

QUEER CORNER

A Model for Raising Awareness of Issues Affecting
Gay, Lesbian, Bisexual, Transgender, Intersex, Queer, and
Same-Sex Attracted (GLBTIQS) People within Health and
Community Service Organisations

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Access to further Queer Corner emails:

Queer Corner is an ongoing project within Western Primary Health Care Services (Central Northern Adelaide Health Service), and as such, additional emails (not included in this manual and CD) may be available. Please contact the author (Lauren Riggs) via email Lauren.Riggs@health.sa.gov.au for further information.

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- ⇒ All Rainbow Alliance and Off Centre members, past and present, particularly Michelle and Jody, for providing me with the impetus to develop this model.
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Holding down the **CTRL** key; **whilst**
Clicking your mouse on the section you wish to access.

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SECTION 1: INTRODUCTION



ABOUT THE MANUAL
TERMINOLOGY
INTRODUCTION TO QUEER CORNER

ABOUT THE MANUAL

This manual contains all the information you need to plan, implement and evaluate Queer Corner within your organisation.

Section 1 provides information about the manual content; definitions of key terms; and an introduction to the Queer Corner model.

Section 2 provides information to assist you in implementing the model within your organisation, including a description of the factors that may assist and impede this process; and instructions on how to modify, cut and paste, and forward the Queer Corner emails.

Section 3 provides information about the organisational context of the project; the program rationale, goal and objectives; and an outline of an evaluation which was conducted within the Western, Central Eastern, and North/North Eastern Primary Health Care Services (Central Northern Adelaide Health Service) in 2006/07.

Section 4 provides copies of all of the emails; client fact sheets; relevant documents; print resources; and websites.

Due to the popularity of Queer Corner, emails continue to be distributed on a monthly basis, and as such, additional emails (not included in this manual) may be available. Please contact the author (Lauren Riggs) via email Lauren.Riggs@health.sa.gov.au for further information.

TERMINOLOGY

COORDINATORS

This term refers to those people who are responsible for distributing the Queer Corner emails within your organisation.

RECIPIENTS

This term refers to those people who receive the Queer Corner emails within your organisation.

GLBTIQS

This acronym represents a wide range of non-heterosexual individuals and communities, including **G**ay, **L**esbian, **B**isexual, **T**ransgender, **I**ntersex, **Q**ueer, and **S**ame-Sex Attracted people.

SEXUAL ORIENTATION

“Sexual orientation refers to one’s sexual and[/or] romantic [and/or emotional] attraction. Those whose sexual orientation is to people of the opposite sex are called ‘heterosexual’, those whose sexual orientation is to people of the same sex are called ‘homosexual’ (or lesbian, gay, same-sex attracted, queer), and those whose sexual orientation is to people of both sexes are called ‘bisexual’...Sexual orientation is not necessarily the same as sexual behaviour.”¹

“The term ‘sexual preference’ is misleading because it implies that this attraction is a choice rather than an intrinsic personal characteristic.”²

GAY

“A gay man is a man whose primary sexual and[/or] romantic [and/or emotional] attraction is to other men. He may have sex with men currently or may have had sex with men in the past. A smaller number of gay men may never have had sex with another man for a whole host of reasons (age, societal pressures, lack of opportunity, fear of discrimination), but nonetheless realize that their sexual [and/or romantic and/or emotional] attraction is mainly [or exclusively] to other men. Some gay men have sex with women and some don’t. It is important to note that some men who have sex with other men, sometimes exclusively, may not call themselves gay.”³

¹ Public Health Seattle & King County, www.metrokc.gov/health/glb/definitions.htm.

² Public Health Seattle & King County, op cit.

³ Public Health Seattle & King County, op cit.

"Gay is also used as an inclusive term [by some GLBTIQS people] encompassing gay men, lesbians, bisexual people, and sometimes even transgender people." ⁴

LESBIAN

"A lesbian is a woman whose primary sexual and[/or] romantic [and/or emotional] attractions are to other women. She may have sex with women currently or may have had sex with women in the past. A smaller number of lesbians may never have had sex with another woman for a whole host of reasons (age, societal pressures, lack of opportunity, fear of discrimination), but nonetheless realize that their sexual [and/or romantic and/or emotional] attraction is mainly [or exclusively] to other women. Some lesbians have sex with men and some don't. It is important to note that some women who have sex with women, sometimes exclusively, may not call themselves lesbians." ⁵

BISEXUAL

"Bisexual men and women have sexual and[/or] romantic [and/or emotional] attractions to both men and women. Depending upon the person, his or her attraction may be stronger to women or to men, or they may be approximately equal. A bisexual person may have had sex with people of both sexes, or only of one sex, or he or she may never have had sex at all. It is important to note that some people who have sex with both men and women do not consider themselves bisexual." ⁶

QUEER

"Some GLBT people...use the term 'queer' to [describe their identity and/or to] encompass the entire GLBT community. For these people, the term 'queer' is positive and empowering. Other GLBT people find this term degrading." ⁷

SAME SEX ATTRACTED

This refers to people who are sexually and/or romantically and/or emotionally attracted to people of the same sex. It is used by some non-heterosexual people who find other terms (i.e. gay, lesbian, bisexual, and queer) too limiting or not representative of their identity.

⁴ Public Health Seattle & King County, op cit.

⁵ Public Health Seattle & King County, op cit.

⁶ Public Health Seattle & King County, op cit.

⁷ Public Health Seattle & King County, op cit.

GENDER IDENTITY

“At birth, we are assigned one of two genders, usually based on our visible genitals. For many people this gender assignment fits and feels comfortable and they never think about it further. Others do not feel as comfortable with their assigned gender...because they find the two-gender system too limiting or because they feel more identification with the gender opposite to that which they were assigned at birth [or because they were born with external genitalia that was not exclusively male or female and therefore had their gender identity determined for them by their parents/guardians or medical staff]. People deal with this discomfort in many ways, sometimes only in personal ways, and sometimes in ways visible to others.”⁸

TRANSGENDER

“People who identify more strongly with the other gender than the one which they were assigned (e.g. women who feel like men, or men who feel like women) are called ‘transgendered’. Some transgendered people may ‘cross-dress’ or ‘do drag’ regularly...(and...[some] of these people are comfortable in/[with] their assigned gender). Other transgendered people may take hormones of the opposite gender and/or have surgery in order to change their bodies to reflect how they feel inside. These people are also called ‘transsexual’. Transgendered people may identify as heterosexual, homosexual, or bisexual.”⁹

“Female-to-male transsexuals are sometimes referred to as ‘FTMs’ or ‘transsexual men’, and male-to-female transsexuals as ‘MTFs’ or ‘transsexual women’.”¹⁰

“Pre-operative (‘pre-op’) transsexuals are preparing for sexual reassignment surgery (SRS) and may take hormones. Post-operative (‘post-op’) transsexuals have undergone SRS and continue to take hormones, often for the rest of their lives.”¹¹

“Some transsexuals (‘non-op’) either do not want or cannot afford SRS, though they may still take hormones.”¹²

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.”¹³

⁸ Public Health Seattle & King County, op cit.

⁹ Public Health Seattle & King County, op cit.

¹⁰ Public Health Seattle & King County, op cit.

¹¹ Public Health Seattle & King County, op cit.

¹² Public Health Seattle & King County, op cit.

¹³ Australian Medical Association (2002) **AMA Position Statement: Sexual Diversity and Gender Identity**. Australian Medical Association.

HOMOPHOBIA

“Homophobia, [is] the irrational fear of, aversion to, or discrimination against homosexuals”.¹⁴ It “refers to the many ways in which people are oppressed on the basis of sexual orientation. Sometimes homophobia is intentional, where there is a clear intent to hurt lesbian, gay and bisexual people. Homophobia can also be unintentional, where there is no desire to hurt anyone, but where people are unaware of the consequences of their actions.”¹⁵

HETEROSEXISM

“Heterosexism is a belief system that values heterosexuality as inherently normal and superior to homosexuality.”¹⁶ It “is based on the assumption that everyone is, or should be, heterosexual.”¹⁷

HETEROCENTRISM

Heterocentrism is “an (often subconscious) assumption that everyone is heterosexual, and the attitudes associated with that assumption.”¹⁸ It assumes that “heterosexuality is the norm by which everything else is measured. [It] differs from heterosexism in that it's often less overt, yet more insidious.”¹⁹

¹⁴ Gay and Lesbian Medical Association.

¹⁵ Edith Cowan University, www.ecu.edu.au/equity/assets/docs/Homophobia.pdf.

¹⁶ Wikipedia, <http://en.wikipedia.org/wiki/Heterosexism>.

¹⁷ Wikipedia, op cit.

¹⁸ Wikipedia, op cit.

¹⁹ Outlink, Human Rights Unit (2000) **Not Round Here: Affirming Diversity and Challenging Homophobia: Rural Service Providers Training Manual**. HREOC, www.hreoc.gov.au/pdf/human_rights/Not_round_here.pdf.

INTRODUCTION TO QUEER CORNER

OUTLINE OF THE MODEL

The Queer Corner model is an email based information sharing and awareness raising tool for use within health and community service organisations, which aims to:

- ⇒ Improve workers' knowledge and understanding of the health/welfare issues and barriers for GLBTIQS communities;
- ⇒ Increase workers' ability to challenge homophobia and heterosexism in their workplaces (amongst staff, clients/patients, and community members);
- ⇒ Increase workers' ability to reflect on their attitudes towards and values about GLBTIQS communities; and
- ⇒ Encourage workers to identify ways of removing barriers and improving access for GLBTIQS communities.

The emails provide regular, brief, factual information on issues affecting GLBTIQS communities, such as:

- ⇒ Alcohol and Other Drug Use;
- ⇒ Mental Health;
- ⇒ General Health;
- ⇒ Young GLBTIQS People's Experiences;
- ⇒ Guidelines for Health Workers;
- ⇒ Services, Groups and Activities for GLBTIQS People;
- ⇒ Coming Out;
- ⇒ GLBTIQS History and Symbols;
- ⇒ Heterosexism, Homophobia, and Heterosexual Privilege;
- ⇒ Sexual Health;
- ⇒ Transgender and Intersex Issues;
- ⇒ Healthcare Access Issues;
- ⇒ Domestic Violence; and
- ⇒ Culturally and Linguistically Diverse GLBTIQS People's Experiences.

Queer Corner was initially implemented within Central Eastern and Western Primary Health Care Services as a way of profiling the health issues and barriers affecting GLBTIQS communities in the lead up to our first 'Challenging Homophobia and Heterosexism' staff development workshop in June 2005.

It was envisaged that the emails would provide staff members with the opportunity to improve their knowledge and understanding of GLBTIQS communities prior to attending the workshop, and also to remind them of the importance of these issues and communities in their work, which may provide further motivation for them to attend the workshop.

Due to the popularity of the model, the emails continue to be distributed on a monthly basis, and as such, additional emails (not included in this package) may be available. Please contact the author (Lauren Riggs) via email Lauren.Riggs@health.sa.gov.au for further information.

CONCLUSIONS FROM THE PRELIMINARY EVALUATION

The [Preliminary Evaluation](#) (hold down the Ctrl key and click on the blue writing to go to this section) has demonstrated that the Queer Corner model is an extremely useful tool in enabling health and community service workers to reflect on their attitudes towards GLBTIQS communities, and assists them in embarking on a journey of personal change.

However, the model has some limitations in its effectiveness in creating organisational change as this often requires a long term, multi-faceted approach. Although, a number of respondents who participated in the Preliminary Evaluation acknowledged that the model would be more effective in achieving organisational change if it was implemented in association with other relevant strategies, such as:

- ⇒ Specific policies addressing homophobia and heterosexism;
- ⇒ A review of client intake and referral forms to assess their appropriateness for GLBTIQS clients/patients;
- ⇒ Regular staff development opportunities in relation to challenging homophobia and heterosexism and other issues affecting GLBTIQS communities;
- ⇒ Regular opportunities for staff to discuss issues affecting GLBTIQS communities in team/staff meetings;
- ⇒ Regular opportunities for staff to discuss practice issues in working with GLBTIQS communities in team/staff meetings and supervision;
- ⇒ Development of suitable health promotion displays for client/patient waiting areas and group/meeting rooms etc. in relation to issues and services relevant to GLBTIQS communities;
- ⇒ Recognition of homophobia, heterosexism, and other issues affecting GLBTIQS communities in mission statements, strategic plans, and the organisation's promotional materials; and
- ⇒ Implementation of the Gay and Lesbian Health Victoria "Sexual Diversity Health Services Audit" or the Women's Health Action Network for Diverse Sexualities "Benchmarking Standards for Organisations Valuing Diversity", or similar (both of these documents have been included on the Queer Corner CD).

SECTION 2: IMPLEMENTATION WITHIN YOUR ORGANISATION



IMPLEMENTATION ISSUES
INSTRUCTIONS

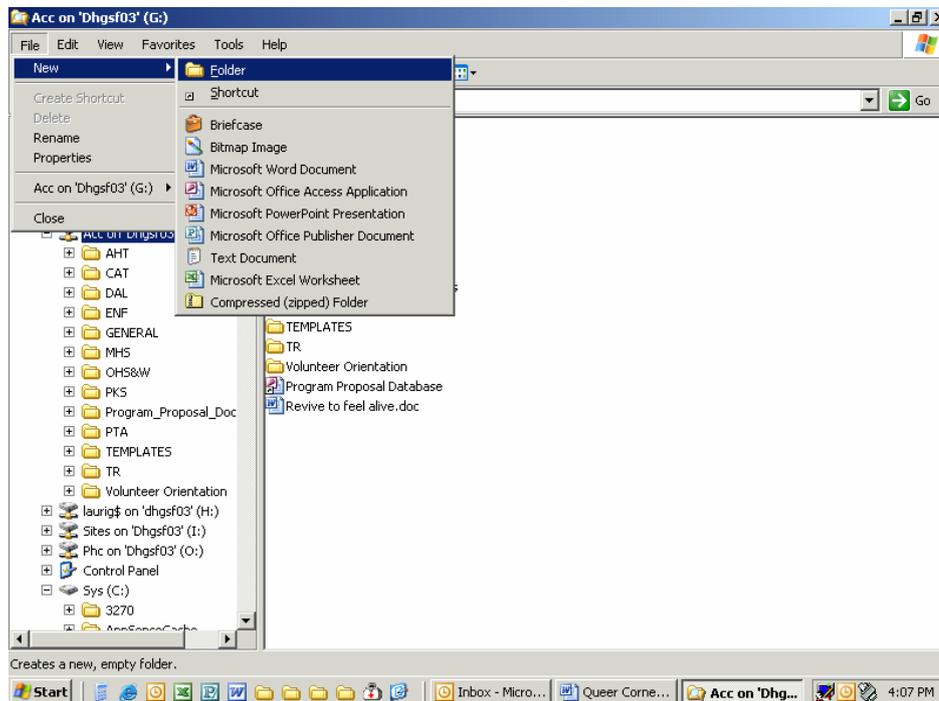
IMPLEMENTATION ISSUES

SUGGESTIONS FOR IMPLEMENTATION

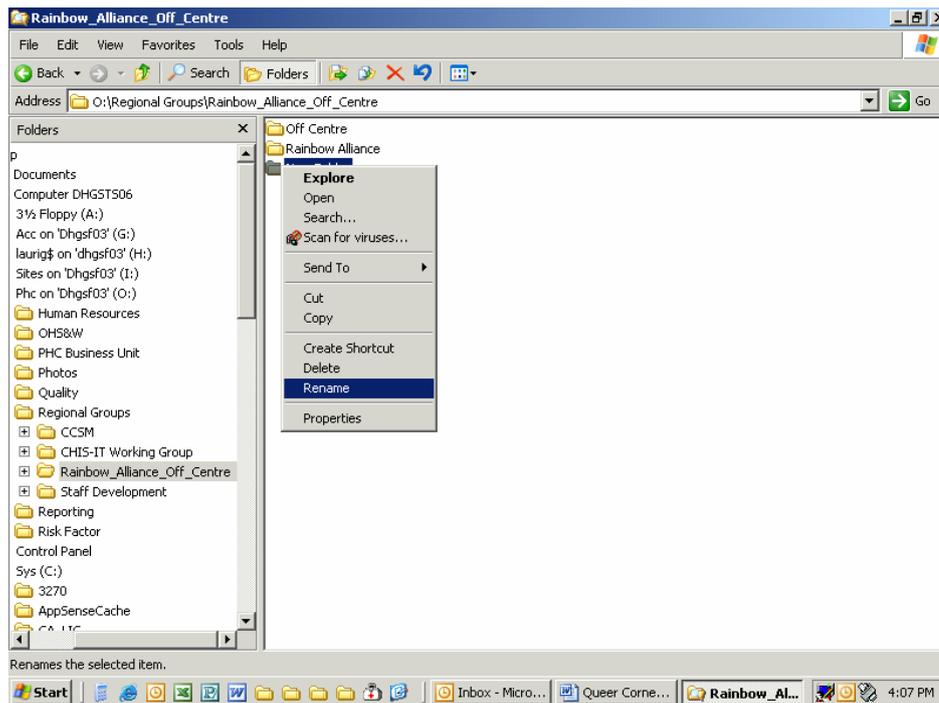
1. Seek approval from senior personnel within your agency, organisation, team or unit (i.e. Chief Executive Officer, General Manager, Director, or Coordinator) to distribute the emails.
2. Distribute the emails on a regular basis (i.e. weekly, fortnightly, or monthly) to maintain workers' interest.
3. Create a folder in a central location on your computer system, where all staff can access reference materials. See [Relevant Documents](#) (hold down the Ctrl key and click on the blue writing to go to this section) for details about where to locate these materials on the internet.

You can create this folder by following the instructions outlined below:

1. Open *Windows Explorer* (**right** click on *Start*, then **left** click on *Explore*);
2. Open the *drive* and *folder* (if applicable) where you wish to store the documents;
3. Click on *File* (on the *Menu* bar at the top of the page), then *New*, then *Folder*, as shown below.



4. Then **right** click on the *yellow manilla folder* next to the new folder.
5. Then click on *Rename*, as shown below. You will now be able to name the folder (i.e. Queer Corner)



ENABLING FACTORS

These are factors which will assist you in implementing Queer Corner within your organisation, such as:

1. An organisational commitment to addressing homophobia, heterosexism, and other issues affecting GLBITQS communities.
2. Support from senior personnel to distribute the information to all employees, volunteers, and students etc.
3. Acknowledgement by senior personnel of the need to systematically address issues affecting GLBTIQS communities through the development of specific policies, procedures, forms, promotional materials, training, standing agenda items (for staff meetings etc.), and health promotion displays.
4. Acknowledgement by all staff (including senior personnel) that everyone shares responsibility for challenging and addressing homophobia and heterosexism, not just the Queer Corner coordinator, members of the heterosexism and homophobia working group, or GLBTIQS staff members.
5. Support from your line manager to include specific time in your workplan to distribute the emails and manage the project.
6. Support from a homophobia and heterosexism working party (or similar) i.e. a group of staff members whose purpose is to explore the issues related to working with GLBTIQS individuals, groups, and communities, and to provide feedback, direction, and leadership around these issues to all staff.
7. Support and assistance from co-workers (i.e. can more than one person be allocated specific time in their workplan to implement and manage the project?).

8. Awareness of or ability to access information about GLBTIQS-specific organisations and networks.
9. Acknowledgement by all staff that the Queer Corner coordinator is not an 'expert' in issues affecting GLBTIQS communities, regardless of their sexual orientation or gender identity.
10. Sufficient information technology requirements (Microsoft Word and Excel) to distribute and evaluate the information in hard copy format.
11. Additional information technology requirements (i.e. email, internet, shared computer drive) if distributing and evaluating information electronically.
12. Sufficient information technology expertise (i.e. using Microsoft Word and Excel) to distribute and evaluate the information in hard copy format.
13. Additional information technology expertise (i.e. emailing, internet searches, creating shared folders, saving documents) if distributing and evaluating information electronically.

INHIBITING FACTORS

These are the factors which would hinder the implementation of Queer Corner within your organisation, such as:

1. Lack of organisational commitment to addressing homophobia, heterosexism and other issues affecting GLBTIQS communities.
2. Lack of support from senior personnel.
3. Lack of acknowledgement of the need to systematically address issues affecting GLBTIQS communities.
4. Lack of acknowledgement by all staff that everyone shares responsibility for challenging and addressing homophobia and heterosexism.
5. Lack of support from your line manager to include specific time in your workplan.
6. Lack of existence of or support from a heterosexism and homophobia working party.
7. Lack of support and/or assistance from other staff members.
8. Lack of awareness of or ability to access information about GLBTIQS-specific organisations.
9. Lack of acknowledgement by all staff that the Queer Corner coordinator is not an 'expert' in issues affecting GLBTIQS communities.
10. Insufficient information technology requirements to distribute and evaluate the information in hard copy format.
11. Insufficient additional information technology requirements (if distributing and evaluating information electronically).
12. Insufficient information technology expertise to distribute and evaluate the information in hard copy format.

13. Insufficient additional information technology expertise (if distributing and evaluating information electronically).

INSTRUCTIONS

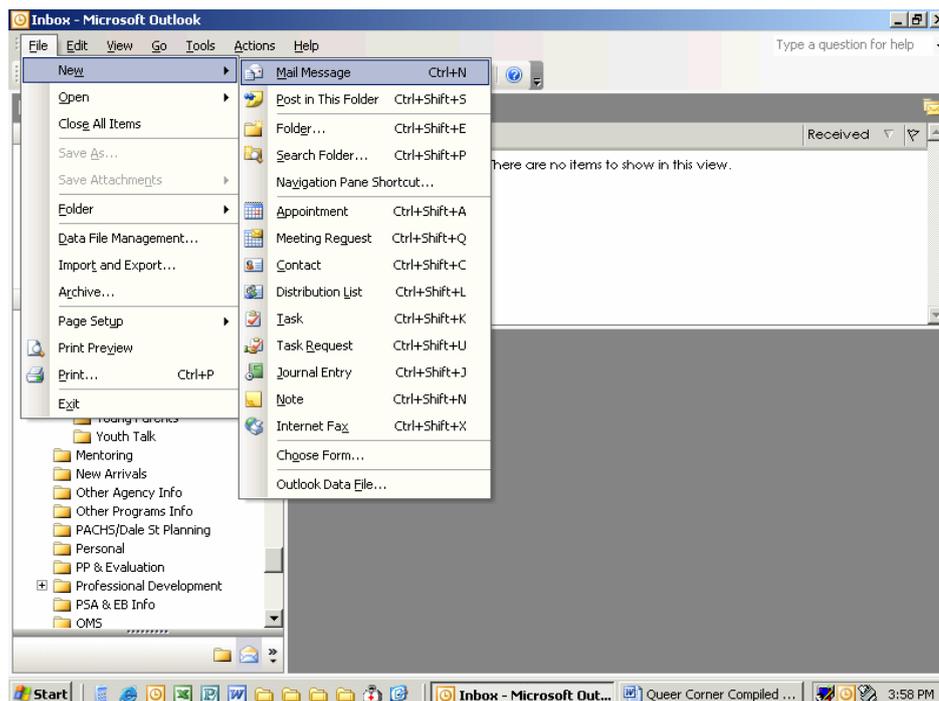
MODIFYING EMAILS

You are welcome to modify (i.e. lengthen, shorten, combine, omit etc.) the emails in order to make them more relevant to your organisation, but please ensure that you acknowledge the original source, and include the following copyright information at the end of each email:

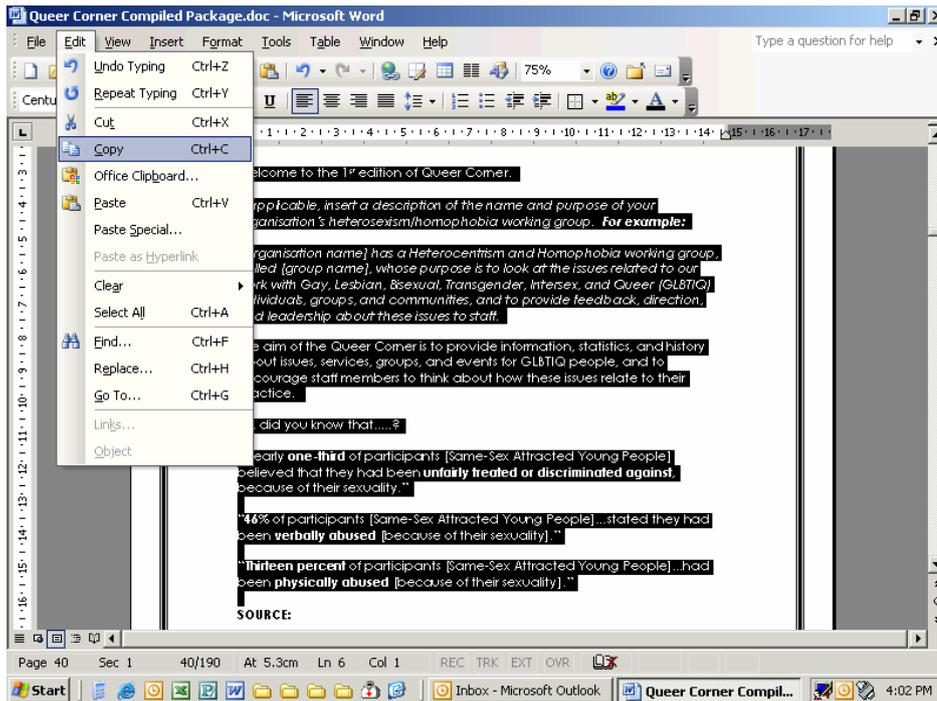
Queer Corner © was created by Lauren Riggs, Primary Health Care Worker, Primary Health Care Services – Western, Central Northern Adelaide Health Service.

CUTTING & PASTING FROM MICROSOFT WORD

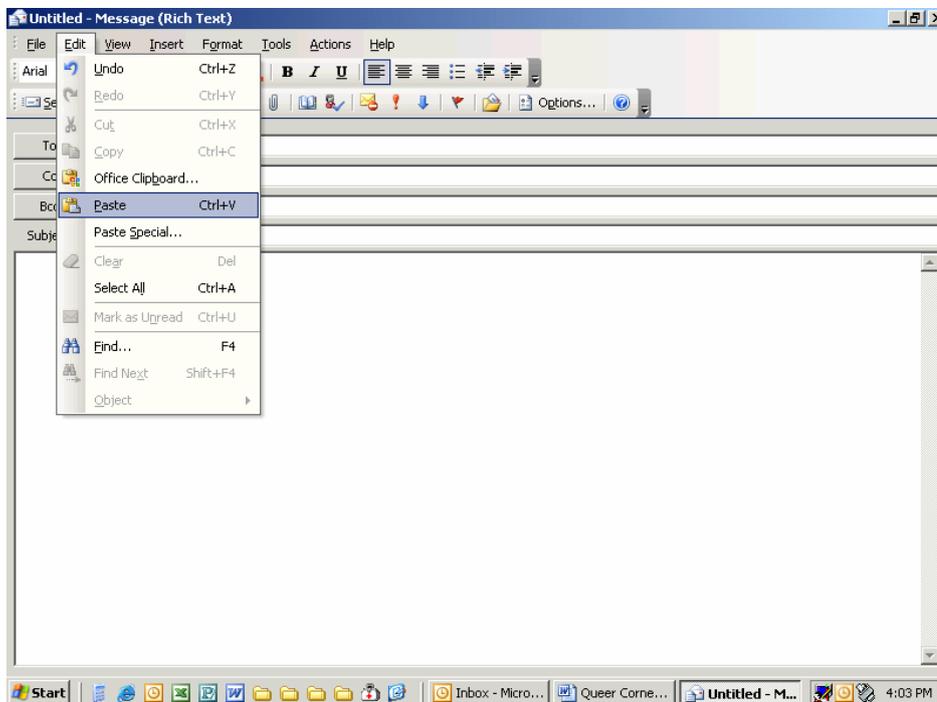
1. Open your email program (i.e. Microsoft Outlook)
2. Click on *File* (on the *Menu* bar at the top of the page), then *New*, then *Mail Message*, as shown below.



3. Minimise your email program (hold down the *Alt* key, then press the *spacebar*, then press *M*).
4. *Open* the Queer Corner document in Microsoft Word.
5. Select the text you wish to copy into the email.
6. Click on *Edit*, then *Copy*, as shown below.



7. Maximise your new email message (click on the *new message* i.e. Untitled – Message on the *Windows taskbar*, at the bottom of your screen).
8. Ensure that the *cursor* is located within the *message body* (i.e. NOT in the To, Cc, Bcc, or Subject fields).
9. Click on *Edit*, then *Paste*, as shown below.



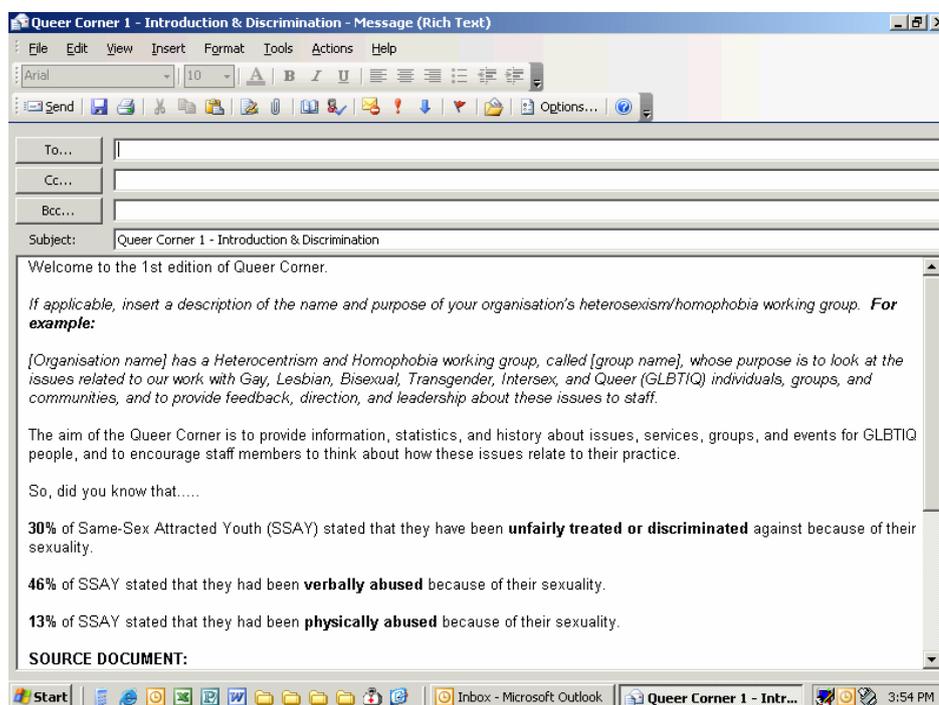
FORWARDING EMAIL MESSAGES FROM THE CD

The emails been individually saved as both Microsoft Outlook 2003 messages, and Microsoft Word 2003 Rich Text files.

The Microsoft Outlook 2003 messages can be viewed by anyone who has access to Microsoft Outlook 2000/2002/2003/2007, or Microsoft Outlook Express 2004.

The Microsoft Word 2003 Rich Text files can be viewed by anyone who has access to Microsoft Word 2000/2002/2003/2007.

1. Open the email message that you want to send (see “Viewing the Contents of the CD” section above for instructions), as shown below.



2. Enter all of the email addresses of the recipients in the “To...”, “Cc...” or “Bcc...” fields.
3. Make any modifications to the email as it pertains to your organisation (e.g. location of reference materials, contact details for the coordinator).
4. Click on *Send*.

SECTION 3: BACKGROUND INFORMATION



PROJECT BACKGROUND
PRELIMINARY EVALUATION

PROJECT BACKGROUND

ORGANISATIONAL CONTEXT

Central Northern Adelaide Health Service

"The Central Northern Adelaide Health Service is one of...[three] new Health Regions in metropolitan Adelaide [the others being the Southern Adelaide Health Service, and the Children, Youth and Women's Health Service]." ²⁰

"The creation of...[the regions] is the first step in the long term reform of South Australia's health system towards creating a truly integrated health service focussed on the total health needs of local communities." ²¹

The Central Northern Adelaide Health Service comprises the following Health Units:

- ⇒ Breastscreen SA;
- ⇒ Central Eastern Primary Health Care Services;
- ⇒ Mental Health Services;
- ⇒ Lyell McEwin Hospital;
- ⇒ Modbury Hospital;
- ⇒ North/North East Primary Health Care Services;
- ⇒ Royal Adelaide Hospital;
- ⇒ SA Dental Service;
- ⇒ St Margarets Rehabilitation Hospital;
- ⇒ The Queen Elizabeth Hospital; and
- ⇒ Western Primary Health Care Services.

Central Eastern and Western Primary Health Care Services

The Queer Corner model was initially only distributed through Central Eastern and Western Primary Health Care Services. These primary health care (community health) services are based in socio-economically disadvantaged areas within Adelaide, and include:

- ⇒ Dale St Women's Health Centre;
- ⇒ Port Adelaide Community Health Service;
- ⇒ Parks Community Health Service;
- ⇒ Regional Aboriginal Health Team;
- ⇒ Aboriginal Kinship Program;
- ⇒ Migrant Health Service;
- ⇒ Enfield Community Health Service; and
- ⇒ Gilles Plains Community Health Service.

²⁰ Central Northern Adelaide Health Service, www.health.sa.gov.au/cnchs.

²¹ Central Northern Adelaide Health Service, op cit.

They provide a range of individual services, groups, and programs including medical, podiatry, speech therapy, counselling, nutrition, health promotion and education, and community development for local communities, particularly Aboriginal people, newly arrived refugees, children and families, and people on low incomes. The focus is on social and emotional wellbeing, substance misuse, and chronic condition prevention and self management.

Dale St Women's Health Centre

Dale St Women's Health Centre is a key service within the Women's Health sector in SA, offering medical, counselling, health promotion and education, and community development services to local women, particularly in relation to issues such as domestic and family violence, child sexual abuse, stress and relaxation, and chronic condition self management.

Dale St's key philosophies are:

- ⇒ A focus on a social view of health (i.e. that women's health and wellbeing is impacted upon by a range of physical, emotional, social, economic, environmental and political factors);
- ⇒ An understanding of women's role and position in society and its relationship to health status;
- ⇒ An acknowledgement that women are best placed to assess and understand their own health needs (i.e. the role of health workers is to provide information and support to assist women in making their **own** decisions); and
- ⇒ Recognition of the necessity to provide services to all women, but particularly those women with the least access to resources (i.e. Aboriginal and Torres Strait Islander women, women from culturally and linguistically diverse backgrounds, same-sex attracted women, women with disabilities, women on low incomes, and young women).

HETEROSEXISM AND HOMOPHOBIA WORKING GROUP

Central Eastern and Western Primary Health Care Services (formerly known as the Adelaide Central Community Health Service) initially developed a heterosexism and homophobia working group as a result of an incident at the Port Adelaide Community Health Service. During this incident, a young male presented at reception seeking support in finding emergency housing as he had been asked to leave home after disclosing his sexual orientation to his parents.

The staff members involved in this incident were concerned that they didn't have the necessary knowledge or tools to deal with this situation as they had never received any training in regard to working with GLBTIQS communities. This led them to approach the staff development working group, who suggested the formation of a separate working group to develop strategies to address this lack of knowledge. Staff members from across the region then came together to discuss the issues further and consider staff development options. The working group also discussed other broader organizational and socio-political factors involved in working with GLBTIQS communities.

The working group has been meeting sporadically, under a number of different names, since September 2003 with the current incarnation being named the 'Rainbow Alliance'. The Rainbow Alliance has recently merged with a similar group (known as 'Off Centre') from North/North East Primary Health Care Services to work on joint projects, including staff training, development of a specific policy on heterosexism and homophobia, and further implementation of the Queer Corner model within all Primary Health Care Services in the Northern and North Eastern suburbs of Adelaide.

It should also be noted that Dale St Women's Health Centre has a long history of supporting Same-Sex Attracted women through counselling, support groups, workshops, and Feast (Adelaide's Lesbian and Gay Cultural Festival) events. There have also been a number of staff members from other Central Eastern and Western Primary Health Care Services' sites who have maintained an ongoing commitment to providing services to GLBTIQS communities for many years.

PROGRAM RATIONALE

Why was this issue selected?

Gay, Lesbian, Bisexual, Transgender, Intersex, Queer, and Same-Sex Attracted (GLBITQS) communities face considerable barriers in accessing health and community services due to real and perceived homophobia and heterosexism.

What evidence is there of this issue?

There is a great deal of evidence in research reports and journal articles etc. to suggest that GLBITQS communities experience significant barriers in accessing healthcare services, including homophobia, heterosexism, and cultural invisibility, as can be seen in the following quotes:

“A survey of...LGBT communities...in Victoria...determined whether participants had experienced discrimination or abuse...Eighty-four per cent of respondents reported at least one form of discrimination or abuse on the basis of their sexuality or gender identity.”²²

“The majority of gay men and lesbians have had experience of homophobic health professionals. This may make them less inclined to seek medical help, or they may wait longer before they seek help.”²³

GLBITQS people may find that “health professionals...[are] less informed about gay and lesbian health issues than the health needs of heterosexuals.”²⁴

“Gay men and lesbians may experience difficulties communicating with medical professionals because of the fear that they may need to ‘come out’ during the consultation and risk receiving less favourable treatment as a result.”

“Homophobia is not just seen in the attitudes of individuals but is widespread and is often embedded in health policy, health services, welfare and education services. The constant pressure of dealing with homophobia...[creates] a number of health problems, including depression, [which is] relatively common in the gay and lesbian community.”²⁵

²² McNair R, Anderson S, & Mitchell A (2001) ‘Addressing Health Inequalities in Victorian Lesbian, Gay, Bisexual & Transgender Communities’, **Health Promotion Journal**, vol. 11, no. 1 pp 32-38.

²³ Better Health Channel (2006) **Gay and Lesbian Issues: Discrimination**. Victorian Government, Melbourne, www.betterhealth.vic.gov.au.

²⁴ Better Health Channel (2006) **op cit**.

²⁵ Better Health Channel (2006) **op cit**.

“Homophobia negatively affects the social and health care environment of homosexuals so that they become at increased risk for health problems. Studies have shown higher lifetime rates of depression, attempted suicide, psychological help-seeking and substance abuse among homosexuals. This is attributed to chronic stress from societal hatred, or to the ascription of inferior status that homophobia imposes.”²⁶

“Gay men and lesbians experience cultural invisibility, they are routinely told that their innermost feelings and desires are disgusting, dangerous, just a phase or non-existent, they are denied civil and legal rights and the recognition of their partners and relationships, their consenting sexual relations are criminalized and policed, and they are subject to verbal and physical harassment, bashing and even murders.”

Why is the issue being addressed in this way?

The Queer Corner manual will provide health and community service workers with the tools they need to embark on a journey of personal change around homophobia and heterosexism, and other issues affecting GLBTIQS communities (and encourage others to do so). It will also provide them with opportunities to begin the process of organisational change around these issues.

Why will this approach to the issue work?

Queer Corner is a simple yet effective way of encouraging personal and organisational change around homophobia and heterosexism, and other issues affecting GLBTIQS communities, by providing people with brief, regular, factual information about these issues. It is an easy to use tool which can be implemented within any organisation (via email or hard copy) with minimal time and effort required.

GOAL

To increase the ability of health and community service organisations to challenge and respond to incidences of homophobia and heterosexism amongst staff, clients/patients, and community members.

OBJECTIVES

To improve health and community service workers' knowledge and understanding of the health/welfare issues and barriers for GLBTIQS communities

²⁶ O'Hanlan K, Lock J, Cabaj RP, Nemrow P **Homophobia As A Health Hazard: A Report of the Gay and Lesbian Medical Association**. Gay and Lesbian Medical Association, California.

To increase health and community service workers' ability to challenge homophobia and heterosexism in their workplaces (amongst staff, clients/patients, and community members).

To increase health and community service workers' ability to reflect on their attitudes towards and values about GLBTIQS communities.

To encourage health and community service workers to identify ways of removing barriers and improving access for GLBTIQS communities.

PRELIMINARY EVALUATION

EXECUTIVE SUMMARY

Methodology

A [Questionnaire](#) (hold down the Ctrl key and click on the blue writing to access this section) was distributed to three-hundred and thirty (330) internal staff and twenty-six (26) external staff, in order to evaluate the effectiveness of the Queer Corner model. Both quantitative and qualitative data was collected through the questionnaires, in addition to informal feedback (which was received throughout the implementation of the Queer Corner model).

Results

The respondents indicated that the emails were very useful (nearly 92% provided a rating of 4 or more out of 5), and also extremely effective in enabling them to reflect on their attitudes towards GLBTIQS communities (nearly 90% provided a rating of 4 or more out of 5).

The respondents were also asked to comment on the effectiveness of the emails in creating personal and organisational change. They stated that, although the emails are very effective in creating **personal** change, they are less effective in creating **organisational** change as this often requires a multi-faceted, long term approach.

When the respondents were asked to comment on the impact of the emails on their work, the majority of people stated that the emails enabled them to:

- ⇒ Improve their knowledge and skills in working with GLBTIQS clients / community members;
- ⇒ Engage in meaningful discussions with their colleagues around issues affecting GLBTIQS people;
- ⇒ Gain access to information and resources related to GLBTIQS communities; and
- ⇒ More effectively challenge homophobia and heterosexism with their colleagues and clients / community members.

The respondents also indicated that their knowledge of GLBTIQS communities significantly increased as a direct result of the emails, with nearly 90% of respondents rating their knowledge as good to excellent **after** reading the emails (as opposed to only 20.3% **beforehand**).

Recommendations

The preliminary evaluation concludes with five recommendations, with particular emphasis on:

- ⇒ Developing additional strategies to support the organisational change process initiated by the Queer Corner model within Central Eastern and Western Primary Health Care Services; and
- ⇒ Dissemination of the model within other health and community service organisations.

METHODOLOGY

Questionnaire Design

A 3-page [Questionnaire](#) (hold down the Ctrl key and click on the blue writing to access this section) was designed to measure the effectiveness of the Queer Corner model in regard to the:

- ⇒ Usefulness of the information;
- ⇒ Level of personal and organisational change;
- ⇒ Impact on workers' ability to reflect on their attitudes towards GLBTIQS communities;
- ⇒ Impact on workers' practices and approaches;
- ⇒ Increases in knowledge and understanding of GLBTIQS communities; and
- ⇒ Most useful/relevant topics.

These outcome measurements were chosen as they are closely related to the overall goal and objectives of the model.

Piloting

To ensure that all elements of the Queer Corner model were adequately addressed, and that the questionnaire was simple to complete, it was piloted with five (5) key stakeholders. These stakeholders were able to provide valuable feedback about the questionnaire design and content. This feedback was then incorporated into the final draft of the questionnaire.

Promotion

Before distributing the questionnaire via email to all internal staff members within Central Eastern and Western Primary Health Care Services, as well as selected staff members from external organisations, an article was published in the Western Primary Health Care Services newsletter ('NewsWest'). The article provided contextual information about the Queer Corner model and outlined the evaluation process.

Distribution

The questionnaire was distributed via email to all internal staff members within Central Eastern and Western Primary Health Care Services (approximately 190 people), as well as 26 people from external organisations (who had received the emails).

The questionnaire was also distributed via email to all staff members within North/North East Primary Health Care Services (approximately 140 people) after the Queer Corner model was implemented within these services in late 2006.

Reminder System

Respondents within Central Eastern and Western Primary Health Care Services were given seven weeks to respond to the questionnaire, during which time, a total of 5 reminder emails (at fortnightly intervals) were sent to all internal and external staff members. Some internal staff members were also reminded about the questionnaire during site team meetings.

Respondents within North/North East Primary Health Care Services were given 6 weeks to respond to the questionnaire, but were not provided with any reminder emails.

Response Rate

Forty-eight(48) questionnaires and 1 short email response were received, which represents a response rate of 14.5%.

This is a relatively low response rate, but there were a number of impinging factors, such as:

- ⇒ The questionnaire was distributed at a time when many people were on holidays and/or involved in a complex and time-consuming regional planning process;
- ⇒ The questionnaire was implemented electronically, which some people found challenging; and
- ⇒ No incentives were provided to complete the questionnaire.

Benefits & Limitations of the Methodology

It was advantageous for me to use a questionnaire in this evaluation as it:

- ⇒ Enabled me to reach a large number of people in a short period of time;
- ⇒ Provided respondents with anonymity, which may encourage them to provide constructive criticism;
- ⇒ Provided respondents with time to consider their answers and comments (as opposed to an interview or focus group where participants are required to respond quickly);
- ⇒ Provided considerable amounts of qualitative data without being too time consuming (as is often the case with interviews and focus groups); and
- ⇒ Enabled me to gather some quantitative data through the use of Likert scales.

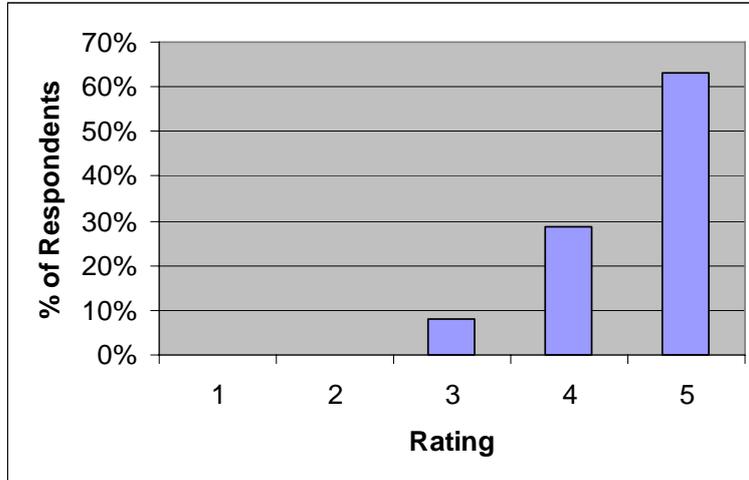
However, there were also some difficulties in using a questionnaire in that:

- ⇒ The response rates were relatively low, despite the fact the all staff received at least 5 reminders; and
- ⇒ The respondents weren't able to ask clarifying questions (although I did provide my contact details to all staff, and encouraged them to speak to me directly if they had any questions or concerns).

RESULTS

Question 1: How useful was the information you received?

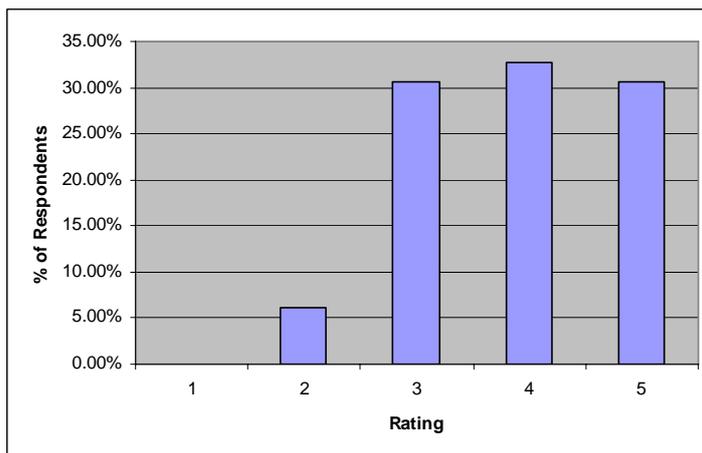
The rating scale ranged from 1 (Not At All Useful) to 5 (Very Useful).



The average rating was 4.55 out of 5, and nearly 92% of respondents recorded a rating of 4 or more. This suggests that the majority of respondents found the emails to be very useful.

Question 2: How effective are the Queer Corner emails in creating personal and organisational change around homophobia and heterosexism?

The rating scale ranged from 1 (Not At All Effective) to 5 (Very Effective).



The average rating was 3.87 out of 5. This suggests that the respondents generally felt that the emails were quite effective in creating personal and organisational change, which can be seen in the following comments:

"Organisationally, it brings social justice and policy 'alive', creating meaning and prompts for further meaningful dialogue."

Senior Social Worker
Port Adelaide Community Health Service

"It's helpful to have these regular instalments of information – raises awareness and keeps issues on the agenda."

Anonymous

"It makes me aware of some issues that I haven't thought about around heterocentrism & is always clear & thought-provoking."

Project Coordinator
A Young Mermaids Guide to Planet Earth
Women's Health Statewide

"They encourage open honest reflection and discussion on the issues faced by GLBTIQ communities and help to create a culture of acknowledgement, understanding and acceptance."

Anonymous

"The emails are written in a way that is conducive for sending them on to colleagues who may not have considered the issues that are raised. They provide a non-threatening means for challenging heterosexism within the workplace."

ARC Postdoctoral Fellow
School of Psychology
University of Adelaide

"Was personally aware of numerous issues previously, but learnt a lot from Q.C. [Although, it] did not necessarily facilitate [or] act as a catharsis for radical personal change."

Anonymous

However, the respondents were fairly evenly split between ratings of 3 (30.61%), 4 (32.65%), and 5 (30.61%). This suggests that the respondents were divided about the effectiveness of the emails in creating personal and organisational change. One explanation for this may be that organisational change is a complex process, which often requires a multi-faceted approach over a significant period of time. This notion can be evidenced in some of the respondents' comments:

"I think they are a great initiative, and one step towards creating organisational change – a massive outcome which takes long term work."

Community Health Worker
Inside Out Project
The Second Story (City and Northern)

"I think the emails would have influenced individuals' attitudes, however, I am not sure about creating change in our organisation. I think other strategies alongside the emails are needed to influence organisational culture."

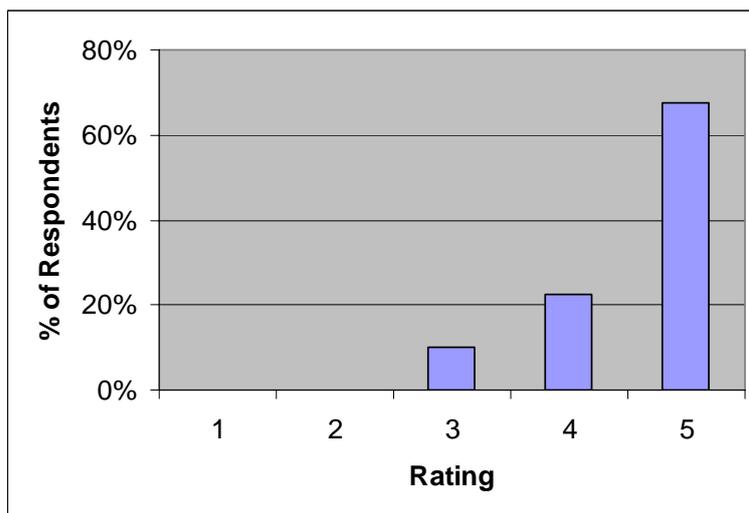
**Community Development Worker
Port Adelaide Community Health Service**

"People can still delete them [the emails] without reading. Little change is possible without challenging people – I'm not sure that emailed info is the best way to challenge people. Perhaps a combination of information presentations would be more effective."

Anonymous

Question 3: How effective are the Queer Corner emails in enabling you to reflect on your attitudes towards GLBTIQS communities?

The rating scale ranged from 1 (Not At All Effective) to 5 (Very Effective).



The average rating was 4.57 out of 5, and nearly 90% of respondents gave the emails a rating of 4 or more. This suggests that most respondents found the emails to be very effective in enabling them to reflect on their attitudes towards GLBTIQS communities.

Question 4: What impact have these emails had on your work (knowledge, awareness, skills, behaviours, discussions etc.)?

The respondents provided a wide range of comments on the impact of the emails on their work, such as:

"It has been a valuable avenue to challenge, freshen and reflect on my thinking as well as exposure to diversity around issues that can be difficult to engage in in isolation."

**Team Manager
Gilles Plains Community Health Service**

“Kept me up to date with current information about issues related to GLBTIQ issues. Made me think about the ways the organisation could actively engage staff groups in reducing barriers for GLBTIQ communities’ access to services in the region...influenced conversations with staff and willingness to take these issues into work practices.”

Team Support Worker
Dale St Women’s Health Centre

“The continual current and very relevant knowledge of GLBTIQ issues has supported my practice and kept me aware, awake and open to explore the issues further. It has provided me with fantastic access to further resources and informed of current debates and possibilities on keeping GLBTIQ issues on the agenda.”

Community Health Nurse
Dale St Women’s Health Centre

“Emails have provided a wealth of resource material which I can access easily and share with clients. The information contained in the emails has helped me to challenge some of my own ways of behaving”.

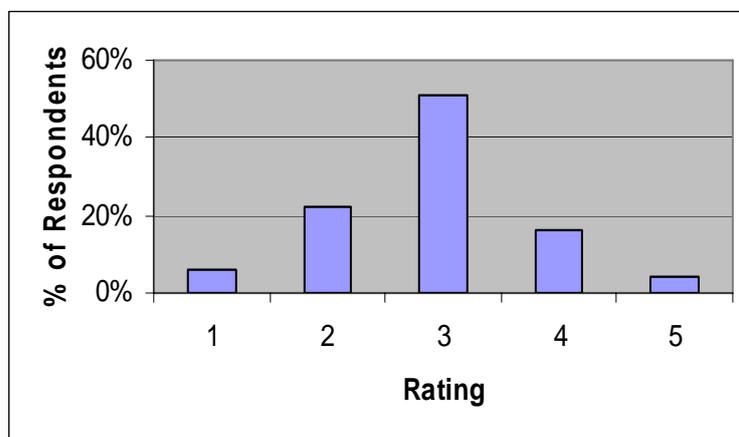
Senior Social Worker
Port Adelaide Community Health Service

“They have increased my knowledge and enables me to confidently discuss and challenge stereotypical and discriminatory attitudes.”

Team Support Worker
Port Adelaide Community Health Service

Question 5: How would you rate your knowledge of GLBTIQ communities BEFORE reading the emails?

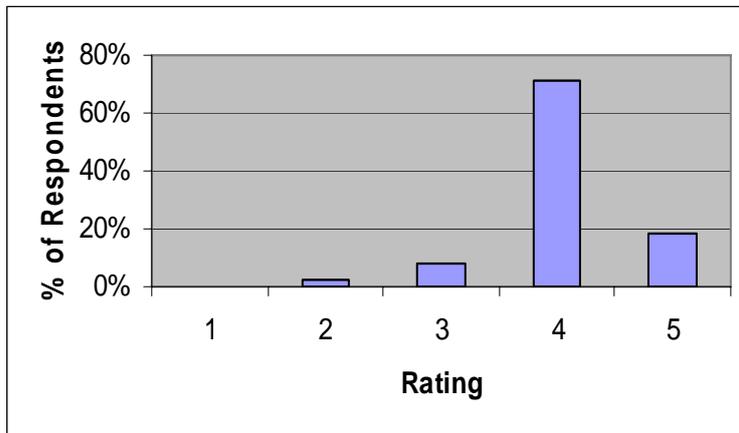
The rating scale ranged from 1 (Poor knowledge of GLBTIQ communities) to 5 (Excellent knowledge of GLBTIQ communities).



The average rating was 2.89 out of 5, with nearly 80% of respondents rating their knowledge of GLBTIQ communities as poor to average, and only 20.3% of respondents rating their knowledge as good to excellent. This suggests that the respondents' knowledge of GLBTIQ communities **before** reading the emails was just **below average**.

Question 6: How would you rate your knowledge of GLBTIQ communities AFTER reading the emails?

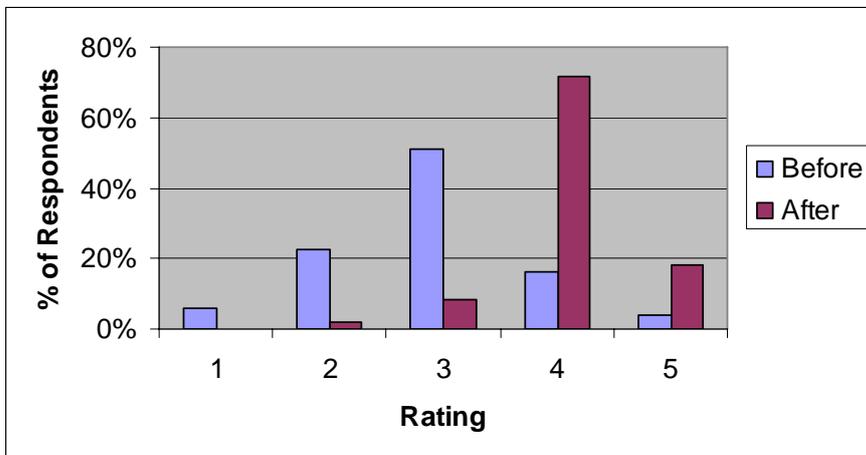
The rating scale ranged from 1 (Poor knowledge of GLBTIQ communities) to 5 (Excellent knowledge of GLBTIQ communities).



The average rating was 4.06 out of 5, with only 10.1% of respondents rating their knowledge of GLBTIQ communities as poor to average, and nearly 90% of respondents rating their knowledge as good to excellent.

The chart below represents a comparison between workers' knowledge **before** and **after** reading the emails.

The rating scale ranged from 1 (Poor knowledge of GLBTIQ communities) to 5 (Excellent knowledge of GLBTIQ communities).



The data in this chart clearly demonstrates that the respondents' knowledge of GLBTIQ communities significantly increased as a result of the Queer Corner emails, with 10.1% of respondents rating their knowledge of GLBTIQ communities as poor to average **after** reading the emails (as opposed to nearly 80% **beforehand**), and nearly 90% of respondents rating their knowledge as good to excellent **after** reading the emails (as opposed to 20.3% **beforehand**).

Question 7: What topics/issues were most useful /relevant to you?

The respondents were asked to rate the emails based on the most useful topics. They could select as many topics as they wished.

The 3 **most** useful email topics were:

1. General Health Issues (79.17%)
2. Mental Health Issues (75%)
3. Worker Guidelines (66.67%)

Question 8: Please provide details of any people/organisations that you have forwarded the emails to (i.e. which organisations and approximate number of people).

Some of the organisations that have been forwarded the emails include:

- ⇒ Non-Government Organisations
 - Youth Affairs Council of SA;
 - Bfriend (support for people who are newly identifying as Gay, Lesbian, Bisexual, Transgender, Queer, and Same-Sex Attracted); and
 - Sexual Health Information Networking and Education (SHine SA).
- ⇒ Other State Government Departments and Organisations
 - Department of Education and Children's Services;
 - Department for Families and Communities;
 - Department of Further Education, Employment, Science and Technology;
 - Families SA; and
 - Women's Information Service.
- ⇒ State Government High Schools

Question 9: Please provide any feedback you have received from these people or organisations.

Some of the feedback received from other organisations includes:

"Impressed with the system we have of circulating such crucial info."

**Community Health Nurse
Dale St Women's Health Centre**

"Heterosexual colleagues found the information useful in challenging their own thoughts and in becoming more aware of the issues facing LGBTIQ communities."

**ARC Postdoctoral Fellow
School of Psychology
University of Adelaide**

"Most commented on how little they knew or understood the issues facing GLBTIQ and found the emails really informative."

**Team Support Worker
Port Adelaide Community Health Service**

"The most common reaction was surprise – particularly about specific experience of health matters/conditions etc."

Anonymous

Question 10: Please provide details of any external people or organisations that would like to join the Queer Corner email list.

Only a couple of respondents suggested other people or organisations that could be added to the distribution list, including:

"[A] link to join from Women's Health Statewide website?"

**Regional Manager, Women's Health
Dale St Women's Health Centre**

"Relationships Australia?"

Anonymous

Question 11: Do you feel that email is the best method for distributing the Queer Corner information?

Almost all of the respondents indicated that email was the best method of distributing the information, as can be seen in the following comments:

"Emails are easily stored by the receiver – rather than storing in paper form which could get lost in a pile of 'filing', queer corners can easily go in a folder and be referred to again."

**Lecturer
TAFE SA Regional (Gawler)**

"they are immediate – the latest edition is received instantly, which means that for regional areas for instance, the information is received at the same time as others".

**Lecturer
TAFE SA Regional (Gawler)**

"Easily accessed and stored, also it is discreet."

**Social Worker
Enfield Community Health Service**

"It's been useful for me because I can 'read, save for later' and/or 'cut n paste' and make into word docs or overheads etc."

Community Health Worker
Dale St Women's Health Centre

However, some respondents also provided alternative suggestions, such as:

"I think that a collation of the emails in an easy to read booklet format would be useful for workers, students and community members."

Community Development Worker
Port Adelaide Community Health Service

"Maybe occasional team discussions/professional development at staff meetings"

Community Development Worker
Port Adelaide Community Health Service

"What about hard copy newsletters, link with websites?"

Team Support Worker
Port Adelaide Community Health Service

"I'm now finding its way too much information to process once a week – I'd be more inclined to maintain the frequency but decrease the amount of information in each, so people don't just start to put [them] in the 'to be read later pile', and never actually get to it."

Anonymous

"As a general information distribution system, email is great. But in terms of providing information to underpin practice change, it needs to be part of a larger, more comprehensive approach."

Anonymous

"It would be good to have a multi-focus way of getting the information out i.e. inclusive of a few mediums, not just email."

Anonymous

Question 12: Any other comments (including suggestions for future topics)?

The respondents' provided many additional comments about the emails, including:

"Please don't stop your 'Queer Corner' as I feel it provides information and services that can be used by the community. I know I enjoy reading them, I get angry at times and wish the world was different and people more tolerant of everyone else...Let's hope that before too long this will be the case."

Community Member

"I have eagerly read every queer corner that I have received and once I realized I could do it I have saved them for further reference."

Social Worker
Enfield Community Health Service

"The quest for knowledge and action is always a work in progress and QC has been an invaluable resource."

Team Manager
Gilles Plains Community Health Service

"As a part time worker I got way behind in reading my emails and along with other important reading, my emails were often unread. I think it would be good to have something (in addition to the comprehensive emails) that were quick and easy to read. Maybe 3 dot points or an image that challenges one's thinking – short and punchie. Many other workers have important reading that piles up on their desks."

Community Development Worker
Port Adelaide Community Health Service

"I just want to say how fantastic I think these emails are. They are not only informative, but contain quality research to back them up. I think they often spark some great conversation's in the workplace and beyond."

Community Worker
SHine SA Northern Primary Health Care Team

"I think you have developed a great resource for the organisation, a very useful tool for workers, as well as being a never-ending resource for additional information outside of the emails, which is fantastic. Keep up the good work! And it might also be useful to ensure the knowledge and awareness reaches new staff by including some of the info in the orientation manual!"

Community Development Worker
Parks Community Health Service

"Information really needs to be kept shorter i.e. don't try to cram so much info into one email. Focus on quality not quantity in order to reach your audience in the most effective manner."

Anonymous

INFORMAL FEEDBACK

A number of staff members have also provided informal feedback about the Queer Corner model, such as:

"You have been circulating excellent information. It is a really good idea as it is one way of ensuring that staff are aware of this group of people who are marginalized. It is also a non confronting way of ensuring that the health needs of GLBTI people are on the agenda."

Anonymous

"You are putting together an impressive body of work around this issue. This is a great example of promoting organizational change incrementally and from within."

Team Manager

Parks Community Health Service

"It is great that you are getting these ideas out there in an accessible way."

ARC Postdoctoral Fellow

School of Psychology

University of Adelaide

"The purpose of QC is relevant and applicable to every workplace."

Anonymous

"Stats from vital research papers...[are] useful in...clarify[ing] to the reader why something like QC is important and why the issues of GLBTIQ/SSA community wellbeing need to be brought to the fore of community consciousness"

Anonymous

"The explanation of this [GLBTIQS] acronym allows further thought and exploration into 'what kinds of diversity exist within gay culture(s)?'. This may be effective in challenging some assumptions about linear black and white assumptions i.e. 'gay' vs 'straight'."

Anonymous

"The suggestions for Human Service Professionals [worker guidelines] is a miniature pot of gold. The suggestions themselves could be used as a template or agenda for a Planning Day as to how a workplace can better address GLBTIQ needs and services."

Anonymous

“As much of heterosexual society links ‘gayness’ exclusively with ‘gay sex’ and/or ‘coming out’ with little regard for the plethora of other issues affecting GLBTIQ people, I am relieved that statistics of SSA sexual activity have been ‘postponed’ until...[a later edition of] Queer Corner...hopefully [after many other topics] the readers have a broader understanding of GLBTIQ themes and issues and can therefore incorporate information relating to gay and lesbian health into a substantial matrix of social determinants and conditions.”

Anonymous

“It is especially important for any community organisation to be mindful of how welcoming, accepting and inviting their service may be to diverse/minority community groups. The studies on GLBTIQ healthcare treatment and prevention are a stark reminder of how vital inclusive service provision is.”

Anonymous

“The length of each QC is an ideal ‘bite-sized’ instalment of information. This is useful when introducing the material to others who may have some resistance to the subject matter or may not have prioritized GLBTIQ/SSA issues in their daily work practices. The length and layout of the QC editions allows readers to absorb vital information, statistics, and community links...within a normal workday, without the need [for] other tasks to be reassigned or delayed.”

Anonymous

“While there have been times of varying degrees of resistance to QC within my workplace, the material provided is such an invaluable resource, that I believe I can keep on going back to it, and over time reintegrate QC into my and my colleagues’ weekly workplace practice.”

Anonymous

INTERNATIONAL DAY AGAINST HOMOPHOBIA (IDAHO) INITIATIVE

In May 2006, the Queer Corner model was utilised as the basis for an initiative by the Northern Voices GLBTIQ Advocacy Network to promote and celebrate International Day Against Homophobia (IDAHO).

Northern Voices distributed six daily emails in the lead up to IDAHO (May 17th), which incorporated one (or more) Queer Corner emails. These emails were distributed to all staff (approximately 6000 people) within the Children, Youth and Women’s Health Service, which includes Child and Youth Health, the Women’s and Children’s Hospital, The Second Story Youth Health Service, Yarrow Place Rape and Sexual Assault Service, Women’s Health Statewide, and Child and Adolescent Mental Health Service.

Here is a small selection of the feedback provided from the recipients of this initiative:

"Excellent way of providing info re GLBTIQ communities."

Anonymous

"Particularly helpful in keeping issues for GLBTIQ people in the spotlight, and reminding me to use appropriate questions and wording when meeting with clients."

Anonymous

"The data/info you are providing is excellent, very balanced and inclusive, non-provocative."

Anonymous

"would love to see more of this sort of information circulated through CYH [Child and Youth Health] sites in the community"

Anonymous

ACHIEVEMENTS

A number of important unintended outcomes occurred during the implementation of the Queer Corner model, including:

- ⇒ Distribution of the emails to selected workers within other health and community service organisations and groups, such as:
 - The Second Story Youth Health Service;
 - Sexual Health Information Networking and Education (SHine) SA;
 - Women's Health Statewide;
 - Southern Women's Community Health Centre;
 - Murray Mallee Community Health Service;
 - TAFE SA Regional (Gawler);
 - City of Charles Sturt;
 - Ocean View College;
 - Bfriend Project, UnitingCare Wesley Adelaide;
 - School of Psychology, University of Adelaide; and
 - State Library of SA.
- ⇒ Implementation of the model within the Children, Youth and Women's Health Service (approximately six-thousand people) through the International Day Against Homophobia (IDAHO) initiative.
- ⇒ Implementation of the model within North/North East Primary Health Care Services (approximately one-hundred and forty-seven people).
- ⇒ Implementation of the model within the Women's Information Service (approximately ten people).
- ⇒ Interest from SA Police in distributing the emails to all of their Gay and Lesbian Liaison Officers (approximately forty-eight people).
- ⇒ Distribution of the emails to clients and community members who have indicated that they are same-sex attracted.

- ⇒ Dissemination of the 'guidelines for workers' to the Royal Australian College of General Practitioners (RACGP) for possible inclusion in the RACGP Standards for General Practice.
- ⇒ Adaptation of the emails as training tools for educational settings (i.e. TAFE).

RECOMMENDATIONS

The results, as mentioned above, have identified a number of areas that should be maintained or developed in relation to the Queer Corner model, including:

- ⇒ Ongoing implementation of the model within Central Eastern and Western Primary Health Care Services.
- ⇒ Development of other strategies within Central Eastern and Western Primary Health Care Services which will support the organisational change process initiated by the Queer Corner model.
- ⇒ Utilisation of the model as a tool for open and meaningful discussions about issues affecting GLBTIQS communities at team/staff meetings within health and community service organisations.
- ⇒ Distribution of the model within other health and community service organisations and groups within South Australian and interstate.
- ⇒ Incorporation of the model into a relevant website i.e. Gay and Lesbian Health Victoria clearinghouse, to enable people from across Australia (and possibly internationally) to easily access the model.

CONCLUSIONS

The preliminary evaluation has demonstrated that the Queer Corner model is an extremely useful tool in enabling health and community service workers to reflect on their own attitudes towards GLBTIQS communities, and assist them to embark on a journey of personal change around homophobia and heterosexism.

However, the model has some limitations in its effectiveness in creating organisational change as this often requires a long term, multi-faceted approach. Although, a number of respondents who participated in the Preliminary Evaluation acknowledged that the model would be more effective in achieving organisational change if it was implemented in association with other relevant strategies, such as:

- ⇒ Specific policies addressing homophobia and heterosexism;
- ⇒ A review of client intake and referral forms to assess their appropriateness for GLBTIQS clients/patients;
- ⇒ Regular staff development opportunities in relation to challenging homophobia and heterosexism and other issues affecting GLBTIQS communities;
- ⇒ Regular opportunities for staff to discuss issues affecting GLBTIQS communities in team/staff meetings;

- ⇒ Regular opportunities for staff to discuss practice issues in working with GLBTIQS communities in team/staff meetings and supervision;
- ⇒ Development of suitable health promotion displays for client/patient waiting areas and group/meeting rooms etc. in relation to issues and services relevant to GLBTIQS communities;
- ⇒ Recognition of homophobia, heterosexism, and other issues affecting GLBTIQS communities in mission statements, strategic plans, and the organisation's promotional materials; and
- ⇒ Implementation of the Gay and Lesbian Health Victoria "Sexual Diversity Health Services Audit" or the Women's Health Action Network for Diverse Sexualities "Benchmarking Standards for Organisations Valuing Diversity", or similar (both of these documents have been included on the Queer Corner CD).



QUEER CORNER EVALUATION

1. How **USEFUL** was the information you received?

(PLEASE CLICK ON ONE BOX)

Not At All

Very

1

2

3

4

5

2. How effective are the Queer Corner emails in creating personal and organisational change around homophobia and heterosexism?

(PLEASE CLICK ON ONE BOX)

Not At All

Very

1

2

3

4

5

Comments:

(PLEASE TYPE IN THE SHADED AREA)

3. How effective are the Queer Corner emails in enabling you to reflect on your attitudes towards GLBTIQ communities?

(PLEASE CLICK ON ONE BOX)

Not At All

Very

1

2

3

4

5

4. What impact have these emails had on your work (knowledge, awareness, skills, behaviours, discussions etc.)?

(PLEASE TYPE IN THE SHADED AREA)

5. How would you rate your knowledge of GLBTIQ communities BEFORE reading the emails?
(PLEASE CLICK ON ONE BOX)

Poor
1 2 3 4 Excellent
5

6. How would you rate your knowledge of GLBTIQ communities AFTER reading the emails?
(PLEASE CLICK ON ONE BOX)

Poor
1 2 3 4 Excellent
5

7. Which topics/issues were most useful/relevant for you?
(PLEASE CLICK ON AS MANY BOXES AS YOU LIKE)

Alcohol & Other Drug Use	<input type="checkbox"/>	Mental Health Issues	<input type="checkbox"/>
General Health Issues	<input type="checkbox"/>	Young People	<input type="checkbox"/>
Guidelines for Workers	<input type="checkbox"/>	Services & Groups	<input type="checkbox"/>
Definitions of GLBTIQS	<input type="checkbox"/>	Coming Out Model	<input type="checkbox"/>
Legal Issues	<input type="checkbox"/>	History & Symbols	<input type="checkbox"/>
Frequently Asked Questions	<input type="checkbox"/>	Homophobia	<input type="checkbox"/>
Mundane Heterosexism	<input type="checkbox"/>	Heterosexual Privilege	<input type="checkbox"/>
Sexual Health Issues	<input type="checkbox"/>	Transgender & Intersex	<input type="checkbox"/>
Healthcare Access	<input type="checkbox"/>		

8. Please provide details of any people/organisations that you have forwarded the emails to (i.e. which organisations and approximate number of people).
(PLEASE TYPE IN THE SHADED AREA)

9. Please provide any feedback you have received from these people or organisations.
(PLEASE TYPE IN THE SHADED AREA)

10. Please provide details of any external people or organisations that would like to join the Queer Corner email list.
(PLEASE TYPE IN THE SHADED AREA)

11. Do you feel that email is the best method for distributing the Queer Corner information?
(PLEASE CLICK ON ONE BOX)

Yes No

Comments:
(PLEASE TYPE IN THE SHADED AREA)

12. Any other comments (including suggestions for future topics):
(PLEASE TYPE IN THE SHADED AREA)

PLEASE RETURN YOUR FORM TO:

Lauren Riggs
Lauren.Riggs@health.sa.gov.au

OR

Lauren Riggs
Port Adelaide Community Health Service
Church Street
PORT ADELAIDE SA 5015

SECTION 4: APPENDICES



APPENDIX 1: EMAILS
APPENDIX 2: CLIENT FACTSHEETS
APPENDIX 3: RELEVANT DOCUMENTS
APPENDIX 4: PRINT RESOURCES
APPENDIX 5: WEBSITES
APPENDIX 6: FEEDBACK FORM

EMAILS

1. Introduction & Discrimination

Welcome to the 1st edition of Queer Corner.

*If applicable, insert a description of the name and purpose of your organisation's heterocentrism/homophobia working group. **For example:***

[Organisation name] has a Heterocentrism and Homophobia working group, called [group name], whose purpose is to explore the issues related to our work with Gay, Lesbian, Bisexual, Transgender, Intersex, Queer, and Same-Sex Attracted (GLBTIQS) individuals, groups, and communities, and to provide feedback, direction, and leadership about these issues to staff.

These emails are part of an important initiative creating awareness among [Organisation name] staff about the issues affecting GLBTIQS people in our community. They are being sent to all staff as approved and endorsed by [Name of Chief Executive, General Manager, Director, Coordinator].

The aim of the Queer Corner is to provide information, statistics, and historical information about issues, services, groups, and events for GLBTIQS people, and to encourage staff members to think about how these issues relate to their practice.

So, did you know that.....?

“Nearly **one-third** of participants [Same-Sex Attracted Young People] believed that they had been **unfairly treated or discriminated against**, because of their sexuality.”

“**46%** of participants [Same-Sex Attracted Young People]...stated they had been **verbally abused** [because of their sexuality].”

“**Thirteen percent** of participants [Same-Sex Attracted Young People]...had been **physically abused** [because of their sexuality].”

SOURCE:

Hillier, L, Dempsey, D. et al (1998) **Writing Themselves In: A National Report on the Sexuality, Health and Well-Being of Same-Sex Attracted Young People.** Australian Research Centre in Sex, Health and Society, La Trobe University: Melbourne.

If you would like to read the full source document(s) referenced in this edition of Queer Corner, you can find it at the following location:

- *Insert details about the location of the source document (i.e. which drive & folder it is located within).*

Please feel free to contact me *[insert contact details]* if you have any questions or comments, or suggestions for future Queer Corner editions.

Queer Corner © was created by Lauren Riggs, Primary Health Care Worker, Primary Health Care Services – Western, Central Northern Adelaide Health Service.

2. GLBTIQS Definitions – Part I

Welcome to the 2nd edition of Queer Corner.

These emails are part of an important initiative creating awareness among [Organisation name] staff about the issues affecting GLBTIQS people in our community. They are being sent to all staff as approved and endorsed by [Name of Chief Executive, General Manager, Director, Coordinator].

When you are reading the Queer Corner emails, remember that GLBTIQS stands for Gay, Lesbian, Bisexual, Transgender, Intersex, Queer, and Same Sex Attracted.

This is the FIRST in a series of TWO emails providing definitions of GLBTIQS related terms.

Here are definitions of some common terms which are used within GLBTIQS communities.

Please note:

These terms mean different things to different individuals/communities, so your clients/patients/community members may not identify with any of these terms, or may have different interpretations of them.

Sexual Orientation

“Sexual orientation refers to one’s sexual and[/or] romantic [and/or emotional] attraction. Those whose sexual orientation is to people of the opposite sex are called ‘heterosexual’, those whose sexual orientation is to people of the same sex are called ‘homosexual’ (or lesbian or gay), and those whose sexual orientation is to people of both sexes are called ‘bisexual’...Sexual orientation is not necessarily the same as sexual behaviour.”

“The term ‘sexual preference’ is misleading because it implies that this attraction is a choice rather than an intrinsic personal characteristic.”

Gay

“A gay man is a man whose primary sexual and[/or] romantic [and/or emotional] attraction is to other men. He may have sex with men currently or may have had sex with men in the past. A smaller number of gay men may never have had sex with another man for a whole host of reasons (age, societal pressures, lack of opportunity, fear of discrimination), but nonetheless realize that their sexual [and/or romantic and/or emotional] attraction is mainly [or exclusively] to other men. Some gay men have sex with women and some don’t. It is important to note that some men who have sex with other men, sometimes exclusively, may not call themselves gay.”

“Gay is also used as an inclusive term encompassing gay men, lesbians, bisexual people, and sometimes even transgender people.”

Lesbian

“A lesbian is a woman whose primary sexual and[/or] romantic [and/or emotional] attractions are to other women. She may have sex with women currently or may have had sex with women in the past. A smaller number of lesbians may never have had sex with another woman for a whole host of reasons (age, societal pressures, lack of opportunity, fear of discrimination), but nonetheless realize that their sexual [and/or romantic and/or emotional] attraction is mainly [or exclusively] to other women. Some lesbians have sex with men and some don't. It is important to note that some women who have sex with women, sometimes exclusively, may not call themselves lesbians.”

SOURCE:

Public Health Seattle & King County

- www.metrokc.gov/health/glb/definitions.htm

Please feel free to contact me *[insert contact details]* if you have any questions or comments, or suggestions for future Queer Corner editions.

Queer Corner © was created by Lauren Riggs, Primary Health Care Worker, Primary Health Care Services – Western, Central Northern Adelaide Health Service.

3. GLBTIQS Definitions – Part II

Welcome to the 3rd edition of Queer Corner.

These emails are part of an important initiative creating awareness among [Organisation name] staff about the issues affecting GLBTIQS people in our community. They are being sent to all staff as approved and endorsed by [Name of Chief Executive, General Manager, Director, Coordinator].

When you are reading the Queer Corner emails, remember that GLBTIQS stands for Gay, Lesbian, Bisexual, Transgender, Intersex, Queer, and Same Sex Attracted.

This is the SECOND in a series of TWO emails providing definitions of GLBTIQS related terms.

Here are definitions of some common terms which are used within GLBTIQS communities.

Please note:

These terms mean different things to different individuals/communities, so your clients/patients/community members may not identify with any of these terms, or may have different interpretations of them.

Bisexual

“Bisexual men and women have sexual and[/or] romantic [and/or emotional] attractions to both men and women. Depending upon the person, his or her attraction may be stronger to women or to men, or they may be approximately equal. A bisexual person may have had sex with people of both sexes, or only of one sex, or he or she may never have had sex at all. It is important to note that some people who have sex with both men and women do not consider themselves bisexual.”

Gender Identity

“At birth, we are assigned one of two genders, usually based on our visible genitals. For many people this gender assignment fits and feels comfortable and they never think about it further. Others do not feel as comfortable with their assigned gender...because they find the two-gender system too limiting or because they feel more identification with the gender opposite that to which they were assigned at birth [or because they were born with external genitalia that was not exclusively male or female and therefore had their gender identity determined for them by their parents/guardians or medical personnel]. People deal with this discomfort in many ways, sometimes only in personal ways, and sometimes in ways visible to others.”

Transgender

People who identify more strongly with the other gender than the one which they were assigned (e.g. women who feel like men, or men who feel like women) are called 'transgendered'. Some transgendered people may 'cross-dress' or 'do drag' regularly...(and...[some] of these people are comfortable in[/with] their assigned gender).”

“Other transgendered people may take hormones of the opposite gender and/or have surgery in order to change their bodies to reflect how they feel inside. These people are also called ‘transsexual’. Transgendered people may identify as heterosexual, homosexual, or bisexual.”

“Female-to-male transsexuals are sometimes referred to as ‘FTMs’ or ‘transsexual men’, and male-to-female transsexuals as ‘MTFs’ or ‘transsexual women’.”

“Pre-operative (‘pre-op’) transsexuals are preparing for sexual reassignment surgery (SRS) and may take hormones. Post-operative (“post-op”) transsexuals have undergone SRS and continue to take hormones, often for the rest of their lives. Some transsexuals (‘non-op’) either do not want or cannot afford SRS, though they may still take hormones.”

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.”

Queer

“Some GLBT people, particularly young people...use the term ‘queer’ to [describe their identity and/or to] encompass the entire GLBT community. For these people, the term ‘queer’ is positive and empowering. Other GLBT people find this term degrading.”

Same-Sex Attracted

This refers to people who are sexually and/or romantically and/or emotionally attracted to people of the same sex. It is used by some non-heterosexual individuals/communities who find other terms (i.e. gay, lesbian, and bisexual) too limiting or not representative of their identity.

SOURCES:

Public Health Seattle & King County

- www.metrokc.gov/health/glb/definitions.htm

Australian Medical Association (2002) **AMA Position Statement: Sexual Diversity and Gender Identity**. Australian Medical Association.

If you would like to read the full source document(s) referenced in this edition of Queer Corner, you can find it at the following location:

- *Insert details about the location of the source document (i.e. which drive & folder it is located within).*

Please feel free to contact me [*insert contact details*] if you have any questions or comments, or suggestions for future Queer Corner editions.

Queer Corner © was created by Lauren Riggs, Primary Health Care Worker, Primary Health Care Services – Western, Central Northern Adelaide Health Service.

4. Alcohol and Other Drug Use

Welcome to the 4th edition of Queer Corner.

These emails are part of an important initiative creating awareness among [Organisation name] staff about the issues affecting GLBTIQS people in our community. They are being sent to all staff as approved and endorsed by [Name of Chief Executive, General Manager, Director, Coordinator].

When you are reading the Queer Corner emails, remember that GLBTIQS stands for Gay, Lesbian, Bisexual, Transgender, Intersex, Queer, and Same Sex Attracted.

Did you know that.....?

Alcohol and other drug use amongst GLBTIQS communities are 2-4 times higher than in the general population.

DRUG	GAY MEN & LESBIANS	HETEROSEXUALS
Amphetamines	62%	19.5%
Barbiturates	6.3%	2.2%
Cocaine	23.2%	7.8%
Ecstasy	50.6%	15.5%
Heroin	10.9%	4%
Marijuana	76.5%	61.1%
Pain Killers	30.3%	18.6%
Steroids	4.1%	1.5%
Tranquilisers	33.7%	11.6%
Injecting Drugs	12.5%	5.1%
Volatile Nitrates	57.1%	N/A
Ketamine	13.9%	N/A
LSD	48.2%	N/A
Drink Driving	53.5%	6.3%

SOURCES:

Ministerial Advisory Committee on Gay and Lesbian Health (2002) **What's the Difference? Health Issues of Major Concern to Gay, Lesbian, Bisexual, Transgender and Intersex (GLBTI) Victorians.** Victorian Government Department of Human Services: Melbourne.

Murnane, A., Smith, A. et al (2000) **Beyond Perceptions: A Report on Alcohol and Other Drug Use Among Gay, Lesbian, Bisexual, and Queer Communities in Victoria.** Australian Drug Foundation: Melbourne.

If you would like to read the full source document(s) referenced in this edition of Queer Corner, you can find it at the following location:

- *Insert details about the location of the source document (i.e. which drive & folder it is located within).*

Please feel free to contact me *[insert contact details]* if you have any questions or comments, or suggestions for future Queer Corner editions.

Queer Corner © was created by Lauren Riggs, Primary Health Care Worker, Primary Health Care Services – Western, Central Northern Adelaide Health Service.

5. Mental Health Issues

Welcome to the 5th edition of Queer Corner.

These emails are part of an important initiative creating awareness among [Organisation name] staff about the issues affecting GLBTIQS people in our community. They are being sent to all staff as approved and endorsed by [Name of Chief Executive, General Manager, Director, Coordinator].

When you are reading the Queer Corner emails, remember that GLBTIQS stands for Gay, Lesbian, Bisexual, Transgender, Intersex, Queer, and Same Sex Attracted.

Did you know that.....?

“An Australian study of 403 **gay men** reported that **27%** of respondents were suffering major depression.”

“In a study of 200 **lesbians**, **60%** of respondents reported feelings of depression related to their sexual orientation.”

BEHAVIOUR	GAY MEN & LESBIANS	HETEROSEXUALS
Self harm	58.5%	31.4%
Attempted suicide (ever)	49%	34.5%
Attempted suicide (in past 3 months)	23.1%	8.6%

SOURCES:

Ministerial Advisory Committee on Gay and Lesbian Health (2002) **What's the Difference? Health Issues of Major Concern to Gay, Lesbian, Bisexual, Transgender and Intersex (GLBTI) Victorians.** Victorian Government Department of Human Services: Melbourne.

Hillier, L, Dempsey, D. et al (1998) **Writing Themselves In: A National Report on the Sexuality, Health and Well-Being of Same-Sex Attracted Young People.** Australian Research Centre in Sex, Health and Society, La Trobe University: Melbourne.

If you would like to read the full source document(s) referenced in this edition of Queer Corner, you can find it at the following location:

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Please feel free to contact me *[insert contact details]* if you have any questions or comments, or suggestions for future Queer Corner editions.

Queer Corner © was created by Lauren Riggs, Primary Health Care Worker, Primary Health Care Services – Western, Central Northern Adelaide Health Service.

6. General Health Issues

Welcome to the 6th edition of Queer Corner.

These emails are part of an important initiative creating awareness among [Organisation name] staff about the issues affecting GLBTIQS people in our community. They are being sent to all staff as approved and endorsed by [Name of Chief Executive, General Manager, Director, Coordinator].

When you are reading the Queer Corner emails, remember that GLBTIQS stands for Gay, Lesbian, Bisexual, Transgender, Intersex, Queer, and Same Sex Attracted.

Did you know that.....?

"Anal cancer is 80 times more common in gay and bisexual men than in the general population...screening programs may have the potential to drastically reduce the incidence of anal cancer among gay and bisexual men"

There are currently no screening programs for anal cancer in SA.

"The incidence of breast cancer among lesbians is up to three times higher than in heterosexual women."

SOURCES:

Ministerial Advisory Committee on Gay and Lesbian Health (2002) **What's the Difference? Health Issues of Major Concern to Gay, Lesbian, Bisexual, Transgender and Intersex (GLBTI) Victorians.** Victorian Government Department of Human Services: Melbourne.

Hudspith, M., Bastedo, S., and Ministers Advisory Council on Women's Health (2001) **Caring for Lesbian Health: A Resource for Canadian Health Care Providers, Policy Makers and Planners, revised edition.** Health Canada: Canada.

If you would like to read the full source document(s) referenced in this edition of Queer Corner, you can find it at the following location:

- *Insert details about the location of the source document (i.e. which drive & folder it is located within).*

Please feel free to contact me *[insert contact details]* if you have any questions or comments, or suggestions for future Queer Corner editions.

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7. GLBTIQS Young People

Welcome to the 7th edition of Queer Corner.

These emails are part of an important initiative creating awareness among [Organisation name] staff about the issues affecting GLBTIQS people in our community. They are being sent to all staff as approved and endorsed by [Name of Chief Executive, General Manager, Director, Coordinator].

When you are reading the Queer Corner emails, remember that GLBTIQS stands for Gay, Lesbian, Bisexual, Transgender, Intersex, Queer, and Same Sex Attracted.

Here are some thoughts about the issues that GLBTIQS Young People face.....

GLBTIQS young people are "far less visible than young heterosexuals and are less likely to feel affirmed and supported throughout their teenage years or to have access to positive discourses in their peer culture about sexual difference."

GLBTI young people "often find they are forced to choose between two ways of living their lives, neither of which necessarily promotes emotional or psychological well-being. The first is a life in a shadowy world of silence and denial in which 'passing as normal' requires constant monitoring of every word and deed. The second road of disclosure means risking rejection and the potentially negative reactions of friends, family and the community."

GLBTIQS young people "have difficulty accessing the information they need to protect and resource themselves...They are for the most part accessing information from the two groups whose information is more likely to be incorrect or misleading [i.e. the media and their friends]."

Encouraging GLBTI young people to 'come out' is not necessarily the best solution – "research has demonstrated that disclosure of sexuality only increases young people's well-being if the people they choose to come out to are supportive...What is important is providing a range of options e.g. access to gay, lesbian, bisexual role models; linkages to youth peer support groups and the opportunity to discuss sexuality in private and in confidence with a sympathetic and informed adult."

SOURCE:

Hillier, L, Dempsey, D. et al (1998) **Writing Themselves In: A National Report on the Sexuality, Health and Well-Being of Same-Sex Attracted Young People.** Australian Research Centre in Sex, Health and Society, La Trobe University: Melbourne.

If you would like to read the full source document(s) referenced in this edition of Queer Corner, you can find it at the following location:

- *Insert details about the location of the source document (i.e. which drive & folder it is located within).*

Please feel free to contact me *[insert contact details]* if you have any questions or comments, or suggestions for future Queer Corner editions.

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8. Guidelines for Workers – Part I

Welcome to the 8th edition of Queer Corner.

These emails are part of an important initiative creating awareness among [Organisation name] staff about the issues affecting GLBTIQS people in our community. They are being sent to all staff as approved and endorsed by [Name of Chief Executive, General Manager, Director, Coordinator].

When you are reading the Queer Corner emails, remember that GLBTIQS stands for Gay, Lesbian, Bisexual, Transgender, Intersex, Queer, and Same Sex Attracted.

This is the FIRST in a series of TWO emails about guidelines for workers in working with GLBTIQS individuals/communities.

Here are some suggestions for health and community service workers (and others) who work with GLBTIQS people, which you may be able to implement in your individual, group, and program interventions:

“Use a non-judgemental and supportive approach such as ‘Do you think you might be SSA [Same Sex Attracted]?’ instead of ‘Are you SSA [Same Sex Attracted]?’”;

“Use inclusive language that is gender neutral” (for example, using terms like partner rather than boyfriend/girlfriend or husband/wife);

“Ensure client confidentiality.”;

“Examine your own values and attitudes” towards GLBTIQS people;

“Develop an understanding of sexual identity.”;

“Be acquainted with legal and institutional restrictions” for GLBTIQS people (watch this space for future Queer Corners about legal issues for GLBTIQS people);

“Display a rainbow sticker on the front door of your organisation's building to indicate that the service is SSA [Same Sex Attracted] supportive. Alternatively, display the sticker on your office door.”;

“Affirm organisational acceptance by displaying such things as posters and flyers in prominent places such as waiting areas and offices.”;

“Provide SSA [Same Sex Attracted] people with access to appropriate resources and information.”;

“Ensure service forms and documents account for diversity of clients.”;

“Take available opportunities to become better informed.”;

SOURCE:

Farnan, C. & The Victorian Child and Adolescent Mental Health Promotion Officers (2001) *STEP Manual: An Educational Resource for Those Working with Indigenous, Refugee, and Same Sex Attracted Young People*. Statewide Training and Education in Youth Suicide Prevention (STEP) Project, Commonwealth Department of Health and Aged Care.

If you would like to read the full source document(s) referenced in this edition of Queer Corner, you can find it at the following location:

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Please feel free to contact me *[insert contact details]* if you have any questions or comments, or suggestions for future Queer Corner editions.

Queer Corner © was created by Lauren Riggs, Primary Health Care Worker, Primary Health Care Services – Western, Central Northern Adelaide Health Service.

9. Guidelines for Workers – Part II

Welcome to the 9th edition of Queer Corner.

These emails are part of an important initiative creating awareness among [Organisation name] staff about the issues affecting GLBTIQS people in our community. They are being sent to all staff as approved and endorsed by [Name of Chief Executive, General Manager, Director, Coordinator].

When you are reading the Queer Corner emails, remember that GLBTIQS stands for Gay, Lesbian, Bisexual, Transgender, Intersex, Queer, and Same Sex Attracted.

This is the SECOND in a series of TWO emails about guidelines for workers in working with GLBTIQS individuals/communities.

Here are some suggestions for health and community service workers (and others) who work with GLBTIQS people, which you may be able to implement in your individual, group, and program interventions:

“Assume that approximately 10 per cent of people are SSA [Same Sex Attracted] (this includes clients and colleagues).”;

“Be aware of relevant references and general reading material that covers sexuality issues: relationships, orientation, behaviour, and identity.”;

“Do not assume you know the sexual identity or orientation of [a] person when interacting with them.”;

“Include different family structures in any discussions on family and community.”;

“Use language that signals to a young person that they are safe to share their situation with you.”;

“Encourage tolerance [and acceptance] and discourage harassment as a group norm in your work and social circles.”;

“Be prepared to respond to [homophobic] slurs, just as you would to racist or sexist slurs.”;

“Respond to homophobic slurs in a well-informed manner. Respect the person challenging you. Focus on challenging the negative opinions rather than the person.”;

“Be aware of the issues and risk factors associated with SSA [Same Sex Attracted] young people.”; and

“Be aware of local organisations and resources for making appropriate referrals” (watch this space for future Queer Corners about services/groups/activities for GLBTIQS people).

SOURCE:

Farnan, C. & The Victorian Child and Adolescent Mental Health Promotion Officers (2001) *STEP Manual: An Educational Resource for Those Working with Indigenous, Refugee, and Same Sex Attracted Young People*. Statewide Training and Education in Youth Suicide Prevention (STEP) Project, Commonwealth Department of Health and Aged Care.

If you would like to read the full source document(s) referenced in this edition of Queer Corner, you can find it at the following location:

- *Insert details about the location of the source document (i.e. which drive & folder it is located within).*

Please feel free to contact me *[insert contact details]* if you have any questions or comments, or suggestions for future Queer Corner editions.

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10. Services, Groups, and Activities – Part I

Welcome to the 10th edition of Queer Corner.

These emails are part of an important initiative creating awareness among [Organisation name] staff about the issues affecting GLBTIQS people in our community. They are being sent to all staff as approved and endorsed by [Name of Chief Executive, General Manager, Director, Coordinator].

When you are reading the Queer Corner emails, remember that GLBTIQS stands for Gay, Lesbian, Bisexual, Transgender, Intersex, Queer, and Same Sex Attracted.

This is the FIRST in a series of TWO emails about services, groups, and activities for GLBTIQS people.

Here are some services, groups, and activities for GLBTIQS people in Adelaide:

Bfriend (UnitingCare Wesley Adelaide)

- 1st Floor, 10 Pitt St, Adelaide, 5000
- 8202 5805 & 8202 5192
- 8202 5894 (culturally & linguistically diverse people)
- www.ucwesleyadelaide.org.au/bfriend
- bfriend@ucwesleyadelaide.org.au
- Mon-Fri (9am to 5pm)
- Individual support (provided by trained volunteer "buddies");
- Support groups;
- Information and referrals; and
- Monthly social gatherings.
- For newly identifying same-sex attracted, gay, lesbian, bisexual, and transgender people, and others who are exploring their sexual orientation or gender identity (and their family members).

Gay and Lesbian Community Services (GLCS)

- PO Box 2011, Kent Town, 5071
- 8422 8400
- www.glcssa.org.au
- glcs@glcssa.org.au
- Mon-Sun (7pm to 10pm) & Sat-Sun (2pm-5pm)
- Telephone counselling; and
- Information and referrals

Gay and Lesbian Community Library

- 64 Fullarton Rd, Norwood, 5067
- 8334 1606
- www.acsa.org.au/IRlibCatalogue.html
- information@acsa.org.au
- Mon-Fri (9am to 5pm)
- Large collection of books, journals, newspapers, reports, pamphlets, and videos.
- Membership is FREE

The Second Story (TSS)

- 57 Hyde St, Adelaide, 5000
- 8232 0233
- www.cyh.com.au
- www.insideout.cyh.com
- Mon-Fri (9am to 5pm)
- Inside Out
 - Individual support and group programs for young (under 26 years) gay, bisexual, or same-sex attracted men.
 - Counselling;
 - Clinical services (including Friday evenings from 5pm to 7pm);
 - Information, advocacy, and referrals;
 - Social & support drop-in programs (fortnightly), including:
 - Hyde Out Central – group for young (16-26) men from any cultural backgrounds;
 - Shangri-La – group for young (under 30) men of Asian origin
 - Information & education group programs;
 - Peer education training; and
 - Library resources.
- Evolve (formerly Out LBW)
 - Individual support and group programs for young (under 26 years) Lesbian, Bisexual, or Same Sex Attracted Women.
 - Grrl's Lounge – ongoing monthly drop-in program for same-sex attracted and transgendered young women (16-26).

Bi Adelaide

- 8411 8711 (recorded message)
- <http://groups.yahoo.com/group/BiAdelaide>
- biadelaide@yahoogleroups.com (Online group)
- For Bisexual people (and others who acknowledge attraction to more than one gender), and their family and friends.
- Social and discussion group.
- Meets regularly – call for more information.

SOURCES:

Community Information Strategies Australia (CISA)

- www.infosearchweb.com

Blaze Media – South Australia's newspaper for GLBT communities

- www.blazemediacom.au

Please feel free to contact me [*insert contact details*] if you have any questions or comments, or suggestions for future Queer Corner editions.

Queer Corner © was created by Lauren Riggs, Primary Health Care Worker, Primary Health Care Services – Western, Central Northern Adelaide Health Service.

11. Services, Groups, and Activities – Part II

Welcome to the 11th edition of Queer Corner.

These emails are part of an important initiative creating awareness among [Organisation name] staff about the issues affecting GLBTIQS people in our community. They are being sent to all staff as approved and endorsed by [Name of Chief Executive, General Manager, Director, Coordinator].

When you are reading the Queer Corner emails, remember that GLBTIQS stands for Gay, Lesbian, Bisexual, Transgender, Intersex, Queer, and Same Sex Attracted.

This is the SECOND in a series of TWO emails about services, groups, and activities for GLBTIQS people.

Here are some MORE services, groups, and activities for GLBTIQS people in Adelaide:

Parents Supporting Parents and Friends of Lesbians and Gays (PSPFLAG)

- www.pspflag.asn.au
- pspflagsa@hotmail.com
- Email Pam and Ralph for more information.
- Individual (telephone & face-to-face) support;
- Regular group support
- For parents and their sons and daughters who are gay, lesbian or bisexual.
- Support for gay, lesbian, and bisexual people who are considering coming out to parents, family, and friends.
- Resources (including information booklets, books, and videos - available for loan or purchase).

Transition

- Support group for heterosexual women and men whose partners identify as gay, lesbian, bisexual or same-sex attracted.
- Meets 4th Sunday of the month at 5pm.
- Call Pat on 8396 1786 or Geoffrey on 8258 6214 for further info.

Team Adelaide

- 8224 0123
- 0409 679 157 - Julie Mitchell (President)
- www.teamadelaide.org.au
- info@teamadelaide.org.au
- Information about sporting activities for GLBTIQS people.

Pink Parents

- 0413 303 622 – Carolyn
- Social, support, and lobby group for lesbian, gay, bisexual, transgender and queer parents, families, and friends.
- Meets each month on alternate Saturday and Sunday.

UNIDOS

- 8245 8100
- unidossa@hotmail.com
- Call Helen (Mon-Thurs) to find out more information.
- Information and support for GLBTIQS people from culturally and linguistically diverse backgrounds.

Carrousel Club

- PO Box 721, Marlestone, 5033
- 8411 0874
- www.geocities.com/carrousel_2000
- ccsai@hotmail.com
- Social support group for Transgendered people of all ages and nationalities.

SOURCES:

Community Information Strategies Australia (CISA)

- www.infosearchweb.com

Blaze Media – South Australia's only newspaper for GLBTI communities

- www.blazemedia.com.au

Please feel free to contact me *[insert contact details]* if you have any questions or comments, or suggestions for future Queer Corner editions.

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12. Coming Out Model

Welcome to the 12th edition of Queer Corner.

These emails are part of an important initiative creating awareness among [Organisation name] staff about the issues affecting GLBTIQS people in our community. They are being sent to all staff as approved and endorsed by [Name of Chief Executive, General Manager, Director, Coordinator].

When you are reading the Queer Corner emails, remember that GLBTIQS stands for Gay, Lesbian, Bisexual, Transgender, Intersex, Queer, and Same Sex Attracted.

Dr Vivienne Cass has written a number of book chapters and articles about gay, lesbian, and bisexual sexuality and identity, including 'Understanding Homosexuality and Bisexuality' in *Educational Psychology: An Australian and New Zealand Perspective* (Maltby, F., Gage, N., and Berliner, D. - Eds - 1995) in which she identified the 'Coming Out' Model outlined below:

Stage 1: Identity Confusion

The person recognises that their desires/behaviour may be 'homosexual'. "Some will come to realise they may be SSA [Same-Sex Attracted], others may deny or ignore the situation. Subsequently, there will be a range of emotional responses from positive to negative that result in feelings of anxiety, stress or fear."

Stage 2: Identity Comparison

"The personal sense of being SSA [Same-Sex Attracted] leads to a consideration of the likely consequences of their sexual identity. The most obvious is a recognition of difference from family, friends, and others. Consequently, some feel wonderful because they understand themselves. For others, the notion can create fear of rejection, violence, isolation, and alienation. The endpoint of this stage comes with the recognition by a person that they may be [Same-Sex Attracted]."

Stage 3: Identity Tolerance

"The sense of identity tolerance is affected by social contacts with SSA [Same-Sex Attracted] groups. Positive social contacts can help overcome the damaging feelings that can arise from being part of a minority group. If the social experiences are negative, they can lead to self-hatred."

Stage 4: Identity Acceptance

"A person is feeling comfortable and accepting of their sexual identity. They may wish to tell family and friends about their homosexuality."

Stage 5: Identity Pride

"A sense of pride about their identity may involve them wanting to support activities to help strengthen homosexual rights. There can be a sense of confrontation with, and criticism of, heterosexuals about the ideal sexual orientation."

Stage 6: Identity Synthesis

“Individuals are completely proud and open about their homosexual identity. They will still confront homosexual oppression, yet they recognise their identity is simply one [part of who they are].”

Please remember though, as with any ‘model’, you should not assume that a person will move neatly from one stage to the next. These experiences may occur at different times for each individual.

SOURCE:

Farnan, C. & The Victorian Child and Adolescent Mental Health Promotion Officers (2001) **STEP Manual: An Educational Resource for Those Working with Indigenous, Refugee, and Same Sex Attracted Young People**. Statewide Training and Education in Youth Suicide Prevention (STEP) Project, Commonwealth Department of Health and Aged Care.

If you would like to read the full source document(s) referenced in this edition of Queer Corner, you can find it at the following location:

- *Insert details about the location of the source document (i.e. which drive & folder it is located within).*

Please feel free to contact me *[insert contact details]* if you have any questions or comments, or suggestions for future Queer Corner editions.

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13. Frequently Asked Questions – Part I

Welcome to the 13th edition of Queer Corner.

These emails are part of an important initiative creating awareness among [Organisation name] staff about the issues affecting GLBTIQS people in our community. They are being sent to all staff as approved and endorsed by [Name of Chief Executive, General Manager, Director, Coordinator].

When you are reading the Queer Corner emails, remember that GLBTIQS stands for Gay, Lesbian, Bisexual, Transgender, Intersex, Queer, and Same Sex Attracted.

This is the FIRST in a series of TWO emails on frequently asked questions about GLBTQS people.

Here are some Frequently Asked Questions (and answers) about GLBQS people:

What causes Homosexuality? Is it choice?

“Sexual orientation, whether it be heterosexual, homosexual, or bisexual does not appear to be something that people choose. Recent studies suggest that sexual orientation has a genetic or biological component, and is probably determined before or shortly after birth. Like heterosexuals, gay men and lesbians discover their sexuality as a process of maturing, they are not recruited, seduced or taught to be homosexual (Bell, Weinberg, M.S., & Hammersmith, 1981; Troiden, 1989). The only choice that most gay or lesbian people have is whether or not to live their lives honestly, or according to society's unrealistic expectations.”

Why do GLBQS people flaunt their sexuality? Why don't they just keep it private?

“Many gay men and lesbians go to great lengths to hide their sexual orientation, rather than 'flaunting' it. There is a double standard in our society - what some consider to be flaunting by gay men/lesbians is usually regarded as everyday behaviour for heterosexuals. A heterosexual couple walking hand in hand is perceived as normal; very few people would consider their behaviour to be inappropriate, if they even notice it at all. Whereas, a gay/lesbian couple exhibiting the same behaviour would almost certainly be noticed, and they would probably be accused of "flaunting" their sexuality or promoting their lifestyle. They may be harassed, or worse yet, physically or sexually assaulted.”

“Heterosexuals are free to talk about their partners, they can wear their wedding rings, display pictures of their loved ones on their desk at work, kiss goodbye at the airport, include their significant others in work parties etc. etc. A gay man or lesbian who chooses to do the same may be seen as...a radical who is out to prove a point.”

Isn't bisexuality a phase or transition? I know of gay men and lesbians who said they were bisexual when they first came out.

“While identifying as Bisexual might be a phase or transition for some people, this does not mean that other people are not or can not be genuinely attracted to both men and women.”

Aren't Bisexuals just confused? Don't they need to just make up their minds about whether they are gay or straight?

“It is well recognised in psychological circles that bisexuality is a genuine sexual orientation in and of itself. Our society sets up everything in terms of ‘either/or’ scenarios, so bisexuals are often thought to be confused because others don't understand dual (“both/and”) attractions.”

SOURCE:

‘Queer Students’ section of the University of Queensland Student Union

- www.uqu.uq.edu.au/queer

Please feel free to contact me *[insert contact details]* if you have any questions or comments, or suggestions for future Queer Corner editions.

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14. Frequently Asked Questions – Part II

Welcome to the 14th edition of Queer Corner.

These emails are part of an important initiative creating awareness among [Organisation name] staff about the issues affecting GLBTIQS people in our community. They are being sent to all staff as approved and endorsed by [Name of Chief Executive, General Manager, Director, Coordinator].

When you are reading the Queer Corner emails, remember that GLBTIQS stands for Gay, Lesbian, Bisexual, Transgender, Intersex, Queer, and Same Sex Attracted.

This is the FIRST in a series of TWO emails on frequently asked questions about GLBTQS people.

Here are some Frequently Asked Questions (and answers) about Transgender people:

Is Transgenderism the same as homosexuality?

“No. The term transgender refers to gender identification, not sexuality. Gender identification is about whether you see yourself as being female or male, neither, or both. Sexuality, on the other hand, is about who you are attracted to.”

Can Transgender people be same-sex attracted?

“Yes. Transgender people can be heterosexual, gay, or bisexual. Your gender does not determine who you are attracted to, your sexuality does.”

Is Transgenderism a form of mental illness?

“For many years, the medical profession pathologised transgenderism, in much the same way they used to pathologise homosexuality. There are many theories within the health sciences to account for transgenderism, which has at different times been termed "gender identity disorder", "gender dysphoria", and 'transsexualism'. Today, there is widespread agreement amongst medical professionals that there is nothing inherent in being transgender which is associated with mental illness. Transgender people may experience periods of anxiety and depression, but this can be accounted for by the amount of social vilification and oppression they experience in society.”

What pronouns do I use when I am referring to a Transgender person?

“This is a question that causes many people a lot of anxiety. If the answer has not already been clarified in your interactions with the transgender person, then politely ask the person which pronoun they would like you to use. Some transgender people prefer to live entirely as either a man or a woman and will use 'he' or 'she', 'his' or 'her'.”

"However, there are also some transgender people who do NOT identify as either male or female and they may prefer to use another pronoun, such as 'zie' [pronounced zee]."

SOURCE:

'Queer Students' section of the University of Queensland Student Union

- www.uqu.uq.edu.au/queer

Please feel free to contact me *[insert contact details]* if you have any questions or comments, or suggestions for future Queer Corner editions.

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15. GLBTIQS History & Symbols – Part I

Welcome to the 15th edition of Queer Corner.

These emails are part of an important initiative creating awareness among [Organisation name] staff about the issues affecting GLBTIQS people in our community. They are being sent to all staff as approved and endorsed by [Name of Chief Executive, General Manager, Director, Coordinator].

When you are reading the Queer Corner emails, remember that GLBTIQS stands for Gay, Lesbian, Bisexual, Transgender, Intersex, Queer, and Same Sex Attracted.

This is the FIRST in a series of THREE emails about the origins of these symbols.

Some of you may have seen various symbols around the place, such as the rainbow flag and the pink triangle which some GLBTIQS people identify with as symbols of pride and solidarity, but you may have been wondering where these symbols originated from.

Rainbow Flag

It was first created in 1978 by Gilbert Baker (San Francisco).

The original flag had 8 stripes (HOT PINK - sexuality, RED - life, ORANGE - healing, YELLOW - sun, GREEN - nature, BLUE - art, INDIGO - harmony, and VIOLET - spirit). However, as "hot pink" dye was not commercially available at the time, mass production of the 8-striped version became impossible, so the flag was reduced to 7 stripes.

Then, in 1979, the Pride Parade Committee (San Francisco) decided to use the flag in their parade to demonstrate the gay community's strength and solidarity, but they decided to eliminate the indigo stripe so they could divide the colours evenly along the parade route, and so the 6-striped version was born (and this is the one that is used around the world today, and is recognised by the International Congress of Flag Makers).

The rainbow colours on the flag are also a symbol of the diversity of the GLBTIQS communities.

The rainbow also plays a part in many myths and stories related to gender and sexuality issues in Greek, Native American, and African cultures (to name just a few).

SOURCE:

Jase Wells' Rainbow Icon Archive

- <http://jasewells.com/gayicons>

Please feel free to contact me *[insert contact details]* if you have any questions or comments, or suggestions for future Queer Corner editions.

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16. GLBTIQS History & Symbols – Part II

Welcome to the 16th edition of Queer Corner.

These emails are part of an important initiative creating awareness among [Organisation name] staff about the issues affecting GLBTIQS people in our community. They are being sent to all staff as approved and endorsed by [Name of Chief Executive, General Manager, Director, Coordinator].

When you are reading the Queer Corner emails, remember that GLBTIQS stands for Gay, Lesbian, Bisexual, Transgender, Intersex, Queer, and Same Sex Attracted.

This is the SECOND in a series of THREE emails about the origins of these symbols.

You may be aware of various symbols, such as the rainbow flag and the pink triangle, which some GLBTIQS people identify with as symbols of pride and solidarity. However, you may not have been aware of their origins or meaning. So, here is some information about the background to these symbols.

Pink Triangle



The pink triangle was first used by Nazi Germany during World War II. All men that were 'suspected' or 'known' to be gay were taken to concentration camps and were forced to wear a PINK triangle.

All women who were 'suspected' or 'known' to be lesbians (or to exhibit other 'anti-social' behaviours, such as sex workers and women who refused to bear children) were forced to wear a BLACK triangle.

There has also been suggestion that a BURGUNDY triangle was used to designate transgendered people (although this has not been substantiated).

There are many stories from the concentration camps which indicate that 'prisoners' who wore the pink triangle were given the most difficult and arduous tasks, and were often the focus of attacks from guards and even other 'prisoners'.

Estimates of the number of gay men killed during the Nazi regime range from 50,000 to 100,000.

Even when the war had ended, many gay men remained prisoners in the camps as they had been convicted under Paragraph 175 (a clause in German law which prohibited relationships or any expressions of affection between men, including kissing and hugging). Paragraph 175 remained law in West Germany until its repeal in 1969.

"In the 1970's, gay liberation groups resurrected the pink triangle as a popular symbol for the gay rights movement. Not only is the symbol easily recognised, but it draws attention to oppression and persecution...Today...the pink triangle represents pride, solidarity, and a promise to never allow another Holocaust to [occur]".

SOURCE:

Jase Wells' Rainbow Icon Archive

- <http://jasewells.com/gayicons>

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17. GLBTIQS History & Symbols – Part III

Welcome to the 17th edition of Queer Corner.

These emails are part of an important initiative creating awareness among [Organisation name] staff about the issues affecting GLBTIQS people in our community. They are being sent to all staff as approved and endorsed by [Name of Chief Executive, General Manager, Director, Coordinator].

When you are reading the Queer Corner emails, remember that GLBTIQS stands for Gay, Lesbian, Bisexual, Transgender, Intersex, Queer, and Same Sex Attracted.

This is the THIRD in a series of THREE emails about the origins of these symbols.

Some of you may have seen various symbols around the place, such as the rainbow flag and the pink triangle which some GLBTIQS people identify with as symbols of pride and solidarity, but you may have been wondering where these symbols originated from.

Bi Pride Flag

The Bisexual (bi) pride flag is made up of 3 colours (PINK, BLUE, & PURPLE).

“The pink colour represents sexual attraction to the same sex only (gay and lesbian), the blue represents sexual attraction to the opposite sex only (straight), and...purple [combination of pink & blue] represents sexual attraction to both sexes (bi).”

“The key to understanding the symbolism in the Bi Pride Flag is to know that the purple pixels of colour blend unnoticeably into both the pink and blue, just as in the ‘real world’ where most bi people blend unnoticeably into both the gay/lesbian and straight communities.”

The bi pride flag was designed by Michael Page and was first unveiled in 1998.

SOURCE:

Michael Page's Bi Pride Flag website

- <http://biflag.com>

Please feel free to contact me [*insert contact details*] if you have any questions or comments, or suggestions for future Queer Corner editions.

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18. Purchasing GLBTIQS Symbol Stickers

Welcome to the 18th edition of Queer Corner.

These emails are part of an important initiative creating awareness among [Organisation name] staff about the issues affecting GLBTIQS people in our community. They are being sent to all staff as approved and endorsed by [Name of Chief Executive, General Manager, Director, Coordinator].

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There are a few online businesses that sell Rainbow Flag, Pink Triangle, and/or Bi Pride Flag stickers, such as:

The Rainbow Store - www.rainbowstore.com.au (based in Sydney). They stock rainbow and Bi Pride flag stickers, which cost \$4.40 each plus postage.

The Rainbow Warehouse – www.rainbowwarehouse.com.au (based in Newcomb, Victoria) stocks rainbow flag stickers, which cost between \$2.50 and \$7 each (depending on the design) plus postage.

Outside the Lines - www.outsidethelines.com.au (based in Brisbane) stocks rainbow flag and Pink Triangle stickers, which cost \$4.50 each plus postage.

Fiz Gig Me (aka Gay and Lesbian Store) – www.fizgigme.com.au (based in Sydney) stocks rainbow glad stickers, which cost \$5 each plus postage.

Please feel free to contact me *[insert contact details]* if you have any questions or comments, or suggestions for future Queer Corner editions.

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19. Negative Media Reports

Welcome to the 19th edition of Queer Corner.

These emails are part of an important initiative creating awareness among [Organisation name] staff about the issues affecting GLBTIQS people in our community. They are being sent to all staff as approved and endorsed by [Name of Chief Executive, General Manager, Director, Coordinator].

When you are reading the Queer Corner emails, remember that GLBTIQS stands for Gay, Lesbian, Bisexual, Transgender, Intersex, Queer, and Same Sex Attracted.

Here are some segments from an October 2005 edition of 'Blaze' (SA's gay, lesbian, bisexual, transgender newspaper), which demonstrate some of the issues that GLBTIQS people **STILL** face in Australia (and other parts of the world) today.

Please note that some readers may find this information upsetting.

GAYS SHOULD DIE

"Actions by a rural councillor in Queensland have created a storm of protest by GLBTI people."

"Councillor Ron Owen has a bumper sticker that reads 'Gay rights? The only rights gays have is the right to die'."

"In response to another councillor who asked how Owen could champion the rights of the underdog while displaying the bumper sticker, Owen replied 'That's because I probably don't class gays as human'."

"His comments have outraged the GLBTI community leading for calls to have him sued under the anti-vilification provisions of Queensland's Anti-Discrimination Act."

GIRL WITH LESBIAN PARENTS EXPELLED

"A 14 year old student has been expelled from a Californian Christian School because her parents are lesbians."

"The school's superintendent confirmed the decision in a letter to the student's biological mother."

"The letter said, in part: 'Your family does not meet the policies for admission.'"

"The school policy requires that at least one parent may not engage in practices 'immoral or inconsistent with a positive Christian lifestyle, such as co-habiting without marriage or in a homosexual relationship.'"

"The student's parents have been together for 22 years and have two other daughters."

SOURCE:

Blaze Media – South Australia's newspaper for GLBT communities

- www.blazemedia.com.au

Please feel free to contact me *[insert contact details]* if you have any questions or comments, or suggestions for future Queer Corner editions.

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20. Homophobia in Australia

Welcome to the 20th edition of Queer Corner.

These emails are part of an important initiative creating awareness among [Organisation name] staff about the issues affecting GLBTIQS people in our community. They are being sent to all staff as approved and endorsed by [Name of Chief Executive, General Manager, Director, Coordinator].

When you are reading the Queer Corner emails, remember that GLBTIQS stands for Gay, Lesbian, Bisexual, Transgender, Intersex, Queer, and Same Sex Attracted.

Here are some stats from a July 2005 study into homophobia in Australia (based on interviews with 24,718 people):

“Overall, 35 per cent of the population aged 14 years and above believes that homosexuality is immoral. When broken down by gender, nearly 43 per cent of men and 27 per cent of women take this view.”

“Queensland and Tasmania are the most homophobic states, and Victoria are the least”.

The study identified the 3 most and 3 least homophobic areas of Australia:

- “the **most** homophobic areas are the Moreton area of country Queensland (excluding the Gold Coast & Sunshine Coast), Central/South-West Queensland and the Burnie/Western district of Tasmania where 50 per cent believe that homosexuality is immoral.”
- “The **least** homophobic region is the Inner City of Melbourne (14 per cent), followed by Central Perth (21 per cent) and Central Melbourne (26 per cent).”

“Older Australians were considerably more homophobic than young adults. However, those in the 14 to 17 year age group, especially boys, are much more inclined to hold anti-gay views than young and middle-aged adults.”

“Homophobic attitudes are closely related to levels of education - 25% of those with tertiary education hold homophobic views compared to 40-50% among those who did not complete high school.”

SOURCE:

Flood, M. & Hamilton, C. (2005) **Mapping Homophobia in Australia**. The Australia Institute, Australian National University, Canberra.

If you would like to read the full source document(s) referenced in this edition of Queer Corner, you can find it at the following location:

- *Insert details about the location of the source document (i.e. which drive & folder it is located within).*

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21. Levels of Homophobia – Part I

Welcome to the 21st edition of Queer Corner.

These emails are part of an important initiative creating awareness among [Organisation name] staff about the issues affecting GLBTIQS people in our community. They are being sent to all staff as approved and endorsed by [Name of Chief Executive, General Manager, Director, Coordinator].

When you are reading the Queer Corner emails, remember that GLBTIQS stands for Gay, Lesbian, Bisexual, Transgender, Intersex, Queer, and Same Sex Attracted.

This is the FIRST in a series of TWO emails about the different LEVELS of homophobia that operate within our society.

Personal/Internalised Homophobia

"Feelings of fear, discomfort, dislike, hatred or disgust with same-sex sexuality. Anyone, regardless of their sexual orientation can experience personal homophobia. When this happens with lesbian, gay, and bisexual people, it is called internalised homophobia."

Internalised homophobia can contribute to the following issues:

- Low self-esteem;
- Poor body image and language;
- Feeling unworthy and/or defeated;
- Social isolation;
- Self-blame and guilt; and
- Being intensely closeted or openly anti-gay.

Internalised homophobia can also result in "negative attitudes towards gay culture" i.e. a lesbian, gay man, or bisexual person "could be accepting of him or herself, but not accepting of the gay community in general...This may explain the prevalence of negative attitudes towards bisexuals, [and] transgender men and women [amongst the gay/lesbian community]"

Interpersonal Homophobia

"Individual behaviour based on personal homophobia. This hatred or dislike may be expressed in name-calling, telling "jokes", verbal and physical harassment, and other individual acts of discrimination."

If you are interested in completing a Personal Assessment of Homophobia, you can find it at the following location:

- *Insert details about the location of the source document (i.e. which drive & folder it is located within).*

SOURCES:

Campaign to End Homophobia

- www.endhomophobia.org/homophobia.htm

Lesbian, Gay, Bisexual & Transgender Community Center of Greater Cleveland

- www.lgcsc.org/internalized.html

Gay & Lesbian Counselling Service (GLCS) NSW

- www.glcsw.org.au/documents/Infopack/08_homophobia.pdf

Please feel free to contact me *[insert contact details]* if you have any questions or comments, or suggestions for future Queer Corner editions.

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22. Levels of Homophobia – Part II

Welcome to the 22nd edition of Queer Corner.

These emails are part of an important initiative creating awareness among [Organisation name] staff about the issues affecting GLBTIQS people in our community. They are being sent to all staff as approved and endorsed by [Name of Chief Executive, General Manager, Director, Coordinator].

When you are reading the Queer Corner emails, remember that GLBTIQS stands for Gay, Lesbian, Bisexual, Transgender, Intersex, Queer, and Same Sex Attracted.

This is the SECOND in a series of TWO emails about the different LEVELS of homophobia that operate within our society.

Institutional Homophobia (also known as heterosexism)

"The many ways in which government, businesses, churches, and other institutions and organisations discriminate against people on the basis of sexual orientation."

This type of homophobia is "caused in part by competition for power. Societies such as ours create scapegoats to maintain the status quo and the positions of those in power...When scapegoating is successful, dominant groups don't need to take responsibility for injustice or give up privilege."

Cultural Homophobia (also known as heterosexism)

"Social standards and norms which dictate that being heterosexual is better or more moral than being lesbian, gay, or bisexual, and that everyone is or should be heterosexual."

This form of homophobia is "spelled out each day in television shows and print advertisements where virtually every character is heterosexual, every...relationship involves a female and a male, and every 'normal' child is presumed to be attracted to and will eventually marry someone of the other sex. In the few cases where lesbians, gays, or bisexuals are portrayed, they are usually unhappy, stereotyped, engaged in self-destructive behaviours, or ambivalent about their sexual orientation."

If you are interested in completing a Personal Assessment of Homophobia, you can find it at the following location:

- *Insert details about the location of the source document (i.e. which drive & folder it is located within).*

SOURCE:

Gay & Lesbian Counselling Service (GLCS) NSW

- www.glcsnsw.org.au/documents/Infopack/08_homophobia.pdf

Please feel free to contact me *[insert contact details]* if you have any questions or comments, or suggestions for future Queer Corner editions.

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23. Homophobia Hurts Us All

Welcome to the 23rd edition of Queer Corner.

These emails are part of an important initiative creating awareness among [Organisation name] staff about the issues affecting GLBTIQS people in our community. They are being sent to all staff as approved and endorsed by [Name of Chief Executive, General Manager, Director, Coordinator].

When you are reading the Queer Corner emails, remember that GLBTIQS stands for Gay, Lesbian, Bisexual, Transgender, Intersex, Queer, and Same Sex Attracted.

"You don't have to be gay, lesbian, or bisexual, or know someone who is, to be negatively affected by homophobia. Though homophobia actively oppresses gay men, lesbians, and bisexuals, it also hurts heterosexuals."

So, how does homophobia 'hurt us all'? Well, it can:

"Inhibit the ability of heterosexuals to form close, intimate relationships with members of their own sex, for fear of being perceived as lesbian, gay or bisexual (LGB)";

"Lock people into rigid gender-based roles that inhibit creativity and self expression";

"Be used to stigmatise heterosexuals, those perceived or labelled by others to be LGB, children of LGB parents, parents of LGB children, and friends of LGB people";

"Compromise human integrity by pressuring people to treat others badly, actions that are contrary to their basic humanity";

"Result in the invisibility or erasure of LGB lives and sexuality in school-based sex education discussions, keeping vital information from students";

"Prevent some LGB people from developing an authentic self identity and adds to the pressure to marry, which in turn places undue stress and often times trauma on themselves as well as their heterosexual spouses, and their children"; and

"Inhibit appreciation of other types of diversity...We are all diminished when any one of us is demeaned."

SOURCE:

Blumenfeld, W. (1992). **Homophobia: How We All Pay The Price**. Beacon Press: Boston.

If you would like to read the full source document(s) referenced in this edition of Queer Corner, you can find it at the following location:

- *Insert details about the location of the source document (i.e. which drive & folder it is located within).*

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24. Homophobia & Heterosexual Dominance

Welcome to the 24th edition of Queer Corner.

These emails are part of an important initiative creating awareness among [Organisation name] staff about the issues affecting GLBTIQS people in our community. They are being sent to all staff as approved and endorsed by [Name of Chief Executive, General Manager, Director, Coordinator].

When you are reading the Queer Corner emails, remember that GLBTIQS stands for Gay, Lesbian, Bisexual, Transgender, Intersex, Queer, and Same Sex Attracted.

Some quotes to get you thinking about homophobia and heterosexual dominance:

"I have been 'out' for a long time, with friends, family, work - but still carry a continual watchfulness in public places, a...voice that mutters...*Do they know? What will they think? Is this the right time to say it? Will they reject me? Will I still get that job? Can we hold hands? Is it safe here? Will they stare? Will they attack?* I know that many lesbians and gay men live with such inner police...All of us hide at some point in our lives; it may be dropping your girlfriend's hand when six big blokes come swaying down the street towards you after closing time, or a careful evasion of pronouns in connection with your partner during a job interview. Working out when to hide and when not to consumes a lot of energy."

"These decisions [to come out] are so often taken in isolation - and for those who remain in the closet, the isolation is even greater...In a climate where disclosure may be met with rejection, ridicule, verbal and physical violence, job loss or other forms of discrimination, the choice to be open about one's sexuality is hardly a free one."

Some people believe that "it is a matter of individual choice to be discreet about one's private life, and that sexuality is a private matter. Interestingly, a heterosexually dominant society requires this 'discretion' from homosexuals, but not from heterosexuals, who generally feel no hesitation in referring to the gender of their spouses or partners"

"Where heterosexuality is the norm, anything else is deemed **blatant** simply because it has become visible."

SOURCE:

Styles, S. (1995) **Challenging Heterosexual Dominance: The First Steps** in 'Comment', Issue 2 (Discussions, dialogues and interviews about homophobia and heterosexual dominance). Dulwich Centre Publications: Adelaide.

If you would like to read the full source document(s) referenced in this edition of Queer Corner, you can find it at the following location:

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Please feel free to contact me *[insert contact details]* if you have any questions or comments, or suggestions for future Queer Corner editions.

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25. Mundane Heterosexism – Part I

Welcome to the 25th edition of Queer Corner.

These emails are part of an important initiative creating awareness among [Organisation name] staff about the issues affecting GLBTIQS people in our community. They are being sent to all staff as approved and endorsed by [Name of Chief Executive, General Manager, Director, Coordinator].

When you are reading the Queer Corner emails, remember that GLBTIQS stands for Gay, Lesbian, Bisexual, Transgender, Intersex, Queer, and Same Sex Attracted.

This is the FIRST in a series of THREE emails about 'mundane' heterosexism. Each email will include a description of one TYPE of 'mundane' heterosexism, but firstly I will provide you with some definitions.

Some of you may be familiar with the broad concept of heterosexism, which can be defined as "the belief that the only right, natural, normal...way of relating to each other is heterosexually." Heterosexism also includes the assumption that ALL people are heterosexual.

The term 'mundane' heterosexism was first coined by Elizabeth Peel in 2001. It refers to "unnoticed and...unnoticeable incidents of heterosexism" - the heterosexist comments, attitudes, and behaviours that GLBTIQS people face in their daily lives.

It has been suggested that challenging these daily occurrences of heterosexism is "especially difficult as they are intermittent, subtle, and infinitely varied, and demand considerable time and energy because they are so frequent."

The first TYPE of 'mundane' heterosexism is known as **Prejudice against heterosexuals:**

Definition - when heterosexuals highlight the discrimination that they face, rather than "pointing out the continual and pervasive marginalisation [of] lesbians & gay men"

Example - where someone in a heterosexual de facto relationship argues that they are discriminated against in the same way as same-sex couples are, as they are not offered the same legal rights as married heterosexual couples.

Although, obviously, it is true that heterosexual de facto couples do not necessarily have the same legal rights as married heterosexual couples, this overlooks the fact that same sex couples are not legally recognised at all, within Federal laws, and that their relationships are often dismissed completely. These issues therefore need to be considered separately as they are based on different forms of discrimination.

SOURCES:

Gray, D. Patricia; Kramer, Maeona; Minick, Ptlene; McGhee, Linda; Thomas, Debera; & Greiner, Doris. (1996). Heterosexism in nursing education. **Journal of Nursing Education**, 35, 389-400.

Peel, E. "Mundane Heterosexism: Understanding Incidents of the Everyday." **Women's Studies International Forum**, 24 (2001): 541-554.

If you would like to read the full source document(s) referenced in this edition of Queer Corner, you can find it at the following location:

- *Insert details about the location of the source document (i.e. which drive & folder it is located within).*

Please feel free to contact me *[insert contact details]* if you have any questions or comments, or suggestions for future Queer Corner editions.

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26. Mundane Heterosexism – Part II

Welcome to the 26th edition of Queer Corner.

These emails are part of an important initiative creating awareness among [Organisation name] staff about the issues affecting GLBTIQS people in our community. They are being sent to all staff as approved and endorsed by [Name of Chief Executive, General Manager, Director, Coordinator].

When you are reading the Queer Corner emails, remember that GLBTIQS stands for Gay, Lesbian, Bisexual, Transgender, Intersex, Queer, and Same Sex Attracted.

This is the SECOND in a series of THREE emails about the different types of 'mundane heterosexism'.

The second TYPE of 'mundane' heterosexism is known as **Non-Heterosexuality as a deficit**:

Definition - the "devaluing of lesbian and gay sexualities by comparison or analogy to some form of deficit, vice or abnormality."

Example - a statement such as "if your son was in a motorbike accident and lost his leg [you] would...still love him...what's the difference if he comes out and says he's gay".

In this example, the "comparison rests on the implicit notion of the whole person being like the heterosexual - complete, fully functioning and normal. Whereas coming out as lesbian or gay is like a loss or lack, being disabled or not now a fully functioning human being."

SOURCE:

Peel, E. "Mundane Heterosexism: Understanding Incidents of the Everyday." **Women's Studies International Forum**, 24 (2001): 541-554.

If you would like to read the full source document(s) referenced in this edition of Queer Corner, you can find it at the following location:

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Please feel free to contact me [*insert contact details*] if you have any questions or comments, or suggestions for future Queer Corner editions.

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27. Mundane Heterosexism – Part III

Welcome to the 27th edition of Queer Corner.

These emails are part of an important initiative creating awareness among [Organisation name] staff about the issues affecting GLBTIQS people in our community. They are being sent to all staff as approved and endorsed by [Name of Chief Executive, General Manager, Director, Coordinator].

When you are reading the Queer Corner emails, remember that GLBTIQS stands for Gay, Lesbian, Bisexual, Transgender, Intersex, Queer, and Same Sex Attracted.

This is the THIRD in a series of THREE emails about the different types of 'mundane heterosexism'.

The third TYPE of 'mundane' heterosexism is known as **Refusing diversity**:

Definition - "refusing to acknowledge diversity and difference between lesbians and gay men and heterosexuals."

Example - a statement such as: 'I treat everyone the same, regardless of their sexuality'

This approach ensures that the "difference [between heterosexuals and gay men/lesbians] is de-emphasised, the focus being on *exactly* the same, which minimizes lesbian and gay sexuality as an identity issue with any unique aspects to it."

I will leave you with a thoughtful and poignant quote from Celia Kitzinger (1996) which highlights some of the things that GLBTIQS people have to do on a regular basis to deal with these (and other) forms of heterosexism & homophobia:

"When there is *no* anti-lesbian explosion from your parents, because you have de-dyked your apartment before their visit; when there is *no* queer-bashing after the gay disco, because you anticipated trouble and booked a cab to get home; when you are *not* dismissed from work, because you stayed in the closet; when you are *not* subjected to prurient or disgusted questions, because you talked about your weekend activities in sentences that meticulously avoided the use of any pronouns - when these non-events skip by as part of many gay men and lesbians' daily routine, has *nothing* really happened."

SOURCES:

Peel, E. "Mundane Heterosexism: Understanding Incidents of the Everyday." **Women's Studies International Forum**, 24 (2001): 541-554.

Kitzinger, Celia. "Speaking of Oppression: Psychology, Politics, and the Language of Power." **Preventing Heterosexism and Homophobia**. Ed Esther Rothblum and Lynne Bond. Thousand Oaks: Sage, 1996.

If you would like to read the full source document(s) referenced in this edition of Queer Corner, you can find it at the following location:

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28. Heterosexual Privilege

Welcome to the 28th edition of Queer Corner.

These emails are part of an important initiative creating awareness among [Organisation name] staff about the issues affecting GLBTIQS people in our community. They are being sent to all staff as approved and endorsed by [Name of Chief Executive, General Manager, Director, Coordinator].

When you are reading the Queer Corner emails, remember that GLBTIQS stands for Gay, Lesbian, Bisexual, Transgender, Intersex, Queer, and Same Sex Attracted.

Following on from the previous email about 'mundane' heterosexism, I thought that it would be useful to explore a similar concept, which is known as heterosexual privilege.

The purpose of this email is NOT to suggest that heterosexuals should not have these privileges, but merely to highlight the multiple disadvantages and barriers that GLBTIQS people face in their daily lives, which, in general, heterosexual people do not have to face (based on their **sexuality**). I acknowledge that some heterosexual people may face these issues/barriers based on their gender, age, abilities/disabilities, cultural background, and/or religious affiliations.

So, heterosexual privilege can be seen in the following examples, where, if you are heterosexual (or, in some cases, simply perceived as being heterosexual):

"You can express affection (kissing, hugging, and holding hands) in most social situations and not expect hostile or violent reactions from others";

"You can discuss your relationships and publicly acknowledge your partner...without fearing that people will automatically disapprove or think that you are 'flaunting' your sexuality";

"You can describe events in your life without having to change pronouns in order to protect your job, your family, or your friendships";

"You can expect that your children will be given texts in school that implicitly support your kind of family unit and that they will not be taught that your sexuality is a 'perversion'";

"You can easily find a neighbourhood in which residents will accept how you have set up your household";

"You can expect to see people of your sexuality positively presented on nearly every television show and in nearly every movie"; and

"You can expect to be around others of your sexuality most of the time - you don't have to worry about being the only one of your sexuality in a class, on a job, or in a social situation."

SOURCE:

Ohio State's Gay, Lesbian, Bisexual, & Transgender Student Services

- <http://multiculturalcenter.osu.edu/glbts/resources.asp>

Please feel free to contact me *[insert contact details]* if you have any questions or comments, or suggestions for future Queer Corner editions.

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29. Homophobia & Heterosexism Continuum – Part I

Welcome to the 29th edition of Queer Corner.

These emails are part of an important initiative creating awareness among [Organisation name] staff about the issues affecting GLBTIQS people in our community. They are being sent to all staff as approved and endorsed by [Name of Chief Executive, General Manager, Director, Coordinator].

When you are reading the Queer Corner emails, remember that GLBTIQS stands for Gay, Lesbian, Bisexual, Transgender, Intersex, Queer, and Same Sex Attracted.

This is the FIRST in a series of TWO emails about a homophobia and heterosexism continuum.

Although I have previously distributed a copy of another eight stage continuum of homophobia & heterosexism, I thought that this one would also be useful. The continuum represents eight stages "from being extremely homophobic or heterosexist...to extremely anti-homophobic and anti-heterosexist", and includes:

Actively Participating

"This stage of response includes actions that directly support lesbian/gay and gender orientation oppression. These actions include laughing at or telling jokes that put down lesbians, gays, bisexuals, or transgender people, making fun of people who don't fit the traditional stereotypes of what is masculine or feminine, discouraging others and avoiding personal behaviour that is not sex-stereotyped, and engaging in verbal or physical harassment of lesbians, gays, or heterosexuals who do not conform to traditional sex-role behaviour."

Denying or Ignoring

"This stage of response includes inaction that supports lesbian, gay, bisexual, or gender orientation oppression coupled with an unwillingness or inability to understand the effects of homophobia and heterosexist actions. This stage is characterized by a 'business as usual' attitude. Though responses in this stage are not actively and directly homophobic or heterosexist, the passive acceptance of these actions by others serves to support the system of oppression."

Recognising, But No Action

"This stage of response is characterized by a recognition of homophobic or heterosexist actions and the harmful effects of these actions. However, this recognition does not result in action to interrupt the homophobic or heterosexist situation. Taking action is prevented by homophobia or a lack of knowledge about specific actions to take. This stage of response is accompanied by discomfort due to the lack of congruence between recognizing homophobia or heterosexism yet failing to act on this recognition. An example...is people hearing a friend tell a 'queer joke', recognizing that it is homophobic, not laughing at the joke, but saying nothing to the friend about the joke."

Recognizing and Interrupting

"This stage of response includes not only recognizing homophobic and heterosexist actions, but also taking action to stop them. Though the response goes no further than stopping, this stage is often an important transition from passively accepting homophobic or heterosexist actions to actively choosing anti-homophobic and anti-heterosexist actions. In this stage a person hearing a 'queer joke' would not laugh and would tell the joke teller that jokes that put down alternative lifestyles are not funny. Another example would be a person who realized that s/he is avoiding an activity because others might think s/he is lesbian, gay, bisexual or transgender is s/he participates in it, and then decides to participate."

SOURCE:

Safe Zone

- <http://safezone.fsu.edu/acceptance.html>

Please feel free to contact me *[insert contact details]* if you have any questions or comments, or suggestions for future Queer Corner editions.

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30. Homophobia & Heterosexism Continuum – Part II

Welcome to the 30th edition of Queer Corner.

These emails are part of an important initiative creating awareness among [Organisation name] staff about the issues affecting GLBTIQS people in our community. They are being sent to all staff as approved and endorsed by [Name of Chief Executive, General Manager, Director, Coordinator].

When you are reading the Queer Corner emails, remember that GLBTIQS stands for Gay, Lesbian, Bisexual, Transgender, Intersex, Queer, and Same Sex Attracted.

This is the SECOND in a series of TWO emails about a homophobia and heterosexism continuum.

Although I have previously distributed a copy of another eight stage continuum of homophobia & heterosexism, I thought that this one would also be useful. The continuum represents eight stages "from being extremely homophobic or heterosexist...to extremely anti-homophobic and anti-heterosexist", and includes:

Educating Self

"This stage of response includes taking action to learn more about lesbians, gays, bisexuals, transgender individuals, heterosexism and homophobia. These actions include reading books, attending workshops, talking to others, joining organisations, listening to lesbian or gay music, or any other actions that can increase awareness and knowledge. This stage is also a prerequisite for the last three stages. All three involve interactions with others about homophobia and heterosexism. In order to do this confidently and comfortably, people need first to learn more."

Questioning and Dialoguing

"This stage of response is an attempt to begin educating others about homophobia and heterosexism. This stage goes beyond interrupting homophobic and heterosexist interactions to engage people in dialogue about these issues. Through the use of questions, and dialogue, this response attempts to help others increase their awareness of and knowledge about homophobia and heterosexism."

Supporting and Encouraging

"This stage of response includes actions that support and encourage the anti-homophobic and anti-heterosexist actions of others. Overcoming the homophobia that keeps people from interrupting this form of oppression even where they are offended by it is difficult. Supporting and encouraging others who are able to take this risk is an important part of reinforcing anti-homophobic and anti-heterosexist behaviour."

Initiating and Preventing

"This stage of response includes actions that actively anticipate and identify homophobic institutional practices or individual actions and work to change them."

Examples include teachers changing a...[sexual health] curriculum that is homophobic or heterosexist, or counsellors' inviting a speaker to come and discuss how homophobia can affect counsellor-client interactions."

SOURCE:

Safe Zone

- <http://safezone.fsu.edu/acceptance.html>

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Queer Corner © was created by Lauren Riggs, Primary Health Care Worker, Primary Health Care Services – Western, Central Northern Adelaide Health Service.

31. Sexual Health Issues

Welcome to the 31st edition of Queer Corner.

These emails are part of an important initiative creating awareness among [Organisation name] staff about the issues affecting GLBTIQS people in our community. They are being sent to all staff as approved and endorsed by [Name of Chief Executive, General Manager, Director, Coordinator].

When you are reading the Queer Corner emails, remember that GLBTIQS stands for Gay, Lesbian, Bisexual, Transgender, Intersex, Queer, and Same Sex Attracted.

Here is some interesting information about sexual health issues for gay men & lesbians:

Use of Safer Sex Methods

"Nearly **70%** of young women reported they '**never**' used protection in same-sex encounters...While it is clear that young women having sex with other women have only a small risk of contracting STD's, the lack of information to assist in the management of decisions about safe sex is a concern."

15% of young men '**never**' use protection when having sex with other men, and another **39%** only use it '**sometimes**'.

"The lack of information and accessibility [regarding lesbian sexual health], combined with a perceived immunity to STI's, results in limited safer sex behaviours amongst lesbians."

Lesbian Sexual Health Issues

"key lesbian sexual health issues [include] infections transmissible during woman-to-woman sexual activity including HPV (linked to cervical cancer), Bacterial Vaginosis (BV), Candida, Trichomonas, Chlamydia and Herpes (HSV)."

"Cervical human papilloma virus (HPV) has been reported to occur in 21% of lesbian women with no prior sexual contact with men (dispelling the common myth that lesbians are immune to HPV infection)."

SOURCES:

Hillier, L, Dempsey, D. et al (1998) **Writing Themselves In: A National Report on the Sexuality, Health and Well-Being of Same-Sex Attracted Young People.** Australian Research Centre in Sex, Health and Society, La Trobe University: Melbourne.

Ministerial Advisory Committee (MAC) on Gay and Lesbian Health (2002) **What's the Difference? Health Issues of Major Concern to Gay, Lesbian, Bisexual, Transgender and Intersex (GLBTI) Victorians.** Victorian Government Department of Human Services: Melbourne.

McNair, R. (2003) **Lesbian Health Inequalities: A Cultural Minority Issue for Health Professionals**. Medical Journal of Australia (MJA), 2003, 178 (12).

Saewyc, E.M., Bearinger, L.H., Blum, R.W. and Resnick, M.D. (1999) "Sexual intercourse, abuse and pregnancy among adolescent women: does sexual orientation make a difference?" **Family Planning Perspectives**, 31 (3).

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32. Pregnancy Among Young Lesbians

Welcome to the 32nd edition of Queer Corner.

These emails are part of an important initiative creating awareness among [Organisation name] staff about the issues affecting GLBTIQS people in our community. They are being sent to all staff as approved and endorsed by [Name of Chief Executive, General Manager, Director, Coordinator].

When you are reading the Queer Corner emails, remember that GLBTIQS stands for Gay, Lesbian, Bisexual, Transgender, Intersex, Queer, and Same Sex Attracted.

Here is some interesting information about pregnancy issues for young Lesbians:

“A study comparing pregnancy rates among adolescent women showed that 12 per cent [12%] of those who identified as lesbian had been pregnant, versus 5 per cent [5%] of the heterosexual respondents. These results suggest that these young women overplay overtly heterosexual behaviours in an effort to deny or hide their same-sex attraction.”

Of course, there are a number of possible reasons as to why young Lesbians become pregnant, including:

Forced sexual contact (sexual abuse/incest/rape) as previous studies have shown that lesbians/bisexual young women are more likely to have been subjected to these acts than their heterosexual counterparts;

Sexual identity developed post-adolescence - some lesbians/bisexual women “may have heterosexual relationships and heterosexual intercourse during their early teenage years, before identifying themselves as lesbian or bisexual during late adolescence or their early 20's”;

Heterosexual immersion - some lesbian/bisexual young women may choose to have heterosexual experiences in order to ‘prove’ (to themselves or others) that they are heterosexual (perhaps so they don't have to deal with their feelings towards other women);

Social stigma & risks of ‘coming out’ – “A review of the literature and discussion of clinical experience reported that gay, lesbian and bisexual teenagers who reveal their sexual orientation to others are rejected or abused by family and friends. These teenagers are more likely than their heterosexual peers to drop out of school and run away from or be forced out of their homes. As with [some]...homeless youth, their principal method of survival [may be]...prostitution.”

SOURCES:

Ministerial Advisory Committee (MAC) on Gay and Lesbian Health (2002) **What's the Difference? Health Issues of Major Concern to Gay, Lesbian, Bisexual, Transgender and Intersex (GLBTI) Victorians.** Victorian Government Department of Human Services: Melbourne.

Saewyc, E.M., Bearinger, L.H., Blum, R.W. and Resnick, M.D. (1999) "Sexual intercourse, abuse and pregnancy among adolescent women: does sexual orientation make a difference?" **Family Planning Perspectives**, 31 (3).

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33. Transgender & Intersex People

Welcome to the 33rd edition of Queer Corner.

These emails are part of an important initiative creating awareness among [Organisation name] staff about the issues affecting GLBTIQS people in our community. They are being sent to all staff as approved and endorsed by [Name of Chief Executive, General Manager, Director, Coordinator].

When you are reading the Queer Corner emails, remember that GLBTIQS stands for Gay, Lesbian, Bisexual, Transgender, Intersex, Queer, and Same Sex Attracted.

Here is some interesting information about health & wellbeing issues for Transgender & Intersex people:

"Anecdotal evidence suggests intersex people experience difficulties accessing sexual health services because of embarrassment about unconventional anatomy...it is likely that intersex people under-utilise services, leading to lack of screening, untreated problems and psychological distress."

"Rates of depression among transgender people are reported to be even higher than among gay men and lesbians. One US study reports that 62 per cent of male-to-female and 55 per cent of female-to-male transgender people were depressed, while 32 per cent of both groups had attempted suicide."

The emotional issues associated with being transgender "can lead to low self esteem, often leading to risk taking activities such as drug taking and unsafe sex, factors contributing to high rates of HIV infection."

"A disproportionate number of transgender persons take up sex work because of discrimination in the workplace and financial hardship, due to the common experience of job loss during the following transition. A study of 146 transgender people in Sydney indicated 45 per cent had spent some time in the sex industry, reporting high levels of violence and sexual assault...[and] transgender people are more likely to engage in unprotected sex on client demand."

"The focus on genital difference, ambiguity and abnormality can create a very negative body image for many intersex people and can have a profound effect on their physical health and sense of wellbeing."

"Transgender and intersex people may be barred or discouraged from participating in organized sport and community-run physical activity programs, resulting in the loss of those physical, psychological and social benefits associated with participating in sport."

SOURCE:

Ministerial Advisory Committee on Gay and Lesbian Health (2002) **What's the Difference? Health Issues of Major Concern to Gay, Lesbian, Bisexual, Transgender and Intersex (GLBTI) Victorians.** Victorian Government Department of Human Services: Melbourne

If you would like to read the full source document(s) referenced in this edition of Queer Corner, you can find it at the following location:

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34. Healthcare Access Issues

Welcome to the 34th edition of Queer Corner.

These emails are part of an important initiative creating awareness among [Organisation name] staff about the issues affecting GLBTIQS people in our community. They are being sent to all staff as approved and endorsed by [Name of Chief Executive, General Manager, Director, Coordinator].

When you are reading the Queer Corner emails, remember that GLBTIQS stands for Gay, Lesbian, Bisexual, Transgender, Intersex, Queer, and Same Sex Attracted.

Here is some interesting information about the issues that GLBTIQS communities face in accessing healthcare. Most of this research is specific to lesbians, but no doubt other GLBTIQS communities (particularly transgender & intersex people) face similar problems due to homophobia & heterosexism.

"In a US study, lesbians who had disclosed their sexual orientation to their health care providers were more likely to seek preventative health care such as Pap smears than lesbians who had not."

"GLBTI people are more likely to attend health care after specific problems arise and present later in an illness when it is potentially more severe and less amenable to treatment."

"Health inequalities exist for lesbian and bisexual women, largely related to experiences of discrimination, homophobia and heterosexism. These issues can lead to avoidance of routine healthcare and screening and reduced disclosure of sexual orientation within consultations."

If you are interested in learning more about, and testing your knowledge of GLBTIQS communities, please have a look at the following website, which provides free online training modules around gender, sex, and sexuality:

www.genderandhealth.ca/en/modules/sexandsexuality/index.jsp

SOURCES:

Ministerial Advisory Committee on Gay and Lesbian Health (2002) **What's the Difference? Health Issues of Major Concern to Gay, Lesbian, Bisexual, Transgender and Intersex (GLBTI) Victorians**. Victorian Government Department of Human Services: Melbourne

McNair, R. (2003) **Lesbian Health Inequalities: A Cultural Minority Issue for Health Professionals**. Medical Journal of Australia (MJA), 2003, 178 (12), 643-645.

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35. Personal Stories

Welcome to the 35th edition of Queer Corner.

These emails are part of an important initiative creating awareness among [Organisation name] staff about the issues affecting GLBTIQS people in our community. They are being sent to all staff as approved and endorsed by [Name of Chief Executive, General Manager, Director, Coordinator].

When you are reading the Queer Corner emails, remember that GLBTIQS stands for Gay, Lesbian, Bisexual, Transgender, Intersex, Queer, and Same Sex Attracted.

Here are some quotes from young people on the process of identifying their feelings of same-sex attraction, coming out, and connecting with GLBTIQS communities:

"I felt really alone and afraid for so long. I tried to ignore my feelings and pretend to be someone else. Then I met other gays and lesbians who were happy, successful, and were achieving their dreams. I knew I could too!" Peter, 20

"I always felt different, it was not until later I found a name for how I felt. For me, being gay is being 100% me, not just 50% me." David, 19

"I don't seem to fit into any stereotypes, but that is okay. If people don't approve of me not fitting in, it is their problem. And if people think I'm not gay because I don't fit a stereotype, well I guess I'll have to start a new stereotype all for myself!" Leah, 18

"When I am depressed my mind is like a prison decorated with disappointment, frustration, pain, boredom and sadness. But it is also positive as it gets me to question whether I want to be alone and fearful. It gives me the courage to reach out for what I really want from life." Owen, 19

"To me, coming out is about discovering and accepting your real self, and then maybe sharing the discovery with others later. It's never ending, frightening, exciting and ultimately rewarding because you are being true to yourself and the people you care for." Adam, 21

"When I told a couple of my friends, I told them I was no different now than I was five minutes before I told them, except that now I wasn't keeping a big secret from them." Terry, 16.

SOURCE:

Gay and Lesbian Counselling Service (WA) & WA AIDS Council (1997)
You're Not Alone. 'Here For Life' Youth Sexuality Project: WA.

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36. Domestic Violence

Welcome to the 36th edition of Queer Corner.

These emails are part of an important initiative creating awareness among [Organisation name] staff about the issues affecting GLBTIQS people in our community. They are being sent to all staff as approved and endorsed by [Name of Chief Executive, General Manager, Director, Coordinator].

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"To date, there is little accurate Australian research that records the level of domestic violence in gay and lesbian relationships. However, a number of overseas studies suggest that the general patterns and levels of domestic violence in same sex relationships are about the **same as in heterosexual relationships.**" So, although "most gay and lesbian relationships, like heterosexual relationships, are based on love and respect. Some...are based on abuse and control."

"Domestic violence in same sex and heterosexual relationships share many similarities, including the types of abuse and the impact on the abused partner. However, there are a number of aspects that are unique to same sex domestic violence. These include:

'Outing' as a method of control

- "If the abused partner isn't out to their family, friends, and workmates or within their cultural community the abusive partner may use 'outing' or the threat of 'outing' as a method of control."

The abuse becomes associated with sexuality

- "For many people, especially those new to gay or lesbian relationships, their sexual identity becomes associated with the abuse so that they blame the abuse on being gay or lesbian. So they may feel that *'I'm experiencing this abuse because I'm gay/lesbian.'*"

Domestic violence isn't well understood in the community

- "This lack of understanding means that some people may not:
 - Believe it happens in same sex relationships;
 - Recognise abuse as domestic violence if it does happen to them; and/or
 - Know how to respond if they see domestic violence in their friend's or family members' relationships."

Confidentiality and isolation within the gay and lesbian communities

- "The relatively small size of the gay and lesbian communities...can make it difficult for the abused partner to seek help. They may feel embarrassed about the abuse or their partner may have tried to turn others in the community against them."

- “An abusive partner may isolate the other from contact with the gay and lesbian community by preventing them reading the community press or attending gay and lesbian venues or events and preventing them seeing friends from within the community. This is especially true for people in their first same sex relationship who may not have had much contact with the gay and lesbian community before the relationship began.”

Services may not be well developed

- “Although lesbians can access most general domestic violence services, like refuges, court assistance schemes, and counselling services, these services may have little experience in working with same sex domestic violence and therefore, may not offer the most appropriate service. For gay men there are currently few specific services that offer assistance or support.”

You can read more information about domestic violence in same-sex relationships on the following website:

- <http://ssdv.acon.org.au>

SOURCE:

AIDS Council of NSW & Same Sex Domestic Violence Interagency Working Group (2004) **Another Closet: Domestic Violence in Same Sex Relationships.** NSW Attorney-General's Department, Crime Prevention Division: Melbourne.

If you would like to read the full source document(s) referenced in this edition of Queer Corner, you can find it at the following location:

- *Insert details about the location of the source document (i.e. which drive & folder it is located within).*

Please feel free to contact me *[insert contact details]* if you have any questions or comments, or suggestions for future Queer Corner editions.

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37. Private Lives Survey

Welcome to the 37th edition of Queer Corner.

These emails are part of an important initiative creating awareness among [Organisation name] staff about the issues affecting GLBTIQS people in our community. They are being sent to all staff as approved and endorsed by [Name of Chief Executive, General Manager, Director, Coordinator].

When you are reading the Queer Corner emails, remember that GLBTIQS stands for Gay, Lesbian, Bisexual, Transgender, Intersex, Queer, and Same Sex Attracted.

In 2005, the Australian Research Centre in Sex, Health & Society conducted a survey (known as Private Lives) of 5476 GLBTI Australians (including 100 Transgender & 18 Intersex people) - here are some of their results:

Relationships

- Nearly 40% of respondents indicated that they live with a partner.
- 78% of men in a relationship have been in the relationship for more than 1 year, with 41% for five years or more, & 20% for 10 years or more.
- 76% of women in a relationship have been in the relationship for more than 1 year, with 32% for five years or more, & 14% for 10 years or more.

General Health

- 38% of Australian women are overweight or obese, as opposed to 49% of the Private Lives women.

Mental Health

- Depression was the most common health condition with 29.5% of men & 37.9% of women experiencing this issue.
- Even more concerning are the rates of depression amongst Transgender (53.7%) & Intersex (60.4%) people.
- 73.7% of all people surveyed indicated that they have been depressed at some point in their lives.
- Anxiety was also quite common with 17.6% of men & 23.6% of women experiencing this issue, as well as 38.1% of Transgender people & 35.1% of Intersex people.

Parenting

- 30.3% of women reported having been pregnant during their lifetime, with 63.9% of these women giving birth.
- 25.7% of women had at least one child, & of these women 24.5% would like to have more children.
- 51% of women who are not already parents would like to have children.

Discrimination/Harassment

- "67.3% of participants indicated that fear of prejudice or discrimination caused them at least sometimes to modify their daily activities."
- "The vast majority (90%) [of respondents] had at some time avoided expressions of affection in public".

- 59.3% of respondents have experienced personal insults and verbal abuse, and 23% have experienced threats of violence or intimidation.

SOURCE:

Australian Research Centre in Sex, Health & Society (2006) **Private Lives: A Report on the Health & Wellbeing of GLBTI Australians**. La Trobe University: Melbourne.

If you would like to read the full source document(s) referenced in this edition of Queer Corner, you can find it at the following location:

- *Insert details about the location of the source document (i.e. which drive & folder it is located within).*

Please feel free to contact me *[insert contact details]* if you have any questions or comments, or suggestions for future Queer Corner editions.

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38. Culturally & Linguistically Diverse GLBTIQS People

Welcome to the 38th edition of Queer Corner.

These emails are part of an important initiative creating awareness among [Organisation name] staff about the issues affecting GLBTIQS people in our community. They are being sent to all staff as approved and endorsed by [Name of Chief Executive, General Manager, Director, Coordinator].

When you are reading the Queer Corner emails, remember that GLBTIQS stands for Gay, Lesbian, Bisexual, Transgender, Intersex, Queer, and Same Sex Attracted.

Here is some interesting information from a small survey of culturally & linguistically diverse Same-Sex Attracted young people:

A young woman who works with Arabic-speaking communities in Sydney stated that "a GLBT person would have to sacrifice their family to put what they want to do first. If they change back to being heterosexual then that is okay, the family will accept them back...If the person chose this is what I want to do no matter what anyone else thinks or feels then they would isolate themselves...distance themselves...wouldn't dare to say that they were Arabic speaking. They would have to live in their own world, their family wouldn't accept them and due to the families negligence the young person would be at risk of suicide, homelessness, [and] depression...in Lebanon, family is the backbone and the foundation of society, if there is instability in the family there is instability in society".

"Karim [Young Same-Sex Attracted Egyptian Man] explained that the impact being GLBT has on his ability to participate in the Arabic speaking community is that he cannot be Muslim...When asked about the personal impact of his decision that he cannot be queer and Muslim Karim explained, '...as soon as I realised my orientation and what it was and God forbids it, I knew that I can't be a Muslim, a Christian or a Jew'...'it bothers me...I don't understand why God would make me in a way that he won't accept. It's evil, why would he do this, make me gay, and then punish me when I die?'"

"Karim...expressed his frustration that, in his experience, many people don't understand the complexity of what it means to be GLBT and from an Arabic speaking background. He explained that due to this, people in positions of power over young people make decisions and carry out actions which may not be appropriate and may hold immense ramifications for young people from CALD backgrounds."

SOURCE:

Gay and Lesbian Youth Social Support Network (2006) **The Only Queer from CALD Background: Addressing Sexuality, Sexual Health, and Homophobia Within CALD Communities in St George and Sutherland.** St George Youth Service: Sydney.

If you would like to read the full source document(s) referenced in this edition of Queer Corner, you can find it at the following location:

- *Insert details about the location of the source document (i.e. which drive & folder it is located within).*

Please feel free to contact me *[insert contact details]* if you have any questions or comments, or suggestions for future Queer Corner editions.

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39. Transgender People & Body Image

Welcome to the 39th edition of Queer Corner.

These emails are part of an important initiative creating awareness among [Organisation name] staff about the issues affecting GLBTIQS people in our community. They are being sent to all staff as approved and endorsed by [Name of Chief Executive, General Manager, Director, Coordinator].

When you are reading the Queer Corner emails, remember that GLBTIQS stands for Gay, Lesbian, Bisexual, Transgender, Intersex, Queer, and Same Sex Attracted.

Some people may find this information confronting; nevertheless, it is extremely useful in increasing our understanding of the issues that Transgender clients / community members face both before and after sexual reassignment surgery.

Here is some interesting information from an interview on ABC Radio National Science Show re Transgender people and their experiences of body image:

"it is curious to note that most...[men] who have carcinoma [cancer] of the penis...and they have an amputation of the penis as a life saving measure...experience a phantom penis, including phantom erections...[However] the majority of...[male-to-female Transgender people]...don't experience a phantom penis. What's amazing is that your body image, which includes your genitals, is at least in part programmed by genes and your brain is hard-wired to incorporate the genitals as part of your body image."

"Even more amazing is the observation that women who undergo Transgender sexual surgery who acquired an artificial penis...have experienced a phantom penis [since early childhood]...all these years of...being raised as a woman, as a girl, and even seeing that they don't have a penis does not...[change] this body image...This has, of course, great implications for understanding how your brain represents sexual behaviour and constructs body image."

Female-to-male Transgender people have also commented that "when they were first given testosterone therapy (this is sometimes done prior to surgery) the phantom [penis] becomes much more vivid. They also said that they have phantom erections, which men do even after carcinoma...The other thing is they'll give you precise descriptions of its length, they'll say sometimes it's leaning to the left primarily, or they'll say...[the] angle between the pubic bone and the penis is such-and-such...the other thing is some of...[these women]...don't...[experience] phantom breasts, whereas when breasts are removed for carcinoma...the majority of women experience phantom breasts."

Please note that the findings of this research may not be true of the experiences of ALL Transgender people.

SOURCE:

ABC Radio National Science Show

- www.abc.net.au/rn/scienceshow/stories/2007/1861116.htm

Please feel free to contact me *[insert contact details]* if you have any questions or comments, or suggestions for future Queer Corner editions.

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40. International Day Against Homophobia

Welcome to the 40th edition of Queer Corner.

These emails are part of an important initiative creating awareness among [Organisation name] staff about the issues affecting GLBTIQS people in our community. They are being sent to all staff as approved and endorsed by [Name of Chief Executive, General Manager, Director, Coordinator].

When you are reading the Queer Corner emails, remember that GLBTIQS stands for Gay, Lesbian, Bisexual, Transgender, Intersex, Queer, and Same Sex Attracted.

Here is some information about International Day Against Homophobia (IDAHO):

- International Day Against Homophobia (IDAHO) is held across the world on May 17th each year;
- May 17th was selected as it is the day that the World Health Organisation removed homosexuality from its list of mental illnesses (in 1990!);
- It is a relatively new event (started in Quebec, Canada in 2003), which is slowly gaining momentum worldwide;
- It is an opportunity to celebrate the diversity of sexual orientations and gender identities in our communities, and to raise awareness of and challenge homophobia and heterosexism;
- There are many ways to celebrate IDAHO, such as creating a GLBTIQS specific health promotion display which provides information about the day, definitions of homophobia, & services available to GLBTIQS people, holding a morning/afternoon tea, putting up a rainbow flag, and wearing a pride sticker or anti-homophobia badge (to name just a few).

SOURCES:

- www.homophobiaday.org
- www.idaho.org.uk

Please feel free to contact me *[insert contact details]* if you have any questions or comments, or suggestions for future Queer Corner editions.

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QUEER CORNER

CLIENT FACT SHEET # 1

DISCRIMINATION AGAINST GLBTIQS PEOPLE

GLBTIQS = Gay, Lesbian, Bisexual, Transgender, Intersex, Queer & Same Sex Attracted

30% of Same-Sex Attracted Youth (SSAY) stated that they have been unfairly treated or discriminated against because of their sexuality.

46% of SSAY stated that they had been verbally abused because of their sexuality.

13% of SSAY stated that they had been physically abused because of their sexuality.

SOURCE:

Hillier, L, Dempsey, D. et al (1998) **Writing Themselves In: A National Report on the Sexuality, Health and Well-Being of Same-Sex Attracted Young People.** Australian Research Centre in Sex, Health and Society, La Trobe University: Melbourne.

QUEER CORNER

CLIENT FACT SHEET # 2

GLBTIQS DEFINITIONS

GLBTIQS = Gay, Lesbian, Bisexual, Transgender, Intersex, Queer & Same Sex Attracted

Please note:

These terms mean different things to different individuals/communities, so your friends/family or yourself may not identify with any of these terms, or may have different interpretations of them.

Sexual Orientation

"Sexual orientation refers to one's sexual and[/or] romantic [and/or emotional] attraction. Those whose sexual orientation is to people of the opposite sex are called 'heterosexual', those whose sexual orientation is to people of the same sex are called 'homosexual' (or lesbian or gay), and those whose sexual orientation is to people of both sexes are called 'bisexual'...Sexual orientation is not necessarily the same as sexual behaviour."

"The term 'sexual preference' is misleading because it implies that this attraction is a choice rather than an intrinsic personal characteristic."

Gay

"A gay man is a man whose primary sexual and[/or] romantic [and/or emotional] attraction is to other men. He may have sex with men currently or may have had sex with men in the past. A smaller number of gay men may never have had sex with another man for a whole host of reasons (age, societal pressures, lack of opportunity, fear of discrimination), but nonetheless realize that their sexual [and/or romantic and/or emotional] attraction is mainly [or exclusively] to other men. Some gay men have sex with women and some don't. It is important to note that some men who have sex with other men, sometimes exclusively, may not call themselves gay."

"Gay is also used as an inclusive term encompassing gay men, lesbians, bisexual people, and sometimes even transgender people."

Lesbian

"A lesbian is a woman whose primary sexual and[/or] romantic [and/or emotional] attractions are to other women. She may have sex with women currently or may have had sex with women in the past. A smaller number of lesbians may never have had sex with another woman for a whole host of reasons (age, societal pressures, lack of opportunity, fear of discrimination), but nonetheless realize that their sexual [and/or romantic and/or emotional] attraction is mainly [or exclusively] to other women. Some lesbians have sex with men and some don't. It is important to note that some women who have sex with women, sometimes exclusively, may not call themselves lesbians."

Bisexual

"Bisexual men and women have sexual and[/or] romantic [and/or emotional] attractions to both men and women. Depending upon the person, his or her attraction may be stronger to women or to men, or they may be approximately equal. A bisexual person may have had sex with people of both sexes, or only of one sex, or he or she may never have had sex at all. It is important to note that some people who have sex with both men and women do not consider themselves bisexual."

Gender Identity

"At birth, we are assigned one of two genders, usually based on our visible genitals. For many people this gender assignment fits and feels comfortable and they never think about it further. Others do not feel as comfortable with their assigned gender...because they find the two-gender system too limiting or because they feel more identification with the gender opposite that to which they were assigned at birth [or because they were born with external genitalia that was not exclusively male or female and therefore had their gender identity determined for them by their parents/guardians or medical personnel]. People deal with this discomfort in many ways, sometimes only in personal ways, and sometimes in ways visible to others."

Transgender

"People who identify more strongly with the other gender than the one which they were assigned (e.g. women who feel like men or men who feel like women) are called 'transgendered'. Some transgendered people may 'cross-dress' or 'do drag' regularly...(and...[some] of these people are comfortable in[/with] their assigned gender)."

"Other transgendered people may take hormones of the opposite gender and/or have surgery in order to change their bodies to reflect how they feel inside. These people are also called 'transsexual'. Transgendered people may identify as heterosexual, homosexual, or bisexual."

"Female-to-male transsexuals are sometimes referred to as 'FTMs' or 'transsexual men', and male-to-female transsexuals as 'MTFs' or 'transsexual women'."

"Pre-operative ('pre-op') transsexuals are preparing for sexual reassignment surgery (SRS) and may take hormones. Post-operative ("post-op") transsexuals have undergone SRS and continue to take hormones, often for the rest of their lives. Some transsexuals ('non-op') either do not want or cannot afford SRS, though they may still take hormones."

Queer

"Some GLBT people, particularly young people...use the term 'queer' to [describe their identity and/or to] encompass the entire GLBT community. For these people, the term 'queer' is positive and empowering. Other GLBT people find this term degrading."

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."

SOURCES:

Public Health Seattle & King County

- www.metrokc.gov/health/glb/definitions.htm

Australian Medical Association (2002) **AMA Position Statement: Sexual Diversity and Gender Identity**. Australian Medical Association.

QUEER CORNER

CLIENT FACT SHEET # 3

ALCOHOL & OTHER DRUG USE BY GLBTIQS PEOPLE

GLBTIQS = Gay, Lesbian, Bisexual, Transgender, Intersex, Queer, & Same Sex Attracted

Alcohol and other drug use amongst GLBTIQS communities are 2-4 times higher than in the general population.

DRUG	GAY MEN & LESBIANS	HETEROSEXUALS
Amphetamines	62%	19.5%
Barbiturates	6.3%	2.2%
Cocaine	23.2%	7.8%
Ecstasy	50.6%	15.5%
Heroin	10.9%	4%
Marijuana	76.5%	61.1%
Pain Killers	30.3%	18.6%
Steroids	4.1%	1.5%
Tranquilisers	33.7%	11.6%
Injecting Drugs	12.5%	5.1%
Volatile Nitrates	57.1%	N/A
Ketamine	13.9%	N/A
LSD	48.2%	N/A
Drink Driving	53.5%	6.3%

SOURCES:

Ministerial Advisory Committee on Gay and Lesbian Health (2002) **What's the Difference? Health Issues of Major Concern to Gay, Lesbian, Bisexual, Transgender and Intersex (GLBTI) Victorians.** Victorian Government Department of Human Services: Melbourne.

Murnane, A., Smith, A. et al (2000) **Beyond Perceptions: A Report on Alcohol and Other Drug Use Among Gay, Lesbian, Bisexual, and Queer Communities in Victoria.** Australian Drug Foundation: Melbourne.

QUEER CORNER

CLIENT FACT SHEET # 4

MENTAL HEALTH ISSUES AMONGST GLBTIQS PEOPLE

GLBTIQS = Gay, Lesbian, Bisexual, Transgender, Intersex, Queer & Same Sex Attracted

“An Australian study of 403 gay men reported that 27% of respondents were suffering major depression.”

“In a study of 200 lesbians, 60% of respondents reported feelings of depression related to their sexual orientation.”

BEHAVIOUR	GAY MEN & LESBIANS	HETEROSEXUALS
Self harm	58.5%	31.4%
Attempted suicide (ever)	49%	34.5%
Attempted suicide (in past 3 months)	23.1%	8.6%

SOURCES:

Ministerial Advisory Committee on Gay and Lesbian Health (2002) **What's the Difference? Health Issues of Major Concern to Gay, Lesbian, Bisexual, Transgender and Intersex (GLBTI) Victorians.** Victorian Government Department of Human Services: Melbourne.

Hillier, L, Dempsey, D. et al (1998) **Writing Themselves In: A National Report on the Sexuality, Health and Well-Being of Same-Sex Attracted Young People.** Australian Research Centre in Sex, Health and Society, La Trobe University: Melbourne.

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CLIENT FACT SHEET # 5

GENERAL HEALTH ISSUES AMONGST GLBTIQS PEOPLE

GLBTIQS = Gay, Lesbian, Bisexual, Transgender, Intersex, Queer, & Same Sex Attracted

“Anal cancer is 80 times more common in gay and bisexual men than in the general population...screening programs may have the potential to drastically reduce the incidence of anal cancer among gay and bisexual men”

There are currently no screening programs for anal cancer in SA.

“The incidence of breast cancer among lesbians is up to three times higher than in heterosexual women.”

SOURCES:

Ministerial Advisory Committee on Gay and Lesbian Health (2002) **What's the Difference? Health Issues of Major Concern to Gay, Lesbian, Bisexual, Transgender and Intersex (GLBTI) Victorians.** Victorian Government Department of Human Services: Melbourne.

Hudspith, M., Bastedo, S., and Ministers Advisory Council on Women's Health (2001) **Caring for Lesbian Health: A Resource for Canadian Health Care Providers, Policy Makers and Planners, revised edition.** Health Canada: Canada.

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CLIENT FACT SHEET # 6

GLBTIQS YOUNG PEOPLE

GLBTIQS = Gay, Lesbian, Bisexual, Transgender, Intersex, Queer & Same Sex Attracted

Here are some thoughts about the issues that GLBTIQS Young People face.....

GLBTIQS young people are "far less visible than young heterosexuals and are less likely to feel affirmed and supported throughout their teenage years or to have access to positive discourses in their peer culture about sexual difference."

GLBTIQS young people "often find they are forced to choose between two ways of living their lives, neither of which necessarily promotes emotional or psychological well-being. The first is a life in a shadowy world of silence and denial in which 'passing as normal' requires constant monitoring of every word and deed. The second road of disclosure means risking rejection and the potentially negative reactions of friends, family and the community."

GLBTIQS young people "have difficulty accessing the information they need to protect and resource themselves...They are for the most part accessing information from the two groups whose information is more likely to be incorrect or misleading [i.e. the media and their friends]."

Encouraging GLBTIQS young people to 'come out' is not necessarily the best solution – "research has demonstrated that disclosure of sexuality only increases young people's well-being if the people they choose to come out to are supportive...What is important is providing a range of options e.g. access to gay, lesbian, bisexual role models; linkages to youth peer support groups and the opportunity to discuss sexuality in private and in confidence with a sympathetic and informed adult."

SOURCE:

Hillier, L, Dempsey, D. et al (1998) **Writing Themselves In: A National Report on the Sexuality, Health and Well-Being of Same-Sex Attracted Young People.** Australian Research Centre in Sex, Health and Society, La Trobe University: Melbourne.

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CLIENT FACT SHEET # 7

SERVICES, GROUPS & ACTIVITIES FOR GLBTIQS PEOPLE

GLBTIQS = Gay, Lesbian, Bisexual, Transgender, Intersex, Queer & Same Sex Attracted

Here are some services, groups, and activities for GLBTIQS people in Adelaide:

Bfriend (UnitingCare Wesley Adelaide)

- 1st Floor, 10 Pitt St, Adelaide, 5000
- 8202 5805 & 8202 5192
- 8202 5894 (culturally & linguistically diverse people)
- www.ucwesleyadelaide.org.au/bfriend
- bfriend@ucwesleyadelaide.org.au
- Mon-Fri (9am to 5pm)
- Individual support (provided by trained volunteer "buddies");
- Support groups;
- Information and referrals; and
- Monthly social gatherings.
- For newly identifying same-sex attracted, gay, lesbian, bisexual, and transgender people, and others who are exploring their sexual orientation or gender identity (and their family members).

Gay and Lesbian Community Services (GLCS)

- PO Box 2011, Kent Town, 5071
- 8422 8400
- www.glcssa.org.au
- glcs@glcssa.org.au
- Mon-Sun (7pm to 10pm) & Sat-Sun (2pm-5pm)
- Telephone counselling; and
- Information and referrals

Gay and Lesbian Community Library

- 64 Fullarton Rd, Norwood, 5067
- 8334 1606
- www.acsa.org.au/IRlibCatalogue.html
- information@acsa.org.au
- Mon-Fri (9am to 5pm)
- Large collection of books, journals, newspapers, reports, pamphlets, and videos.
- Membership is FREE

The Second Story (TSS)

- 57 Hyde St, Adelaide, 5000
- 8232 0233
- www.cyh.com.au
- www.insideout.cyh.com
- Mon-Fri (9am to 5pm)
- Inside Out
 - Individual support and group programs for young (under 26 years) gay, bisexual, or same-sex attracted men.
 - Counselling;
 - Clinical services (including Friday evenings from 5pm to 7pm);
 - Information, advocacy, and referrals;
 - Social & support drop-in programs (fortnightly), including:
 - Hyde Out Central – group for young (16-26) men from any cultural backgrounds;
 - Shangri-La – group for young (under 30) men of Asian origin
 - Information & education group programs;
 - Peer education training; and
 - Library resources.
- Evolve (formerly Out LBW)
 - Individual support and group programs for young (under 26 years) Lesbian, Bisexual, or Same Sex Attracted Women.
 - Grrl's Lounge – ongoing monthly drop-in program for same-sex attracted and transgendered young women (16-26).

Bi Adelaide

- 8411 8711 (recorded message)
- <http://groups.yahoo.com/group/BiAdelaide>
- biadelaide@yahoogleroups.com (Online group)
- For Bisexual people (and others who acknowledge attraction to more than one gender), and their family and friends.
- Social and discussion group.
- Meets regularly – call for more information.

Parents Supporting Parents and Friends of Lesbians and Gays (PSPFLAG)

- www.pspflag.asn.au
- pspflagsa@hotmail.com
- Email Pam and Ralph for more information.
- Individual (telephone & face-to-face) support;
- Regular group support
- For parents and their sons and daughters who are gay, lesbian or bisexual.
- Support for gay, lesbian, and bisexual people who are considering coming out to parents, family, and friends.
- Resources (including information booklets, books, and videos - available for loan or purchase).

Transition

- Support group for heterosexual women and men whose partners identify as gay, lesbian, bisexual or same-sex attracted.
- Meets 4th Sunday of the month at 5pm.
- Call Pat on 8396 1786 or Geoffrey on 8258 6214 for further info.

Team Adelaide

- 8224 0123
- 0409 679 157 - Julie Mitchell (President)
- www.teamadelaide.org.au
- info@teamadelaide.org.au
- Information about sporting activities for GLBTIQS people.

Pink Parents

- 0413 303 622 – Carolyn
- Social, support, and lobby group for lesbian, gay, bisexual, transgender and queer parents, families, and friends.
- Meets each month on alternate Saturday and Sunday.

UNIDOS

- 8245 8100
- unidossa@hotmail.com
- Call Helen (Mon-Thurs) to find out more information.
- Information and support for GLBTIQS people from culturally and linguistically diverse backgrounds.

Carrousel Club

- PO Box 721, Marlestone, 5033
- 8411 0874
- www.geocities.com/carrousel_2000
- ccsai@hotmail.com
- Social support group for Transgendered people of all ages and nationalities.

SOURCES:

Community Information Strategies Australia (CISA)

- www.infosearchweb.com

Blaze Media – South Australia's newspaper for GLBT communities

- www.blazemedia.com.au

QUEER CORNER

CLIENT FACT SHEET # 8

COMING OUT MODEL

GLBTIQS = Gay, Lesbian, Bisexual, Transgender, Intersex, Queer, & Same Sex Attracted

Dr Vivienne Cass has written a number of book chapters and articles about gay, lesbian, and bisexual sexuality and identity, including 'Understanding Homosexuality and Bisexuality' in *Educational Psychology: An Australian and New Zealand Perspective* (Maltby, F., Gage, N., and Berliner, D. - Eds - 1995) in which she identified the 'Coming Out' Model outlined below:

Stage 1: Identity Confusion

The person recognises that their desires/behaviour may be 'homosexual'. "Some will come to realise they may be SSA [Same-Sex Attracted], others may deny or ignore the situation. Subsequently, there will be a range of emotional responses from positive to negative that result in feelings of anxiety, stress or fear."

Stage 2: Identity Comparison

"The personal sense of being SSA [Same-Sex Attracted] leads to a consideration of the likely consequences of their sexual identity. The most obvious is a recognition of difference from family, friends, and others. Consequently, some feel wonderful because they understand themselves. For others, the notion can create fear of rejection, violence, isolation, and alienation. The endpoint of this stage comes with the recognition by a person that they may be [Same-Sex Attracted]."

Stage 3: Identity Tolerance

"The sense of identity tolerance is affected by social contacts with SSA [Same-Sex Attracted] groups. Positive social contacts can help overcome the damaging feelings that can arise from being part of a minority group. If the social experiences are negative, they can lead to self-hatred."

Stage 4: Identity Acceptance

"A person is feeling comfortable and accepting of their sexual identity. They may wish to tell family and friends about their homosexuality."

Stage 5: Identity Pride

"A sense of pride about their identity may involve them wanting to support activities to help strengthen homosexual rights. There can be a sense of confrontation with, and criticism of, heterosexuals about the ideal sexual orientation."

Stage 6: Identity Synthesis

"Individuals are completely proud and open about their homosexual identity. They will still confront homosexual oppression, yet they recognise their identity is simply one [part of who they are]."

Please remember though, as with any 'model', you should not assume that a person will move neatly from one stage to the next. These experiences may occur at different times for each individual.

SOURCE:

Farnan, C. & The Victorian Child and Adolescent Mental Health Promotion Officers (2001) **STEP Manual: An Educational Resource for Those Working with Indigenous, Refugee, and Same Sex Attracted Young People**. Statewide Training and Education in Youth Suicide Prevention (STEP) Project, Commonwealth Department of Health and Aged Care.

QUEER CORNER

CLIENT FACT SHEET # 9

FREQUENTLY ASKED QUESTIONS ABOUT GLB PEOPLE

GLBTIQS = Gay, Lesbian, Bisexual, Transgender, Intersex, Queer & Same Sex Attracted

Here are some Frequently Asked Questions (and answers) about gay men, lesbians, and bisexual people:

What causes homosexuality? Is it choice?

"Sexual orientation, whether it be heterosexual, homosexual, or bisexual does not appear to be something that people choose. Recent studies suggest that sexual orientation has a genetic or biological component, and is probably determined before or shortly after birth. Like heterosexuals, gay men and lesbians discover their sexuality as a process of maturing, they are not recruited, seduced or taught to be homosexual (Bell, Weinberg, M.S., & Hammersmith, 1981; Troiden, 1989). The only choice that most gay or lesbian people have is whether or not to live their lives honestly, or according to society's unrealistic expectations."

Why do gay men and lesbians flaunt their sexuality? Why don't they just keep it private?

"Many gay men and lesbians go to great lengths to hide their sexual orientation, rather than 'flaunting' it. There is a double standard in our society - what some consider to be flaunting by gay men/lesbians is usually regarded as everyday behaviour for heterosexuals. A heterosexual couple walking hand in hand is perceived as normal; very few people would consider their behaviour to be inappropriate, if they even notice it at all. Whereas, a gay/lesbian couple exhibiting the same behaviour would almost certainly be noticed, and they would probably be accused of "flaunting" their sexuality or promoting their lifestyle. They may be harassed, or worse yet, physically or sexually assaulted."

"Heterosexuals are free to talk about their partners, they can wear their wedding rings, display pictures of their loved ones on their desk at work, kiss goodbye at the airport, include their significant others in work parties etc. etc. A gay man or lesbian who chooses to do the same may be seen as...a radical who is out to prove a point."

Isn't bisexuality a phase or transition? I know of gay men and lesbians who said they were Bisexual when they first came out.

"While identifying as Bisexual might be a phase or transition for some people, this does not mean that other people are not or can not be genuinely attracted to both men and women."

Aren't Bisexuals just confused? Don't they need to just make up their minds about whether they are gay or straight?

"It is well recognised in psychological circles that Bisexuality is a genuine sexual orientation in and of itself. Our society sets up everything in terms of 'either/or' scenarios, so Bisexuals are often thought to be confused because others don't understand dual ("both/and") attractions."

SOURCE:

'Queer Students' section of the University of Queensland Student Union

- www.uqu.uq.edu.au/queer

QUEER CORNER

CLIENT FACT SHEET # 10

FREQUENTLY ASKED QUESTIONS ABOUT TRANSGENDER PEOPLE

GLBTIQS = Gay, Lesbian, Bisexual, Transgender, Intersex, Queer & Same Sex Attracted

Here are some Frequently Asked Questions (and answers) about transgender people:

Is Transgenderism the same as homosexuality?

"No. The term transgender refers to gender identification, not sexuality. Gender identification is about whether you see yourself as being female or male, neither, or both. Sexuality, on the other hand, is about who you are attracted to."

Can Transgender people be same-sex attracted?

"Yes. Transgender people can be heterosexual, gay, or bisexual. Your gender does not determine who you are attracted to, your sexuality does."

Is Transgenderism a form of mental illness?

"For many years, the medical profession pathologised transgenderism, in much the same way they used to pathologise homosexuality. There are many theories within the health sciences to account for transgenderism, which has at different times been termed "gender identity disorder", "gender dysphoria", and 'transsexualism'. Today, there is widespread agreement amongst medical professionals that there is nothing inherent in being transgender which is associated with mental illness. Transgender people may experience periods of anxiety and depression, but this can be accounted for by the amount of social vilification and oppression they experience in society."

What pronouns do I use when I am referring to a Transgender person?

"This is a question that causes many people a lot of anxiety. If the answer has not already been clarified in your interactions with the transgender person, then politely ask the person which pronoun they would like you to use. Some transgender people prefer to live entirely as either a man or a woman and will use 'he' or 'she', 'his' or 'her'."

"However, there are also some transgender people who do NOT identify as either male or female and they may prefer to use another pronoun, such as 'zie'."

SOURCE:

'Queer Students' section of the University of Queensland Student Union

- www.uqu.uq.edu.au/queer

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CLIENT FACT SHEET # 11

GLBTIQS HISTORY & SYMBOLS

GLBTIQS = Gay, Lesbian, Bisexual, Transgender, Intersex, Queer & Same Sex Attracted

Rainbow Flag 

It was first created in 1978 by Gilbert Baker (San Francisco).

The original flag had 8 stripes (HOT PINK - sexuality, RED - life, ORANGE - healing, YELLOW - sun, GREEN - nature, BLUE - art, INDIGO - harmony, and VIOLET - spirit). However, as "hot pink" dye was not commercially available at the time, mass production of the 8-striped version became impossible, so the flag was reduced to 7 stripes.

Then, in 1979, the Pride Parade Committee (San Francisco) decided to use the flag in their parade to demonstrate the gay community's strength and solidarity, but they decided to eliminate the indigo stripe so they could divide the colours evenly along the parade route, and so the 6-striped version was born (and this is the one that is used around the world today, and is recognised by the International Congress of Flag Makers).

The rainbow colours on the flag are also a symbol of the diversity of the GLBTIQS communities.

The rainbow also plays a part in many myths and stories related to gender and sexuality issues in Greek, Native American, and African cultures.

Pink Triangle 

The pink triangle was first used by Nazi Germany during World War II. All men that were 'suspected' or 'known' to be gay were taken to concentration camps and were forced to wear a PINK triangle.

All women who were 'suspected' or 'known' to be lesbians (or to exhibit other 'anti-social' behaviours, such as sex workers and women who refused to bear children) were also taken to concentration camps and were forced to wear a BLACK triangle.

There has also been suggestion that a BURGUNDY Triangle was used to designate transgendered people (although this has not been substantiated).

There are many stories from the concentration camps which indicate that 'prisoners' who wore the ink triangle were given the most difficult and arduous tasks, and were often the focus of attacks from guards and even other 'prisoners'.

Estimates of the number of gay men killed during the Nazi regime range from 50,000 to 100,000.

Even when the war had ended, many gay men remained prisoners in the camps as they had been convicted under Paragraph 175 (a clause in German law which prohibited relationships, sexual encounters, or any expressions of affection between men, including kissing and hugging). Paragraph 175 remained law in West Germany until its repeal in 1969.

"In the 1970's, gay liberation groups resurrected the pink triangle as a popular symbol for the gay rights movement. Not only is the symbol easily recognised, but it draws attention to oppression and persecution - then and now...Today, for many the pink triangle represents pride, solidarity, and a promise to never allow another Holocaust to [occur]".

Bi Pride Flag

The bisexual (bi) pride flag is made up of 3 colours (PINK, BLUE, & PURPLE).

"The pink colour represents sexual attraction to the same sex only (gay and lesbian), the blue represents sexual attraction to the opposite sex only (straight), and...purple [combination of pink & blue] represents sexual attraction to both sexes (bi)."

"The key to understanding the symbolism in the Bi Pride Flag is to know that the purple pixels of colour blend unnoticeably into both the pink and blue, just as in the 'real world' where most bi people blend unnoticeably into both the gay/lesbian and straight communities."

The bi pride flag was designed by Michael Page and was first unveiled in 1998.

SOURCES:

Jase Wells' Rainbow Icon Archive

- <http://jasewells.com/gayicons>

Michael Page's Bi Pride Flag website

- <http://biflag.com>

There are a few online businesses that sell Rainbow Flag, Pink Triangle, and/or Bi Pride Flag stickers, such as:

The Rainbow Store - www.rainbowstore.com.au (based in Sydney). They stock rainbow and Bi Pride flag stickers, which cost \$4.40 each plus postage.

The Rainbow Warehouse - www.rainbowwarehouse.com.au (based in Newcomb, Victoria) stocks rainbow flag stickers, which cost between \$2.50 and \$7 each (depending on the design) plus postage.

Outside the Lines - www.outsidethelines.com.au (based in Brisbane) stocks rainbow flag and Pink Triangle stickers, which cost \$4.50 each plus postage.

Fiz Gig Me (aka Gay and Lesbian Store) – www.fizgigme.com.au (based in Sydney) stocks rainbow flag stickers, which cost \$5 each plus postage.

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CLIENT FACT SHEET # 12

HOMOPHOBIA IN AUSTRALIA

GLBTIQS = Gay, Lesbian, Bisexual, Transgender, Intersex, Queer & Same Sex Attracted

Here are some stats from a July 2005 study into homophobia in Australia (based on interviews with 24,718 people):

"Overall, 35 per cent of the population aged 14 years and above believes that homosexuality is immoral. When broken down by gender, nearly 43 per cent of men and 27 per cent of women take this view."

"Queensland and Tasmania are the most homophobic states, and Victoria are the least".

The study identified the 3 most and 3 least homophobic areas of Australia:

- "the **most** homophobic areas are the Moreton area of country Queensland (excluding the Gold Coast & Sunshine Coast), Central/South-West Queensland and the Burnie/Western district of Tasmania where 50 per cent believe that homosexuality is immoral."
- "The **least** homophobic region is the Inner City of Melbourne (14 per cent), followed by Central Perth (21 per cent) and Central Melbourne (26 per cent)."

"Older Australians were considerably more homophobic than young adults. However, those in the 14 to 17 year age group, especially boys, are much more inclined to hold anti-gay views than young and middle-aged adults."

"Homophobic attitudes are closely related to levels of education - 25% of those with tertiary education hold homophobic views compared to 40-50% among those who did not complete high school."

SOURCE:

Flood, M. & Hamilton, C. (2005) **Mapping Homophobia in Australia**. The Australia Institute, Australian National University, Canberra.

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CLIENT FACT SHEET # 13

LEVELS OF HOMOPHOBIA

GLBTIQS = Gay, Lesbian, Bisexual, Transgender, Intersex, Queer & Same Sex Attracted

Personal/Internalised Homophobia

"Feelings of fear, discomfort, dislike, hatred or disgust with same-sex sexuality. Anyone, regardless of their sexual orientation can experience personal homophobia. When this happens with lesbian, gay, and bisexual people, it is called internalised homophobia."

Internalised homophobia can contribute to the following issues:

- Low self-esteem;
- Poor body image and language;
- Feeling unworthy and/or defeated;
- Social isolation;
- Self-blame and guilt; and
- Being intensely closeted or openly anti-gay.

Internalised homophobia can also result in "negative attitudes towards gay culture" i.e. a lesbian, gay man, or bisexual person "could be accepting of him or herself, but not accepting of the gay community in general...This may explain the prevalence of negative attitudes towards bisexuals, [and] transgender men and women [amongst the gay/lesbian community]"

Interpersonal Homophobia

"Individual behaviour based on personal homophobia. This hatred or dislike may be expressed in name-calling, telling "jokes", verbal and physical harassment, and other individual acts of discrimination."

Institutional Homophobia (also known as heterosexism)

"The many ways in which government, businesses, churches, and other institutions and organisations discriminate against people on the basis of sexual orientation."

This type of homophobia is "caused in part by competition for power. Societies such as ours create scapegoats to maintain the status quo and the positions of those in power...When scapegoating is successful, dominant groups don't need to take responsibility for injustice or give up privilege."

Cultural Homophobia (also known as heterosexism)

"Social standards and norms which dictate that being heterosexual is better or more moral than being lesbian, gay, or bisexual, and that everyone is or should be heterosexual."

This form of homophobia is "spelled out each day in television shows and print advertisements where virtually every character is heterosexual, every...relationship involves a female and a male, and every 'normal' child is presumed to be attracted to and will eventually marry someone of the other sex. In the few cases where lesbians, gays, or bisexuals are portrayed, they are usually unhappy, stereotyped, engaged in self-destructive behaviours, or ambivalent about their sexual orientation."

SOURCES:

Campaign to End Homophobia

- www.endhomophobia.org/homophobia.htm

Lesbian, Gay, Bisexual & Transgender Community Center of Greater Cleveland

- www.lgcsc.org/internalized.html

Gay & Lesbian Counselling Service (GLCS) NSW

- www.glcsnsw.org.au/documents/Infopack/08_homophobia.pdf

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CLIENT FACT SHEET # 14

HOMOPHOBIA HURTS US ALL

GLBTIQS = Gay, Lesbian, Bisexual, Transgender, Intersex, Queer & Same Sex Attracted

"You don't have to be gay, lesbian, or bisexual, or know someone who is, to be negatively affected by homophobia. Though homophobia actively oppresses gay men, lesbians, and bisexuals, it also hurts heterosexuals."

So, how does homophobia 'hurt us all'? Well, it can:

"Inhibit the ability of heterosexuals to form close, intimate relationships with members of their own sex, for fear of being perceived as lesbian, gay or bisexual (LGB)";

"Lock people into rigid gender-based roles that inhibit creativity and self expression";

"Be used to stigmatise heterosexuals, those perceived or labelled by others to be LGB, children of LGB parents, parents of LGB children, and friends of LGB people";

"Compromise human integrity by pressuring people to treat others badly, actions that are contrary to their basic humanity";

"Result in the invisibility or erasure of LGB lives and sexuality in school-based sex education discussions, keeping vital information from students";

"Prevent some LGB people from developing an authentic self identity and adds to the pressure to marry, which in turn places undue stress and often times trauma on themselves as well as their heterosexual spouses, and their children"; and

"Inhibit appreciation of other types of diversity...We are all diminished when any one of us is demeaned."

SOURCE:

Blumenfeld, W. (1992). **Homophobia: How We All Pay The Price**. Beacon Press: Boston.

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CLIENT FACT SHEET # 15

HOMOPHOBIA & HETEROSEXUAL DOMINANCE QUOTES

GLBTIQS = Gay, Lesbian, Bisexual, Transgender, Intersex, Queer & Same Sex Attracted

Some quotes to get you thinking about homophobia and heterosexual dominance:

"I have been 'out' for a long time, with friends, family, work - but still carry a continual watchfulness in public places, a...voice that mutters...*Do they know? What will they think? Is this the right time to say it? Will they reject me? Will I still get that job? Can we hold hands? Is it safe here? Will they stare? Will they attack?* I know that many lesbians and gay men live with such inner police...All of us hide at some point in our lives; it may be dropping your girlfriend's hand when six big blokes come swaying down the street towards you after closing time, or a careful evasion of pronouns in connection with your partner during a job interview. Working out when to hide and when not to consumes a lot of energy."

"These decisions [to come out] are so often taken in isolation - and for those who remain in the closet, the isolation is even greater...In a climate where disclosure may be met with rejection, ridicule, verbal and physical violence, job loss or other forms of discrimination, the choice to be open about one's sexuality is hardly a free one."

Some people believe that "it is a matter of individual choice to be discreet about one's private life, and that sexuality is a private matter. Interestingly, a heterosexually dominant society requires this 'discretion' from homosexuals, but not from heterosexuals, who generally feel no hesitation in referring to the gender of their spouses or partners"

"Where heterosexuality is the norm, anything else is deemed **blatant** simply because it has become visible."

SOURCE:

Styles, S. (1995) **Challenging Heterosexual Dominance: The First Steps** in 'Comment', Issue 2 (Discussions, dialogues and interviews about homophobia and heterosexual dominance). Dulwich Centre Publications: Adelaide.

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CLIENT FACT SHEET # 16

MUNDANE HETEROSEXISM

GLBTIQS = Gay, Lesbian, Bisexual, Transgender, Intersex, Queer & Same Sex Attracted

The broad concept of heterosexism is defined as "the belief that the only right, natural, normal...way of relating to each other is heterosexually."

Heterosexism also includes the assumption that ALL people are heterosexual.

The term 'mundane' heterosexism was first coined by **Elizabeth Peel** in **2001**. It refers to "unnoticed and...unnoticeable incidents of heterosexism" - the heterosexist comments, attitudes, and behaviours that GLBTIQS people face in their daily lives.

It has been suggested that challenging these daily occurrences of heterosexism is "especially difficult as they are intermittent, subtle, and infinitely varied, and demand considerable time and energy because they are so frequent."

The first TYPE of 'mundane' heterosexism is known as **Prejudice against heterosexuals**:

Definition - when heterosexuals highlight the discrimination that they face, rather than "pointing out the continual and pervasive marginalisation [of] lesbians & gay men"

Example - where someone in a heterosexual **de facto** relationship argues that they are discriminated against in the **same way** as same-sex couples are, as they are not offered the same legal rights as **married** heterosexual couples.

Although, obviously, it is true that heterosexual de facto couples do not necessarily have the same legal rights as married heterosexual couples, this overlooks the fact that same sex couples are not legally recognised **at all**, within SA laws, and that their relationships are often dismissed completely. These issues therefore need to be considered separately as they are based on different forms of discrimination.

The second TYPE of 'mundane' heterosexism is known as **Non-Heterosexuality as a deficit**:

Definition - the "devaluing of lesbian and gay sexualities by comparison or analogy to some form of deficit, vice or abnormality."

Example - a statement such as "if your son was in a motorbike accident and lost his leg [you] would...still love him...what's the difference if he comes out and says he's gay".

In this example, the "comparison rests on the implicit notion of the whole person being like the heterosexual - complete, fully functioning and normal. Whereas coming out as lesbian or gay is like a loss or lack, being disabled or not now a fully functioning human being."

The third TYPE of 'mundane' heterosexism is known as **Refusing diversity**:

Definition - "refusing to acknowledge diversity and difference between lesbians and gay men and heterosexuals."

Example - a statement such as: 'I treat everyone the same, regardless of their sexuality'

This approach ensures that the "difference [between heterosexuals and gay men/lesbians] is de-emphasised, the focus being on *exactly* the same, which minimizes lesbian and gay sexuality as an identity issue with any unique aspects to it."

I will leave you with a thoughtful and poignant quote from **Celia Kitzinger (1996)** which highlights some of the things that GLBTIQS people have to do on a regular basis to deal with these (and other) forms of heterosexism & homophobia:

"When there is *no* anti-lesbian explosion from your parents, because you have de-dyked your apartment before their visit; when there is *no* queer-bashing after the gay disco, because you anticipated trouble and booked a cab to get home; when you are *not* dismissed from work, because you stayed in the closet; when you are *not* subjected to prurient or disgusted questions, because you talked about your weekend activities in sentences that meticulously avoided the use of any pronouns - when these non-events skip by as part of many gay men and lesbians' daily routine, has *nothing* really happened."

SOURCES:

Gray, D. Patricia; Kramer, Maeona; Minick, Ptlene; McGhee, Linda; Thomas, Debera; & Greiner, Doris. (1996). Heterosexism in nursing education. **Journal of Nursing Education**, 35, 389-400.

Peel, E. "Mundane Heterosexism: Understanding Incidents of the Everyday." **Women's Studies International Forum**, 24 (2001): 541-554.

Kitzinger, Celia. "Speaking of Oppression: Psychology, Politics, and the Language of Power." **Preventing Heterosexism and Homophobia**. Ed Esther Rothblum and Lynne Bond. Thousand Oaks: Sage, 1996.

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CLIENT FACT SHEET # 17

HETEROSEXUAL PRIVILEGE

GLBTIQS = Gay, Lesbian, Bisexual, Transgender, Intersex, Queer & Same Sex Attracted

The purpose of this fact sheet is NOT to suggest that heterosexuals should not have these privileges, but merely to highlight the multiple disadvantages and barriers that GLBTIQS people face in their daily lives, which, in general, heterosexual people do not have to face (based on their **sexuality**). I acknowledge that heterosexual people may face these issues/barriers based on their gender, age, abilities/disabilities, cultural background, and/or religious affiliations.

So, heterosexual privilege can be seen in the following examples, where, if you are heterosexual (or, in some cases, simply perceived as being heterosexual):

"You can express affection (kissing, hugging, and holding hands) in most social situations and not expect hostile or violent reactions from others";

"You can discuss your relationships and publicly acknowledge your partner...without fearing that people will automatically disapprove or think that you are 'flaunting' your sexuality";

"You can describe events in your life without having to change pronouns in order to protect your job, your family, or your friendships";

"You can expect that your children will be given texts in school that implicitly support your kind of family unit and that they will not be taught that your sexuality is a 'perversion'";

"You can easily find a neighbourhood in which residents will accept how you have set up your household";

"You can expect to see people of your sexuality positively presented on nearly every television show and in nearly every movie"; and

"You can expect to be around others of your sexuality most of the time - you don't have to worry about being the only one of your sexuality in a class, on a job, or in a social situation."

SOURCE:

Ohio State's Gay, Lesbian, Bisexual, & Transgender Student Services

- <http://multiculturalcenter.osu.edu/glbts/resources.asp>

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CLIENT FACT SHEET # 18

HOMOPHOBIA & HETEROSEXISM CONTINUUM

GLBTIQS = Gay, Lesbian, Bisexual, Transgender, Intersex, Queer & Same Sex Attracted

This continuum represents eight stages "from being extremely homophobic or heterosexist...to extremely anti-homophobic and anti-heterosexist", and includes:

Actively Participating

"This stage of response includes actions that directly support lesbian/gay and gender orientation oppression. These actions include laughing at or telling jokes that put down lesbians, gays, bisexuals, or transgender people, making fun of people who don't fit the traditional stereotypes of what is masculine or feminine, discouraging others and avoiding personal behaviour that is not sex-stereotyped, and engaging in verbal or physical harassment of lesbians, gays, or heterosexuals who do not conform to traditional sex-role behaviour."

Denying or Ignoring

"This stage of response includes inaction that supports lesbian, gay, bisexual, or gender orientation oppression coupled with an unwillingness or inability to understand the effects of homophobia and heterosexist actions. This stage is characterized by a 'business as usual' attitude. Though responses in this stage are not actively and directly homophobic or heterosexist, the passive acceptance of these actions by others serves to support the system of oppression."

Recognising, But No Action

"This stage of response is characterized by a recognition of homophobic or heterosexist actions and the harmful effects of these actions. However, this recognition does not result in action to interrupt the homophobic or heterosexist situation. Taking action is prevented by homophobia or a lack of knowledge about specific actions to take. This stage of response is accompanied by discomfort due to the lack of congruence between recognizing homophobia or heterosexism yet failing to act on this recognition. An example...is people hearing a friend tell a 'queer joke', recognizing that it is homophobic, not laughing at the joke, but saying nothing to the friend about the joke."

Recognizing and Interrupting

"This stage of response includes not only recognizing homophobic and heterosexist actions, but also taking action to stop them. Though the response goes no further than stopping, this stage is often an important transition from passively accepting homophobic or heterosexist actions to actively choosing anti-homophobic and anti-heterosexist actions. In this stage a person hearing a 'queer joke' would not laugh and would tell the joke teller that jokes that put down alternative lifestyles are not funny."

Another example would be a person who realized that s/he is avoiding an activity because others might think s/he is lesbian, gay, bisexual or transgender is s/he participates in it, and then decides to participate."

Educating Self

"This stage of response includes taking action to learn more about lesbians, gays, bisexuals, transgender individuals, heterosexism and homophobia. These actions include reading books, attending workshops, talking to others, joining organisations, listening to lesbian or gay music, or any other actions that can increase awareness and knowledge. This stage is also a prerequisite for the last three stages. All three involve interactions with others about homophobia and heterosexism. In order to do this confidently and comfortably, people need first to learn more."

Questioning and Dialoguing

"This stage of response is an attempt to begin educating others about homophobia and heterosexism. This stage goes beyond interrupting homophobic and heterosexist interactions to engage people in dialogue about these issues. Through the use of questions, and dialogue, this response attempts to help others increase their awareness of and knowledge about homophobia and heterosexism."

Supporting and Encouraging

"This stage of response includes actions that support and encourage the anti-homophobic and anti-heterosexist actions of others. Overcoming the homophobia that keeps people from interrupting this form of oppression even where they are offended by it is difficult. Supporting and encouraging others who are able to take this risk is an important part of reinforcing anti-homophobic and anti-heterosexist behaviour."

Initiating and Preventing

"This stage of response includes actions that actively anticipate and identify homophobic institutional practices or individual actions and work to change them.

Examples include teachers changing a...[sexual health] curriculum that is homophobic or heterosexist, or counsellors" inviting a speaker to come and discuss how homophobia can affect counsellor-client interactions."

SOURCE:

Safe Zone

- <http://safezone.fsu.edu/acceptance.html>

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CLIENT FACT SHEET # 19

SEXUAL HEALTH ISSUES FOR GLBTIQS PEOPLE

GLBTIQS = Gay, Lesbian, Bisexual, Transgender, Intersex, Queer & Same Sex Attracted

Here is some interesting information about sexual health issues for Gay Men & Lesbians:

Use of Safer Sex Methods

"Nearly **70%** of young women reported they '**never**' used protection in same-sex encounters...While it is clear that young women having sex with other women have only a small risk of contracting STD's, the lack of information to assist in the management of decisions about safe sex is a concern."

15% of young men '**never**' use protection when having sex with other men, and another **39%** only use it '**sometimes**'.

"The lack of information and accessibility [regarding lesbian sexual health], combined with a perceived immunity to STI's, results in limited safer sex behaviours amongst lesbians."

Lesbian Sexual Health Issues

"key lesbian sexual health issues [include] infections transmissible during woman-to-woman sexual activity including HPV (linked to cervical cancer), Bacterial Vaginosis (BV), Candida, Trichomonas, Chlamydia and Herpes (HSV)."

"Cervical human papilloma virus (HPV) has been reported to occur in 21% of lesbian women with no prior sexual contact with men (dispelling the common myth that lesbians are immune to HPV infection)."

Pregnancy Amongst Young Lesbians

"A study comparing pregnancy rates among adolescent women showed that 12 per cent [12%] of those who identified as lesbian had been pregnant, versus 5 per cent [5%] of the heterosexual respondents. These results suggest that these young women overplay overtly heterosexual behaviours in an effort to deny or hide their same-sex attraction."

Of course, there are a number of possible reasons as to why young Lesbians become pregnant, including:

Forced sexual contact (sexual abuse/incest/rape) as previous studies have shown that lesbians/bisexual young women are more likely to have been subjected to these acts than their heterosexual counterparts;

Sexual identity developed post-adolescence - some lesbians/bisexual women "may have heterosexual relationships and heterosexual intercourse during their early teenage years, before identifying themselves as lesbian or bisexual during late adolescence or their early 20's";

Heterosexual immersion - some lesbian/bisexual young women may choose to have heterosexual experiences in order to 'prove' (to themselves or others) that they are heterosexual (perhaps so they don't have to deal with their feelings towards other women);

Social stigma & risks of 'coming out' – "A review of the literature and discussion of clinical experience reported that gay, lesbian and bisexual teenagers who reveal their sexual orientation to others are rejected or abused by family and friends. These teenagers are more likely than their heterosexual peers to drop out of school and run away from or be forced out of their homes. As with [some]...homeless youth, their principal method of survival [may be]...prostitution."

SOURCES:

Hillier, L, Dempsey, D. et al (1998) **Writing Themselves In: A National Report on the Sexuality, Health and Well-Being of Same-Sex Attracted Young People.** Australian Research Centre in Sex, Health and Society, La Trobe University: Melbourne.

Ministerial Advisory Committee (MAC) on Gay and Lesbian Health (2002) **What's the Difference? Health Issues of Major Concern to Gay, Lesbian, Bisexual, Transgender and Intersex (GLBTI) Victorians.** Victorian Government Department of Human Services: Melbourne.

McNair, R. (2003) **Lesbian Health Inequalities: A Cultural Minority Issue for Health Professionals.** Medical Journal of Australia (MJA), 2003, 178 (12).
Saewyc, E.M., Bearinger, L.H., Blum, R.W. and Resnick, M.D. (1999) "Sexual intercourse, abuse and pregnancy among adolescent women: does sexual orientation make a difference?" **Family Planning Perspectives**, 31 (3).

Saewyc, E.M., Bearinger, L.H., Blum, R.W. and Resnick, M.D. (1999) "Sexual intercourse, abuse and pregnancy among adolescent women: does sexual orientation make a difference?" **Family Planning Perspectives**, 31 (3).

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CLIENT FACT SHEET # 20

TRANSGENDER & INTERSEX PEOPLE

GLBTIQS = Gay, Lesbian, Bisexual, Transgender, Intersex, Queer & Same Sex Attracted

Here is some interesting information about health & wellbeing issues for Transgender & Intersex people:

"Anecdotal evidence suggests intersex people experience difficulties accessing sexual health services because of embarrassment about unconventional anatomy...it is likely that intersex people under-utilise services, leading to lack of screening, untreated problems and psychological distress."

"Rates of depression among transgender people are reported to be even higher than among gay men and lesbians. One US study reports that 62 per cent of male-to-female and 55 per cent of female-to-male transgender people were depressed, while 32 per cent of both groups had attempted suicide."

The emotional issues associated with being transgender "can lead to low self esteem, often leading to risk taking activities such as drug taking and unsafe sex, factors contributing to high rates of HIV infection."

"A disproportionate number of transgender persons take up sex work because of discrimination in the workplace and financial hardship, due to the common experience of job loss during the following transition. A study of 146 transgender people in Sydney indicated 45 per cent had spent some time in the sex industry, reporting high levels of violence and sexual assault...[and] transgender people are more likely to engage in unprotected sex on client demand."

"The focus on genital difference, ambiguity and abnormality can create a very negative body image for many intersex people and can have a profound effect on their physical health and sense of wellbeing."

"Transgender and intersex people may be barred or discouraged from participating in organized sport and community-run physical activity programs, resulting in the loss of those physical, psychological and social benefits associated with participating in sport."

SOURCE:

Ministerial Advisory Committee on Gay and Lesbian Health (2002) **What's the Difference? Health Issues of Major Concern to Gay, Lesbian, Bisexual, Transgender and Intersex (GLBTI) Victorians.** Victorian Government Department of Human Services: Melbourne

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CLIENT FACT SHEET # 21

HEALTHCARE ACCESS ISSUES FOR GLBTIQS PEOPLE

GLBTIQS = Gay, Lesbian, Bisexual, Transgender, Intersex, Queer & Same Sex Attracted

Here is some interesting information about the issues that GLBTIQS communities face in accessing healthcare. Most of the research that I found was related to lesbians, but I have no doubt that other GLBTIQS communities (particularly transgender & intersex people) face similar problems due to homophobia & heterosexism.

“In a US study, lesbians who had disclosed their sexual orientation to their health care providers were more likely to seek preventative health care such as Pap smears than lesbians who had not.”

“GLBTI people are more likely to attend health care after specific problems arise and present later in an illness when it is potentially more severe and less amenable to treatment.”

“Health inequalities exist for lesbian and bisexual women, largely related to experiences of discrimination, homophobia and heterosexism. These issues can lead to avoidance of routine healthcare and screening and reduced disclosure of sexual orientation within consultations.”

If you are interested in learning more about, and testing your knowledge of GLBTIQS communities, please have a look at the following website, which provides free online training modules around gender, sex, and sexuality:

www.genderandhealth.ca/en/modules/sexandsexuality/index.jsp

SOURCES:

Ministerial Advisory Committee on Gay and Lesbian Health (2002) **What's the Difference? Health Issues of Major Concern to Gay, Lesbian, Bisexual, Transgender and Intersex (GLBTI) Victorians.** Victorian Government Department of Human Services: Melbourne

McNair, R. (2003) Lesbian Health Inequalities: A Cultural Minority Issue for Health Professionals. *Medical Journal of Australia (MJA)*, 2003, 178 (12), 643-645.

QUEER CORNER

CLIENT FACT SHEET # 22

PERSONAL STORIES FROM GLBTIQS YOUNG PEOPLE

GLBTIQS = Gay, Lesbian, Bisexual, Transgender, Intersex, Queer & Same Sex Attracted

Here are some quotes from young people on the process of identifying their feelings of same-sex attraction, coming out, and connecting with GLBTIQS communities:

"I felt really alone and afraid for so long. I tried to ignore my feelings and pretend to be someone else. Then I met other gays and lesbians who were happy, successful, and were achieving their dreams. I knew I could too!" Peter, 20

"I always felt different, it was not until later I found a name for how I felt. For me, being gay is being 100% me, not just 50% me." David, 19

"I don't seem to fit into any stereotypes, but that is okay. If people don't approve of me not fitting in, it is their problem. And if people think I'm not gay because I don't fit a stereotype, well I guess I'll have to start a new stereotype all for myself!" Leah, 18

"When I am depressed my mind is like a prison decorated with disappointment, frustration, pain, boredom and sadness. But it is also positive as it gets me to question whether I want to be alone and fearful. It gives me the courage to reach out for what I really want from life." Owen, 19

"To me, coming out is about discovering and accepting your real self, and then maybe sharing the discovery with others later. It's never ending, frightening, exciting and ultimately rewarding because you are being true to yourself and the people you care for." Adam, 21

"When I told a couple of my friends, I told them I was no different now than I was five minutes before I told them, except that now I wasn't keeping a big secret from them." Terry, 16.

SOURCE:

Gay and Lesbian Counselling Service (WA) & WA AIDS Council (1997)
You're Not Alone. 'Here For Life' Youth Sexuality Project: WA.

QUEER CORNER

CLIENT FACT SHEET # 23

DOMESTIC VIOLENCE IN SAME SEX RELATIONSHIPS

GLBTIQS = Gay, Lesbian, Bisexual, Transgender, Intersex, Queer & Same Sex Attracted

Although "most gay and lesbian relationships, like heterosexual relationships, are based on love and respect. Some...are based on abuse and control."

"Domestic violence in same sex and heterosexual relationships share many similarities, including the types of abuse and the impact on the abused partner. However, there are a number of aspects that are unique to same sex domestic violence. These include:

'Outing' as a method of control

- "If the abused partner isn't out to their family, friends, and workmates or within their cultural community the abusive partner may use 'outing' or the threat of 'outing' as a method of control."

The abuse becomes associated with sexuality

- "For many people, especially those new to gay or lesbian relationships, their sexual identity becomes associated with the abuse so that they blame the abuse on being gay or lesbian. So they may feel that *'I'm experiencing this abuse because I'm gay/lesbian.'*"

Domestic violence isn't well understood in the community

- "This lack of understanding means that some people may not:
 - Believe it happens in same sex relationships;
 - Recognise abuse as domestic violence if it does happen to them; and/or
 - Know how to respond if they see domestic violence in their friend's or family members' relationships."

Confidentiality and isolation within the gay and lesbian communities

- "The relatively small size of the gay and lesbian communities...can make it difficult for the abused partner to seek help. They may feel embarrassed about the abuse or their partner may have tried to turn others in the community against them."
- "An abusive partner may isolate the other from contact with the gay and lesbian community by preventing them reading the community press or attending gay and lesbian venues or events and preventing them seeing friends from within the community. This is especially true for people in their first same sex relationship who may not have had much contact with the gay and lesbian community before the relationship began."

Services may not be well developed

- “Although lesbians can access most general domestic violence services, like refuges, court assistance schemes, and counselling services, these services may have little experience in working with same sex domestic violence and therefore, may not offer the most appropriate service. For gay men there are currently few specific services that offer assistance or support.”

You can read more information about domestic violence in same-sex relationships on the following website:

- <http://ssdv.acon.org.au>

SOURCE:

AIDS Council of NSW & Same Sex Domestic Violence Interagency Working Group (2004) **Another Closet: Domestic Violence in Same Sex Relationships**. NSW Attorney-General's Department, Crime Prevention Division: Melbourne.

QUEER CORNER

CLIENT FACT SHEET # 24

AUSTRALIAN SURVEY ON GLBTIQS PEOPLE

GLBTIQS = Gay, Lesbian, Bisexual, Transgender, Intersex, Queer & Same Sex Attracted

In 2005, the Australian Research Centre in Sex, Health & Society conducted a survey (known as Private Lives) of 5476 GLBTI Australians (including 100 Transgender & 18 Intersex people) - here are some of their results:

Relationships

- Nearly 40% of respondents indicated that they live with a partner.
- 78% of men in a relationship have been in the relationship for more than 1 year, with 41% for five years or more, & 20% for 10 years or more.
- 76% of women in a relationship have been in the relationship for more than 1 year, with 32% for five years or more, & 14% for 10 years or more.

General Health

- 38% of Australian women are overweight or obese, as opposed to 49% of the Private Lives women.

Mental Health

- Depression was the most common health condition with 29.5% of men & 37.9% of women experiencing this issue.
- Even more concerning are the rates of depression amongst Transgender (53.7%) & Intersex (60.4%) people.
- 73.7% of all people surveyed indicated that they have been depressed at some point in their lives.
- Anxiety was also quite common with 17.6% of men & 23.6% of women experiencing this issue, as well as 38.1% of Transgender people & 35.1% of Intersex people.

Parenting

- 30.3% of women reported having been pregnant during their lifetime, with 63.9% of these women giving birth.
- 25.7% of women had at least one child, & of these women 24.5% would like to have more children.
- 51% of women who are not already parents would like to have children.

Discrimination/Harassment

- "67.3% of participants indicated that fear of prejudice or discrimination caused them at least sometimes to modify their daily activities."
- "The vast majority (90%) [of respondents] had at some time avoided expressions of affection in public".
- 59.3% of respondents have experienced personal insults and verbal abuse, and 23% have experienced threats of violence or intimidation.

SOURCE:

Australian Research Centre in Sex, Health & Society (2006) **Private Lives: A Report on the Health & Wellbeing of GLBTI Australians**. La Trobe University: Melbourne.

QUEER CORNER

CLIENT FACT SHEET # 25

CULTURALLY & LINGUISTICALLY DIVERSE GLBTIQS PEOPLE

GLBTIQS = Gay, Lesbian, Bisexual, Transgender, Intersex, Queer & Same Sex Attracted

In 2006, the Gay and Lesbian Youth Social Support Network at St George Youth Service conducted a small research project with culturally and linguistically diverse Same-Sex Attracted young people – here are some of the participants' statements:

A young woman who works with Arabic-speaking communities in Sydney stated that "a GLBT person would have to sacrifice their family to put what they want to do first. If they change back to being heterosexual then that is okay, the family will accept them back...If the person chose this is what I want to do no matter what anyone else thinks or feels then they would isolate themselves...distance themselves...wouldn't dare to say that they were Arabic speaking. They would have to live in their own world, their family wouldn't accept them and due to the families negligence the young person would be at risk of suicide, homelessness, [and] depression...in Lebanon, family is the backbone and the foundation of society, if there is instability in the family there is instability in society".

"Karim [Young Same-Sex Attracted Egyptian Man] explained that the impact being GLBT has on his ability to participate in the Arabic speaking community is that he cannot be Muslim...When asked about the personal impact of his decision that he cannot be queer and Muslim Karim explained, '...as soon as I realised my orientation and what it was and God forbids it, I knew that I can't be a Muslim, a Christian or a Jew'...'it bothers me...I don't understand why God would make me in a way that he won't accept. It's evil, why would he do this, make me gay, and then punish me when I die?'"

"Karim...expressed his frustration that, in his experience, many people don't understand the complexity of what it means to be GLBT and from an Arabic speaking background. He explained that due to this, people in positions of power over young people make decisions and carry out actions which may not be appropriate and may hold immense ramifications for young people from CALD backgrounds."

SOURCE:

Gay and Lesbian Youth Social Support Network (2006) **The Only Queer from CALD Background: Addressing Sexuality, Sexual Health, and Homophobia Within CALD Communities in St George and Sutherland.** St George Youth Service: Sydney.

QUEER CORNER

CLIENT FACT SHEET # 26

CULTURALLY & LINGUISTICALLY DIVERSE GLBTIQS PEOPLE

GLBTIQS = Gay, Lesbian, Bisexual, Transgender, Intersex, Queer & Same Sex Attracted

Some people may find this information confronting; nevertheless, it is extremely useful in increasing people's understanding of the issues that Transgender people face both before and after sexual reassignment surgery.

Please note that the findings of this research may not be true of the experiences of ALL Transgender people.

Here is some interesting information from an interview on ABC Radio National Science Show re Transgender people and their experiences of body image:

"it is curious to note that most...[men] who have carcinoma [cancer] of the penis...and they have an amputation of the penis as a life saving measure...experience a phantom penis, including phantom erections...[However] the majority of...[male-to-female Transgender people]...don't experience a phantom penis. What's amazing is that your body image, which includes your genitals, is at least in part programmed by genes and your brain is hard-wired to incorporate the genitals as part of your body image."

"Even more amazing is the observation that women who undergo Transgender sexual surgery who acquired an artificial penis...have experienced a phantom penis [since early childhood]...all these years of...being raised as a woman, as a girl, and even seeing that they don't have a penis does not...[change] this body image...This has, of course, great implications for understanding how your brain represents sexual behaviour and constructs body image."

Female-to-male Transgender people have also commented that "when they were first given testosterone therapy (this is sometimes done prior to surgery) the phantom [penis] becomes much more vivid. They also said that they have phantom erections, which men do even after carcinoma...The other thing is they'll give you precise descriptions of its length, they'll say sometimes it's leaning to the left primarily, or they'll say...[the] angle between the pubic bone and the penis is such-and-such...the other thing is some of...[these women]...don't...[experience] phantom breasts, whereas when breasts are removed for carcinoma...the majority of women experience phantom breasts."

SOURCE:

ABC Radio National Science Show

- www.abc.net.au/rn/scienceshow/stories/2007/1861116.htm

QUEER CORNER

CLIENT FACT SHEET # 27

INTERNATIONAL DAY AGAINST HOMOPHOBIA (IDAHO)

GLBTIQS = Gay, Lesbian, Bisexual, Transgender, Intersex, Queer & Same Sex Attracted

Here is some information about International Day Against Homophobia (IDAHO):

International Day Against Homophobia (IDAHO) is held across the world on May 17th each year;

May 17th was selected as it is the day that the World Health Organisation removed homosexuality from its list of mental illnesses (in 1990!);

It is a relatively new event (started in Quebec, Canada in 2003), which is slowly gaining momentum worldwide;

It is an opportunity to celebrate the diversity of sexual orientations and gender identities in our communities, and to raise awareness of and challenge homophobia and heterosexism;

There are many ways to celebrate IDAHO, such as creating a GLBTIQS specific health promotion display which provides information about the day, definitions of homophobia, & services available to GLBTIQS people, holding a morning/afternoon tea, putting up a rainbow flag, and wearing a pride sticker or anti-homophobia badge (to name just a few).

SOURCES:

- www.homophobiaday.org
- www.idaho.org.uk

RELEVANT DOCUMENTS

www.glhv.org.au refers to the Gay & Lesbian Health Victoria website, in particular their Clearinghouse which “aims to provide accessible and up-to-date health information and resources based on the social model of health outlined in the Victorian GLBTI Health and Wellbeing Action Plan.”²⁷

ABORIGINAL & TORRES STRAIT ISLANDER GLBTIQS PEOPLE

Anwernekenhe: First National Aboriginal & Torres Strait Islander Gay Men & Transgender Sexual Health Conference

- Phillip Walcott, Conference Coordinator
- Australian Federation of AIDS Organisations
- www.afao.org.au

Anwernekenhe II: Report of the Second National Indigenous Australian Gay Men & Transgender Peoples Conference

- Australian Federation of AIDS Organisations
- www.afao.org.au

Anwernekenhe III: Third National Indigenous Gay, Sistergirl, & Transgender HIV/AIDS & Sexual Health Conference

- Australian Federation of AIDS Organisations
- www.afao.org.au

HIV/AIDS & Us Mob

- Australian Federation of AIDS Organisations (AFAO) & National Association of People Living with HIV/AIDS Education Team (ANET)
- www.afao.org.au

Holding Our Own: An Information Guide on HIV/AIDS, STI's & Hepatitis C for Indigenous Gay Men & Sistergirls

- Queensland AIDS Council
- www.qahc.org.au/atsicampaigns

Hot Chocolate: Access for All Training Package

- Australian Federation of AIDS Organisations (AFAO) & the AIDS Council of NSW (ACON)
- www.afao.org.au

National Indigenous Gay & Transgender Project: Consultation Report & Sexual Health Strategy

- Australian Federation of AIDS Organisations
- www.afao.org.au

Protect Our Future

- Queensland AIDS Council
- www.qahc.org.au/atsicampaigns

²⁷ Gay and Lesbian Health Victoria (www.glhv.org.au).

Queensland Survey of Aboriginal & Torres Strait Islander Men Who Have Sex with Men

- National Centre in HIV Epidemiology & Clinical Research
- <http://web.med.unsw.edu.au/nchechr/Downloads/QldSurvgaymen.pdf>

Report of the First National Indigenous Sistergirl Forum

- Australian Federation of AIDS Organisations
- www.afao.org.au

AGEING

Ageing Disgracefully: ACON's Healthy GLBT Ageing Strategy 2006-2009

- AIDS Council of NSW
- www.acon.org.au/community/index.cfm?doc_id=1737&cat_id=123

It's None of My Business: Gay & Lesbian Invisibility in Aged Care

- Australian Occupational Therapy Journal, No 48, 2001
- www.glhv.org.au

AUDIT TOOLS

Creating a Safe Clinical Environment for LGBTI Patients

- Gay & Lesbian Medical Association (GLMA)
- www.glma.org

Creating Safe Clinical Environments for Men Who Have Sex with Men

- Gay & Lesbian Medical Association (GLMA)
- www.glma.org

Evaluating Your Service for Accessibility to Lesbians

- Lesbians Working to End Violence in Lesbian Relationships
- www.hotpeachpages.net/ALR/sereval.pdf

Sexual Diversity Health Services Audit

- Gay & Lesbian Health Victoria (GLHV)
- www.glhv.org.au

Standards for Organisations Valuing Diversity

- Women's Health Action Network for Diverse Sexualities (WHANDS)
- AVAILABLE ON THE QUEER CORNER CD

Standards for Organisations Valuing Diversity – Audit Workbook

- Women's Health Action Network for Diverse Sexualities (WHANDS)
- AVAILABLE ON THE QUEER CORNER CD

The Gay Affirmative Practice Scale (GAP): A New Measure for Assessing Cultural Competence with Gay and Lesbian Clients

- Social Work, Vol 51, No 2, April 2006
- <http://ccrisp.googlepages.com/gayaffirmativepracticescale>

BISEXUAL MEN & WOMEN

Australian Lesbian & Bisexual Women's Health & Social Experiences of Living with Hepatitis C

- National Centre for Epidemiology & Public Health
- www.hepatitisaustralia.com

Bisexual Health: An Introduction and Model Practices for HIV/STI Prevention Programming

- National Gay & Lesbian Taskforce
- www.thetaskforce.org/reports_and_research/bisexual_health

Bisexuality

- Open Doors
- www.opendoors.net.au/bi_welcome.cfm

Bisexuality & Health Psychology: Strange Bedfellows

- Marian Pitts & Murray Couch
- www.glhv.org.au

Empowering Ourselves to Thrive: Bisexual & Lesbian Women's Strategies for Achieving Wellbeing

- Mary Heath & Ea Mulligan, School of Law, Flinders University
- www.glhv.org.au

Improving the Access & Quality of Public Health Services for Bisexuals

- Ontario Public Health Association
- www.opha.on.ca

One Small Step: Information About Working with Gay & Bisexual Men

- Peter Scott, Gay Men's Health Wiltshire & Swindon
- www.gmhp.demon.co.uk

Pronouncing the Silent B in GLBTIQS

- Gay & Lesbian Issues & Psychology Review, Vol 1, No 3, 2005
- www.psychology.org.au/units/interest_groups/gay_lesbian

Small Effort, Big Change: A General Practice Guide to Working with Gay & Bisexual Men

- Gay Men's Health Wiltshire & Swindon
- www.gmhp.demon.co.uk

CULTURALLY & LINGUISTICALLY DIVERSE (CALD) GLBTIQS PEOPLE

The Only Queer from CALD Background: Addressing Sexuality, Sexual Health, and Homophobia Within CALD Communities in St George and Sutherland

- Gay & Lesbian Youth Social Support Network (GLYSSN), St George Youth Service
- www.glyssn.com/GLYSSNDownloads.htm

DOMESTIC VIOLENCE

Another Closet: Domestic Violence in Same Sex Relationships

- AIDS Council of NSW
- <http://ssdv.acon.org.au>

Comparing Domestic Abuse in Same Sex & Heterosexual Relationships

- University of Sunderland & University of Bristol
- www.spectrum-lgbt.org/DV/Cohsar_Report_Final.pdf

Domestic Violence in Gay & Lesbian Relationships

- Australian Domestic & Family Violence Clearinghouse
- www.austdvclearinghouse.unsw.edu.au

Information on Abuse & Violence in Lesbian Relationships

- Northern Women's Community Health Centre
- NOT AVAILABLE ONLINE

Myths About Violence Within Gay & Lesbian Relationships

- Gay & Lesbian Counselling Service of NSW
- www.glcsnsw.org.au/documents/Infopack/10_myths_violence.pdf

The Second Closet: Domestic Violence in Lesbian & Gay Relationships: A Western Australian Perspective

- E Law: Murdoch University Electronic Version Journal of Law, Vol 3, No. 4, pp 1-24
- www.murdoch.edu.au/elaw/issues/v3n4/vickers.html

Towards A Feminist Analysis of Lesbian Relationship Violence II

- Kassa Bird, Home Truths Conference
- <http://ssdv.acon.org.au/providerinfo/documents/TowardsaFeministAnalysisofLesbianRelationshipViolence.doc>

Violence in Lesbian Relationships: Challenging Ideas About Domestic Violence

- Domestic Violence & Incest Resource Centre Newsletter, Autumn 2003
- www.dvirc.org.au

DRUG USE

A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual & Transgender Individuals

- US Department of Health & Human Services
- <http://kap.samhsa.gov/products/manuals/pdfs/lgbt.pdf>

Beyond Perceptions: A Report on Alcohol & Other Drug Use Amongst Gay, Lesbian, Bisexual & Queer Communities in Victoria

- ALSO Foundation
- www.also.org.au

Smoking Among Lesbians, Gays & Bisexuals

- American Journal of Preventative Medicine, 2001, 21 (2)
- www.lgbtcenters.org/lgbttobaccoresearch.htm

The Association Between Licit & Illicit Drug Use and Sexuality in Young Women

- Medical Journal of Australia (MJA), 2003, 179 (6)
- www.mja.com.au

FAQ'S

A Brief History of Homosexuality

- Gay & Lesbian Counselling Service of NSW
- www.glcsnsw.org.au/documents/Infopack/03_history.pdf

Answers to Politically Incorrect Questions

- The Heterosexism Enquirer
- www.mun.ca/the/piq.html

Did You Know?

- Gay & Lesbian Counselling Service of NSW
- www.glcsnsw.org.au/documents/Infopack/16_know.pdf

Homosexuality – Some Common Questions

- Gay & Lesbian Counselling Service of NSW
- www.glcsnsw.org.au/documents/Infopack/02_homosexuality.pdf

GAY MEN

10 Reasons to Test for STI's

- People Living With HIV/AIDS (PLWHA)
- www.plwha.org.au/campaigns/tenreasons/factsheets.htm

Between the Sheets

- Australian Federation of AIDS Organisations
- www.quac.org.au/education/campaigns/

Body Obsession

- Pride Institute Newsletter
- www.pride-institute.com/newsletter/body.htm

Contested Identities: Men Who Have Sex With Men: Talk About Sexual Orientation & Mental Health

- David Semp
- NOT AVAILABLE ONLINE

Gay Men & Eating Disorders

- About – Gay Life
- <http://gaylife.about.com/cs/healthfitness/a/bodyimage.htm>

It Makes Me Sick: Heterosexism, Homophobia, and the Health of Gay Men & Bisexual Men

- Sigma Research
- www.sigmaresearch.org.uk/downloads/report05a.pdf

Last Night I Picked Up Someone...and Something!

- AIDS Council of NSW
- www.acon.org.au

Pathway to Nowhere: An Investigation into Issues Facing Same-Sex Attracted Men in the Northern Suburbs of Adelaide

- Central Northern Adelaide Health Service
- www.shinesa.org.au

Safe Sex & Condom Use

- Gay & Lesbian Counselling Service of NSW
- www.glcsnsw.org.au/documents/Infopack/18_safe_sex.pdf

Ten Things Gay Men Should Discuss with their Health Care Providers

- Gay & Lesbian Medical Association
- www.glma.org

What You Need to Know About Syphilis

- People Living With HIV/AIDS (PLWHA)
- www.plwha.org.au/campaigns/tenreasons/factsheets.htm

GENERAL HEALTH

Gay, Lesbian, Bisexual & Transgender Health & Wellbeing Needs Assessment

- Blanch Consulting
- www.dhhs.tas.gov.au/agency/pro/glbti/needs.php

Health & Sexual Diversity Action Plan

- Ministerial Advisory Committee on Gay & Lesbian Health
- www.health.vic.gov.au/macglh

Health Behaviours, Health Status, and Access to & Use of Health Care

- Arch Fam Med, Vol 9, Nov/Dec 2000
- www.archfammed.com

Health Concerns of LGBT Community

- American Medical Student Association
- www.amsa.org/lgbt/LGBTconcerns.doc

Health Concerns of the Gay, Lesbian, Bisexual & Transgender Community

- Massachusetts Department of Health
- www.glbthealth.org/Research.htm

Healthy People 2010: Companion Document for Lesbian, Gay, Bisexual, and Transgender (LGBT) Health

- Gay & Lesbian Medical Association
- www.glma.org

Lesbian, Gay, Bisexual & Transgender Health: Findings & Concerns

- Journal of the Gay & Lesbian Medical Association, Vol 4, No 3, 2000
- www.glma.org

Not 'Just' A Friend: Best Practice Guidance on Health Care for Lesbian, Gay, Bisexual Service Users & Their Families

- Royal College of Nursing
- www.unison.org.uk/file/B1287.doc

Private Lives: A Report on the Health & Wellbeing of GLBTI Australians

- Australian Research Centre in Sex, Health & Society, La Trobe University
- www.glhv.org.au

Sex in Australia

- Australian Research Centre in Sex, Health & Society, La Trobe University
- <http://www.latrobe.edu.au/ashr/>

Sexual Orientation & Health

- Arch Fam Med, Vol 9, Sept/Oct 2000
- www.archfammed.com

Smoking & Lesbian, Gay, Bisexual and Transgender Communities

- American Legacy Foundation
- www.americanlegacy.org/159.htm

Social Justice Framework for GLBTI-SQ Wellness

- Canadian Rainbow Health Coalition
- www.glhv.org.au

What's The Difference? Health Issues of Major Concern to Gay, Lesbian, Bisexual, Transgender & Intersex (GLBTI) Victorians

- Ministerial Advisory Committee on Gay & Lesbian Health
- www.health.vic.gov.au/macglh

HEALTH PROMOTION

Is There Gay Social Capital?

- Australian Research Centre in Sex, Health & Society, La Trobe University
- www.glhv.org.au

Strange Bedfellows? Health Promotion Agendas & Queer Capacity Building

- Hunter New England Area Health Service & School of Social Sciences, University of Newcastle
- www.glhv.org.au

HEALTHCARE

Addressing Health Inequalities in Victorian Lesbian, Gay, Bisexual and Transgender Communities

- Health Promotion Journal of Australia, 2001, 11 (1)
- www.dialog.unimelb.edu.au/project/publications/overview.html

Approach to the Lesbian Patient

- National Centre of Excellence for Women's Health
- www.hms.harvard.edu/coewh/cultural/cases.html

Approach to the Lesbian Patient: Facilitator's Guide

- National Centre of Excellence for Women's Health
- www.hms.harvard.edu/coewh/cultural/cases.html

Basic Tips for Health Care & Social Service Providers for Working with Transgendered People

- www.gender.org

Community Standards of Practice for Provision of Quality Health Care Services for Gay, Lesbian, Bisexual & Transgendered Clients

- GLBT Health Access Project
- www.glbthealth.org

Gay Men & Health Care: Building Essential Bridges

- Social Work Today, August 31, 2002
- www.safeguards.org/?p=49

How We Manage Sexual & Gender Diversity in the Public Health System

- School of Health, University of New England & Northern Sydney Central Coast Health
- www.nscchealth.nsw.gov.au/media/14mar2006.shtml

Sexual Orientation in the Workplace

- British Medical Association
- www.bma.org.uk/ap.nsf/content/Sexualorientation

HOMOPHOBIA & HETEROSEXISM

A Peer Education Model for Affirming Sexual Diversity & Challenging Homophobia in Education Settings

- FPA Health NSW
- www.glhv.org.au

A Question of Perspective (Heterosexual Questionnaire)

- Lesbians Working to End Violence in Lesbian Relationships
- <http://www.hotpeachpages.net/ALR/index.html>

AIDS Stigma & Sexual Prejudice

- American Behavioral Scientist, 1999, 42
- http://psychology.ucdavis.edu/rainbow/html/abs99_sp.pdf

Are My Attitudes Heterosexist?

- The Heterosexism Enquirer
- www.mun.ca/the/attitudetest.html

Beyond Tolerance: Toward Understanding, Appreciation & Celebration

- Safe Zone
- <http://safezone.fsu.edu/acceptance.html>

Beyond "That's So Gay"

- Australian Education Union (TAS)
- <http://www.aeutas.org.au/index.php?id=107>

Challenging Heterosexism & Homophobia

- Safe Zone
- <http://safezone.fsu.edu/challenge.html>

Challenging Heterosexism: Towards Non-Heterosexist Policy & Regulation in Health & Social Security Agencies

- Moving Towards Women's Health, 11, March 2001
- Maritime Centre of Excellence for Women's Health
- www.acewh.dal.ca/eng/reports/moving11.pdf

Challenging Heterosexual Dominance: The First Steps

- Comment - Dulwich Centre Newsletter
- NOT AVAILABLE ONLINE

Correlates of Internalised Homophobia in a Community Sample of Lesbians & Gay Men

- Journal of the Gay & Lesbian Medical Association, 1997, 2
- NOT AVAILABLE ONLINE

Creating Safe Schools

- SSAFE in Schools (Family Planning Victoria)
- www.ssafeschools.org.au

Creating Safe Schools: Information for Parents on the Role of Partnerships with Schools in Supporting Sexual & Gender Diversity

- SSAFE in Schools (Family Planning Victoria)
- www.ssafeschools.org.au

Dealing with "That's So Gay"

- Australian Education Union (TAS)
- www.aeutas.org.au/index.php?id=107

Discrimination: A Threat to Public Health

- National Institute of Public Health
- www.homo.se/upload/homo/pdf_homo/discrimination_finalreport.pdf

Eliminating Homophobia: A Social Education Strategy

- Frank Bonnici & Lance Tucker
- www.thesource.gov.au/involve/NYR/pdf/2002_social_cohesion/social_reports/frank_bonnici_and_lance_tucker.pdf

Enough is Enough: A Report on Discrimination & Abuse Experienced by Lesbians, Gay Men, Bisexuals, & Transgender People in Victoria.

- Victorian Gay & Lesbian Rights Lobby
- http://home.vicnet.net.au/~vglrl/papers/discrimination_report.pdf

Gay & Lesbian Issues – Discrimination

- Better Health Channel
- www.betterhealth.vic.gov.au

Gender Gaps in Public Opinion About Lesbians & Gay Men

- Public Opinion Quarterly, 2002, 66 (1)
- <http://poq.oxfordjournals.org/cgi/content/abstract/66/1/40>

Heterosexism

- Gay & Lesbian Counselling Service of NSW
- www.glcsnsw.org.au/documents/Infopack/09_heterosexism.pdf

Heterosexual Privilege

- Linda Ketner
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Heterosexual Privilege

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- Australian Federation of AIDS Organisations (AFAO) & the AIDS Council of NSW (ACON)
- www.afao.org.au

Not Round Here: Affirming Diversity & Challenging Homophobia: Rural Service Providers Training Manual

- Outlink, Human Rights Unit, Human Rights & Equal Opportunity Commission
- www.hreoc.gov.au/pdf/human_rights/Not_round_here.pdf

Talking Sexual Health: A Teaching & Learning Resource for Secondary Schools

- Australian Research Centre in Sex, Health & Society
- www.latrobe.edu.au/cleu/for_teachers.htm

TRANSGENDERED PEOPLE

Breast Cancer in Transgendered & Transsexual Persons

- Gender Education & Advocacy
- www.gender.org/resources/dge/gea02003.pdf

Considering Hormones? What to Expect

- Sherbourne Health Centre
- www.glhv.org.au

Female to Male Information Kit

- The Gender Centre
- www.gendercentre.org.au/kits.htm

Gender Questioning

- Gay & Lesbian Health Victoria
- www.glhv.org.au

Gender Variance: A Primer

- Gender Education & Advocacy
- www.gender.org/resources/files.html#gvm

Gender Variance Model

- Gender Education & Advocacy
- www.gender.org/resources/files.html#gvm

General Information Kit

- The Gender Centre
- www.gendercentre.org.au/kits.htm

Glossary of Transgender Terms

- Trans Proud
- www.transproud.com/trans_terms.html

Guide to Using the Gender Variance Model

- Gender Education & Advocacy
- www.gender.org/resources/files.html#gvm

HIV/AIDS in Transgendered & Transsexual Persons

- Gender Education & Advocacy
- www.gender.org/resources/dge/gea02004.pdf

Hot Seat Questions About Transgendered People

- Gender Education & Advocacy
- www.gender.org/resources/files.html#gvm

Information About Transsexual & Transgender People

- Gay & Lesbian Counselling Service of NSW
- www.glcsnsw.org.au/documents/Infopack/15_transsexuals.pdf

Is Your "T" Written in Disappearing Ink? A Checklist for Transgender Inclusion

- FORGE & Transgender Aging Network
- www.glhv.org.au

Love Your Body: A Transwoman's Guide to Health & Wellness

- National Coalition for LGBT Health
- <http://lgbthealth.net/awarenessweek04/factsheets/transwomen.html>

Male to Female Information Kit

- The Gender Centre
- www.gendercentre.org.au/kits.htm

Male to Female Surgery Kit

- The Gender Centre
- www.gendercentre.org.au/kits.htm

Partners & Family Kit

- The Gender Centre
- www.gendercentre.org.au/kits.htm

Professionals Kit

- The Gender Centre
- www.gendercentre.org.au/kits.htm

Respect Your Body: A Transman's Guide to Health & Wellness

- National Coalition for LGBT Health
- <http://lgbthealth.net/awarenessweek04/factsheets/transmen.html>

The Gender Resource Book

- Miles-David Brennan
- www.msa.monash.edu.au/queer/index.htm#QueerBook

The Splendor of Transgender

- Open Doors
- www.opendoors.net.au/transgender_welcome.cfm

Transitioning Female to Male

- Jamison Green
- www.glhv.org.au

Transsexual & Transgender Parenting

- LGBT Parenting Network of David Kelley Services, FSA Toronto
- www.fsatoronto.com/programs/dks/res_LGBTbrochures.html

YOUNG PEOPLE

A Meta-Evaluation of Methods & Approaches to Reducing Bullying in Pre-Schools & Early Primary Schools in Australia

- Ken Rigby, School of Education, University of SA
- www.education.unisa.edu.au/bullying/meta.pdf

Alsorts: A Sexuality Awareness Resource

- ALSO Foundation
- www.also.org.au/alsorts

Beyond Crisis: Exploring Models of Service Delivery for Young Queers

- Gay & Lesbian Issues & Psychology Review, Vol 1, No 3, 2005
- www.glhv.org.au

Children with Lesbian or Gay Parents & Young People Who Are Themselves Same Sex Attracted: Issues & Protection Factors for the Children & Their Families

- Druginfo Newsletter, Vol 2, No 1, Aug 03, Family Intervention
- www.druginfo.adf.org.au/browse.asp?ContainerID=narchive

Coming Out

- Open Doors
- www.opendoors.net.au/lesbian_realisation.cfm

Coming Out Alone: An Assessment of the Needs of Same Sex Attracted Youth, Their Families, and Service Providers in WA

- Trinity Outreach Services, Trinity Uniting Church
- www.glhv.org.au

Gendered (s)Explorations Among Same Sex Attracted Young People in Australia

- Australian Research Centre in Sex, Health & Society
- www.latrobe.edu.au/ssay/pdfs/gender_paper_final.pdf

Hazards of Stigma: The Sexual & Physical Abuse of Gay, Lesbian, & Bisexual Adolescents in the US & Canada

- University of Minnesota
- www.mcs.bc.ca/abstracts/rs_hazards.htm

It's A Catch 22: Same Sex Attracted Young People on Coming Out to Parents

- Lynne Hillier
- www.glhv.org.au

Lesbian, Gay, Bisexual & Transgender Youth Issues

- SIECUS Report, Vol 29, No 4, April/May 2001
- www.siecus.org/pubs/fact/fact0013.html

Rights of Passage: A Dialogue with Young Australians About Human Rights

- Human Rights & Equal Opportunity Commission
- www.hreoc.gov.au/Human_Rights/rights_of_passage/

Same Same But Different: An Audit Response Within the Health Sector of the Needs of Same Sex Attracted Youth

- Greater Murray Area Health Service
- <http://auseinet.flinders.edu.au/files/resources/auseinet/forum02/woodrow2.pdf>

Secondary Students & Sexual Health 2002

- Australian Research Centre in Sex, Health & Society
- www.latrobe.edu.au/cleu/sexual_health.htm

Sexual Orientation, Gender & Teen Pregnancy Among Adolescents in the US & Canada

- University of Minnesota
- www.mcs.bc.ca/abstracts/rs_ICOWHI.htm

Skool's Out: A Report from the Skool's Out Forum on Homophobic Bullying & Harassment In & Around Schools

- Crime Prevention Division, NSW Attorney General's Department
- www.graffiti.nsw.gov.au/lawlink/cpd/ll_cpd.nsf/pages/CPD_glb_publications

Suicide Ideation & Attempts in North American School-Based Surveys: Are Bisexual Youth at Increasing Risk?

- University of Minnesota
- www.mcs.bc.ca/abstracts/rs_suicide-ideation.htm

Teen Pregnancy Among Sexual Minority Youth During The 1990's: Countertrends in a Population at Risk

- University of Minnesota
- www.mcs.bc.ca/abstracts/rs_teen-pregnancy.htm

The Only Way Out Is In

- Open Doors Youth Service
- www.opendoors.net.au/

WayOut: Central Victorian Youth & Sexual Diversity Project Report

- Cobaw Community Health Service
- <http://wayout.org.au/>

Writing Themselves In

- Australian Research Centre in Sex, Health & Society
- www.latrobe.edu.au/ssay/

Writing Themselves In Again (PowerPoint)

- Australian Research Centre in Sex, Health & Society
- www.latrobe.edu.au/ssay/

Writing Themselves In Again: 6 Years On

- Australian Research Centre in Sex, Health & Society
- www.latrobe.edu.au/ssay/

You're Not Alone

- Freedom Centre
- www.freedom.org.au/downloads/someone_you_love.pdf

PRINT RESOURCES

FREE RESOURCES IN SOUTH AUSTRALIA

AIDS/HIV

A Positive Diagnosis

- AIDS Council of SA
- www.acsa.org.au/HIVresources.html
- Booklet with information, stories, and photographs for people who have been diagnosed as being HIV positive

AIDS Council of South Australia

- AIDS Council of SA
- (08) 8334 1610
- information@acsa.org.au
- Brochure with information about services.

HIV+ Gay Sex

- AIDS Council of SA
- www.acsa.org.au/HIVresources.html
- Brochure with information about safer sex practices for gay men who are HIV positive

HIV/AIDS & Your Rights

- AIDS Council of SA
- www.acsa.org.au/HIVresources.html
- Booklet with information about the rights of people who are HIV positive re testing, discrimination, insurance, superannuation, Centrelink payments, and medical treatment

HIV Tests & Treatments

- AIDS Council of SA
- www.acsa.org.au/HIVresources.html
- Brochure with information about the testing procedures and treatments available for people who are HIV positive

Planning Ahead For People With HIV/AIDS: Health Care And Your Rights

- AIDS Council of SA
- (08) 8334 1610
- information@acsa.org.au
- Brochure with information about the rights of HIV positive people around healthcare

Planning Ahead For People With HIV/AIDS: Powers Of Attorney

- AIDS Council of SA
- (08) 8334 1610
- information@acsa.org.au
- Brochure with information about the processes involved in organizing a power of attorney for people who are HIV positive

Planning Ahead For People With HIV/AIDS: Wills

- AIDS Council of SA
- (08) 8334 1610
- information@acsa.org.au
- Brochure with information about the processes involved in writing a will for people who are HIV positive

Positive Directions

- AIDS Council of SA
- (08) 8334 1610
- information@acsa.org.au
- Brochure with information for HIV positive people about services in Adelaide

Post Exposure Prophylaxis (PEP): Act Fast, 72 Hours Is What You've Got

- AIDS Council of SA
- www.acsa.org.au/GMHresources.html
- Brochure with information about medication to avoid HIV infection after exposure to the virus (through unsafe sex)

Prepared To Party?

- AIDS Council of SA
- www.afao.org.au/Parties
- Posters (9 different ones) with information for HIV positive people about partying safely, including issues around recreational drug use, managing HIV treatments, and maintaining safer sex practices

Taking Care Of Yourself

- AIDS Council of SA
- (08) 8334 1610
- information@acsa.org.au
- Brochure with information for HIV positive people about support, health monitoring, treatments, working with GP's, and complementary therapies

When You're Hot, You're Hot

- AIDS Council of SA
- (08) 8334 1610
- information@acsa.org.au
- Brochure with information about gay sex venues, including where to find them, and how gay men can look after themselves when they are using them

BISEXUAL PEOPLE

BiAdelaide – Both Ways

- AIDS Council of SA
- (08) 8334 1610
- information@acsa.org.au
- Brochure with information about the group (including where they meet regularly for social support, and some recommended reading for bisexual people and their supporters)

FAMILIES

Access: Partners, Family and Friends

- Australian Federation of AIDS Organisations
- Available online
- www.afao.org.au/view_articles.asp?pxa=ve&pxs=99&pxsc=142&id=255
- Booklet with FAQ's for partners, family and friends of HIV positive people

Families Come In All Shapes & Sizes

- SHine SA
- www.shinesa.org.au – Publications – Search All Publications
- Poster promoting sexually diverse families

Keeping Families Together: A Handbook for Families & Friends

- Parents, Families, and Friends of Lesbians & Gays (PFLAG)
- www.pflagaustralia.org/uploadeddocs/PFLAGbooklet.pdf
- Booklet with information for parents, families and friends of GLBTI people re FAQ's, coming out, religion, STD's, supporting their GLBTI family members or friends, depression and suicide, facts and myths, the law, and personal stories from parents of GLBTI people

Parents Supporting Parents FLAG

- Parents Supporting Parents FLAG
- (08) 8241 0616 (Pam)
- pamandon@tpg.com.au
- (08) 8369 0718 (Ralph)
- ralphg@tpg.com.au
- 0414 337 568
- pspflagsa@hotmail.com
- Brochure and booklet with information about meeting times and locations, recommended reading, and FAQ's.

Transition: A Support Group For Women & Men Whose Partners Identify As Homosexual

- Transition
- AIDS Council of SA
- (08) 8334 1610
- information@acsa.org.au
- Brochure with information about the group, including when they meet, and a description of the feelings that someone may have when their partner discloses their homosexuality to them

GAY MEN

Abuse & Violence in Gay Male Relationships

- AIDS Council of SA
- (08) 8334 1610
- information@acsa.org.au
- Brochure with information about domestic violence in gay male relationships

Are You In The Picture?

- AIDS Council of SA
- (08) 8334 1610
- information@acsa.org.au
- Brochure with information about services and support available to gay men through Gay Men's Health

Gay Sex Without Regret

- AIDS Council of SA
- (08) 8334 1610
- information@acsa.org.au
- Brochure with information about safer sex practices for gay men

Last Night I Picked Up Someone And Something

- AIDS Council of SA
- www.acsa.org.au/GMHresources.html
- Booklet with information for gay men about STI's

No Worries?

- AIDS Council of SA
- (08) 8334 1610
- information@acsa.org.au
- Brochure with information about safer sex practices for gay men

Poof!

- AIDS Council of SA
- www.acsa.org.au/GMHresources.html
- Brochure with information about quitting smoking for gay men

GENERAL

Adelaide Gay & Lesbian Qwire

- Adelaide Gay & Lesbian Qwire
- (08) 8443 4270 (Helen)
- (08) 8346 1784 (Dawn)
- adelaidegayandlesbianqwire@hotmail.com
- Brochure with information about the qwire (choir), including rehearsal times and locations, and membership fees

Bfriend

- Bfriend (UnitingCare Wesley Adelaide)
- (08) 8202 5182 or (08) 8202 5805
- bfriend@ucwesleyadelaide.org.au
- Brochure with information about the Bfriend program, which is a "buddy" support program for newly identifying GLBT people

Darling House Community Library

- AIDS Council of SA & Gay and Lesbian Community Services
- (08) 8334 1606
- library@acsa.org.au
- Brochure with information about the Darling House Library, which is available to all GLBTI people and their supporters

Gay, Lesbian, Bisexual and Transgender Information & Services

- South Australia Police & AIDS Council of SA
- (08) 8334 1610
- information@acsa.org.au
- Brochure with information for GLBT people about accessing services within SAPOL

Information About Sexual Assault for GLBTI People

- Yarrow Place
- www.yarrowplace.sa.gov.au/pub.htm
- Brochure with information about sexual assault for GLBTI people.

LESBIANS

Do Lesbians Need Pap Smears?

- SA Cervix Screening Program (Dept of Health)
- www.dh.sa.gov.au/pehs/Cervix-screening/resources.htm#For-women
- Brochure with information about the need for lesbians to have pap smears (even if they have never had sex with men)

I Never Believed She'd Abuse Me: Information on Domestic Violence for Lesbians and Gay Women

- Lesbian Domestic Violence Group
- Southern Women's Community Health Centre
- (08) 8384 9555
- Brochure with information about domestic violence for lesbians, including where to go for help

Information on Abuse & Violence in Lesbian Relationships

- Northern Women's Community Health Centre
- (08) 8252 3711
- Pamphlet with information about domestic violence for lesbians.

This Pamphlet May Not Be For You

- Northern Women's Community Health Centre
- (08) 8252 3711
- Pamphlet with information about health issues for same sex attracted women

TRANSGENDER/TRANSSEXUAL PEOPLE

South Australian Transsexual Support: Support Information For Transsexuals, Their Families and Friends

- South Australian Transsexual Support
- AIDS Council of SA
- (08) 8334 1610
- information@acsa.org.au
- Brochure with information about the group/service, including a definition of "transsexual"

YOUNG PEOPLE

Inside Out

- The Second Story
- (08) 8232 0233
- Postcard and brochure with information about the Inside Out project at The Second Story – counselling, support/social group, and medical services for young same sex attracted men

Love is Love: No Matter What!

- Bfriend (UnitingCare Wesley Adelaide)
- (08) 8202 5894 (Martine – CALD Project Worker)
- bfriend@ucwesleyadelaide.org.au
- Brochure and card with information about services for CALD young people who are GLBTIQS.

FREE RESOURCES INTERSTATE

AIDS/HIV

HIV/AIDS And Us Mob

- Australian Federation of AIDS Organisations
- www.afao.org.au - Publications – Resources – Information Resources
- Booklet with information for Indigenous people who are HIV positive about treatments and side effects

You May Be Ready To Party But Your Drugs Still Need To Work

- Australian Federation of AIDS Organisations
- www.afao.org.au - Publications – Resources – Information Resources
- Brochure with information for HIV positive people about taking short treatment breaks when they are partying

FAMILY/FRIENDS

My Friend is Gay

- Monash Family & Youth Services
- (03) 956 7359
- yr-cr@monash.vic.gov.au
- www.ravepage.org.au/docs/MyGayFriend_FA.pdf
- Booklet with information for friends of same sex attracted young people (30 copies maximum)

GENERAL

Another Closet

- AIDS Council of NSW
- www.acon.org.au - Our Health – Anti-Violence Project – Information Resources.
- Booklet with information about same sex domestic violence.

There's No Pride in Domestic Violence

- AIDS Council of NSW
- www.acon.org.au
- Brochure with information about same sex domestic violence.

LESBIANS

Be Breast Aware

- AIDS Council of NSW
- www.acon.org.au – Campaigns & Information Resources – Order ACON Resources
- Booklet on breast health issues for lesbians (i.e. breast cancer prevention).

Opening the Window: A Guide to Lesbian Health

- AIDS Council of NSW
- www.acon.org.au – Campaigns & Information Resources
- Booklet on health issues for lesbians.

The Slippery Nature of Lesbian Health

- AIDS Council of NSW
- www.acon.org.au – Campaigns & Information Resources – Order ACON Resources
- Brochure on the issues that lesbians face in accessing healthcare (i.e. homophobia & heterosexism, and invisibility).

SERVICE AUDIT TOOLS

Sexual Diversity Health Services Audit

- Gay & Lesbian Health Victoria
- www.latrobe.edu.au/ginv/poster_resrcs.htm
- Brochure for health services in SA who are interested in making their services more accessible for GLBTI people.

TRANSGENDER/TRANSSEXUAL PEOPLE

GQ: Gender Questioning

- Gay & Lesbian Health Victoria & Trans Melbourne Gender Project
- www.glhv.org.au
- Booklet for young people who are questioning their gender identity.

YOUNG PEOPLE

Writing Themselves In Again: 6 Years On: The 2nd National Report on the Sexuality, Health & Well-Being of Same Sex Attracted Young People in Australia - 2005

- Australian Research Centre in Sex, Health and Society, La Trobe University
- www.latrobe.edu.au/ssay
- The follow up report on research which was conducted with same sex attracted young people across Australia about their sexuality, health and wellbeing

Writing Themselves In: A National Report on the Sexuality, Health & Well-Being of Same Sex Attracted Young People - 1999

- Australian Research Centre in Sex, Health and Society, La Trobe University
- www.latrobe.edu.au/ssay
- Report on research which was conducted with same sex attracted young people across Australia about their sexuality, health and wellbeing

Yes I Am

- AIDS Action Council ACT
- www.aidsaction.org.au/content/publications/
- A collection of stories from young same sex attracted people about their experiences of coming out and other issues associated with their sexuality

OTHER RESOURCES INTERSTATE (CHARGES APPLY)

FAMILY/FRIENDS

Someone You Love

- Freedom Centre & WA AIDS Council
- (03) 9482 0000
- freedom_centre@hotmail.com
- www.freedom.org.au/downloads/someone_you_love.pdf
- Booklet for family/friends of young people who are going through the process of coming out.

LESBIANS

Lesbians Sexual Health & Pap Smears

- Women's Health Queensland Wide
- (07) 3839 9962
- whcb@womhealth.org.au
- \$0.50 each
- www.womhealth.org.au/factsheets/lesbians_sexualhealth.htm
- Booklet with information for lesbians about their sexual health needs.

SERVICE ACCESSIBILITY

You Don't Have To Be Straight To Use This Service

- Gay and Lesbian Victoria
- (03) 9285 5382
- info@glhv.org.au
- \$1.00 each
- www.latrobe.edu.au/ginv/poster_resrcs.htm
- Poster for health services (youth version).

You Don't Have To Tell Us If You're Gay or Lesbian

- Gay and Lesbian Victoria
- (03) 9285 5382
- info@glhv.org.au
- \$1.00 each
- www.latrobe.edu.au/ginv/poster_resrcs.htm
- Poster and brochure set for health services.

YOUNG PEOPLE

What's the Difference?

- Streetwize Communications
- (02) 9319 0220
- stwize@streetwize.com.au
- www.streetwize.com.au/order_form.html
- \$1.00 each
- Comic for young people which addresses the issue of homophobia in schools.

You're Not Alone

- Freedom Centre & WA AIDS Council
- (03) 9482 0000
- freedom_centre@hotmail.com
- www.freedom.org.au/downloads/notalone.pdf
- Booklet for young people who are coming out.

WEBSITES

SOUTH AUSTRALIAN

AIDS Council of SA

- www.acsa.org.au
- Information about their services for HIV positive people, gay men, injecting drug users, and sex workers.
- Information about issues re HIV/AIDS, gay men, injecting drug use, sex work, and living with HIV/AIDS.
- Information about the Gay and Lesbian Community Library (including a link to its catalogue).

Bfriend

- www.ucwesleyadelaide.org.au/bfriend
- Information about their services for newly identifying gay, lesbian, bisexual, transgender, queer, and same sex attracted people.
- Frequently asked questions about their service.
- Stories from gay/lesbian/bisexual people about their experiences of coming out etc.

Blaze Media

- www.blazemedia.com.au
- Adelaide's only GLBTIQS specific newspaper.
- Read the latest copy online.

Carrousel Club of SA

- www.geocities.com/carrousel_2000
- The club is a social and peer support group for transgendered people, their partners, families, and friends.
- Information about the club's activities and membership.
- List of resources for transgendered people and their family/friends.

Clinic 275

- www.stdservices.on.net/yourhealth/msm.htm
- Information about Sexually Transmitted Infections, including testing procedures, for Gay, Bisexual, and Same Sex Attracted Men.

FEAST

- www.feast.org.au
- Adelaide's Gay & Lesbian Cultural Festival.

Gay and Lesbian Community Services of SA

- www.glcssa.org.au
- www.acsa.org.au/IRlibCatalogue.html - Online Library Catalogue
- Information about their counselling, library, and information services.
- Information about how to participate in the organisation through donations, membership, training, and volunteering.
- What's On Calendar.

Gay Men's Health

- www.acsa.org.au/GMHmain.html
- See entry for the AIDS Council of SA.

Let's Get Equal

- www.letsgetequal.org.au
- Information about the campaign for legal recognition of same sex couples in SA.

Married & Same-Sex Attracted (SHine SA)

- www.shinesa.org.au
- You can access the Married & Same-Sex Attracted website by clicking on:
 - Your Sexual Health; then
 - People & Communities; then
 - GLBTIQS Communities
- Information & resources for couples where one partner is same-sex attracted.
- Information & resources for health and community workers who are working with these couples.

Parents Supporting Parents and Friends of Lesbians and Gays of SA (PSPFLAG)

- www.pspflag.asn.au
- Information about their services for parents of gay men, lesbians, and bisexuals.
- Frequently asked questions that parents have about their gay, lesbian, bisexual children.
- Stories and poems from parents and children.
- Video on parents talking about their same sex attracted children.
- Newspaper articles about gay/lesbian/bisexual children "coming out" to their parents.
- Information about homophobia.

SA Transsexual Support Group

- www.tgfolk.net/sites/satsg/
- Information on support services, as well as surgical and hormone therapy treatment options.

Team Adelaide

- www.teamadelaide.org.au
- Information about sporting activities for gay men & lesbians.

The Second Story

- www.cyh.com.au
- Information sheets for young people (and their parents), such as:
 - Gay or lesbian sons and daughters
 - If your parents identify as gay or lesbian
 - Coming out

INTERSTATE

Androgen Insensitivity Syndrome (AIS) Support Group

- <http://home.vicnet.net.au/~aissg/>
- Peer support, information & advocacy group for people affected by Androgen Insensitivity Syndrome (AIS) and/or related intersex conditions, and their families.

Australian Bisexual Network

- <http://members.optusnet.com.au/~ausbinet/>
- Events, news, and resources for Bisexual men and women.

Australian GLBTIQS Multicultural Council Inc.

- www.agmc.org.au/
- Information about the Council's biennial conference, forums, and a multicultural group's directory.

Australian Gay Youth Resources

- www.dogwomble.worfie.net
- Resources for GLBTIQS young people, including web links; events; articles; forums; and chat.

Domestic Violence and Incest Resource Centre (DVIRC)

- www.dvirc.org.au/HelpHub/LesbianDV.htm
- Information about domestic violence in lesbian relationships.

FTM (Female to Male) Australia

- www.ftmaustralia.org/
- A national network for female to male transgendered people.

Gay & Lesbian Health Victoria

- www.glhv.org.au
- Clearinghouse which "aims to provide accessible and up-to-date health information and resources based on the social model of health as outlined in the Victorian GLBTI Health and Wellbeing Action Plan." (Gay & Lesbian Health Victoria).

Girl 2 Girl

- www.girl2girl.info
- Australian website with information about lesbian sexual health issues, including emotional safety.

Mogenic

- www.mogenic.com
- Information & social connections for GLBTQ young people.

Parents with Pride (Internet Group)

- <http://au.geocities.com/pwpaus>
- Support, networking, and resources for GLBT parents (and prospective parents), and their families.

Qnet

- www.qnet.org.au
- Canberra's Queer Youth Cyberplace, includes news and events; FAQ's, articles, and resources; information for GLBTIQS young people about sex, love, and relationships; information for parents, teachers, and supporters.

Same Sex Domestic Violence (AIDS Council of NSW)

- <http://ssdv.acon.org.au>
- Information about domestic violence in same sex relationships for victims/survivors, and friends/family members.

The Gender Centre Inc.

- www.gendercentre.org.au
- Fact sheets, kits, book/video lists, & papers around gender identity issues.

Why Test?

- www.whytest.org
- Information about Sexually Transmitted Infections for gay men.

INTERNATIONAL

American Psychological Association

- www.apa.org/ed/hlgbsrch.html
- Healthy Lesbian, Gay and Bisexual Students Project
- Compilation of over 300 journal articles, book chapters, papers, and other publications that address topics re GLB young people and health issues.

British Columbia Centre of Excellence for Women's Health

- www.bcccewh.bc.ca/Pages/pubspdflist2c.htm
- Bibliography on Lesbian and Bisexual Women's Health

Gender & Health Collaborative Curriculum Project (Ontario Women's Health Council)

- www.genderandhealth.ca/en/modules/sexandsexuality/index.jsp
- Free online modules relating to the issues of gender, sex, and sexuality.

King County Gay, Lesbian, Bisexual, & Transgender Health

- www.metrokc.gov/health/glbtc/
- American website with information about health issues for GLBT people.

Lesbian.com

- www.lesbian.com
- American website with information about issues for lesbians, including health, spirituality, and parenting.

Lesbian Health Info

- www.lesbianhealthinfo.org
- American website with information about lesbian health issues.

Lesbian STD

- <http://depts.washington.edu/wswstd/>
- American website with lots of information about lesbian sexual health issues.

LGBT Health Channel

- <http://lgbthealthchannel.com>
- Information about health issues for GLBTQI people.

Pupsworld

- www.pupsworld.com
- Free, peer support, online community for Gay and Bisexual Men and Women who have a mental illness.