



hot

Access for all Training Package

chocolate



acon

community, health and action

introduction

THE AFAO National Indigenous Gay and Transgender Consultation Report and Sexual Health Strategy identifies that Indigenous gay men and transgender/sistergirls commonly experience discrimination in a wide range of life activities. This discrimination can include access to sexual health and support services.

Discrimination does not necessarily take the form of direct denial of services. It is also the absence of sensitivity around the experience of being Indigenous, gay, lesbian or transgender/sistergirl that creates the barrier to service. A lack of awareness of the particular health care needs of these groups, and a linked inability to respond to these needs, result in these communities feeling unwelcome or under serviced by both AIDS Councils and Aboriginal Community Controlled Health Services. In particular, the sexual health of this target group can be jeopardised as a result.

In response the Australian Federation of AIDS organizations (AFAO) in collaboration with the AIDS Council of NSW (ACON) have developed the Access For All Indigenous gay and transgender/sistergirl HIV-sexual health access training package.

The Access for All training manual was developed in consultation with Indigenous and other sexual health service providers plus community members in urban, rural and remote Indigenous communities.

The Access For All training manual has been designed to build the capacity and collaboration between AIDS Councils and Community controlled Health Services in HIV and sexual health service delivery responses to Indigenous gay men and transgender/sistergirls.

The Access for All manual provides detailed information, to raise awareness within AIDS Councils, AMSs and other relevant sexual health support and services, through training workshops to staff of the existence and needs of clients and potential clients who are Indigenous gay and sistergirl/transgender, living with HIV/AIDS or injecting drug users.

The Access For All manual provides:

- **Sensitivity training around sexuality issues;**
- **HIV/AIDS background and treatments;**
- **Anti-discrimination training; and**
- **Mechanisms to identify increased organisational collaboration.**

The Access For All manual has also been developed to enhance the service and client demand generated through the AFAO poster resource (We're Family Too). The poster aims to reduce the experience of discrimination, vilification and stigmatisation for Indigenous gay men, lesbians and sistergirls particularly in the area of community based service provision. The poster will also raise broader community awareness within the populations serviced by both these organisations.

AFAO and ACON are excited about the potential that the Access for All training manual will have as a response in promoting and enhancing the sexual health and well-being of the Indigenous gay and transgender/sistergirl community, but also as a valuable tool in providing the broader community with a greater understanding and awareness of issues that impact on the Indigenous community.

Bill Whittaker, AFAO President

Before beginning you should be aware of people who may have experienced sexual abuse or assault

There are many Aboriginal and Torres Strait Islander people who may have experienced some form of sexual abuse or assault in their lives. These experiences can be very traumatising and leave long term emotional scars.

Some people may never have talked about these issues before and talking about sex and sexuality openly can provoke these memories. Every precaution should be taken when delivering any of these modules. Facilitators should let people know up-front what will be discussed in the workshops and that talking about sex and sexuality is the primary focus of the program.

You should also inform participants that this is a safe environment to talk openly about sexual issues, but it is also an environment where people can feel free to leave at anytime during the workshops.

tip

Observe peoples' body language. If people seem to be restless or uncomfortable, take a five-minute break, and then resume workshop.

Have on hand, information about sexual abuse or assault and where people can be referred to for counselling or further follow-ups.

Create a 'suggestion box' for people to put ideas in or questions that they are unable to ask openly.

Inform people that you are also available after the workshops to talk to in private.

reference

The following documents and brochures were read to abstract relevant information which was then adapted to make the manual as Aboriginal and Torres Strait Islander as culturally sensitive and appropriate as possible.

Where to now? Build it on up; Capacity Building Handbook – A Health Worker’s Guide to Promoting Sexual Health Activities in Communities, 1998, Queensland Health & Cape York Apunipima Health Council.

Better Health Good Health Care; sexually transmissible diseases and their prevention, 2000, New South Wales Health, NSW.

Getting the most out of your HIV treatments: make it as easy for yourself as you can, 1997, Treatments Working Group of People Living With HIV/AIDS (NSW) Inc.

Talking Sexual Health: A Parents’ Guide, 1999, Australian National Council on AIDS and Related Diseases (ANCARD).

Keep it Simple K.I.S.S.S; Guide to safe sex, 1998, Australian National Council on AIDS and Related Diseases, ACT.

HIV Drug Book, 1998, Australian Federation of AIDS Organisations, NSW.

HIV drugs & Life: tips on making treatment easier, 1998, AIDS Council of New South Wales Inc, NSW.

Taking Care of Yourself: a guide for people with HIV/AIDS, 1999, Australian Federation of AIDS Organisations, National Association of People with AIDS, Australian National Council on AIDS and Related Diseases.

Work out your blood tests; a brochure for people living with and affected by HIV/AIDS, 2000, AIDS Council of New South Wales Inc, NSW.

17 Tips to improve your pill taking, 1999, AIDS Council of New South Wales, NSW.

The effects of drugs, 1985 (revised), Centre for Education and Information on Drugs and Alcohol, NSW.

Anti-Discrimination Board of New South Wales ‘Know your rights’ fact-sheets



HIV/AIDS

module one

hiv/aids

AIMS

- In this session participants will learn the basic understanding of HIV and transmission
- Participants will learn parts of the immune system
- Participants will also discuss and develop prevention strategies for their own communities and workplace

contents

Suggested Program

Notes for Facilitators

Ice Breakers:

1. Hot Chocolate

Exercises:

1. Myths and Facts (includes handouts for participants)
2. Bee Story
3. Mind Over Matter
4. HIV and Health Organisations (includes handouts for participants)

Factsheets:

1. What is HIV?
2. HIV getting into the body
3. How the body responds – parts of the immune system
4. Post-Exposure Prophylaxis (PEP)

What you will need:

Butchers Paper

Chocolate (for Hot Chocolate)

Multiple copies of the Fact-sheets/participant handouts

Envelopes for the Mind of Matter exercise

Pens

Overhead Projector

Make sure you also have information on:

State/Territory Guidelines on Pre and Post Test Counselling

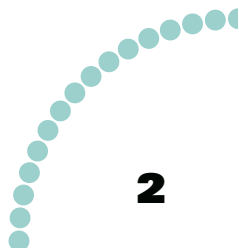
Local places for HIV testing

Local support and health organisations



1. Icebreaker
2. Myths and Facts about HIV
3. How HIV Works
4. How is HIV transmitted and prevented?
5. Testing for HIV
6. What does this mean for me?
7. Summary

suggested program



notes for **facilitators**

1. Icebreaker

If this is the first session for your workshop find a simple exercise to make people feel comfortable, like **Hot Chocolate** (page 6)

2. Myths and Facts about HIV

This part is to find out what people already know about HIV/AIDS and correct any myths that they might be holding on to.

Hand out copies of Exercise 1 – **Participant Handout for Myths and Facts** (page 7)

Either as a group or individually, work through each statement and decide whether it is true or false.

When each person or the whole group has finished, hand out copies of the second participant handout (the one with the answers – page 8)

Talk about what people knew and what they didn't. Make sure everyone knows what the right answers are.

Hand out Factsheet 1 – **What is HIV?** for people to take away (page 9).

3. How HIV Works? How is HIV transmitted?

This part is to make sure everybody understands some basic ideas about how HIV works in the body.

Read The **Bee Story** (Exercise 2) to the group.

When you are finished be sure to point out that the Bee Story is a bit like how HIV enters and effects the body.

4. How is HIV transmitted & prevented?

This part is to make sure everybody knows how to prevent HIV including:

- safe sex;
- not sharing needles;
- blood awareness.

(a) Drawing on Myths and Facts, get the group to list the ways that HIV is transmitted.

Handout Fact sheet 3 (**HIV Getting Into the Body**) and (**How the body Responds to Sickness**).

Talk about the different ways the virus is transmitted and clarify any questions people may have.

(b) Drawing on what has already happened, get the group to list some of the ways that can be used to prevent HIV. Lead an open discussion with the group.

During the discussion try to cover:

- where you can get condoms and clean needles;
- how to use condoms;
- reasons why people might find it hard to insist on using condoms;
- the need to always take precautions when blood is spilt;
- The need to talk about safe sex, condoms, not sharing needles, and blood awareness.

(c) Post Exposure Prophylaxis (Optional).

ONLY DO THIS PART WITH COMMUNITY PEOPLE, IF PEP IS GENERALLY AVAILABLE IN YOUR AREA.

If you are working with health workers then also discuss occupational exposure like needle-stick injuries.

Post Exposure Prophylaxis is available for health workers who might have been exposed to HIV in their work through something like a needle-stick injury.

In some states, anyone who has been exposed to HIV can get treatment for a month which decreases the risk that they will become HIV positive. At this stage, not all States and Territories have access to this treatment.

Handout Factsheet (**Post Exposure Prophylaxis**) and talk people through the things that are on it.

Lead a discussion about PEP. During the discussion make sure you cover:

- PEP is not a cure;
- PEP is difficult to take and probably only useful if there is a high likelihood that someone has been exposed to HIV;
- the need to get PEP quickly (within 72 hours).

5. Testing for HIV

This part is to make sure everybody knows what an HIV test is, the importance of pre and post test counselling and the support people who test positive might need.

Ask the group what they understand about having a test for HIV and where you might go to get one. Lead a discussion about this.

During discussion try to cover:

- how long a test will take to come back;
- who should think about regular testing;
- where you can get a test in your local area;
- confidentiality;
- The importance of pre and post test counselling.

If you are working with health workers get a copy of the local guidelines (from your State/Territory Health Department) on pre and post test counselling.

Use Exercise 3 (Mind Over Matter) to get people to think through what their emotions might be like in relation to taking a test, getting a result and finding out that they are positive.

WARNING: This exercise can be very emotional and people need to know that they can stop at any time.

6. Responsibilities of Health Organisations (Optional: for Health Workers and Managers)

This part is to make sure that health workers and managers know what their responsibilities are in relation to providing a service and employing HIV positive people.

If your group has a lot of health workers and managers then include this section.

Use Exercise 4 (HIV Policy and Health Organisations). You may need to talk to an HIV specialist about what information goes into writing an HIV Policy for a health organisation. An Educational manager at your local AIDS Council or a doctor may be able to help you prepare some notes for yourself for this session.

7. Summary and what does this mean for me?

Get people to say what things they learnt today and what things they might use in their own community. Hand out evaluation form and collect as people leave. Thank everyone for coming.

hot chocolate

Aims of this Ice Breaker:

- To make people feel comfortable talking about sex and sexuality
- To encourage people to share their feelings and thoughts about sex and sexuality
- To create humour and laughter

What you will need:

- **Enough chocolate for everyone**
- **Butchers paper and markers**
- **White board and markers**



1) Introduction (10 mins)

Welcome everyone and ask them to introduce themselves and to share a little about where they are from and what they do.

2) Pass out chocolate, including yourself, and ask people to begin eating.

3) Once everyone has started eating their chocolate, ask each person individually, 'what feelings do they have when they eat chocolate'. For example, does eating chocolate make you feel good? Why?

4) Write responses on the white board.

5) Now ask people to think about 'what sex makes them feel like'. For example, does sex make you feel good? Why? (5mins)

6) Write these responses next to the chocolate responses.

7) Draw out things like, why does eating chocolate and sex make us feel good? Ask questions like, what are the similar words that describe sex and chocolate, for example, taste good, feels good, makes me happy.

8) Start to explore why some of these responses are and may be, similar? (5mins)

9) After everyone has shared his or her comments wrap up session by summarising what was discussed. Now go on to next session.



AIDS myths & facts

Read the following statement and tick whether true or false. if you don't know, tick don't know'.

1. HIV (Human Immunodeficiency Virus) is the virus that causes AIDS:

True False Don't know

2. The HIV virus is spread mainly through unsafe sex and sharing needles with an infected person:

True False Don't know

3. A few people have contracted HIV from tears or saliva of a person with HIV:

True False Don't know

4. Adolescents are at risk of getting HIV because of their sexual activity and/or drug use:

True False Don't know

5. The HIV antibody test is a test for AIDS:

True False Don't know

6. A person can be infected with HIV and not know it:

True False Don't know

7. You can tell if someone is infected with the HIV or have AIDS by looking at them:

True False Don't know

8. You can get HIV from shaking hands, hugging, kissing, eating in restaurants, sharing food, toilet seats, telephones, swimming pools or furniture:

True False Don't know

9. Only IDU's, gay men, transgender/sistergirls get HIV:

True False Don't know

10. A person can control whether or not he/she gets infected with HIV:

True False Don't know

11. HIV and AIDS is the same disease:

True False Don't know

AIDS myths & facts

answers

- 1.** *HIV (Human Immunodeficiency Virus) is the virus that causes AIDS:*
True. Scientists have shown that HIV does cause AIDS
- 2.** *HIV is spread mainly through unsafe sex and sharing ID needles with an infected person:*
True. Unsafe sex and sharing injecting drug equipment are the most common ways of catching HIV.
- 3.** *A few people have contracted HIV from tears or saliva of a person with HIV:*
False. It would take a bucket of saliva or tears to pass on HIV
- 4.** *Adolescents are at risk of getting HIV because of their sexual activity and/or drug use:*
False. Everyone, no matter what sex, race, age or disability, are at risk of getting HIV if they do not take safe precautions
- 5.** *The HIV antibody test is a test for AIDS:*
False. The HIV antibody test is an HIV test. There is no test for AIDS. It is the diseases that follow HIV that are called AIDS related infections. These could be any numbers of infections.
- 6.** *A person can be infected with HIV and not know it:*
True. Some people may not show any symptoms and not know that they have become infected with HIV. This is why HIV testing is an important part of looking after our sexual health.
- 7.** *You can tell if someone is infected with HIV by looking at them:*
False. You can't tell if someone is HIV positive or living with AIDS by just looking at them.
- 8.** *You can get HIV from shaking hands, hugging, kissing, eating in restaurants, sharing food, toilet seats, telephones, swimming pools or furniture:*
False. You can not get HIV from any of the above.
- 9.** *Only Injecting Drug User's, gay men, transgender/sistergirls get HIV:*
False. Everyone is at risk of HIV. Not just Injecting Drug User's, gay men, or transgender/sistergirl people.
- 10.** *A person can control whether or not he/she gets infected with HIV that causes AIDS:*
True & False. By being aware and educated about HIV/AIDS and taking safe precautions we can all control whether or not we will get HIV/AIDS. However, in the case of sexual assault/abuse we may not be able to control our situation and therefore be at risk of getting HIV.
- 11.** *HIV and AIDS is the same disease:*
False. HIV and AIDS are not the same. HIV is a virus that causes the immune system to break down. When this happens, our body becomes open to many infections. This is known as AIDS.



fact sheet

What is HIV?

HIV stands for the **Human Immunodeficiency Virus**

HIV attacks the immune system, which is the body's defence against disease. People who have the virus are said to be HIV positive. Because HIV can live in the body for years without obvious effects, many people with HIV may remain feeling and looking healthy.

There are THREE main ways of transmitting HIV.

One – Unsafe sex

Two – Sharing needles/syringes and other drug-injecting equipment

Three – Some babies may become infected during pregnancy or birth. Breast-feeding can also pass on HIV to a newly born baby.

HIV is transmitted when semen (cum), vaginal fluids, blood or breast milk passes from a person with HIV into the blood stream of another person.

HIV is also found in pre-cum the fluid present before ejaculation (cumming) of semen (cum).

What is AIDS?

AIDS stands for the **Acquired Immune Deficiency Syndrome**

HIV is the virus that causes AIDS.

People with AIDS are more likely to get certain diseases and infections because their immune system cannot fight them off.

One way to explain HIV and AIDS to people with language barriers is to create stories that they may be able to relate to. For example, the Bee story.



the bee story

IMAGINE your body to be a beehive and you are the Queen Bee that looks after the community. You have lots of soldier bees (the immune system) who protect you and the hive from enemies, such as Wasps who want to take over the hive and make it their nest.

For the wasps to take over, they have to enter the hive through an unguarded opening, such as, unsafe sex or sharing Injecting Drug Use (IDU), open cuts on your skin that allows infections to happen.

Once the wasp has found its way in the hive it fights with the soldier bees and infects them with its poison (HIV). The soldier bees then start to fight with each other, as they are confused and end up infecting other hive workers (other immune cells) that look after the hive (the body).

While this is happening, the wasp sets about looking for the Queen bee (you). Once the wasp has found her, the wasp kills her and is now in control of the hive (the body). The wasp can now poison (HIV) all the workers (immune cells) until everyone is sick.

Once the entire hive (body) is sick the wasp will look for other hives (healthy bodies) to poison (HIV) and so on and so on. This leaves the hive (body) open to other enemies (diseases) to come in and take what they want.

If only the bees were aware of the wasp's poison (HIV) they may have taken better care of the hive (body) and the Queen bee (You).

Like the hive and the queen, we have to look after our body and our blood cells that look after us. We need to be aware of diseases, such as STD's and HIV, so that we can prevent getting sick.

Be aware and learn about HIV and how it is spread. Know about safe sex, not sharing needles or syringes and cleaning up blood spills with proper precautions.

Remember – HIV doesn't discriminate!

fact sheet

HIV getting into the body

High Risk:

Unprotected anal/vaginal sex

Sharing needles

Blood products (for example, if you need a blood transfusion. Australian blood banks have tested for HIV since 1985)

Mother to child – high risk **without** treatment during pregnancy.

Low risk:

Oral sex (low risk does not mean no risk) Good teeth and gums have a high protection.

High levels of HIV can be found in:

Blood

Semen – cum

Vaginal fluids

Precum – fluid around the penis before a man cum's

Breast milk – if the mother is HIV it is encouraged that she doesn't breastfeed

Colostrum – a clear thin liquid that forms around the breasts after birth.

Very low levels of HIV:

Saliva – spit

Tears

Ear wax

Faeces – shit

Respiratory mucous – phlegm or snot

Urine – piss.



fact sheet

How the body responds – parts of the immune system

Our body is made up of many important parts that help keep us alive and well. The immune system is one of those important areas that fight off germs such as Virus', bacteria or parasites. The immune system is made up of many different types of 'white' blood cells with different functions. These cells recognise these germs and fight them off.

CD4 (T) cells – are the commander cells which recognise the germ and tell other cells what to do.

CD8 cells – are killer cells that kill cells infected with viruses.

Macrophages – are munching cells which pick up germs from around the body and then take them into the lymph nodes to present them to the immune system.

Lymph nodes – are the glands where the immune cells like to live and grow (propagate).

B-cells – are cells, which produce antibodies.

Antibodies – are pieces of protein that can recognise and attach to a specific part of a germ.

fact sheet

Post-Exposure Prophylaxis (PEP)

What does Post-Exposure Prophylaxis (PEP) mean?

Post – after the incident occurs.

Exposure – you have come into contact with something.

Prophylaxis – trying to prevent something happening. A condom is designed to prevent transmission of sexual diseases and is also called a prophylaxis. As too are gloves.

What is PEP?

PEP is given to people who think they have been exposed to the HIV virus. For example, PEP is used to treat people in the health work force if they have had an accident with a needle or syringe.

PEP is a combination of at least two anti-HIV drugs taken at strict times of the day, over a four-week period. These drugs are powerful and can cause side effects, like, cramps, diarrhoea, vomiting, headaches and tiredness. These side effects can be treated with other drugs, but sticking to the strict routine is essential.

Your doctor will recommend regular blood tests to look for HIV, including a test at least 12 months after taking PEP to confirm your HIV status.

What PEP is not?

PEP is not simple and is not the same as borrowing the pills of an HIV positive person. All HIV medicine is individually prescribed and PEP is no different.

PEP does not work like a 'morning-after' pill. PEP is no guarantee to prevent HIV infection.

Does PEP work?

Research shows that PEP **may** decrease the chance of HIV infection. We do not know enough about PEP to know how well it works or why it does not work for everyone.

Because PEP does not always work, the best way to protect yourself, is to take universal precautions when cleaning blood spills and when picking up used needles. We should also, avoid sharing needles, and having unsafe sex.



fact sheet

2

What if I don't work in the health sector?

Non-occupational exposure means someone who does not necessarily work in the health sector, but may have been potentially exposed to HIV through other ways. Like being stuck with a needle or syringe when out and about. If you are stuck with a needle or syringe or you come into blood to blood contact with someone you should consult your doctor immediately.

People who have unsafe sex and believe they may have been exposed to HIV should also consult their doctor if they think the other person has HIV. Your doctor will assess the situation and decide if you need to go on PEP.

If the doctor does not believe you were at a high risk, he/she may not recommend PEP, but suggest you come back for further testing at a later stage. You should remember to use condoms when you have sex with other people. PEP is not a cure or a proper prevention for STD's or HIV.

Most States are working towards having non-occupational PEP available for everyone. You should talk to someone at your local AIDS Council or doctor for info.

When to use PEP?

The earlier you start on PEP the better. If you think that you have been exposed to the HIV virus it is best to take PEP within 72 hours (3 days) of the incident.

Where to get PEP?

Contact your local sexual health clinic, hospital, or doctor who specialises in HIV as soon as you can. A doctor will be able to discuss your options.

It may be difficult to find doctors who specialise in HIV within your area. Call your local AIDS Council and ask to speak to the treatment's officer, who will be able to help put you on to the right people, or speak to your doctor at the local Aboriginal Medical Service.

Does PEP mean you don't have to bother about safe sex any more?

NO! Taking PEP is complicated and means a firm commitment to taking the drugs, with no guarantee of success. The best way to avoid HIV infection is to practice safe sex and safe injecting.



mind over matter

1) Introduction (5mins) Explain to people that this is a serious role-play. It may involve personal questions and outcomes. You should encourage people that they are **free to stop participating** at any time.

2) Ask everyone to form a group hug with his or her eyes closed.

3) Explain that you will touch a few people in the group. Ask the people chosen to imagine that they have been put a risk of HIV infection. Walk around the circle and touch 6 people. While doing this, ask people to think about the 'what ifs' – what if I have put myself at risk? What should I do? Who will I tell? (Remember you can't get HIV from touching)

KEEP REMINDING PEOPLE THEY CAN STOP AT ANYTIME.

4) After touching 6 people, ask them to remain in the circle and sit down. Ask the others to form a circle around the outside.

5) Explain to the 6 people they are **free to stop at anytime.**

6) Start asking the 6 people what they are feeling at the moment. For example, disbelief, confusion, anger, numb? Allow discussion to happen and build on responses. Encourage questions like, would you have an HIV test? Would you tell someone?

7) Explain to the 6 people that you have 6 envelopes. These envelopes contain individual HIV test results. Hand them out.

8) Ask people to open them and be aware of people's face and body expressions. Give people time to settle.

9) Ask for someone to give you their result and ask how they are feeling. Wait until all results are open before moving on. Again give people time to respond.

10) For those whose tests are **negative** – ask them to think about what this might mean for them? For example, coming back in 3 months time (window period) for another test. When/will they tell their partner? Will they take better precautions from now on?

11) For those whose test came back **'unsure'** requiring further tests – ask how they are feeling? What might this mean? Are they okay about coming back for another test? Will they tell their partner to have a test?

12) HIV positive test results – Allow people to think clearly. Ask if they are okay? What are their feelings right now? (If people get upset, move on to the next person or encourage another response, like, What do you think your options are right now? Encourage people to think about counselling, treatments, care and support, community reaction? Understanding and acceptance from others?

13) Encourage people on the outside circle to respond and ask questions. For example, ask questions like, what do others think? How would you react if this were you?

14) Once you feel everyone has contributed enough ask everyone to stand and form a group hug again. Thank everyone for being involved and reinforce that this is just a game, but it could easily be real life as well. Reinforce prevention is better than a cure!

HIV & health organisations

You are the Managing Director of an Aboriginal Medical Service, a health worker has disclosed that she/he has HIV.

You are also a member of the Occupational Health & Safety Committee and report directly to the Board of Management.

You have been asked to draw up a policy document to protect the health worker and other staff members and clients that may use the service.

- What legislation needs to be considered?
- Should other staff and clients be informed of this person's HIV status?
- What preventative action needs to be taken?
- Plan an HIV policy for this Aboriginal Medical Service to ensure Equal Opportunity guidelines are in place for clients and staff.



SEXUALITY


module two
sexuality

AIMS

- To explore the participants' values and stereotypes about gay, lesbian and transgender/sistergirl people
- To examine the place of gay, lesbian and transgender/sistergirl people in Aboriginal and Torres Strait Islander communities
- To encourage participants to gain a better understanding of the issues that face gay, lesbian and transgender/sistergirl people.
- To explore the participants understandings of their own and others sexualities.

Key ideas you need to get across to participants when you run this session.

- 1.** We all have sexual rights
- 2.** Aboriginal and Torres Strait Islander gays, lesbians and transgender/sistergirl's are in lots of communities across Australia. They want to be accepted in their families, communities and organisations.
- 3.** Talking about sex and sexuality is important for keeping ourselves healthy.
- 4.** Sexual health workers need to be able to talk with people about sex so they can help people look after themselves. This includes talking about sex with gays, lesbians and transgender/sistergirl people



contents

Suggested Program

Notes for Facilitators

Exercise's:

- 1** Sexuality exercise – What would I do if?
- 2** Sensual man/woman drawing

Factsheets:

- 1** What is sexuality?
- 2** How does sexuality explain me?
- 3** Who is a transgender/sistergirl?

What you will need:

Butchers paper/markers

Chocolate (for Hot Chocolate icebreaker)

Copies of fact sheets

Overhead and transparencies

Special guest (only if you decide to bring in someone who is either gay, lesbian or transgender/sistergirl or a specialist in sexualities (you may be able to contact someone from your local AIDS Council or Family Planning or university) who can support you in this workshop).

Make sure you also have information on:

State/Territory age of consent for sexual relationships
(See Discrimination module).

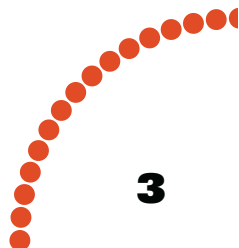
Local places for support and health organisations for those people with sexuality issues

Copies of other information relevant to this workshop.



**suggested
program**

- 1. Icebreaker**
- 2. What is sexuality?**
- 3. How does sexuality explain me?**
- 4. Who is a transgender/sistergirl?**
- 5. Discussion about homosexuality, and transgender/sistergirl identity, in Aboriginal and Torres Strait Islander communities.**
- 6. Exercise 1 – questions**
- 7. Exercise 2 – sensual drawing**
- 8. Summary and evaluation forms**





notes for facilitators

tip before beginning this session

Inform people that you have put a question box near the door. This is for them to write any questions that they may not feel comfortable asking in front of other people. They can put questions in there during the day, breaks, lunch, and you will answer them, as best as you can, at the end of the day, or when the group decides to hear the questions.

Remind the group that personal questions about your self or others in the group may not be answered because of every ones own right to privacy.

1. Icebreaker

Use a simple icebreaker, like, Hot Chocolate, to ease participants into talking about sex and sexuality. Or make your own ice breaker up or use something else.

2. Find out what peoples understanding of sexuality is first. Go around the room and ask each person, what their ideas of sexuality are. Work through some of the responses.

3. Hand out What is Sexuality? – Work through some of the points. You may want to make an overhead and put up.

4. Using How does Sexuality explain me?, work through more of the information that discusses body changes and images when growing up. Ask questions like, what are the sort of things that a young person might think about when changes start happening in their body appearances? Use your background information on Homosexuality and Transgender identity in Aboriginal and Torres Strait Islander communities to start off the discussion.

5. Transgender/Sistergirl identity. Go around the group and ask people to share their thoughts on transgender/sistergirl identity. What do they know? How would they deal with these issues in their line of work? Hand out Who is a Transgender/Sistergirl?.

6. Sexuality Exercises: Choose one of the exercises to do. Use this part to start or reinforce discussion about homosexuality.

7. Once the groups have finished working through their responses. Encourage debate about the responses, but remember there are no wrong or right answers in any of the exercise. The exercises and questions are about bringing out peoples ideas and understandings of sexuality – what do they know and what do they think they know? Remember, you are the facilitator not the judge! You may throw questions at the feedback, but step back and let the group talk about it.

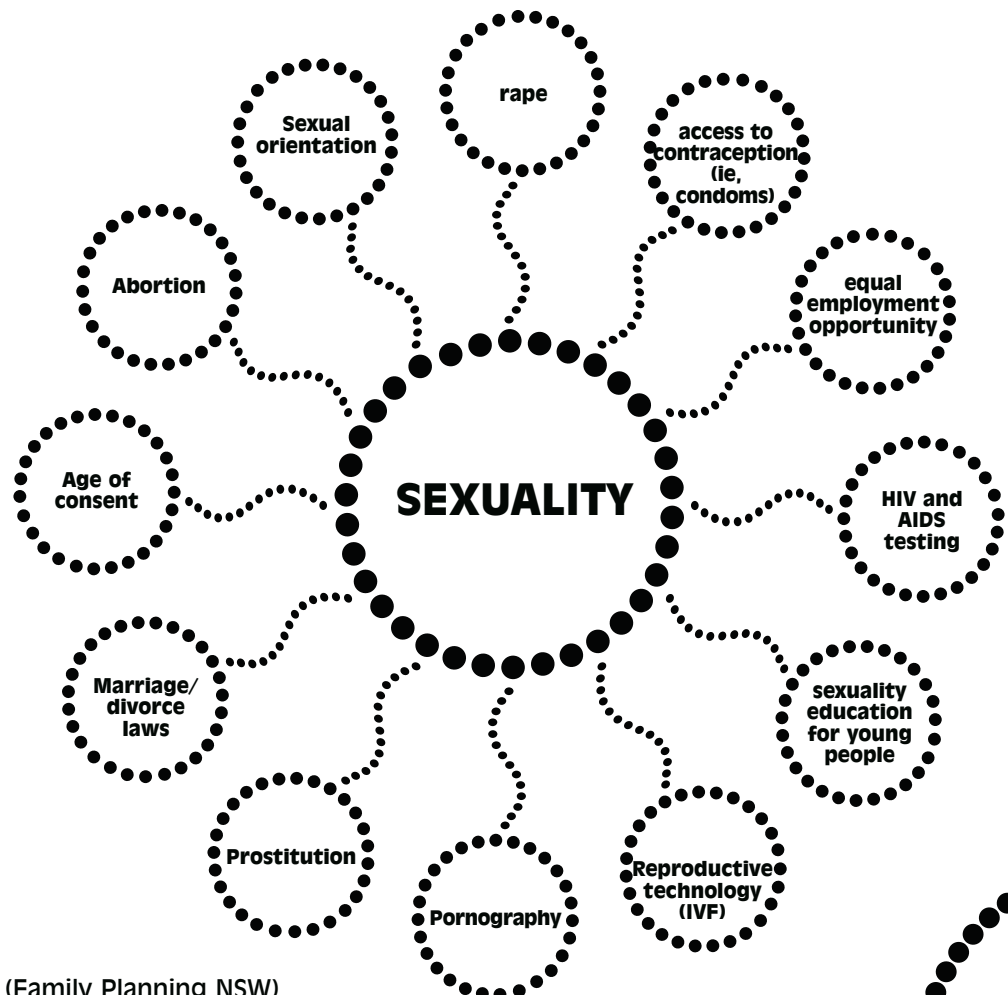
8. Summarise and, thank everyone for being involved.

fact sheet

What is Sexuality?

Sexuality:

- is part of us from birth to death
- is part of our personality
- is about our lives and choices
- is more than just about our penis/vagina and making babies
- can be expressed in lots of ways
- is always changing, shaped by what we learn, what we choose and what we do
- is affected by being male or female and about the messages we receive about our sex (gender)
- can be shared or a person can choose to keep their sexuality to themselves – this is okay as well
- can cause worry, isolation, guilt and anxiety
- is central to many controversial public issues.



(Family Planning NSW)



notes for **facilitators**

Sexuality, homosexuality and transgender identity

Background information for Facilitator

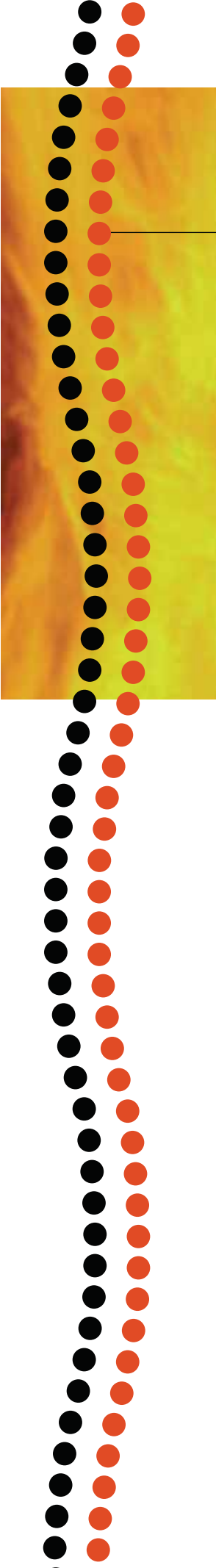
SEXUALITY is a fundamental part of all human beings. We all have a right to explore our sexuality in ways, which respect the rights of others, be that with men, women or both. For many Aboriginal and Torres Strait Islander peoples, sexual identity can have its own place and belonging. There are many diverse Aboriginal and Torres Strait Islander communities that are different in language, land, and cultures. Each has different ways of talking about sex and sexuality.

There has been a lot written about sexuality by non-Indigenous people. Many say that sexual identity decides what someone's life will be like. For some people, who they live with and enjoy being with defines who they are. For many indigenous people, these ideas do not really explain who we are.

For many Aboriginal and Torres Strait Islander peoples, sexual identity does not determine your role in the community. It is more about your relationship to one another that is important. When you are born you are taught who to talk to and who your mob is. You are told what your relationship is to other people in the community. You are told who you can sleep with and who you can not.

This is also true for Aboriginal and Torres Strait Islander gay, lesbian and transgender/sistergirl people. Gay, lesbian and transgender/sistergirl people exist within Aboriginal and Torres Strait Islander communities across Australia.

Family relationships for many Aboriginal and Torres Strait Islander gays, lesbians and transgender/sistergirl peoples are very important for their acceptance in the community. A lot of gays, lesbians and sistergirl people often find it very hard to stay in their community because of these relationships. So, many gays, lesbians and transgender/sistergirl's decide to leave the community and live in big cities where they can meet other gays, lesbians and transgender/sistergirl people who are not related to them. And sometimes just to have their sexuality accepted.



Being gay, lesbian or transgender/sistergirl does not mean that someone is less Aboriginal or Torres Strait Islander. Leaving the community does not mean this either. For most Aboriginal and Torres Strait Islander gays, lesbians and sistergirl's, being Aboriginal or Torres Strait Islander is more important. It is also equally important to acknowledge our gay, lesbian or sistergirl identity. This is so that we are being honest to ourselves and to our mob and the community.

Sex and sexuality can affect our health. We all need to practice safe sex, especially if we sleep with a lot of people. Health workers need to be able to talk about sex with people without being shamed so they can help community people look after themselves, especially about things like STD's and HIV.

Gay, lesbian and sistergirl sex can be different to heterosexual (straight) sex. For many gays, lesbians and sistergirl's, it is very hard to talk about our sex practices. We also have to learn to talk about it with each other and our Aboriginal and Torres Strait Islander health workers so that they know what to do if we get sick or get a STD or HIV. This is important so that we can look after ourselves, family, and the mob in the community. Health workers need to know about what sex gays, lesbians and transgender/sistergirls have if they are to provide a good service for them too.

All Aboriginal and Torres Strait Islander people have sexuality. Different sexuality shouldn't divide us. After all, we're family too.

These issues can create long-term mental, social and physical health problems for transgender/sistergirl people. Many transgender/sistergirl people are often unable to gain education and employment, because of these experiences. This is because they often feel isolated and marginalised. With these types of feelings and experiences many transgender/sistergirl's turn to the streets for survival and take up sex work as a means of income and turn to hard drugs and alcohol to help them cope. These feelings and experiences can and do lead to self-harm or suicide for that person.

For a lot of Aboriginal and Torres Strait Islander transgender/sistergirl's, living together and staying close with family who support them is a means of safety.



fact sheet

How does sexuality explain me?

Puberty is a time when there are a lot of changes for us. As well as changes to our bodies there are mental health and emotional changes like:

- Growing into a young man or woman and wanting our own independence, in which sexuality will play a major role.
- Growing interest in sex.
- Emotional issues about our body image and looks. This often results in a lack of self-confidence and esteem and can cause anxiety.
- More interest in (peer group) rather than family and cultural community events.
- Using a wide range of thoughts to make a personal decision. Our parent's, Uncle's, and Auntie's word may no longer be seen as lore.
- Need for our own private space to work things out in our own way. This sometimes means we may not want to talk.
- The need to 'feel' and 'be' accepted by our group friends and the rest of the community. This need is sometimes more important than the need for physical or sexual safety, and often leads to risk-taking. For example, experimenting with alcohol, drugs or sex...

These are all part of a young person's normal and healthy development towards growing into an independent adult. Rather than trying to criticise or resist the changes in young people, we should help by, listening and supporting them with what's happening. We should be there with our young people and face the challenges by talking and listening, which also includes how to cope with sexual feelings.

We as educators and community people who young people often look up to, should encourage talking about sex and sexuality at home and talk about things like:

- Body changes/puberty
- Self-masturbation
- Menstruation and reproduction
- The risks of catching a sexually transmissible disease (STD/HIV)
- Falling pregnant accidentally and contraception (female and male condoms)
- Homosexuality/lesbianism/bisexuality/heterosexuality
- Our own values and beliefs – encouraging young people to form their own!

(Talking Sexual Health – A parent's Guide – ANCARD)

Most of the times when we are growing up we learn about changes in our bodies, sexuality, sex, grog and drugs through experience and talking to other people. These experiences can often influence our decisions in life. We don't often hear about these things from our parent's at home.

For many Aboriginal and Torres Strait Islander people, sex and sexuality are very important in our human development as it plays a major role in cultural and social relationships within the community. As an Aboriginal or Torres Strait Islander person, most of the time we can not just go and have sex with any body in the community! More often than not, we are related to everyone and that doesn't allow us to go around having sex with just anyone in the community.

So how can we encourage positive talk about sex and sexuality within the family home and community? Which in turn helps create a sexual safety understanding for young people?

Some questions we should ask ourselves first:

- Do you talk about these issues now? If yes, what have been the issues and how have you dealt with them?
- How would you raise these issues with a young person?
- What advice would you give them about sex and sexuality?
- How would you recognise someone with sexuality issues?
- How can you support a young male with homosexual issues?
- How can you support a young female with lesbian issues?
- How can you support a young person with gender (transgender) issues?
- Who would you refer people to in your community?



fact sheet

Who is a transgender/sistergirl?

A transgender/sistergirl can be someone who:

- wants to live as the opposite sex (gender)
- may be in the process of changing gender (sex change) into opposite sex
- lives as someone of the opposite sex – for example, living their day to day life as the opposite sex
- was born with sexual parts of both sexes and lives as their chosen sex (gender)
- believes mentally and socially that they were physically born the wrong sex.

'Sistergirl' is commonly known in Aboriginal and Torres Strait Islander communities as females. But this term has been given/used to describe effeminate gay men. We respect our Australian and Torres Strait Islander women.

In many Aboriginal and Torres Strait Islander communities the term 'sistergirl' is often used to describe transgender people. This term is also used in some parts to describe effeminate gay men. But generally, the term sistergirl is about transgender people.

In some Aboriginal communities, transgender/sistergirl's have always been an accepted part of life in the community. Their role is seen as one that is important. Some are medicine people, storytellers, entertainers, and holders of information and knowledge. Some are looked upon as second mothers and aunties to their brothers and sisters children, as well as, cousin-brother's and cousin-sister's children.

For many transgender/sistergirl's it can be difficult to lead a normal life.

A lot of transgender/sistergirl's face issues like:

- low self-esteem
- discrimination in community – like name calling
- ignorance
- violence
- sexual health
- mental health
- sexual abuse and sexual assault
- sex work and sex for favours
- drug addiction
- alcoholism.

sexuality

(1)

A new guy in town starts hanging around with you and your friends. He seems OK. Then one night he tells you he is gay. Suddenly your best friend feels funny about him hanging out with you and your friends.

How do you react and why?

(2)

Your sister hasn't been with a man for 10 years. Instead she spends a lot of time with you and your family. She is also your child's godmother. After years of being in denial about being a lesbian, she finally tells you.

How do you react and why?

(3)

You're in a pub with some footy mates. You all notice this sexy looking woman walk up to the bar. You and your friends start whistling at her and say how beautiful she looks. You get brave and ask her for a dance. You both get to like each other and you invite her out for dinner the next night. After a couple of weeks going out with her (and not having sex) she finally tells you she is a transgender/sistergirl.

How do you react and why?

sensual man/ woman drawings

Time: 30 minutes

Purpose: To explore different sexual activities, which are not genital based. This exercise is also about getting people to understand that you can have sex without having sexual intercourse.



Materials: Large sheets of butcher's paper and thick markers.

Inform the group that they can be a mixed group or men and women only groups for this exercise. This is to keep in place a cultural respect for those participants who might feel shame talking about sensual and erotic ideas among other genders. It also allows any gay, lesbian or transgender/sistergirl people in the group, an opportunity to be part of a group that fits their sexualities.

1. Once the groups are formed, ask someone to draw the outline of a large body shape on the butcher's paper.
2. Let the groups know that they can only draw a body part if they write beside it what they would like to do with it sexually. For example, don't draw an ear unless you write something beside it such as, blow in it or kiss it! Or, another example is to, draw some fingers and write beside them, to touch and suck them!
3. Inform the group that you do not want them to draw a penis, vagina or bottom. **Remember** that you want them to be sexually creative with other parts of the body.
4. Encourage people to use their imagination. Ask them to imagine this man/woman is someone they really have the **HOTS** for and think of all the sensual and erotic things they would like to do with him/her.
5. Also ask them to think about things they may not have done during sex, like blindfolding, tie up. It will be boring if every part of the body is labelled kiss, lick and touch!
6. Ask them to give their man/woman a name.
7. Also on the bottom of the page, write 3 sexual fantasies they would like to try. For example, sleeping with a movie star, but encourage them to make it detailed. Like, I would really like to sleep with ... and pour cold chocolate milk all over him/her and suck and lick it all off!
8. Reform the group and get someone to show their drawing and explain what they would do to all the different body parts.
9. Summarise session and thank everyone for being involved and sharing their personal sexual fantasies.

(Fun & Esteem Project ACON)



DISCRIMINATION

module three

discrimination

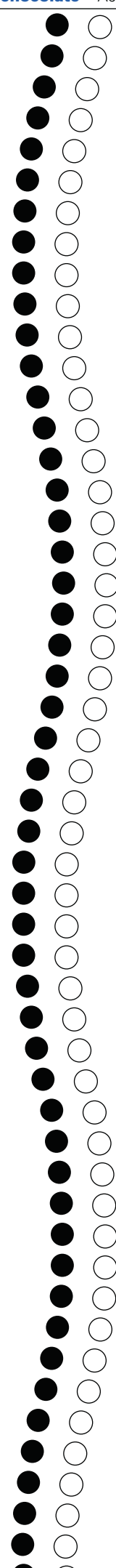
AIMS

In this session, people will:

- Learn the basic understandings of discrimination.
- Understand some of the discrimination issues faced by Aboriginal and Torres Strait Islander gay men, lesbians and transgender/sistergirl people
- Learn some of the basic anti-discrimination laws in place
- Learn about homosexual anti-discrimination laws in Australia
- Discuss discrimination when it is about sexuality
- Learn about the importance of confidentiality and their legal obligations
- Participate in anti-discrimination exercises

Key ideas you need to get across in this part of the session are:

- 1.** Discrimination affects us all. It is illegal and can have serious affects on people.
- 2.** Discrimination can be about race, gender, disabilities, sexuality, transgender/sistergirl's and other things.
- 3.** Aboriginal and Torres Strait Islander gays, lesbians, and transgender/sistergirl people face discrimination because they are black and because of their sexuality. People living with HIV or AIDS also face discrimination.
- 4.** Discrimination goes on in our own communities. We all need to do things to prevent it happening and to stop it.



contents

Suggested Program

Notes for Facilitators

Exercises:

Remember to make copies of these. The mock interview exercise copies should be given to the people who are playing the roles **only**. This is so the audience can listen and watch and pick up what's going on for themselves. And so you can ask them questions about the exercise.

1. Discrimination Exercise 1 – from 1.0 –5.0
2. I'm black, gay and HIV positive
3. Mock Interview

Factsheets:

1. Discrimination – Definition and Legislation
2. Homosexual discrimination – Our Rights
3. HIV/AIDS and Confidentiality: A guide to legal requirements
4. Other hand outs

What you need:

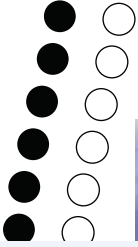
- Butchers paper and markers
- Copies of fact sheets and other hand outs
- Overhead – if necessary
- Special guest speaker from the Anti-discrimination Commission within your state/territory

Make sure you also have information on:

State and Territory anti-discrimination laws and hand outs

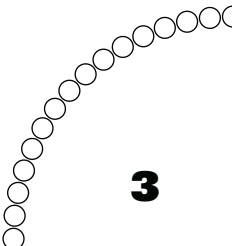
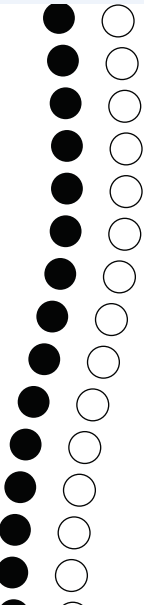
Local places for assistance – Aboriginal Legal Rights/legal aid centres/AIDS Council/Aboriginal Medical Service.

Local support and health organisations



suggested program

- 1. Ice Breaker – only use icebreaker if this is a new day of workshops. Other wise use a simple icebreaker with an anti-discrimination theme.**
- 2. Information sharing and fact sheet handouts**
- 3. Exercise 1 – Discrimination 1.0 to 4.0**
- 4. Special guest from the Anti-discrimination Commission from within your state/territory to talk about HIV/AIDS and confidentiality and legal requirements. (Tip – you should ask the Anti-discrimination Commission person if they have an understanding of HIV/AIDS legal requirements first before inviting them to talk about this particular area. If they don't then either ask if there is someone within the commission who can talk about legal issues or if they can refer you to someone who can). The health department in your area should also have someone who can talk about legal issues relating to HIV/AIDS confidentiality and might be the right person to do so.**
- 5. Exercise 2 or 3 – Before choosing one of these exercises, you will need to decide if you have the right number of participants in your workshop. Exercise 2 will require a good size number to get the impact that the exercise sets out to do.**
- 6. Wrap up session and finish.**





notes for **facilitators**

tips

- encourage participants to talk freely about their personal experiences of discrimination
- focus on main feelings experienced, for example, anger, frustration, isolation, invisibility
- What are their feelings about being an Aboriginal or Torres Strait Islander woman or man?

1. Ice breaker

If this is a part of the same day workshop you will not have to do an icebreaker. If it is a new day and the first session of the day then choose an icebreaker that fits into the theme of discrimination.

2. Using your background information on discrimination discuss some of the issues that many Aboriginal and Torres Strait Islander people, in particular, gays, lesbians and transgender/sistergirl peoples may be confronted with.

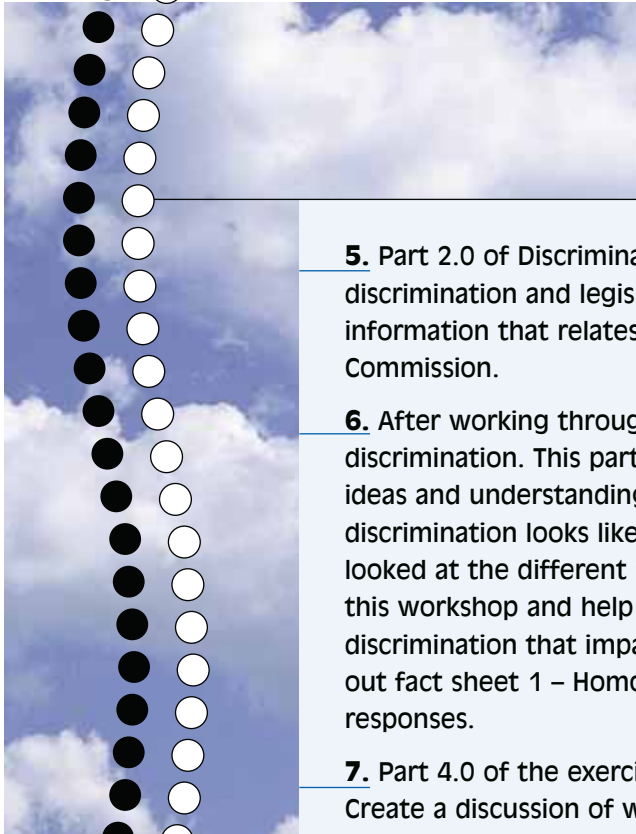
3. Ask questions like:

- What does discrimination look like?
- Have you ever been discriminated against?
- How did you respond?

Write up responses on white board and lead a discussion about:

- Discrimination comes in many forms like, age, sex, race, sexuality, and disabilities.
- Often the exact reasons are unclear because we some times don't know why people are discriminating against us and it could be for more than one reason.
- Discrimination can make people feel excluded for a number of reasons, for example, low self-esteem, angry, frustrated, confused.

4. Discrimination Exercise 1 Part 1.0. Write some of these questions on the whiteboard for people to read and discuss. Ask participants to` share with the group what their understandings of discrimination are. Work through rest of questions.



- 5.** Part 2.0 of Discrimination exercise 1 – hand out definitions of discrimination and legislation fact sheets. Work through some of the information that relates to your state/territory Anti-discrimination Commission.
- 6.** After working through part 2.0 go on to part 3.0, Sexuality and discrimination. This part of the workshop should be spent on what people's ideas and understandings are of gays, lesbians and transgender/sistergirl discrimination looks like. Refer back to the Sexuality workshop where people looked at the different issues related to sexuality. These issues can fit in with this workshop and help people have a greater understanding of the levels of discrimination that impact on homosexuals and transgender/sistergirl's. Hand out fact sheet 1 – Homosexual discrimination: Our Rights and work through responses.
- 7.** Part 4.0 of the exercise is about how do we prevent discrimination. Create a discussion of what this looks like in our work place, community or organisation and everyday life. Ask participants to think about how do we prevent discrimination without sounding or acting patronising? Because being patronising can be even more insulting to some people.
- 8.** Summarise this part of the session and then have a break before going onto next session.
- 9.** This part of the session deals with the legal aspects of our employment within the health sector. Give a brief overview from your backgrounder on the Public Health Act. Your special guest from the Anti-discrimination Commission within your state/territory can provide more information and answer questions about what laws are in place in your state/territory. Give out fact sheet 2 – HIV/AIDS and confidentiality: A guide to Legal Requirements and also hand out any other information that you might have from the Anti-discrimination Commission.
- 10.** Choose between discrimination exercise 2 or 3. If choosing exercise 2 break into 2 or 3 groups or in pairs to work through this part of the session. Give each group a copy of the exercise and allow for 15/20 minutes to work through. If choosing exercise 3 stay as a whole group and work through, allow 30 to 40 minutes for this particular exercise.
- 11.** If you have chosen exercise 2 bring the group back and work through responses by asking someone to report feedback. If you chose exercise 3 and stayed together as a whole group, work through responses together.
- 12.** Before closing session just summarise all the exercises and ask participants to give some examples of what they have learnt. Hand out evaluation forms and thank everyone for sharing in this part of the workshop – finish.



discrimination

1.0. What is discrimination?

Questions to ask:

What does discrimination mean to you?

Have you ever experienced discrimination?

How did it make you feel?

2.0. INFORMATION – definition and legislation hand outs/fact sheets

3.0. Sexuality and Discrimination

(Question) What does discrimination look like when it is about:

- sexuality?
- Transgender/sistergirl's?
- People living with HIV or AIDS?

a) What do you think?

b) What does this type of discrimination really look like?

4.0. Preventing Discrimination

What does non-discrimination mean for:

- Yourself?
- Your community?
- Your organisation?

5.0. Summary and end of session.



discrimination 2

This experience was part of a collection of national interviews as part of research into indigenous gay and transgender/sistergirl people in Australia.

'G was sick [HIV positive] for a long time in Sydney but all he wanted was to go back to.... But his family said they couldn't look after him if he got sick and so he went back to Sydney. He was broken after that...and that's what finished him up sooner I reckon. Poor thing. I went and saw him in Saint Vincent's [hospital] and he was really...really sad you know. Not even any of his own family came to see him or visit here. True! If he had been able to be back in his home, you know, he'd be here talkin' and laughin' up big like he used to, I reckon.'

(The National Indigenous Gay and Transgender Project; Consultation Report and Sexual Health Strategy, 1998, Australian Federation of AIDS Organisations)

What do people think about this?

Is this discrimination? If yes, how? If no, why?

How would you react if this were your family member or friend?

How do you think the person may have felt when he was rejected by his family?

Can we prevent this type of discrimination from happening? How?

This experience has multiple discrimination issues that can be brought out in the discussion.

- a) race
- b) sexuality
- c) HIV/AIDS
- d) Alienated from family and home community



mock interview

Set the front of the room up so that it looks like an interview panel.

Bring fake pearls, a chain with a cross on it, white gloves, and tie for interviewee.

Ask three women to volunteer to conduct the interview. Give them their roles and questions they need to ask.

Ask one of the men to volunteer to be the person being interviewed. Give him his role and background.

1. Interview – roles set out on following 4 pages.

2. Panel discussion - Make copies for the Women Only

The interview panel discusses the applicant's performance. They all agree that he spoke very good English and was very well groomed.

Elizabeth discusses his Aboriginality and the negative impact this could have on customers. Sally is unsure about this but gives into Elizabeth and agrees. Ruth disagrees saying this could be a positive thing for the store as it shows the diverse identities and friendliness of the store.

There is NO mention of his experience or qualifications for the job.

Elizabeth asks them to make a decision by show of hands.

YES – Ruth puts her hand up to employ him.

NO – Elizabeth and Sally vote against employing him.

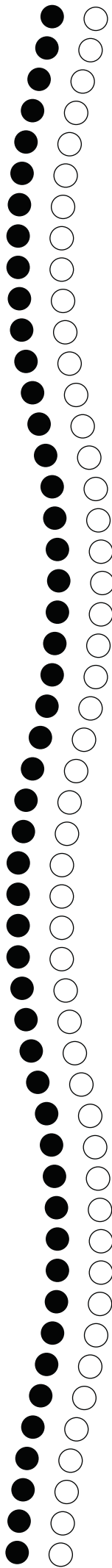
After the interview, Elizabeth invites the man back. She then tells him that he was not successful for the job. The reason being was that he was not qualified and experienced enough. Even though he answered all the questions and asked some of his own. She also comments on how good his English is and wishes him well for the future. She thanks him for his time and leaves it at that.

3. Group feedback

Ask people for feedback on what they just listened to. Encourage questions like:

- What type of discrimination was this exercise about – race, sexuality, gender?
- What made it discrimination?
- What would we have done in this situation?
- Who should the man talk to about this?
- How can we prevent this type of discrimination from happening within our own work place?

4. Discussion afterwards – get people to read out their roles and the bias that they brought to it.



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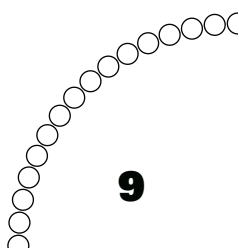
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mock interview role: jason

Your name is Jason – you wear a tie for the interview.

The interview is for a job as a Customer Officer. The position is based at a large department store in an exclusive area on the North Shore of Sydney.

The job requires the person to sell men's clothing and accessories. The position means a lot of face to face contact and talking with customers.

The person going for the job is in his early 30's, short, heavy-build, dark skin and identifies as Aboriginal and gay. You have worked as a customer officer for a large company before and know the demands of the job. You did this job for 3 years. However, that job did not require you to have face to face contact with people as you only provided information over the phone.

You did your homework for this job and knew that you needed to gain more skills with face to face work. So you did a short course in customer service which you passed with flying colours. You are very confident about getting the job, as you believe you have answered all the questions on the job application correctly.

Your interview skills:

At the end of the interview you should ask about:

Special family leave for cultural reasons OR that you can't start for 10 days because you have to go home to your community for a funeral.



mock interview role: **sally** – first woman

Your name is Sally.

Background – You are a working class white woman who is naturally sympathetic to people but doesn't know a lot about Aboriginal people. You wear fake pearls.

You have lived in the same suburb all your life. The only thing you know about Aboriginal and gay people is what you see on television. You feel sorry for the Aboriginal people because the one's that live across the road from you are always singing and laughing when the mob call around. They stay late and sometimes end up arguing. As for gay people, you feel all they need is professional advice to help them with their 'problem'.

Question: To make the applicant feel more comfortable you ask about his wife and children.



mock interview role: ruth – second woman

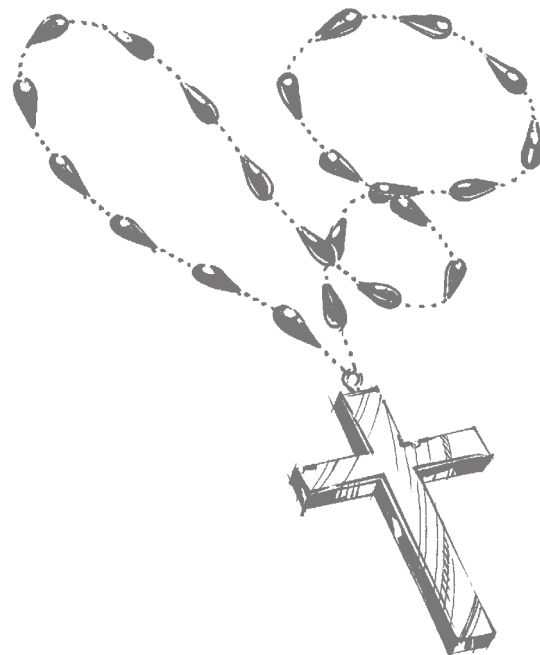
Your name is Ruth.

Background – Christian background. Had an Aboriginal friend once in the convent school. White, mid 20's, private life, lives at home with parents. You wear a chain with the cross on it.

You have read lots about Aboriginal culture since leaving school. You don't agree with past government practice on Aboriginal people, but you believe there was a lot of 'good intentions' in them.

As for your views on homosexuality, you have none as you are dealing with your own same sex feelings.

Question: You comment on how well presented the applicant looks. You then ask him where his family comes from?



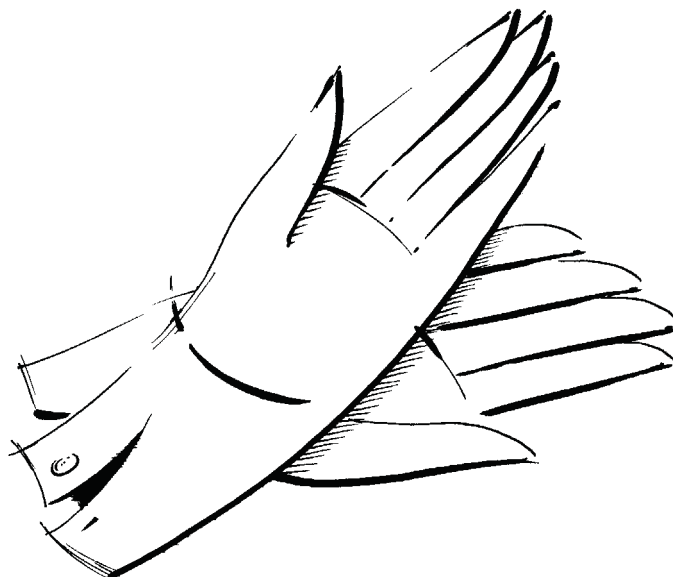
mock interview role: **elizabeth** – third woman

Your name is Elizabeth.

Background – white middle class. Early 50's, married with four grown children. Your only son identifies as gay. You are also isolated from your extended family, value highly commitment to the workplace and think people should be grateful for a job. You wear white gloves.

You had a bad experience once with two young Aboriginal people when you noticed them 'acting' suspicious in the store. You approached them and asked if they needed a hand. They giggled and said no and continued looking. You notified the police. An exchange of words between you and the youths happened. The police took them away and charged them with disorderly conduct. You later learnt that the youths were in town as part of their school excursion. It was the first time the youths had ever been outside their remote community. You never forgot about them calling you a racist.

Question: What steps would you take if you became suspicious of a customer acting in a 'strange' way?





fact sheet

Discrimination –

Definition & Legislation

WHAT is discrimination? For many Aboriginal and Torres Strait Islander people, discrimination can mean a lot of things. For example, the colour of your skin can sometimes determine how other people will treat you. This discrimination is based on race. It is illegal. Discrimination can also be about sex, age and disabilities, sexuality, and transgender identity.

For gays, lesbians and transgender/sistergirl people, discrimination is often based on our sexual identity and different lifestyles that we live. For example, two men holding hands walking down the street can create stares and people making nasty remarks. But usually it is okay for two Aunties to do this.

Discrimination comes in many ways. Sometimes people are really obvious, other times, you know you've been badly treated but it's hard to know why. Sometimes we don't even know when we are being discriminated against. We know something doesn't feel right, but we don't know if it's discrimination. This is because many of us may not be aware that it is happening. But for many gays, lesbians and transgender/sistergirl's we often do.

For many Aboriginal and Torres Strait Islander gays, lesbians and transgender/sistergirl's, we are often faced with double discrimination. One because we identify as gay, lesbian or transgender/sistergirl, and the other because we identify as being Aboriginal or Torres Strait Islander. Imagine how this might feel? Sometimes it becomes worse if people know we are HIV positive or living with AIDS. It is hard to know exactly why discrimination occurs.

There are laws to protect people from discrimination on different grounds. Some of the grounds are:

- Age
- Race
- Disability
- Sexuality
- Transgender – not all states
- HIV/AIDS



notes for **facilitators**

HIV positive people or people living with AIDS also have laws to protect them. You can not treat someone badly because they are, or 'look' like they may have HIV/AIDS, Hepatitis B or C positive. This includes your behaviour in the workplace. People employed with infectious diseases must be treated equally to any other employee. Good employers will make sure their organisation has the appropriate structures in place to deal with discrimination.

There are some very bad words to describe gays, lesbians and transgender/sistergirl people. These words are often used to make people feel unwelcome/uncomfortable in our community or workplace. When people harass gays, lesbians and transgender/sistergirl's in our communities, it makes them feel similar to when people harass them because they are black. Sometimes it's worse because it's coming from our own mob.

A bit like racial discrimination, harassment and discrimination, which is about sexuality, is based on stereotypes. Stereotypes are ideas people make because they think all people from a group are the same. For example, some people say that Aboriginal and Torres Strait Islander people are all drunks. In the same way people say all gay men have AIDS. We know that these ideas are based on stereotypes. We know this because all sorts of people drink too much grog and all sorts of people can get AIDS.

tip

Before closing, just summarise the session by going over main points covered. Reflect on some good points raised from people and may be touch on someone's personal experience that was shared – don't go on too much, as it was a long session!

Hand out contact list for further information and enquires on discrimination and thank everyone for coming and sharing.

fact sheet

Homosexual discrimination: Our rights

In many states and territories, there are different laws that protect gay men, lesbian women and transgender/sistergirl people. However, not all states and territories have these laws in place.

The legal age of consent to have sex also differs for homosexuals and transgender/sistergirl's in each state and territories.

The table below indicates where laws protect gay men, lesbians, and transgender/sistergirl people. It also shows the legal age of consent for same sex and compares heterosexual legal age of consent.

State/ Territory	HIV/AIDS	Gay men /lesbians	Transgender Sistergirl	Age of Consent Gaymen	Age of Consent Lesbians	Hetero- sexuals
WA	Yes	No	No	21	18	18
NSW	Yes	Yes	Yes	18	16	16
NT	Yes	Yes	No	18	16	16
VIC	Yes	Yes	No	16	16	16
QLD*	Yes	Yes	*Yes/No	16	16	16
SA	Yes	Yes	Yes	17	17	17
TAS	Yes	Yes	Yes	17	17	17
ACT	Yes	Yes	Yes	16	16	16

**In Queensland the age of consent for anal intercourse, whether heterosexual or homosexual, is 18. Laws, for transgender/sistergirl people needs, to be read with caution.*

Where there are laws to protect gay men, lesbian women and transgender/sistergirl people, they are there to ensure that they have the right to access:

- education
- employment
- rent a house or flat
- get a bank loan
- get a room in a hotel/motel – to also buy a drink in the pub
- access to health services
- and a range of other human needs

To know what these laws are in your state or territories, you should contact the Anti-discrimination Board nearest you. They employ Aboriginal and Torres Strait Islander people to help you with information or any complaints. These people also run education and cross cultural programs and can help with any issues within your workplace.



fact sheet

HIV/AIDS and Confidentiality

A guide to legal requirements

Commonwealth and State Health Departments are committed to protecting the confidentiality of their clients/patients in all areas of health care. Employees within these health services have a legal duty to maintain confidentiality of information obtained in the course of their work.

There are several laws that protect confidential client/patient information relating to HIV/AIDS. For example in New South Wales the:

- Health Administration Act 1982, section 22;
- Mental Health Act 1990, section 289; and
- Public Health Act 1991, section 17 and section 75;

These Acts have different laws which apply to ALL persons working in these areas (this also means doctors and health workers) and relates to certain information obtained in the course of performing duties under these Acts. For example under section 17 of the Public Health Act 1991 New South Wales – Protection of Identity means:

If you work in the health sector and you find out that a person is, or has been, or has to, be tested for HIV or any other notifiable disease, then you have to by law take all reasonable steps to prevent disclosure of the information to another person.

The only time you can disclose this information is when you have the consent of the person. This should be in writing for your own protection and it should allow the client/patient control and ownership of the information. This means you should take every precaution to tell the person whom you are giving the information too and for what purpose.

In some cases you may disclose a client/patients information when you are referring them to someone, who is also providing them care or treatment, this should be done with precaution and relevant to the client/patient. Such as when you are referring them to a counsellor for counselling. You should not disclose the client/patient information if you are sending them to the local shop with a food order to buy some food!

For information about the requirements in your area contact your State or Territory Health Department.



fact sheet

As part of protecting the person and stopping the spread of HIV in Australia this requires that the health system build the trust and cooperation of people who may be at risk of infection. If such people believe that their trust and confidentiality may be violated they may not go and receive help, counselling, diagnosis, treatment and care and support.

Remember, these laws are written to protect the client/patient and also to protect you the worker. Telling or disclosing some ones HIV status or related information can cause irreversible consequences for the person/s concerned. Such as, people suffering unnecessary depression, feelings of isolation, being victimised by others, which can lead to self-harm or may be even suicide for that person.

In New South Wales under the Health Administration Act 1982 and the Mental Health Act 1990 these laws are also similar and have different consequences. If information is given about a client/patient by you without permission or authorisation, you may be fined or, in some cases there is also the possibility of imprisonment.

If you work in the health area you should familiarise yourself with this information so that you can provide the best care and support to the client/patient. Remember these laws vary in different states and territories but they all have the one common purpose and aim – to protect the client/patients identity and confidentiality.

Some tips to protect client/patient confidentiality

- Contact your nearest health department in your state or territory to find out what the laws are there.
- One of the ways that you can protect the client/patient information is to make sure that the person/s file is kept in a safe and secure place.
- If you have trouble understanding these laws you should contact your nearest health department to help you.
- If you have trouble explaining this information to your client/patients you should ask for an interpreter.
- Always ask the client/patient for their consent when discussing their HIV status with other people.



module four

treatment

TREATMENT

AIMS

- In this session participants will learn the basic understanding of HIV and transmission
- Participants will learn parts of the immune system
- Participants will also discuss and develop prevention strategies for their own communities and workplace

contents

Suggested Program

Notes for Facilitators

Exercises:

1. HIV Treatments-Exercise 1

Factsheets:

1. HIV Treatments
2. What should I do if I decide to take drugs to treat my HIV?
3. Testing and your health – what does this mean?
4. Some tips for maintaining a healthy life

Checklist:

Special guest – HIV/AIDS Treatments expert.

White board/markers

Overhead

Butchers paper/markers

Copies of the fact-sheets/participants handouts

Make sure you have information on and:

- Organised for a HIV/AIDS Treatments expert to present and cover specialised areas of HIV/AIDS treatment before doing any exercises. You should contact your local AIDS Council, Area Health Service, or Aboriginal Medical Service, or a doctor within your area who can facilitate this area
- Local places where HIV positive people can access HIV/AIDS treatments
- Local support and health organisations

suggested program

1. Ice Breaker – only if this is a new day of workshops.
2. Information sharing and fact sheet handouts.
3. Special guest – HIV/AIDS Treatments Officer
4. HIV Treatments Exercise
5. Wrap up and finish.

notes for facilitators

1. Icebreaker

If this is the first session of your workshop find a simple icebreaker to make people feel comfortable, like hot chocolate. If this session is continuing on from the other workshops you will not necessarily need an icebreaker.

2. Before starting this session, hand out fact sheet 1 on Treatments. This will give people an idea of how complex and difficult taking HIV drugs can be and set in people's mind of what this session will cover. Work through.

3. Hand out Fact sheet 2, which talks about 'What should I do if I decide to take to drugs to treat my HIV?' This fact sheet talks more about the difficult things involved in taking HIV drugs and also give some tips to improve people's pill taking. Ask questions like, how difficult might it be for an Aboriginal or Torres Strait Islander person to take these drugs? For example, people living in remote areas and communities, how would they access these drugs? Allow time to discuss.

4. Viral load testing and your health – what does this mean? This fact sheet is about informing people of the certain tests that need to be monitored when someone is HIV sick. Drawing on the HIV workshop, refer back to the immune system and the certain cells that HIV attacks. The CD4 test (t-cell) is an important cell of our body. The test can tell what HIV is doing in our body and help the doctor prescribe the best pills to take. Hand out fact sheet 3 – Some tips for maintaining a health life.

5. Special guest session. Introduce your HIV/AIDS Treatments Officer and allow him/her time to do their session. If you feel that people may not be understanding the information, or you don't know about something, encourage people to ask questions or give some examples of what this might look like if it was an Aboriginal or Torres Strait Islander person.

6. Once the special guest has finished their session, have a 5/10-minute break before going on to do the HIV treatments exercise. Ask your special guest if they can stay on for the next part of the workshop to answer any more questions.

7. After everyone has joined the group again. Explain that they are now going to do an exercise and you would like them to break into 2 groups – 3 if you have a large number of people. Hand out exercise and butchers paper/markers and allow 20 – 30 minutes for groups to finish. Walk around from one group to another and join in, but not giving them the answers.

8. Bring people back into one group and ask for someone to give feedback. Work through the responses. Allow 10/15 minutes.

9. Once the groups have given their feedback, wrap up by going over the session. Talk about what you have covered and also the special guest. You may want to ask some questions of the group just to know what they have learnt from some of the information talked about. Thank everyone for participating and if they want anymore information they should talk to their local HIV Treatments Office, Aboriginal Medical Service, hospital, doctor or AIDS Council.

CLOSE SESSION

fact sheet

Treatments

THERE are a lot of drugs for HIV/AIDS treatment. This does not mean this is a cure, it simply means that the drugs can help slow down the virus and help stop you from getting sick.

You can decide when and what drugs you want to take with your doctor. You should ask questions and understand what your doctor is saying before you start taking any drugs. This is because some drugs have to be taken with food, and some on an empty stomach. Some you need to take the same time every day, others you don't.

Before you decide what drugs to take, think about how you live your life – and what drugs will fit you best. For example, if you start eating food as soon as you wake up and snack all day, a drug that you have to take on an empty stomach 3 times a day will probably not work for you.

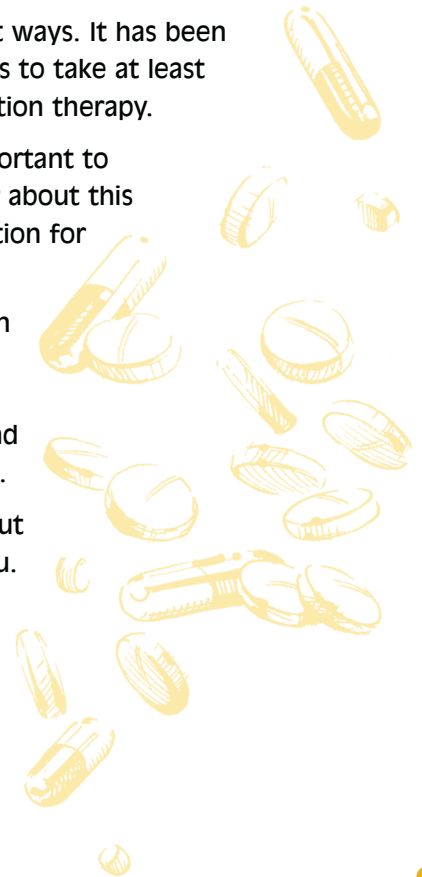
Taking a lot of drugs is hard enough – don't change your entire life at the same time. Fit the drugs to your lifestyle, not your lifestyle to the drugs! (People Living With HIV/AIDS – NSW)

Different drugs work against the virus in different ways. It has been found that the best way to take these HIV drugs is to take at least 2 or 3 together. This is what is known as combination therapy.

A lot of these drugs have side effects, so it is important to watch your health. You should talk to your doctor about this so you can both work out the best drug combination for you and your lifestyle.

It is important to have a good doctor who you can trust and talk to. Remember that doctors are there to help make you feel better and they can also be your friend. It is a good idea to look around for a good doctor who will give you the best care.

This might mean finding a doctor who knows about HIV/AIDS treatments and can listen and talk to you.





fact sheet

What should I do if I decide to take drugs to treat my HIV?

The first thing you should do is talk to either your doctor or an HIV treatment's person about more information about these drugs. They can tell you more about starting, changing or stopping treatments and help make sense of your treatments questions. They can also tell you about drug side effects and complementary therapies as well as treatments during pregnancy.

Taking drugs for HIV is NOT A CURE. These drugs are intended to help slow down or control the amount of HIV in the bloodstream.

Taking drugs for HIV is also not easy. But for the drugs to work as best they can, it's important to take them as your doctor tells you.

Once you have decided to take these drugs it is important to stick to them. This can be very hard if you do not plan the times when you need to take them. Here are a few tips to help you plan your HIV treatments:

tips to improve your pill taking

- Think about when and why you miss them – notice which pills you miss regularly
- Take your pills with something you do everyday – brush teeth and take pills – eat dinner and take pills
- Use a pillbox – if you are out and about, carrying your pills in something can help you remember to take them. Ask your doctor about pill boxes – they are usually free
- Place your pills near something you use everyday – next to the milk in the fridge – next to your bed side so you see them first thing in the morning
- Ask your doctor what foods work best with what pills
- Talk to family and friends you can trust about your pills – this can make it easier to take them when the people around you know how important they are for your long term health.

For more advice, talk to your doctor, an HIV treatment's person or your local Aboriginal or Torres Strait Islander Health Worker, at the Aboriginal Medical Service.



fact sheet

Viral Load Testing and your health - what does this mean?

Unless treatments suppress it, HIV it is constantly reproducing in the body. The amount of virus being reproduced can be picked up by the viral load test after a period of time.

A viral load test measures the amount of HIV in a small sample of your blood. This is a useful indicator of how quickly HIV is likely to damage your immune system. This means the higher amount of HIV found in your blood the greater the amount HIV has reproduced.

A CD4 (or t-cell) test is a measure of how your immune system is coping. People with a healthy immune have a CD4 count of somewhere between 500 and 1200. If your CD4 count is below 500, it is generally thought that some damage is happening to your immune system.

CD4 counts can go up and down while you are on treatments. It is important to look at your CD4 count together with your viral load and to keep an eye on these over time to get a better idea of what is happening with your immune system and whether the treatments are working.

These tests will also look at other important body functions, such as your Kidneys, Liver and Pancreas.

For people with HIV, treatments or the virus itself can put you out of the normal range, but this by itself is not always cause for alarm.

Regular viral load testing (at least every 3 months) is important in helping you maintain a healthy life, don't worry too much on the numbers alone. Compare your tests, with your doctor or HIV treatment's officer. Over time they can also help answer any questions that you might have. How you feel and what your doctor says are appropriate results for you.

fact sheet

Some tips for maintaining a healthy life?

- Talk to your doctor, counsellor, HIV treatment's officer, health worker, or other HIV positive people. Some people choose to join a support group where they can share experiences and learn from others. Your local AIDS Council or doctor can give you more information.
- If you are thinking about a break from taking drugs, first talk to your doctor or HIV treatment's officer or health worker to give you more information.
- During your break from drugs, you should have a viral load test to check if the virus has increased in your blood. This might mean you need to start taking new drugs or start taking your old drugs again, depending on your test results.
- Sexual health clinics and Aboriginal Medical Services are also there to provide advice and help support and refer you to the right people.
- Whatever you decide to do, talk to your doctor or HIV treatment's officer or health worker before you stop and start taking drugs.



HIV treatments

You manage the local food store in your community. You have been HIV positive for the last 2 years and been taking treatments for the last year. Your health has improved during this time. You have only been back home in the community for the last 3 months and you have not told anyone about your HIV. You have to travel to the nearest town, which is a day's drive, to get your pill top ups. Sometimes this can be hard for you because of your job.

You have noticed in the last 3 months that your health has not been so good. This is because your job keeps you busy and most of the time you are the only one who has to manage the store – this means, stock taking, stocking the shelves, organising pays, and opening and closing the store. This takes a lot of time and keeps you busy through the day and late into the night and you often forget to take your pills.

You are also expected to participate in cultural ceremonies, which sometimes mean you are out in the bush and away from home where some of your pills have to be kept in the fridge.

You are happy to be home with your family and friends but you are worried about your health. What do you do?

tips for facilitator

You can do this exercise as one group or you can break into 3 or 4 groups – depending on the number of participants and what they feel comfortable doing.

Encourage people to think about this community being isolated from the nearest town, which is a day's drive. And the amount of work involved in the running of the store.

Should this person tell their family and friends? Why and how? What if people reject them? What would they do if this were them?

What do they think as being the hardest thing taking these pills?

What should the person consider in deciding what combination should they take their pills?