expression rather than a mental illness.² This move by the medical professional was instrumental in improving the health and welfare of this population.

1.3 Strong family connections are important to the health and well being of individuals, and recently there has been greater recognition of the diversity of family structures that exist in our society. These family structures could include nuclear families, single parents, blended families from remarriages as well as gay and lesbian parents. Accurate statistics regarding the number of parents who are gay or lesbian is difficult to obtain, as this data is not routinely collected. However, the American Academy of Paediatrics states that 'the weight of evidence gathered during several decades using diverse samples and methodologies is persuasive in demonstrating that there is no systematic difference between gay and nongay parents in emotional health, parenting skills, and attitudes towards parenting. No data have pointed to any risk to children as a result of growing up in a family with one or more gay parents.'³

2. Discrimination

2.1 The term "heterosexism" has been used to describe the discrimination against gay, lesbian, bisexual, transgender and intersex (GLBTI) populations. Heterosexism encompasses the belief that all people are and should be heterosexual and that alternative sexualities pose a threat to society. In this way heterosexism includes homophobia, a fear of alternative sexualities, and transphobia, a fear of alternative gender identities. It may also include a fear of intersex people who do not fit neatly into the binary categories of male and female.⁴

2.2 Discrimination may be overt as in verbal abuse and physical violence or as covert as the silence that surrounds talking about GLBTI issues. This affects all members of society as individuals comply with gender role stereotypes in order to avoid homophobic discrimination. It is a constraint on human behaviour that serves to diminish individual potential for development as well as diversity in our community.

2.3 The common experience of discrimination means that the health of GLBTI populations differs from that of the general population. This discrimination leads to health problems that are shared by this group as well as health problems specific to each subgroup. For GLBTI individuals the impact of this discrimination can lead to a poorer general health status, diminished utilisation of healthcare facilities⁵ and a decreased quality of health services.⁶

3. Shared Health Issues

3.1 Society's acceptance of diverse sexualities and gender identities is a major factor in an individual's successful transition through various lifestages. These significant lifestages include childhood, youth, middle age and ageing. As GLBTI people transition through these lifestages there are a number of health issues that are commonly faced.

3.2 Mental health problems are statistically over-represented in this population throughout life due to exposure to discriminatory behaviour.^{7,8} One of the main groups affected by homophobia is same-sex attracted young people, particularly those living in rural areas where there is greater social isolation from GLBTI peers and role models. A consequence of this discrimination for GLBTI young people is that they have increased rates of homelessness, risk-taking behaviour, depression, suicide and episodes of self-harm compared to their heterosexual cohorts.⁹

3.3 The experience of violence is higher for the GLBTI community than the general population¹⁰ and a recent survey of the GLBTI community in Victoria indicated that "over 70% of respondents had been subject to an experience of public abuse in the past 5 years".¹¹ This experience may range from verbal abuse to physical attack. The experience or threat of violence has the potential to have a significant impact on an individual's physical and mental health.

3.4 Patterns of drug and alcohol use within the GLBTI community are greater than that of the general population. The increased incidence of smoking and alcohol intake is also of concern in relation to cardiovascular risk factors. There is support for the theory linking individual patterns of drug and alcohol misuse with experiences of discrimination.¹²

3.5 Australia's Aged Care policies make no reference to the specific needs of GLBTI older people, particularly in relation to institutional care. There is a need to recognise sexual and gender diversity within the aged care sector as this lack of recognition means that the health needs of many older people are not being adequately addressed with culturally appropriate care.

4. Specific Health Issues

4.1 Lesbian women

4.1.1 Lesbian women have been found to access breast and cervical screenings less regularly¹³ than recommended and lack awareness of the risk of sexually transmissible infections (STI). STIs are also a risk for women if they are prevented from accessing appropriate insemination services and lack medical support to assist in screening known sperm donors.

4.2 Gay men

4.2.1 Epidemiological studies in Australia have found gay men to be at high risk of contracting HIV/AIDS and other STIs. There is also an increased risk of both hepatitis A and B in this population. Research indicates that gay men are at greater risk of anal cancers and intestinal infections compared to their heterosexual cohorts.¹⁴

4.3 Bisexual people

4.3.1 Recent studies have reported Bisexual people to have worse mental health than their homosexual or heterosexual counterparts due to more adverse life events and less positive support from family and friends¹⁵. Bisexual people may also be at greater risk of STIs due to a lack of targeted health promotion activities.¹⁶

4.4 Transgender people

4.4.1 Transgender people are amongst the most marginalised and discriminated against groups in our society. Transgender people experience a high rate of depression and suicidal ideation.¹⁷ Transgender people may be medically dependent due to the need for ongoing hormonal treatment or possible surgical intervention. These can lead to specific physical health problems.

4.5 Intersex people

4.5.1 There is little published research on the Intersex population in Australia however anecdotal research indicates that experiences or expectations of discriminatory treatment may lead to decreased accessing of healthcare facilities. This has flow on effects for untreated mental and physical health problems.

5. Medical Profession

5.1 Medical practitioners have a high status in society and their views carry much authority. They therefore have a role to play in promoting acceptance of sexual and gender diversity. For many people their only contact with health professionals is with their family doctor and as such they are often the first person an individual talks to about their sexuality or gender identity. A doctor's assumptions regarding sexual orientation, or the patient's reluctance to disclose his or her sexual orientation and behaviour can lead to failure to screen, diagnose, or treat important medical problems.

5.2 GLBTI people are also represented amongst health professionals, who can also experience issues of discrimination and heterosexism within their own profession. These attitudes can have a negative impact on career satisfaction and progression.

6. The AMA Position

6.1 The AMA believes that a doctor's non-judgmental acknowledgment of a patient's sexual orientation, gender identity and behaviour enhances clinical care.

6.2 The AMA reaffirms its belief in equity of access to health care for all Australians.

6.3 The AMA acknowledges that a doctor's use of language that assumes an individual to be heterosexual makes it harder for a person to disclose their sexuality.

6.4 The AMA is supportive of interventions that prevent the development of homophobia, as this will improve the health of all Australians.

6.5 The AMA recognises medicine is a diverse profession and is supportive of equal opportunity policies, which stress that GLBTI people receive the same protection as others in areas such as recruitment, promotion, training, transfer, terms and conditions of service and dismissal.

6.6 The AMA is supportive of legislation that proscribes discrimination and provides legislative recognition of same-sex unions and families as this will lead to legal, societal, financial and healthcare equity within the community.

6.7 The AMA believes that medical education curriculum should include subjects addressing issues of sexuality and gender identity. This should include information on the coming out process, education regarding discrimination, health needs of GLBTI subgroups and information about referral networks. This should start in medical school and be a part of continuing medical education at all levels.

6.8 The AMA believes that acknowledgment of same-sex partners is important in medical decision making and that these partners should be afforded the same next of kin status as their heterosexual counterparts.

6.9 The AMA is supportive of research and education that addresses the specific health needs of the GLBTI population.

6.10 The AMA opposes the use of "reparative" or "conversion" therapy that is based upon the assumption that homosexuality is a mental disorder and that the patient should change his or her sexual orientation.

7. Glossary of terms

Gay: A man whose primary sexual and emotional attraction is to towards other men.

Lesbian: A woman whose primary sexual and emotional attraction is to towards other women.

Bisexual: A man or woman who is sexually and emotionally attracted to people of both sexes.

Transgender: A man or woman whose gender identity is at odds with their biological sex.

Intersex: A person with an intersex condition is born with sex chromosomes, external genitalia, or an internal reproductive system that is not exclusively either male or female. This word replaces hermaphrodite.

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