

Queensland Association for
Healthy Communities Inc

**Half Day
Sexuality and Gender
Identity Training Resource**

qahc
Queensland Association for
Healthy Communities Inc.

Contents Page

1. Introduction to the Training Resource	3
2. Aim of the Workshop	6
3. Sexual Orientation	7
4. Coming Out.....	13
5. Gender Identity	15
6. Myths, Values and Stereotypes	18
7. Different Types of Discrimination: Homophobia, Transphobia and Heterosexism.....	20
8. LGBT Health Outcomes	26
9. Factors that make it Difficult for LGBT Clients to Access Services	37
Notes for Facilitating Sexuality and Gender Training.....	42

1. Introduction to the Training Resource

The Queensland Association for Healthy Communities Inc (QAHC) sexuality and gender identity awareness training focuses upon reorientation of health and health related services to provide inclusive service provision for lesbian, gay, bisexual and transgender (LGBT) clients. Since 2005 approximately 600 service providers have successfully completed these workshops throughout Queensland. A high level of continued evaluation is undertaken to ensure that QAHC's adult education resources are relevant to the needs of service providers.

This training resource targets service providers who are already working with LGBT clients, or who have a relatively high knowledge of sexuality and gender identity issues. The workshop provides participants with an opportunity to revise their knowledge and working practices related to sexuality and gender identity issues relevant to LGBT clients.

This training resource enables services to deliver the four hour sexuality and gender identity awareness training to their own staff. The resource aims to provide mechanisms to assist service providers to deliver inclusive services to members of the LGBT community. The training endeavors to increase the accessibility of mainstream services and the provision of informed and holistic care to LGBT clients in Queensland.

1.2 How to use this training resource

1.2.1 Pre-training reading materials

This training resource provides a series of LGBT fact sheets for participants to read before undertaking the training workshop. It is important that participants are familiar with the basic terminology and topics addressed in the workshop before completing the training.

1.2.2 Workshop Power Points and Activities Booklet

The training power point presentation is provided to guide the delivery of the workshop. These power points should be used in conjunction with the facilitator's notes provided in this booklet. The workshop handout and activities booklet sets out the activities delivered within the workshop, in a consecutive order with the power point presentations for each session.

1.2.3 Facilitator's Notes

This booklet provides facilitator's notes on the delivery of the workshop. The notes provide the timeline and objectives of each session, information on each topic covered in the training sessions and an outline on how to conduct the activities in the workshop. Facilitator's should review these notes in conjunction with the workshop power point presentation before facilitating the workshop.

General notes on facilitating sexuality and gender identity adult education, for both LGBT and heterosexual training facilitators, have been provided to raise awareness of issues that may potentially arise during the workshop as well as basic tips on managing training participants. It is recommended that facilitator's review these notes before facilitating the workshop. QAHC also strongly recommends that facilitator's undertake this training with QAHC before delivering the workshop within their own service, or that facilitators have previous experience in conducting sexuality and gender identity awareness training in some form.

Sexuality and Gender Identity Half Day Workshop

Specific Issues

- Understanding Sexuality
- Understanding Gender Identity
- Values, Myths and Stereotypes
- Affects of discrimination, heterosexism, transphobia and homophobia
- LGBT Health Outcomes
- Service Provision to LGBT clients

Time Frame

4 hours

Facilitator's Tools

Group work activities
Brain storming
General discussion

Resources

Data Projector
Lap top
Workshop packs with activity hand outs
White board/butchers paper
Resources for Activities – scenario cards

Required pre-reading

1. Australian Medical Association Position Statement on Sexual Diversity and Gender Identity
2. LBTS Aboriginal and Torres Strait Islander QAHC fact sheet
3. LGBT Young People QAHC Fact sheet
4. Service Provision to the L:GBT Community QAHC fact sheet
5. Social pressures that affect LGBT people QAHC Fact sheet

Modules Aim

- To have an understanding of:
- Sexual orientation and sexual identities
 - Gender Identity
 - Values, Myths and Stereotypes related to LGBT people
 - Impact of discrimination, heterosexism, transphobia and homophobia
 - Patterns of LGBT Health Outcomes
 - Providing inclusive service provision to LGBT clients

Sexuality and Gender Identity Awareness Workshop Outline

Time	Topic	Objectives	Activity	Resources Required
5mins	Introduction	Workshop overview	Group etiquette	Slides 1-2
15mins	Sexuality	Exploring heterosexism in work practices	Facilitators presentation	Slides 3 -11
15mins	Small Group Activity	Sexuality and Sexual Behaviours: Identifying conflicts	Fantasies – Behaviours – Identities	Slide12 Activity Cards
10mins	Coming Out	Incorporating sexuality, gender identity into a persons life	Facilitators presentation	Slides 13 - 17
20mins	Gender Identity	Awareness of service provision techniques with LGBT clients	Facilitators presentation	Slides 18 – 28
20mins	Group Activity	Myths, Values and Stereotypes: Impacts on working with LGBT clients	<i>Barriers Exercise</i>	Slides 29 - 31
20mins	Break			
20mins	Discrimination, Heterosexism & Homophobia	Impacts of different forms of discrimination	Facilitators presentation	Slides 33- 41
15mins	Group Activity	Homophobia and Coming Out: Impact of discrimination	Creative Visualisation	Slide 42 Story to read out
30mins	Health Outcomes	How sexuality & gender identity can impact upon health outcomes	Facilitators presentation & group discussions	Slides 43 - 58
30mins	Case Studies	Heterosexism and Service Provision: Access and disclosure	Case Studies	Slide 59 Activity & White board
20mins	Accessing services, support and disclosure	Identify reasons why LGBT people don't disclose sexuality & gender identity	Facilitators presentation (if time GLHV Audit)	Slides 60 - 65
10mins	Wrap Up & evaluations	Workshop overview	Facilitators presentation	Slide 66

Allow 4 hours to complete this workshop

2. Aim of the Workshop

This is a four hour workshop for health and health related service providers. The workshop aims to provide participants with a basic understanding of sexuality and gender identity. The social pressures related to sexuality and gender identity are linked in the workshop to the patterns of health outcomes and risk factors that influence the health and wellbeing of LGBT people. This raises awareness of the impact of sexuality and gender identity in a social determinants of health framework within the LGBT community. The workshop also raises awareness of the barriers that may affect LGBT people accessing services and aims to provide participants with mechanisms to overcome these barriers through creating inclusive service environments and work practices.

The nature of the workshop is to build on the information and strategies presented in each session. Facilitators may find it useful to refer back to discussion in previous sessions to use as examples for some of the topics that the workshop addresses later.

2.1 Introductions, House Keeping and Ice Breaker

Facilitators should ensure that all housekeeping issues be identified so that participants feel safe & comfortable in the space.

Introduction of facilitators should provide information on the roles & experience of facilitators. Please note:

- Do not profess to be “experts” on the topic
- Be clear & concise on the information being shared
- Encourage participants to be involved in all aspects of training.

The purpose of the workshop should be introduced with an explanation of why it is important for mainstream services to have an understanding and an awareness of sexuality and gender identity issues. Before starting the workshop identify some points that we know about LGBT people living in regional areas. These are presented in power points later in the workshop.

We know that LGBT people in regional areas can experience:

- Increased social isolation with fewer LGBT peers
- Less services and support mechanisms that address sexuality and gender identity issues
- Less verbal abuse and more physical abuse on basis of sexuality
- Increased concerns that confidentiality will be breached
- Move to metropolitan areas to explore LGBT issues and lose support networks

Ensure that participants are aware that the purpose of our training is to provide mainstream service providers with knowledge and skills to improve their working practices with the LGBT community.

3. Sexual Orientation

Sexual orientation is an individual's emotional, romantic, sexual and affectionate attraction towards another person. This session aims to emphasize the incongruities between sexual identities and behaviours when addressing sexual orientation and sexuality generally.

- The concept of sexuality/sexual orientation incorporates three inter-related factors:
 1. An individual's desires,
 2. Sexual behaviours and
 3. Sexual identity.

These are not synonymous.

- It is important that participants understand that these three factors may not always be consistent. For example a person may have sexual desires towards the same sex, however sexually identify as heterosexual, while their history of sexual behaviours may incorporate having sex with both men and women.
- These components of sexual identity will be individual for each person.

3.1 Sexual Trichotomy Model

This model moved away from just looking at sexual behaviour to discuss sexual formation & identity.

- It provides a holistic model that acknowledges internal mechanisms that impact on our sexual formation such as psychological, biological, ethical, spiritual & socio-cultural factors.
- The model explains the integration between sexual orientation, sexual behaviour & sexual identity.
- Participants will have a hand out of the sexual trichotomy model.

1. Sexual Orientation: This is who you are attracted to: women only, men only, both;
2. Sexual Behaviour: This is the sexual contacts that you make, it is only the physical act. This may or may not be congruent with your sexual orientation &/or your sexual identity.
3. Sexual Identity: This is how you externally & internally identify. Gay, lesbian, bisexual, straight, men who have sex with men, women who have sex with women but do not identify as bisexual or gay/lesbian. This may not be congruent with your sexual orientation &/or your sexual behaviour. Your internal & external identity may also not be congruent – you may identify one way internally but not identify the same way externally.

3.2 Sexual Orientation Continuum

The sexual orientation continuum allows movement of sexual experiences throughout a person's lifetime and circumstances.

- This model acknowledges that sexual identities and sexual experiences are not rigid entities.
- They may vary from the spectrum of heterosexuality to lesbianism and gay and everything in between, according to a person's life experience.
- A person's sexual identity, sexual behaviours and desires may change over a person's life time.

QAHC Half Day Sexuality and Gender Identity Training Resource

- These identities do not have to change rigidly from one to another. They may also go back and forth. The continuum is not rigid in the direction of movement towards a sexual identity or behaviours – a person can move back and forth in regard to sexual behaviours and identities.

The Fantasies – Behaviours – Identities Model allows an individual's sexuality/sexual orientation to be viewed in three distinct factors.

- These factors may oppose each other and/or be aligned with one's sexual identity. These factors (FBI) may be the same or different.
- Each factor forms an essential parts of a person's whole sexuality.
- This model allows people to acknowledge the sexual fantasies and desires of an individual that are a part of an individual's sexuality however opposed to their sexual identity and/or experiences.

For Example:

A woman who has previously been married, sexually fantasises about both men and women however identifies as an exclusive lesbian that would no longer have sex with men.

- Her sexual experience is with both men and women
- Her fantasies are with both men and women
- Her sexual identity is as a lesbian

A man who has only had sex with men, may fantasise about women and identify as a gay man.

- His sexual experience and identity are both directed towards being a gay man
- However his sexual fantasies include having sex with a woman (heterosexuality)

A woman who had sex with men as a teenager, fantasises about two men having sex, now only has sex with women.

- Her sexual experiences have been with men and women
- Her fantasies involve gay men
- Her identity is based upon only having sex with women.

It is important that participants understand how all factors are incorporated into an individual's sexuality. These factors may be opposing or in line with their sexual identity. When working with LGBT clients it is important that participants keep this in mind. A person's sexual identity will not always define their sexual behaviours. A gay man or a lesbian may still be sexually active with members of the opposite sex. This is especially relevant for young people who identify as LGBT.

Fantasies – Behaviour – Identities Activity

Related Topic: Sexuality and Sexual Behaviours

Purpose of the activity

To provide participants with a framework for understanding the sexual orientation continuum. The aim of the activity is to demonstrate how a person's sexual identity may not correspond to their sexual behaviours or their sexual fantasies – sexual identity vs sexual behaviours.

Outline of the activity

Prepare: Separate situation cards are distributed to small groups. Each card has a scenario of a person's sexual fantasies, behaviours and identities. In small groups ask participants to discuss how each individual's fantasies and behaviours relate to their sexual identity.

This activity can be conducted in a large group format as well.

Process:

- Begin the exercise after completing the training information on the sexual continuum and the FBI model of sexuality.
- Ask the group to discuss the person's sexual identity in regard to their behaviours and fantasies.
- Reassure the group that there are no right or wrong answers, nor does everyone have to have a defined sexual identity. The exercise is intended to show how an individual's sexual behaviours, identities and fantasies may vary over time and may continue to be in opposition to their sexual identities.

Time Frame Allow 15 minutes for this exercise.

Adapted from the following
Block Out/Challenging Homophobia Education Training Manual By Kenton Penley Miller and Mahamati.
Affirming Diversity: An Educational Resource on Gay, Lesbian and Bisexual Orientations by Sally Liggins, Annemarie Wille, Shaun Hawthorne and Leigh Rampton. Not Round Here: Affirming Diversity, Challenging Homophobia: Rural Service Providers Training Manual by Kenton Penley Miller and Mahamati.

FBI Situation Cards

A man 30 years of age, in jail for 9 years. He is married but the marriage is unlikely to last his prison term. He has oral sex with men in prison and fantasises about women when he masturbates.

FBI Situation Cards

A young woman, 18 years of age, has had no sexual relationships yet. She finds herself attracted to her female lecturer at university and is worried in case she is a lesbian. She is shy when she is around men and generally socializes with women.

FBI Situation Cards

A woman, 35 years of age, and is divorced. She has had short term relationships with men since she has been divorced and frequently goes to single bars. She wants to get re-married.

FBI Situation Cards

A gay man, 33 years of age, is in a ten year relationship with his male partner. He has a crush on his female supervisor at work and fantasises about having sex with her.

FBI Situation Cards

A man, 40 years of age, has had several relationships with women. He fantasises regularly about having sex with both men and women. When he travels interstate on business he frequents gay men's saunas and has sex with men, feeling comfortable that no one he knows will find out.

FBI Situation Cards

A married man, 40 years of age. In his adolescence he had sexual experiences with both boys and girls. He has been married for 20 years and often has sex with men at beats. Because he is married he does not consider himself to be a 'poofter'.

FBI Situation Cards

A transgender man, 25 years of age, had sex with women before he transitioned to his true gender identity as a man. He is now in a relationship another man and continues to fantasise about women.

FBI Situation Cards

A transgender woman, 45 years of age, transitioned from a man to a woman while she was already married to a woman. She continues to be in a monogamous sexual relationship with her female partner and identifies as a lesbian.

FBI Situation Cards

A woman, 45 years of age, was in a relationship with a woman for ten years before she married her male partner. She has been married for 5 years and continues to fantasise about women.

FBI Situation Cards

A man, 32 years of age, is in a long term relationship with a woman. He fantasises about other women and watches lesbian pornography with his female partner.

FBI Situation Cards

A woman 25 years of age. Had a lot of sex with boys when she was in high school. She is in her first long term relationship with a woman, and enjoys watching gay male pornography when they are having sex.

FBI Situation Cards

A young woman, 16 years of age, has had oral sex with several boys in her high school. She has never had sex with a woman however she fantasises about being with women and identifies as a lesbian.

FBI Situation Cards

A young man, 17 years of age, has had oral sex with several boys and sexual intercourse with several girls in his high school. He identifies as straight and fantasies about having sex with both men and women.

4. Coming Out

Coming out is a key part of the development of lesbian and gay identity. There are many coming out models.

- Many of the models used to explain coming out assume that a person is either heterosexual or gay, whereas according to Kinsey and the Australian Study of Sexual Relationships only about 5% of the population is exclusively heterosexual or homosexual.
- Such models serve to describe where an individual is in the process, but are not helpful to predict process for the individual. The models can be helpful to assist clients to understand what they are experiencing, and to demonstrate to clients that you have an understanding of the process and are supportive and understanding.
- It is important that participants realise that coming out will be an individual experience for each person with particular concerns and considerations relevant to their individual situation.
- We have provided a four step process of what 'coming out' or accepting one's sexuality generally involves for gay and lesbian people.
- Coming out is a complex process which may, but not always, begin in adolescence and extend into adulthood.
- It is important to recognise that 'coming out' or rather disclosing one's sexuality for a lesbian or gay person is a process that continues to happen throughout an individual's life. For example in a new work environment, with new friends, when share housing or going to school or university.
- It is a process that reoccurs for gay and lesbian people when they are forming new relationships and social environments. The continuing process of disclosing or coming out in new environments is due to the general assumption that everyone will be heterosexual, and many gay and lesbian people will need to confront this assumption.

Being outed by another person, through breaches of confidentiality with service providers or gossip from friends or associates can be a real concern.

- It can be a traumatic experience for an LGBT person and/or it may be an ongoing fear that someone will out them in a particular environment eg family or workplace or swimming team etc.
- Ensure participants understand that it is important to be aware of how comfortable your client is with their sexuality, gender identity or HIV status when addressing these particular issues.
- An individual's comfort level with these issues is likely to affect whether the person has come out to other people, whether or not they are concerned about being outed in the general community, their ability to openly discuss issues related to their sexuality and the importance placed upon confidentiality within the consultation and in accessing the service.

4.1 Affects of coming out

It is important that participants are aware that the process of coming out is influenced and affected by other variables such as gender, ethnicity, location (eg urban vs. Rural or remote), society's attitudes and values, state or federal laws, family circumstances, religion, poverty, disability.

- It is important to emphasize how different aspects of an individual's backgrounds, beliefs and geographical location can impact upon their ability to explore sexuality and gender identity issues and their level of acceptance of these issues.
- Geographical location, cultural backgrounds and personal/religious beliefs can impact upon the levels of internal homophobia, acceptance by family and friends of an individual's sexuality and their health outcomes as a result of these pressures.

- Some people's experience of coming out will be extremely positive and supported.
- Other people's experience of coming out will be stressful and traumatic. Many people experience isolation and rejection from families and friends.
- Part of the stress associated with coming out to people is the fear of rejection or negative reactions that are informed by a lack of acceptance, stigma and myths relating to sexuality.
- Coming out may be a difficult process due to the internal homophobia that an LGBT person has about their own sexuality. These are negative values associated with same sex attraction generally formed before the person has realised they identify as gay or lesbian.

5. Gender Identity

Gender identity is defined as an individual's sense of identity in relation to the categories of man or a woman. Gender is also recognised as the 'performance of gender'. Some recognise gender as the social construction of what our society values as the role and identities of being a male or a female.

When addressing gender identity it is important to differentiate between sex and gender at the beginning of the session. This is important because when explaining transgender issues the role of 'gender' and the role of 'sex' are extremely different and this is a very important point for participants to understand at the beginning of the session.

Basic definitions are:

- Gender Identity: an individual's sense of identity in relation to the categories of man and woman
- Gender: the state of being male or female in the context of cultural and social values
- Sex: the division of male and female on the basis of reproductive organs
- Trans Female: Male to Female transgender/transsexual, FTM
- Trans Male: Female to Male transgender/transsexual, MTF

5.1 Gender Identity Disorder

- The medical/psychiatric term used to define a person's overwhelming desire to live as the gender opposite to their birth sex.
- Transsexual is the medical/psychiatric term for an individual with gender identity disorder. Transsexuals may also be referred to as transgender.
- The medical profession considers gender identity disorder to be a psychological condition. However most transgender people consider they were born with the desire to identify as the gender opposite to their birth sex and have always identified as that gender regardless of the physical status of their body. There is debate within the transgender community as to whether GID is a biological or psychiatric condition.
- Regardless of the surgical status of a transgender person, eg whether they have already undergone sex reassignment surgery (SRS), or they have not undergone SRS or they do not intend to undergo the full extent of SRS, transgender people are still recognised, identify as and should be acknowledged as the gender identity they live and present as.

5.2 Sex Reassignment Surgery

- This is a medical procedure that aligns the physical/biological body with the correct gender and sex of a transgender person.
- Some transsexual people are not able to undergo sex reassignment surgery due to medical reasons and some people may choose not to undergo this procedure.
- Many FTM do not undergo the procedure of phalloplasty (construction of the penis) as the medical procedure does not have a high success rate.

5.3 Transgender

- This is an umbrella term for people whose gender identity falls outside the social norms of gender categories.
- Transgender includes transsexuals, intersex, cross-dressers, drag kings and drag queens.
- Some transgender people may reject the notion of gender altogether and seek to self-identify as a third gender or no gender such as third gender or gender queer.

5.4 Sistergirls

- Transsexuals in Aboriginal and Torres Strait Islander communities are sometimes referred to as Sistergirls. However this term may also be used to describe effeminate men as well.
- Sister Girls are biological men, their sex was male, that identify as women or are effeminate.
- Sistergirls may not necessarily identify with the terminology of transsexuals or transgender, and may not undergo or be interested in SRS.
- Sistergirls are often accepted in the community as women, undertaking women's roles in the community and participating in intimate sexual relationships as the woman.
- Sistergirls' intimate relationships with men are considered heterosexual, not a same sex relationship, as sister girls are seen and accepted as a woman.
- However the roles of sistergirls and levels of acceptance in the community can vary, often related to the influence of religion in the community.

5.5 Recognising Gender Identity

Many transgender people recognise that they have gender identity disorder later in life. This is influenced by a range of factors including:

- the lack of awareness of gender identity disorder and transgenderism,
- a lack of social and personal acceptance of gender identity disorder,
- a prior identification with same sex attraction before recognising gender identity issues.

Recent trends are showing that gender identity disorder is being recognised and addressed at a much earlier age than previously. It is suggested that this is occurring due to the increased social awareness within the general community and medical profession.

5.6 The process of transitioning

Transitioning is the process of recognizing, accepting and taking steps to live and present as the individuals true gender identity. It may include:

- changing style of dress
- selection of a new name
- requests that people use the appropriate pronoun
- undertaking necessary medical care such as hormone treatment, counseling and/or surgery.

The process of transitioning is recognised as being a highly stressful period for transgender people. This process may be extremely traumatic for some transgender people as a result of experiencing:

- Disclosing and explaining their gender identity to family and friends

QAHC Half Day Sexuality and Gender Identity Training Resource

- Being rejected by family, friends and partners, resulting in social isolation
- Disclosing gender identity issues to medical professionals
- Changing legal documentation to their true gender and new name
- Having to leave current employment during the process of transitioning
- Not passing in the general community as their presenting gender
- Personally experiencing transphobia and discrimination within the general community

Transgender mental health is often influenced by the large amount of discrimination and lack of acceptance of transgender people in the general community. Transgender people of experience:

- Higher levels of stress, depression, self harm and suicidal tendencies are present in the transgender community compared to the LGB community.
- This is considered to be influenced by some transgender people's inability to pass in the general community – that is many people will be able to identify that a person is transgender or in the process of transitioning from one gender to another.
- The inability to pass in the general community can mean that many transgender people do not have the choice of disclosing their transgender identity to people as they are easily recognized.
- This often results in transgender people frequently experiencing social discrimination, prejudice and violence. These experiences are considered to occur at far higher rates than lesbians, gay men and bisexuals encounter. This is due to the higher levels of stigma generally associated with transgender people and the ability for some LGB people not to be identified on the basis of their sexuality in the general community.

5.7 Gender vs Sexual identity

It is important that participants are able to distinguish sexuality and gender identity as two separate identities and issues.

- Many people get confused and believe that sexuality and gender identity must be inter-linked however they are not.
- Gender is about a person's sense of identity in relation to the categories of man or woman
- Sexuality is about a person's desires, emotional and sexual, towards another person.
- A person's sexuality is not influenced by their gender identity or the fact that they have transitioned from one sex to another. Rather it is based upon the gender of the people they are attracted to.
- The surgical status of a transgender person does not invalidate a person's sexual orientation. For example a pre-operative transgender man can identify as a heterosexual, when he is attracted to women, even though they have not undergone phalloplasty (construction of a penis).
- Transgender people may be heterosexual, bisexual, gay or lesbian just like anyone else.
- Some transgender people will identify as being attracted to the same sex before recognising that they actually identify as the opposite gender to their birth sex.

6. Myths, Values and Stereotypes

At the beginning of this session participants are asked to undertake an exercise of identifying all of the myths and stereotypes about LGBT people. The exercise aims to bring out all of the stereotypes and myths people know about LGBT people and reflect on how these misconceptions can affect their work with LGBT clients. The exercise should also emphasize the pre-conceived ideas LGBT clients may have about the service or service provider.

Ensure people feel comfortable to identify these myths and stereotypes, whether they are positive or negative. This exercise encourages participants to identify the meanings, values and stereotypes and their impact on both service providers and LGBT people.

Barriers Activity

Related Topic: Myths, Values and Stereotypes

Purpose of the activity

To highlight the barriers that myths and stereotypes can create for both LGBT people and service providers and others.

Outline of the activity

Preparation: You will need two volunteers, chairs and the group to either stand at each end behind the volunteers or in a circle around the volunteers. You will need furniture, boxes or bags to place between the volunteers.

Ask for volunteers to sit in chairs opposite each other, a couple of metres apart. One volunteer is the 'LGBT person' and one volunteer is the 'service provider'.

Ask the participants to call out myths they know about LGBT people. Ensure that the group also uses myths and stereotypes about lesbian and gay parenting, children with LGBT parents and parents who have LGBT children.

When each myth is called out a person or the person calling out the myth places a piece of furniture in between the two volunteers sitting in the chairs. (Facilitators to ensure that the items placed in between the volunteers are large enough to form a barrier high enough to block the view of each volunteer from the other).

At the end of the exercise ask participants to look from one of the ends, behind one of the volunteers, to see what they can see from each end.

Ask the group

- What are they able to see?
- Discuss with participants how they felt when they looked over the shoulder of the 'service provider' and the 'LGBT person' and saw the barrier between them.
- What impact would this have on the service provider seeking to support or understand LGBT people?
- What impact would this have on an LGBT person seeking to access services or disclose sexuality or gender identity issues to someone?
- Discuss what influences these myths.

Debrief, Reflection & Question Time

- Allow time for participants to discuss what they have learnt/ challenged for themselves.

(Activity adapted from De Viell, B, Forbes, T, Kincaid, A & Selkrig, M., 1998, *Are all your clients heterosexual?*, Albury Community Health Service, NSW, Australia.)

Time Frame

Allow 20 minutes for this activity.

After the group discussion a brief explanation of heterosexism and homophobia and transphobia and the affects of these attitudes are presented to participants. When these definitions are presented refer back to some of the examples of myths and stereotypes that were suggested in the barriers exercise to exemplify how these attitudes may have been formed in our society.

Part Two of the workshop

The second half of this workshop focuses on the social pressures that can affect LGBT health outcomes and the willingness of LGBT clients to disclose sexuality and/or gender identity issues to service providers.

7. Different Types of Discrimination: Homophobia, Transphobia and Heterosexism

Homophobia and heterosexism may present itself in three basic levels

- Interpersonal
- Internal
- Institutional

However all forms of discrimination are informed by the social, cultural and religious values in the community.

Interpersonal discrimination:

- Assuming someone is heterosexual (heterosexism)
- Calling someone a faggot (homophobia)
- Not being able to tell people your friend is a lesbian because you are embarrassed or scared how they will react
- Only addressing heterosexual sexual practices when addressing safe sex with clients

Internal homophobia or transphobia

- Staying in an abusive relationship because you don't think anyone else will love you because you are a transgender person
- Believing that you are a pervert for being attracted to a member of the same sex
- Accepting that the family will not invite your partner to family functions because they are ashamed of their gay son or lesbian daughter
- Not expecting to get a promotion if your work found out that you are a lesbian or gay man
- Accepting health care professionals to being rude, abrupt or dismissive because you identify as an LGB or T person

Institutional homophobia or transphobia

- Legally preventing same sex marriage or same sex couples from adopting children
- Not including same sex partners in a company's carers policy
- Allowing legal discrimination against transgender people to prevent them from working with children
- Not recognising or including same sex partners in school events of their children

7.1 Heterosexism

Heterosexism is the assumption that everyone is or ought to be heterosexual and that a person's gender identity will be fixed at birth in accordance to their birth sex.

Heterosexism can present in many ways.

For example:

- Language health care providers use:
 - Health providers asking about a husband or wife, assuming the partner to be of a different sex
 - Intake questions that ask about marital status
 - Not using gender neutral language.
- Resources only focusing upon heterosexual relationships
 - Domestic violence information only on heterosexual couples
 - Safe sex resources not addressing lesbian sexual practices as well
- Social environment:
 - Product advertising that only shows heterosexual couples
 - Women's magazines that assume all their readers are heterosexual

The affects of heterosexism can make LGBT identities, sexuality and gender identity issues invisible or non-existent.

- It can lead to reinforced feelings of guilt, difference, not being "normal" – this being internalised homophobia or transphobia in the case of a transgender person.
- It can increase expectation of negative reactions or lack of understanding about sexuality or gender identity issues.
- It can increase the fear of rejection by family, friends or service providers on the basis of your sexuality or gender identity.

7.2 Homophobia and transphobia

Homophobia is the irrational fear of homosexuals or anyone perceived to be homosexual. These fears are irrational because they are based upon myths and stereotypes.

Transphobia is the irrational fear of people who are transgender or are perceived to be a transgender person. These fears are irrational as they are based on myths and stereotypes.

These beliefs are influenced by our social, cultural and religious values.

- It is important that participants understand that both homophobia and transphobia are experienced on many levels by many LGBT people and have negative affects on all aspects of their lives.

Statistics relating to the experiences of homophobia for young people have been taken from *Hillier L. et al., (2005) Writing Themselves In Again: The 2nd National report on sexuality, health & well-being of same-sex attracted young people in Australia, ARCSHS, La Trobe.* This was an online survey conducted throughout Australia with young people, between the ages of 14 and 21 years, and included 1749 respondents to the survey.

7.3 Internal Homophobia or Transphobia

Internal homophobic or transphobic values are formed before an LGBT person realises they identify as LGBT and are values that have been informed by the negative social values and attitudes towards sexuality and gender identity. If an LGBT person is internally homo/transphobic they will accept unequal treatment because of their sexuality or gender identity. For example an LGBT person may:

- Expect and accept being disliked and receiving second class treatment
- Does not challenge the health professional who is physically rough or the person on the front desk who is rude
- Accepts the family will not invite their partner to family gatherings
- Examples of internalised transphobia for the transgender person may be accepting the diagnosis of a mental illness, being assigned their own separate toilet or colleagues/family/health services deliberately not using their chosen name.

The Cycle of oppression can be used to explain how social beliefs can instill values of lesser self-worth and internal homophobia or internal transphobia.

- Oppression is a process beginning with false belief, prejudice
- Society then develops rules or laws which oppress that group which leads to disempowerment and then internalising the oppression
- An Example: It is a false belief that male homosexuals are paedophiles when the literature reports that 95% of child sexual abuse is perpetrated by heterosexual men. Male homosexuals are then advised not to become teachers or early childhood workers (internalise oppression).
- Consequences are that career choices are limited for the individual, school misses out on having a talented teacher, children are deprived of GLBT positive role models. If children or young adults think that they are gay, they become more isolated and are at-risk of self harming activities or suicide.

Internal homophobia or transphobia can affect LGBT people in a variety of ways:

- An individual's negative attitude to homosexuality and transgenderism may be formed before the person self identifies as LGBT, and is influenced by social values and beliefs that reinforce negative attitudes about same sex attraction and transgender people.
- Internalised 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.

Creative Visualisation Activity

Related Topic: Homophobia and Coming Out

Purpose of the activity

Raise awareness of the social isolation experienced by LGBT people in our society, and the impact of homophobia and heterosexism.

Outline of the activity

Read the following blurb aloud to the group. This activity only requires participants to listen.

Imagine yourself as a heterosexual in an all lesbian and gay world. Your neighbours are lesbian, your colleagues are all gay and transgender, your employer is intersex and all your sisters are lesbians and your brothers are gay.

Who can you turn to? Who can you confide in to tell your secret? Every time you turn on TV, or go to the movies you see men kissing men and women kissing women. Every magazine you pick up tells you how to score with the same sex. And to make matters worse, the government has just outlawed different-sex marriage, so that you will continue to be discriminated against.

You have been to the public library to try and get information about heterosexuals. You find a few books and grab them as you quickly walk past the shelf so that no one can see stopping to look at “that” section. You hide in a corner looking up every few seconds, just in case someone you know walks past, and you never quite make it to the issue desk with those books. In the cafeteria at lunch time you hear people talking about heterosexuals and how disgusting they are. In the toilets someone has drawn a picture of a heterosexual hanging from a noose and someone else has written “good job” under it.

You know you have had these feelings for the opposite sex for as long as you can remember. You don't know anyone else who has these feelings. Sometimes when you have a deep and

QAHC Half Day Sexuality and Gender Identity Training Resource

meaningful with your close friends, you are about to say it, but just don't know how they would react ... and they would probably think that you are in love with them.

You have been invited to a gay wedding by someone of the opposite sex. What do you do? You go because you don't want people to think that you are weird or different. Women are dancing with other women and men are dancing with other men. Your date starts snuggling up to you and tries to kiss you. You panic and don't know what to do. What if people notice? They might throw you out or even beat you up, just for a laugh.

Some people say it is a sin to be heterosexual. You hear people at church saying this all the time. People start asking you why you aren't dating, and most of your friends are in relationships and some are having sex.

Recently you were at a local café and saw a newspaper titled "Heterosexual News: Australia's only newspaper of heterosexual expression". For the first time in your life you see something that might tell you something about yourself. You manage to get it home and read it. It talks about a club in town for young heterosexuals and one night you get up the courage to go. You are walking down the street and you are sure everyone can tell you are a heterosexual. You stand across the road and watch people walk in, happy and laughing. They don't look weird. You are so nervous, you feel sick.

You get inside and see men and women talking together, dancing together and people are being really friendly to you, and you know that this place feels safe, feels like home, feels like you belong.

You start talking to someone and you really like them and they really like you ... so you arrange to meet them the next week, and the week after that and the week after that.

You start going out together but it is still really hard. When you walk down the street together holding hands people stare, and sometimes they say obscene things that really offend you. They don't even look at your face, all they see is to people of the opposite sex holding hands

QAHC Half Day Sexuality and Gender Identity Training Resource

and are disgusted. It is hard because you love your partner a lot and you don't feel like you are hurting anyone.

You start to feel that you are leading a double life. At home or around your friends who don't know about you, you are living a homosexual life and doing what is expected of you. But the rest of the time you are free to be just you and you feel love and pride for who you are and who your partner is.

After you have been going out for a while, you decide to get an apartment together, but you are careful to pull the curtains at night, just in case the gay landlords see you kissing and evict you. Or they could tell your employer who you suspect would sack you.

One day while crossing the road, your partner gets hit by a car. You go to the intensive care unit and look through the window at the bruised and broken body of the person you love, and then you see the sign on the door "next of kin only". You have to decide whether to tell these homosexual doctors and nurses that this person is your partner, knowing that this may affect their care. What do you do?

Time Frame

Allow 10 minutes for this activity.

After the creative visualisation activity, ask the participants to discuss some of the concerns you may have telling the hospital staff that you are the patients partner?

8. LGBT Health Outcomes

LGBT health and wellbeing outcomes are often affected by an individual's level acceptance and comfort with their sexuality and/or gender identity, and their experiences of discrimination and stigma.

8.1 Affects of minority stress

- Either one or both partners feel isolated from usual supports of family, friends or colleagues.
- Fear of coming out and having to face homophobia or transphobia prevents many LGBT from coming out to health care providers and consequently deprives LGBT people of the best possible care
- Fear of being judged by family, friends or those in authority eg workplace, health care providers who may "gate keep"
- LGBT domestic/intimate partner violence can be used to control the non-violent partner – abuser "outs" or threatens to "out" the victim and uses the myth that authorities will not help as they are homophobic or transphobic. The person accepts the myths that reports of LGBT domestic violence will be ignored, that it does not exist or that the abuse is deserved because of their sexuality or gender identity.
- Mental health – discrimination against LGBT people affects their mental health with higher levels of depression, undiagnosed and untreated mental illness and increased substance use (alcohol, tobacco and other drugs)
- Poor support mechanisms for same sex attracted and transgender youth lead to high rates of depression in youth, accompanied by drug use and homelessness (rejection by family of origin).

8.2 Sexuality and Gender identity as health determinants

There is growing recognition of sexuality and gender identity as health determinants that affect the health and illness patterns of LGBT people.

- The experiences or expectation of discrimination are inter-related to the health outcomes and attitudes of addressing health concerns within the LGBT community as explained within the concept of minority stress for LGBT people.
- QAHC recognises sexuality and gender identity as health determinants in their own right and uses a health determinants framework to explore the impact of these factors on the health and wellbeing of LGBT people.
- The aim of recognising sexuality and gender identity as social determinants of health is not to establish separate services for LGBT people but create more inclusive and aware services for this population.

Introduce this section by outlining how sexuality and gender identity are considered to act as health determinants on LGBT health outcomes

- The QLD Health HIV, Hepatitis C and Sexually Transmissible Infections Strategy recognises the barriers to improving health outcomes created by health determinants such as violence, discrimination, stigma, gender, geographical location.
- Although sexuality and gender identity are not identified as health determinants within this strategy they are recognised within the impacts of other health determinants such

as stigma, discrimination, violence and geographical location. These factors all have a prevalent impact on LGBT health due to an individual's sexuality and/gender identity.

- This strategy also recognizes the need to create enabling environments within health services for LGBT clients.

8.3 Influences on LGBT health

As a result of negatives attitudes, behaviours and discrimination related to sexuality and gender identity LGBT people can experience negative feelings or beliefs about themselves which result in negative mental health outcomes, abuse of drugs or alcohol, an increased risk of sexually transmissible infections and/or the lack of accurate accessible sexual health information.

- Issues of stigma, social isolation and invisibility are reoccurring factors that are interconnected with many LGBT people's health and wellbeing status.
- These factors impact upon an LGBT person's ability to disclose sexuality and/or gender identity issues to service providers. These factors can also impact upon an LGBT person's self-acceptance.
- This has produced patterns of health outcomes within the LGBT community related to sexuality and gender identity – Health Determinants.
- The following information on health outcomes and related social issues should enable participants to explore how barriers to improving the health outcomes for LGBT people are linked to social issues related to sexuality and gender identity.

8.4 Mental health outcomes

Mental health outcomes are influenced by social pressures including isolation, stigma and heterosexism experienced by members of the LGBT community. QLD Suicide strategy recognises that LGB people are at greater risk of self-harm and suicide, especially in regional Queensland.

- The higher rates of mental health issues can be attributed to discrimination and homophobia experienced by LGBT which in turn lowers self esteem.
- The homophobia and discrimination are often experienced from people and support structures that would usually support individuals such as family of origin, friends, employers, religions and health professionals.
- Rates of mental health issues in the transgender community are not clearly known due to a lack of research in this area. However they are strongly believed to be at least as high or higher than in gay men. Of particular concern is the reported problem of discrimination faced by transgender people by mental health professionals.
- Statistics from McNair, R. & Harrison J. "Life Stages within the GLBTI Communities" in *What's the Difference? Health Issues of Major Concern to GLBTI Victorians*, Department of Human Services Victoria) To access the report go to www.health.vic.gov.au/macglh/difference.htm

Encourage participants to identify how they think any of the previous issues outlined – coming out, internal and social homophobia and transphobia are likely to affect the mental health of LGBT people.

- Ask participants to consider how the lack of visibility or disclosure (not out to many people) could impact on the mental health of LGBT people.

8.5 Drug and Alcohol Use

Use of illicit drugs and alcohol is considered to be far higher than the general community.

- One of the main factors relating to patterns of drug and alcohol use is the prolonged patterns of high usage in the community. With age the rates of use do not decline at the same rates as the general population
- This may be influenced by the social lifestyles within the commercial LGBT scene.

LGBT young people often start using drugs and alcohol at a younger age.

- Drug and alcohol use for young LGBT people is often associated with the experiences of social isolation and homophobic abuse as well as the association with the commercial LGBT scene.

The earlier initiation into risk taking behaviours as well as the earlier initiation into sexual intercourse has been linked to the increased rates of sexually transmissible infections (STIs) experienced by LGBT young people compared to their heterosexual peers.

8.6 Sexual health outcomes

Sexual health outcomes of LGBT young people are influenced by several factors:

- Earlier exploration of sexual activity is likely to be influenced by factors relating to the exploration of sexuality generally
- Increased rates of STIs may be influenced by the lack of available information on same sex safe sex practices available for young people
- Increased risk of transmission through earlier initiation into sexual practices, having sex with other people who have an increased chance of coming into contact with an STI and sexual activity associated with the use of drugs and alcohol.

Gay men and men who have sex with men

- In Australia approximately 85% of the HIV positive population are men who have sex with men. Consequently men who have sex with men are at greater risk of acquiring HIV.
- MSM who do not identify as gay do not read the gay press or have access to sexual health information. At present (mid 2006) the only advertisements on television that relate to men's sexual health are those advertising impotency products.
- The gay and lesbian press does have explicit sexual health information such as identifying risky behaviours, explicit advertisements and information on where to attend for checkups. Unfortunately this safe sex information is not accessed by non-gay identifying men.

Factors influencing lesbian sexual health:

- There is a lack of research relating to lesbian sexual health and a lack of knowledge of safe sex practices for lesbians and sexual health information available from health care providers.
- Ask participants to discuss how they think the social pressures (not being out, being confused, coming out, discrimination) may impact upon the sexual health of LGBT young people when there is not discreet or accessible information on LGBT sexual health issues

QAHC Half Day Sexuality and Gender Identity Training Resource

Transgender sexual health outcomes

There is not a lot of research on the sexual health of transgender people, especially in Australia.

- Private Lives: A Report on the health and wellbeing of GLBTI Australians 2006, Gay and Lesbian Health Victoria and Australian Research Centre in Sex, Health and Society, La Trobe University http://www.glhv.org.au/files/private_lives_report_1.pdf was completed by over 5000 LGBT people in Australia. Very low rates of STIs were recorded within the transgender community in Australia.
- One of the major issues for service providers addressing sexual health issues with transgender clients is the awareness of sensitivity towards a transgender person's surgical status and what genitalia a transgender person has needs to be undertaken.
- Many transgender people are sensitive about the status of their genitalia and have already had negative experiences with health professionals which may increase the need to be sensitive towards your transgender client when discussing these issues.

Accessing Services Activity

Related Topic: Heterosexism and Inclusive Service Provision

Purpose of the activity

Raise awareness of the barriers that LGBT people may experience accessing services and disclosing sexuality and/or gender identity issues.

Outline of the activity

Split the group into small groups and distribute one of the case studies to each group. This activity can also be done in a large group.

Ensure each group has pens and paper to write down answers. Use a white board or butchers paper to collate each group's responses at the end of the activity.

Ask the group to discuss what some of the client's concerns may be about accessing the service and disclosing this information. Ask participants to write down how both the service and the individual service provider could address some of these concerns. An answer sheet for participants is provided below. Allow the groups to discuss these scenarios for 15 minutes and then share their answers with the group.

As a large group summarise each groups responses on the white board or butchers paper. Discuss how effective these strategies could be in creating inclusive service provision to LGBT clients. Ensure participants realize these strategies need to be used with all clients as we don't always know if the clients we are working with identify as LGBT.

Time Frame

Allow 25 minutes for this exercise

Facilitators Cheat Sheet

All scenarios should identify mechanisms to provide inclusive service environments and work practices that will make it easier for LGBT clients to disclose sexuality and gender identity issues to service providers.

Concerns that clients may have accessing services and disclosing this information include:

- Encountering negative reactions about their sexuality, gender identity and relationships
- Having to rebut assumptions that they are heterosexual
- Breaches of confidentiality resulting in:
 - Losing friends and family relationships
 - Being kicked out of home
 - Loss of employment
- Lack of knowledge of sexuality or gender identity issues
- Being confronted with myths and stereotypes about LGBT people and relationships
 - Being judged on negative stereotypes and myths about LGBT people
 - Having to break down stereotypes about LGBT people
- Clients may have to address their own homophobia or transphobia when speaking about these issues
- Service providers may not have worked with LGBT clients before

Mechanisms that the service could use to address some of the concerns clients may have about accessing the service:

- Have a visible confidentiality statement
- Have a visible diversity statement that includes sexuality and gender identity
- Provide an option in their client intake forms for same sex relationships and transgender people
- Provide visible LGBT resources in the waiting rooms
- Advertise in the LGBT press
- All staff to address transgender clients as their presenting gender

Mechanisms that service providers could use to address some of the concerns clients may have about disclosing sexuality and gender identity issues:

- Use gender neutral language when talking about sexual partners and relationships with all clients
- Do not to assume that any client is heterosexual
- Find out how comfortable clients are with their own sexuality and gender identity
- Find out if there are any cultural or religious beliefs that impact upon a clients acceptance and comfort levels
- Reassure clients that you have a duty of confidentiality and make them aware that you understand some of their potential concerns regarding confidentiality
- Have information resources on LGBT issues
- Have links with LGBT support services and information
- If clients are requesting information on issues that you are not familiar with make an effort to find out about your clients concerns
- If the service provider does not understand any of the issues the client is raising ask clients to clarify or explain what they are talking about
- Be aware that social support is very important for people struggling to accept sexuality and gender identity issues

Accessing Services: Scenario One

Adam is a gay man, 24 years of age. He is a student who cannot afford to live out of home and is still living with his parents. He is not out to his parents. He knows that his Uncle Kevin is gay however the family no longer speaks to him because they do not agree with his sexuality. When he was a child his parents would tell him that he wasn't allowed to meet Uncle Kevin because he might give him AIDS. He is scared that his parents would kick him out of home and refuse to speak to him again if they found out that he was gay.

Last night Adam had sex with a man at a sex on premise venue and the condom broke. He wants to find out how he can access the PEP (Post Exposure Prophylaxis) medication and goes to see a general practitioner at the local medical centre in his suburb. He doesn't have a regular GP but knows of the medical centre because his next door neighbour is the receptionist there.

What do you think some of Adam's concerns may be:

- Accessing the health service?
- Disclosing this information to the General Practitioner?

What strategies could the service use to reduce some of Adam's concerns when he enters the health service?

What strategies could the General Practitioner use to reduce some of Adam's concerns about disclosing this information and discussing these issues during the client consultation?

Accessing Services: Scenario Two

Lilly is transitioning from a man to a woman. She has just moved from Charleville. When she was living there she was in a relationship with a man and all of her friends knew her as a man called Fred. None of her friends know that she is transitioning to live as a woman. She also has not spoken to her family in three years and does not know anyone living in the area. She now lives on a full time basis as a woman however she is seeking a referral from a General Practitioner to see a psychiatrist about beginning her transition as a woman.

Four years ago she spoke to a doctor about wanting to become a woman. The doctor did not believe her and thought she just did not want to be in a gay relationship. In the end she was told that she would have to find another doctor anyway because they did not know anything about those 'type' of people.

What do you think some of Lilly's concerns may be:

- Accessing the Health service?
- Disclosing this information to the General Practitioner?

What strategies could the service use to reduce some of Lilly's concerns when she enters the health service?

What strategies could the General Practitioner use to reduce some of Lilly's concerns about disclosing this information and discussing these issues during the client consultation?

Accessing Services: Scenario Three

Josie is 17 years of age, still living with her parents and attending the local high school. Last weekend she got really drunk at friends 19th birthday party and had sex with a woman for the first time. She is really concerned that her parents and school friends don't find out. They will think she is a lesbian. She doesn't think that she is a lesbian because they are disgusting and hate men.

However she thinks that lesbians are generally filthy and is worried she might have an STI. She also knows gay men often contract HIV through unsafe sex but she isn't sure if lesbian sex has the same risks. She is really worried she might have caught something and wants to make sure that sleeping with a woman when you are drunk doesn't make you a lesbian. She goes to her School Based Youth Nurse to ask about HIV, lesbian sex and to make sure she is not a lesbian. However she is not really sure if she will have the guts to talk to the nurse about this once she is in her office.

What do you think some of Josie's concerns may be:

- Accessing the School Based Youth Health Nurse?
- Disclosing this information to the Nurse?

What strategies could the service use to reduce some of Josie's concerns when she enters the school nurses office?

What strategies could the nurse use to reduce some of Josie's concerns about disclosing this information and discussing these issues during the client consultation?

Accessing Services: Scenario Four

Alex is 34 years of age and a bisexual. He has been in a relationship with his partner Mark for 14 months. Alex is also HIV positive and both Mark and Alex still have sex with other people outside the relationship. Over the last 6 months Alex and Mark have been arguing a lot. Mark has started to use physical violence towards Alex during their arguments and threatens to tell all of their friends that he is HIV positive so no one will want to sleep with him again.

Alex is really upset about what is happening and wants to talk to a counselor about what is going on. He doesn't usually disclose his sexuality or HIV status to health professionals expect his regular General Practitioner. The last time he did the GP he saw went bright red, could not look him in the face, and started to stutter when he spoke. Alex has made an appointment at the local counseling service.

What do you think some of Alex's concerns may be:

- Accessing the counseling service?
- Disclosing this information to the counselor?

What strategies could the counseling service use to reduce some of Alex's concerns when he enters the counseling service?

What strategies could the counsellor use to reduce some of Alex's concerns about disclosing this information and discussing these issues during the counseling session?

Accessing Services
Raising Awareness of mechanisms to support LGBT clients accessing services

From each case scenario write down the following points

What may be the concerns that this person or people may have accessing the service and disclosing their sexuality or gender identity?

- ★
- ★
- ★
- ★
- ★

What strategies could the service use in its service environment and organizational policies to support LGBT clients accessing the service?

- ★
- ★
- ★
- ★
- ★

What strategies could the service provider use to support clients disclosing and discussing information relating to their sexuality and/or gender identity?

- ★
- ★
- ★
- ★
- ★

9. Factors that make it Difficult for LGBT Clients to Access Services

After the access and disclosure case scenarios run through the major points that can present barriers for LGBT people seeking to access support. These points may largely repeat the issues raised in the previous activity.

The solutions and strategies sheet below is given to workshop participants. Facilitators may like to go through this hand out in conjunction with the slide presentation.

Strategies and Solutions for supporting LGBT People Accessing Services

Service Environments

- ☆ Display visual materials that reflect a commitment to supporting LGBT people
 - ★ For Example: Display LGBT friendly symbols such as stickers, rainbow flag, anti-discrimination or anti-homophobia posters
- ☆ Display notices for LGBT community activities & support services on your notice board
- ☆ Provide resources on sexual diversity & gender identity in your workplace
- ☆ Challenge homophobic or transphobic comments from colleagues or other clients

Client Consultations

- ☆ Use inclusive language that demonstrates you are open to people exploring or identifying that they are in same-sex relationships
 - ★ For Example: Do you have a partner? *rather* than assuming they are heterosexual
- ☆ Incorporate definitions of 'family' that include same sex partners
 - ★ For example: Significant others, relatives by blood, same sex partners, spouses
- ☆ Be aware of the generalisations that you make!

Staff and organizational structure

- ☆ Use inclusive language in organizational policy, procedures and client related forms that does not assume heterosexuality or exclude transgender people
- ☆ Ensure lesbian, gay, transgender and bisexual issues and policy are covered in staff orientation and volunteer training
- ☆ Provide periodic training on LGBT issues to all staff, including reception staff
- ☆ Include LGBT people in any resource materials developed that name other populations
- ☆ Include the potential connection to sexuality and gender identity in the services and/or policies relating to suicide, alcohol or drug abuse, or sexual risk behaviours

Community contacts

- ☆ Develop a list of doctors, counsellors, services and websites that are LGBT friendly
- ☆ Find out what LGBT support or social groups exist in your community, make a positive connection to expand a network of support for service providers and LGBT people
- ☆ Seek information to be able to respond to homophobia or transphobia with education

(Adapted from : 2010 Gay and Lesbian Youth Services, Glebe, NSW and Action Research Training Brisbane June 2002, Vassi Bouzalas (VIC Community Health) & Michelle Parker (2010))

9.1 Disclosure and Support

Disclosure of sexuality and/or gender identity is essential for LGBT people to build an honest sense of self and create greater rapport and support within a person-centered service provision framework.

- Non-disclosure can lead to a range of mental health problems, including social isolation & disconnection from a sense of community belonging.
- Fear & anxiety can occur from not disclosing sexuality to at least some people. Generally young people will disclose to their friends before they disclose to professionals. (Hiller *et al*, 2005)

Many LGBT people do not disclose their sexuality or gender identity issues to service providers.

- It may not always be safe for LGBT young people to disclose these issues to everyone they know and service providers should be aware of the kind of support LGBT clients have when exploring or questioning their sexuality and gender identity.
- While it is important for LGBT people to disclose these issues to family and friends when they are ready to it is important that they are realistic about the potential consequences this may have on their living arrangements, family dynamics and social network.
- However support from both peers and service providers is a crucial element in the health and wellbeing of LGBT people.

It is important to ensure participants understand that individuals will disclose in different ways and to differing levels. For Example:

- Some people may disclose their sexuality family, extended family friends and work colleagues and feel perfectly comfortable with this level of disclosure
- Some people may disclose to immediate family and close friends and be comfortable with that level of disclosure
- Other people may be adamant not to disclose to work colleagues or their extended family
- Other people may only be comfortable with their close friends knowing about

However it is essential that participants understand that disclosure on some level is extremely important for an LGBT person's sense of self and self-acceptance. If these issues are never disclosed it can greatly impact on the health and wellbeing of an LGBT person.

9.2 Information and Resources

In regional areas there may not be specific services that support LGBT people. This is why it is important that mainstream services have an awareness of sexuality and gender identity issues, access to LGBT resources, and are aware of internet based resources. However always check to see if there are any local support groups in your region. Peer based support is important to normalize sexuality and gender identity, break down internal homophobia or transphobia and social isolation. Social support has a major impact upon general health and wellbeing.

- Addressing of internal homophobia
- Normalising of sexuality
- Reduction of isolation

QAHC Half Day Sexuality and Gender Identity Training Resource

- Connection with support structures
- Support for a positive self image.

Discuss the available referral pathways for participants who want further information to provide to clients on sexuality and gender identity, more in-depth support around these issues than participants are able to available or ways in which young people are able to make contact with other LGBT peers.

When presenting this information in regional areas there may be limited opportunities to access other services or social support groups. In this circumstance information on the internet based resources, websites and online communities should be emphasized as other viable options for LGBT clients.

- Identify that web-based referral points & resources are available to all participants.
- Discuss any concerns that participants have regarding these.
- Identify that the participants have gained extra knowledge & skills from the training, & while it does not make them experts it provides some extra tools for them to employ.
- Discuss the possibility of the participants forming an e-based support network for them to bounce ideas/ strategies off.
- Provide participants with the resources/ referral sheet.

QAHC has provided the QLD LGBT Contact Fact Sheet and the What We Don't See Fact sheet with information on resources and websites.

Optional – if there is any spare time at the end of the workshop

If there is time left over ask participants to complete the Gay and Lesbian Health Victoria Sexual Diversity Audit and discuss how there service provides appropriate information and inclusive services for LGBT clients.

Service Audit Activity

Related Topics: Heterosexism and Inclusive Service Provision

Purpose of Activity

To raise awareness of how inclusive participant's own service environments are for LGBT clients and mechanisms that can be used to improve service provision to the LGBT community.

Outline of the Activity

Preparation: Copies of the GLHV Sexual Diversity Health Services Audits for participants

Using the GLHV sexual diversity health services audit, conduct an audit on your service. It is not expected that services will score 20, so don't be disappointed. However, this tool is useful to "take the temperature" of a service in terms of its acceptance of LGBT clients, and an opportunity to identify areas for improvement. It may be useful for services to conduct an audit, make improvement and conduct a further audit in 12 months time.

0-8 Your service is still a challenging one for someone who is LGBT.
Don't despair; small steps can make a big difference.

9-14 Your intentions are good. Your agency/practice has made a start
and shows potential to providing more inclusive care.

15-19 The work on these issues is happening on several fronts now and starting to make a
real difference – coordination and consolidation are the next steps to go further
forward.

20 Your service is exemplary in it's sensitivity and quality of care
for LGBT people. LGBT people feel well-treated, respected
and supported. Congratulations.

Time Frame

Allow 15 – 20 minutes for this exercise.

Wrap

Ask participants if there are any outstanding questions regarding the training materials or working with LGBT clients.

Please ensure that all participants complete a training evaluation form and these are collected by the facilitators.

Notes for Facilitating Sexuality and Gender Training

These notes have been adapted from Not Round Here by Kenton Miller and Mahamati.

Adult education often raises the possibility of the trainer being called into question over their stance on the issues. Sexuality and Gender Training could be the most challenging you have ever run as a trainer. For some, you may never feel as personally vilified and attacked by your participants; for others, it may compound the attacks that you have already endured in your life, while lessening your capacity to personally defend yourself.

For some participants, this training will not be voluntary. Some participants may feel that their cores beliefs are being challenged. The reality is that for many people their beliefs and behaviours will be challenged by participation in this training.

This training has to be handled thoughtfully; the participants should be treated with respect – even if they seem to be offering none themselves. It's only when an atmosphere of safety has been created that allows participants to speak of these issues that they can be fully addressed.

Hearing the bitter and hateful things people have to say about LGBT people can have a distressing impact on the trainer and other participants. No matter how prepared you feel, you may find yourself deflated after such a session.

As a trainer it is important for you to sort through some of these feelings in advance. If you're lucky, you'll have a supportive workplace that will allow for a pre briefing as well as de-briefing. If not, warn a couple of supportive friends what you're going to do and suggest you may need some quality time afterwards.

When participants ask 'Why this subject?'

Your organisation, or you as an employee, need to have good service provision for all and you need to be able to provide a safe place for all clients of the service as well as colleagues. That said, work in this field can feel for some organisations like an *overfocus*. Why do we need to go on and on about 'heterosexual dominance'? There are equally, if not more important things aren't there? Like racism, class issues, what else? What about the huge number of other issues?

Participants could be reminded that their organisation has a commitment to provide services regardless of their sexuality, gender identity, ethnicity, etc. Be clear that this training is to assist the participants to improve their service provision to LGBT people as until now it has been less than acceptable.

Heterosexuals as trainers

A point for major consideration is that of disclosure of the trainer's sexuality. Some of the feedback that heterosexual trainers may face include:

- heterosexuals will never fully understand how it is to be LGBT facing the issues
- heterosexuals will never care enough about LGBT to support us anyway.

While it is important to have good LGBT peers or mentors, it is also important to actively demonstrate that there are heterosexual allies. To have a heterosexual, able to demonstrate good understanding of the issues, running a workshop on gender and sexuality issues provides good role modelling. In addition it is sometimes a necessity, particularly in an area where an LGBT person may not feel safe, to provide the training.

As a heterosexual trainer you may well hear the unedited phobic and heterosexist statements that participants that an LGBT trainer may not. See the section on Getting your Buttons Pushed for further discussion of this.

Gay, bisexual, lesbian and transgender trainers

There are many thoughts around disclosing one's sexuality or gender identity in the context of a challenging homophobia workshop. For most it would be considered a matter of personal choice. There is no right answer, although there is considerable debate. In the end it is the choice of the trainer and must be what they feel most comfortable with in the circumstances.

The trainer should be mindful that the training doesn't cross the line from providing good information to becoming an opportunity for the trainer to get therapy time from the participants.

The assumption of most people entering the room is that you, as the facilitator, are gay or lesbian anyway - at least. You may well be transgender in some eyes – and bisexuality will be suspected at a minimum. At best, some will believe you are more pro-LGBT than they are and are probably out to prove that they are ignorant and hateful. One consideration is that participants may waste valuable workshop time trying to guess your sexuality or gender identity if you do not disclose.

Some participants will be incredibly defensive (ie. 'I'm not homophobic') while others may well be defiant, fearful that you have some magic way of telling what they're *really* like. Establish early on that you're not about judging people.

Getting your buttons pushed

Although many will assume that you are lesbian or gay when they see you facilitating these groups, such thoughts do not guarantee any thoughtfulness around how you may react, as facilitator, to comments the participants make.

The opposite, almost – many people seize the opportunity of being in a group as a chance to 'be heard'. You may be, in their mind, the first gay or lesbian person they've had a chance to talk to.

Participants may feel this is an opportunity for them to share their thoughts and opinions about LGBT people. Some of these will be easier to hear than others. It may well not be the first time that you have heard opinions like this, but it may be the first time that you have to model appropriate responses. Overt homophobic comments may be easier to manage than

QAHC Half Day Sexuality and Gender Identity Training Resource

the covert homophobia that some participants indulge in – this can be especially hard if you are the only person in the room who is recognising it as such.

To avoid feeling as if you are too sensitive or imagining things, debriefing before and after training sessions is crucial. It also helps to be working in pairs and to plan how you will manage this in a group situation. This could include some simple strategies such as developing a mantra to say in hard moments (this can vary from ‘I am proud of my sexuality’ through to ‘I must not shout at the participants’). For others, briefly excusing yourself to take a quick five-minute walk to regain self-control can save hours of stress.

It is worth reminding ourselves that it’s not really us that we’re doing the training for – it’s the other LGBT people who may one day have this participant as their service provider. If it means that one more person gets appropriate service then it was worthwhile.

Keeping Participants Safe

As a trainer you have a responsibility to provide and maintain a safe training environment for all your participants, LGBT and out, LGBT and not out, questioning and heterosexual. There are of course special considerations for some groups of participants and managing phobic and heterosexist input as it arises will role model appropriate behaviour.

Group etiquette

For a 1-2 day workshop we suggest that the trainer/s take the time to develop the group rules with the participants and that these be written on butchers paper and displayed for the duration of the training. It is important to get group consensus. Ground rules may include:

- One person speak at a time
- Mobile phones off or on silent (this rule will cause the most discussion!)
- Focus on the topic not the person
- Be on time for sessions
- What’s said in the group stays in the group
- Accept responsibility for own behaviour
- Disagree agreeably
- Have fun
- Keep hands and feet to yourself (by Caravonica Pre-School)
- Give others a chance to speak

For a short workshop, half a day or less, it is more time efficient to be more directive about the rules. It may be easiest to bring your own list and present those to the group for agreement.