

Common sense tips to support those working with Lesbians, Gays, Bisexual and Trans* (LGBTI)



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Perhaps you may save a life

Gay youths are at least four times more likely to suicide than heterosexual youths between the ages of 15 and 24 years of age due to internalised homophobia and fear of rejection by family and society.

Foreword

This booklet has been written for teachers, health practitioners, community workers, counsellors and police and other professionals to provide some insight and practical ideas to be more supportive and understanding when meeting or recognising a person struggling with their sexual identity.

Many of the tips and issues raised in the booklet have come from my own research and the personal experiences from lesbian, gay, bisexual and trans* (LGBTI) people I have spoken with over the last 15 years.

Parents, often feel confused or incapable of communicating appropriately with loved ones when they learn of their sexuality or gender identity issues. So it would not seem unusual that others, regardless of how professional they aim to be, can be taken aback or unsure about how to react when coming into contact with a person struggling, regardless of age.

The booklet is only small with generalised tips and information, it is not designed as an education package or policy to be implemented.

Gay & Lesbian people

Introduction

This section is focused on creating awareness and understanding of lesbian and gay youth. It addresses the critical issue of homophobic bullying and the general lack of understanding that the gay and lesbian community regularly encounter.

It is PFLAG's intention to create understanding and encourage acceptance of this marginalised group of people, whether in a regional, rural or metropolitan community.

This handbook offers a guide to become more aware of the difficulties and trauma experienced by gay and lesbian youth. The effects of these stresses can be seen in the high rate of depression, suicide, alcohol abuse, illicit drug taking and often, sadly, homelessness for some.

Many professionals feel uncertain or uncomfortable about how to talk to, or treat gays and lesbians in a professional capacity. Others feel helpless about how to combat bullying due to homophobia. It is of concern, as well, that there are young people who have encountered attitudes of 'deserving' the acts of violence towards them. Equally there are some who have been advised to 'conform' to avoid 'drawing attention to themselves'.

Rural Youth

Young gays and lesbians living in rural areas are suffering due to the lack of access to facilities and information that their counterparts in the city can easily access.

One of the major concerns for rural youth is that they may not know any "gay" friendly school staff or another lesbian or gay student or person in their town to confide in or seek support from. It is a sad indictment that they are more likely to have rumours spread about them.

Not surprisingly, this can be very isolating, causing feelings of hopelessness and isolation, often exacerbated by the effort expended keeping a low profile.

Rural communities are usually very tight knit and if the young person is ostracised (self- imposed or otherwise) due to sexual diversity, the repercussions are very different from those living in the city.

Both rural and metropolitan youth have the issue of abandonment and possible suicidal thoughts, which should not be taken lightly, but city youth will be more likely to have a greater range of options for living arrangements.

The problem encountered by many rural and regional lesbians and gays who have moved to the city, to escape rumours and ill-feeling, is the difficulty in returning home. If the youth cannot foresee being welcomed home, the area loses a person who would probably have preferred to live and work in the community

For some other youth, staying in the rural area and concealing their sexual orientation, pressures, both external and internal to the person, will inevitably mount. Friendship, social and marriage expectations may clash often with disastrous consequences.

Religious Beliefs

Some lesbians and gays are from families with strong religious beliefs and the struggle to understand sexual diversity often causes harm to the youth.

Strong religious beliefs of a teacher or health provider may also have impact on the gay or lesbian person. It is likely to be amplified for those living in small towns.

At all times, professionalism should be provided and expected and personal beliefs should not interfere with professional service delivery to a student/client, even if this is with the best of intentions.

Honesty is the best policy

Clinical researchers from the American Psychologist Association (APA), suggest that the more honest a person is regarding their sexual orientation, the better it is for the individual.

Additionally, strong support systems inside the gay community and in the heterosexual community (especially family) are a huge benefit.

Difficulties of "coming out"

Most lesbians and gays have some form of internalised homophobia but family support can minimise the effects individuals experience.

Internalised homophobia may create depression and low self esteem which makes "coming out" difficult for many young people. The American Psychiatric Association (APA) is not suggesting that the path will always be easy for "out and proud" lesbians and gays but it seems the challenges are easier to overcome with parental support.

Many young people when considering "coming out" are conflicted about who to tell and how to tell. This can be due to fear of being abandoned or rejected by those who matter most. No one WANTS to be gay or lesbian.

However, as a professional all that can be done is listen to their concerns, provide information and other referrals. It is never appropriate, however, to insist they "out" themselves.

The Australian Psychological Society (APS) states that there is no evidence to suggest that acceptance of homosexuality in the community will cause or encourage more people to be homosexual or live the supposed "gay" lifestyle.

The APS research shows that sexual orientation is not a choice but often emerges in early adolescence without any prior sexual experience. So please take the time to talk and listen.

What is sexual orientation?

The APS states that there are three commonly recognised sexual orientations, heterosexual, homosexual and bisexual. The APS states sexual orientation is not well understood with various theories providing different explanations determining what causes sexual orientation. Despite much research, there is no proven explanation on how it's determined. This theory also applies to heterosexuality.

The APS also states that therapy cannot change a person's sexual orientation. While some practitioners do attempt reparative therapy other practitioners question the ethics and legality of trying to alter a trait that is not a disorder.

Early Stages of "coming out"

The first stage can be the realisation of being different to class mates. For many they know they're different, they just don't understand why. This awareness of difference can happen at an early age, they just don't realise what that difference is.

The second stage is the awareness of being attracted to same sex friends or acquaintances. For many when this first begins they are unaware of the significance of the attractions. For others, they soon learn and practice hiding feelings and emotions because of the stigma involved with the negative reaction of those around them. This is often the beginning of a very difficult period that can last several years.

Stereotyping

Society's stereotyping of gays being effeminate and lesbians being butch, along with the gay jokes and derogatory comments, is often all that many young gay and lesbians know about their sexual orientation.

Stereotyping and name calling causes huge problems for young people. Many try to deny their homosexuality by being in heterosexual relationships, carrying this secret can often lead to drug abuse to dull the pain and anxiety.

A problem with stereotyping is that many lesbian and gay youth don't see themselves as they are often portrayed in the media or in jokes and wonder where they fit in the world. To a young person this can be most confusing. There is a danger that they come to consider themselves worthless or second rate, developing a self-loathing that is reinforced by societal ignorance.

The added possibility of experiencing rejection by family when the secret is disclosed is of equal concern to gay youth. This can be overwhelming and suicide can be seen as a very real option or at least a serious consideration. Some studies have shown that seven out of ten LGBTI people have at least considered suicide at some time in their life.

It's a sad admission but society intolerance and stigma through misinformation and entrenched beliefs are the greatest risks to lesbian and gay youth. They hear and learn through media, the churches and family that homosexuality is bad, disgusting, sinful or to be trivialised.

***No person should ever be proud that the effects
of their personal beliefs could be the cause of another person's death***

What is Homophobia?

Homophobia is an irrational fear of those with homosexual orientation. This fear may stem from a misguided belief that homosexuals can/will cause personal harm. It is important to note that statistically, those with diverse sexual orientation are in more danger from heterosexuals than vice versa.

It's not uncommon for people to be fearful or feel threatened by what they don't understand, and the enduring nature of myths and stereotyping keeps the fear unchallenged.

Homophobia comes from an unwillingness or inability to change opinion and beliefs often taught in early life.

Homophobia can also stem from the belief that homosexuality is wrong. There is a need to understand that homosexuality is not wrong for homosexuals.

For some people homophobia can also be based on confusion about their own sexual orientation.

Homophobia is often displayed by harassment and discrimination of others based on their sexual identity. It hampers student's productivity, affects self-esteem and contributes to catastrophic events such as self-harm and suicide.

Homosexuality doesn't discriminate - society does

Myths and Facts about homosexuality

Myth #1: Many believe there are no gays or lesbians in their class at school, social group, church or work place and believe they don't know anyone who is lesbian or gay.

Fact: Realistically and statistically this isn't possible. Kinsey believed that 10% of the population was homosexual. Statistics vary a little depending on the researcher and the honesty of those surveyed, because many are hesitant to admit their true orientation.

Some live out and proud but there are just as many lesbians and gays who live closeted lives never revealing their secret to anyone.

Myth #2: Being lesbian/ gay is a choice.

Fact: Research shows that presently there are no proven theories as to why a person is sexually diverse, conversely there is also no proven theory as to why a person is heterosexual.

Myth #3: Homosexuality is a mental illness.

Fact: In 1973 the American Psychiatric Association removed homosexuality from their list of mental illnesses or psychiatric disorders. It is now considered a natural variant of human nature. Furthermore the American Psychological Association urged all members to remove the stigma of mental illness associated with homosexuality.

Myth #4: There is no homosexuality in the animal kingdom.

Fact: Homosexuality is present in animals. Research has identified homosexuality in sheep, birds such as the Australian black swans and penguins, lizards, dolphins and whales, the list goes on.

Myth #5: Being gay or lesbian is abnormal.

Fact: There are less homosexuals (which makes them a minority) than heterosexuals, but being gay is no more abnormal or rare than being left handed. In the past, left handed people were persecuted for something they had no control over. It is no different for lesbians and gays. Sexuality is like eye colour, we have no choice.

Myth #6: Homosexuality is a modern day western phenomenon.

Fact: All cultures, races and religions have lesbians and gays in their communities. Some Native American and African tribes believed homosexuals had special healing powers.

They would remain at the camps or villages to protect the women and children while the heterosexual men were away hunting.

Myth #7: Homosexual men are predators and paedophiles.

Fact: Statistics show that the vast majority of child molesters are heterosexual males, known to the victim. Sexual orientation must not be equated with criminal acts of violence towards children.

Statistically, 1 in 4 girls and 1 in 6 boys are molested and usually by family friend or relative. Boys, like girls are usually molested by heterosexual men, not homosexuals. Research shows that 95% of victims know their perpetrators.

Most perpetrators are heterosexual men, many with children and a wife or girlfriend. They come from all socio- economic levels, religions and ethnic backgrounds.

Myth #8: All gay men are effeminate.

Fact: Gay men work in all professions, e.g. police, armed forces, plumbers, farmers, doctors, lawyers, nurses. Stereotypes are restrictive and damaging to all members of society.

Myth #9: Lesbians have been abused by male partners, want to be men themselves, or they just can't get a man.

Fact: Many lesbians come from caring families as often as heterosexual women do. Many of these women have never had or wanted a male partner. Their sexual orientation is not the result of sexual abuse; is not a response to hatred of men; and is not a second best choice of female partner.

Myth #10: Homosexuality can be cured.

Fact: Many have tried to be "cured" which ultimately causes more distress in the family and the individual. Homosexuality is not a disorder to be cured. Failure of reparative therapy seems inevitable when it is attempting to cure a person's sexual orientation.

A gay person who is celibate is still gay.

Myth #11: All gay men have or will contract HIV/AIDS.

Fact: Transmission of bodily fluids causes HIV/AIDS not the sexuality of a person. The assumption that all gay men are automatically promiscuous with no moral values is unjust. HIV/AIDS can be transmitted through a single event of unsafe sex once. It should also be noted that world wide HIV/AIDS is a heterosexual problem.

Myth #12: Why do gays and lesbians want to “flaunt” their sexuality?

Fact: Hand holding or a kiss goodbye is something automatically acceptable for heterosexuals . We talk about what we did on the weekend with loved ones. We publicly announce our engagements and weddings and have pictures of partners on our desk at work.

Lesbian and gay relationships are just as serious and there is no logical or moral justification for condemning gay or lesbian couples from displaying their affection publicly.

Myth #13: Gay and lesbian relationships don’t last and they don’t take them seriously anyway.

Fact: Same sex relationships are no different from any committed heterosexual relationships. The added pressure of irrational judgement and condemnation in society for same sex couples would certainly have some effect. It is unjust to equate heterosexual relationships as the norm to aspire to. The statistics don’t give evidence of heterosexual relationships being more stable.

Desmond Tutu says homophobia is to the gay community like apartheid was to the blacks; it blames and persecutes people for something they have no control over.

Myth #14: Homosexuals will, if given the opportunity try and recruit others into their lifestyle.

Fact: It is not possible to make or encourage a person to be homosexual. Homosexuals are born, not made.

Myth #15: Lesbians and gays come from dysfunctional families, low socio economic groups and have had traumatic childhoods.

Fact: Lesbians and gays are in any type of family regardless of good or bad parenting skills, absent or domineering fathers, over protective mothers, private or public education, all religious groups, race and cultures.

Myth #16: If the parents recognised their child's homosexual orientation earlier they could have prevented them from being gay or lesbian.

Fact: Because people are born with their sexual orientation, it isn't possible for parents to prevent or alter their son or daughter's diverse sexual orientation or gender identity.

Who is likely to be homophobic?

Statistically, those who are more likely to be homophobic are older heterosexual men often not well educated, religious, living in rural areas, and politically conservative. They are also authoritarian, less sexually permissive, have a belief in the traditional gender roles and less likely to have gay friends.

It's my personal belief that besides the group mentioned in the previous paragraph, for many it's the lack of exposure to meeting or knowing lesbians and gays which encourages a general lack of awareness that causes unrealistic fears and negative beliefs regarding the homosexual community. So, for this group if a loved one "comes out" it is a real challenge for them to alter their beliefs and be supportive.

Difficulties regarding homosexuality

Not everyone becomes aware of their homosexuality at the same time in life. A few realise they're gay or lesbian during puberty and resist their natural desires.

Others, due to societal pressures feel the need to marry and be part of the dominant group. They often separate the components of their lives and travel distances to behave as a homosexual. Dismissing this activity from their normal lives, often silently, will often lead to feelings of self-loathing and despair. Conforming to societal expectations that are radically different from their personal truth can have significant repercussions.

Others use the "don't ask, don't tell" strategy for self preservation. The difficulties mentioned, aren't necessarily unique to those in regional areas but they're often magnified due to the perceived "small town" mentality and because of this, it's very difficult to develop a sense of identity that is "true to one's self".

Another concern or problem for lesbians and gays in regional and rural areas is the lack of resources, with no public meeting places, and the fear of being found out. So this magnifies the need to travel distances to socialise or seek support and information.

Some argue, the internet with easy access to information makes people feel more able to “come out” but presently there are still very few lesbian and gay public role models which make it hard to gauge positive outcomes.

Some gays and lesbians continue to suffer ongoing mental health issues due to the feelings of inferiority, homophobic bullying and/or isolation even after they have long left school and their local area.

Suicide and homosexuality

Statistics show that rural Australia has one of the highest rates of suicide in the world. Towns with less than 4000 people have experienced the greatest increase in male youth suicide.

The most dangerous period for suicidal contemplation or attempts by gay youth regardless of country or city, is between 15 and 24 years. Sadly, for some, it is the actual abandonment and rejection by family or friends, after ‘coming out’ that can cause the suicide, rather than an anticipated fear.

Statistics show gay males are six times more likely to attempt suicide than heterosexual men. Lesbians are twice as likely to suicide as heterosexual females and one third of the suicides occur before the age of seventeen years. Many struggle to pass as “straight” in communities while working to understand and accept themselves. This can be a particularly draining and futile exercise.

While researching for this booklet I constantly came across information discussing suicide, bullying, violence, harassment and homophobia not only in the community but also in the home. As a civilised society, there is an urgent need to raise awareness with education to dispel the myths, untruths and stereotyping that continues to stigmatise the lesbian and gay community.

People fear what they don't understand.

It must be understood that sexual orientation is not a choice or preference. Heterosexuals didn't make a conscious choice to be straight and homosexuals certainly didn't choose to be gay or lesbian. "Gay" in the happy sense, is not something young homosexuals experience in rural areas. They are in constant fear and feel generally isolated while their problems are either ignored or dismissed by most family members.

It is no surprise that suicide is common when gay youth are constantly hearing that they are bad, child molesters, filthys and deviants. Terms such as "..... is so gay" "faggot" and "poofter" are used as put downs and terms used to insult others.

Gays are trivialised in jokes, stereotyped in movies and television programs as effeminate, highly strung and with limp wrists and high pitched voices or evil. All of this is negative stereotyping.

Society, in certain regions is still basically not supportive, with very little positive information available. Schools need to provide information about homosexuality in their curriculum and protect lesbian and gay youth from their peers, to ensure equality and educational opportunities.

Teachers and Schools can make a Difference

Nearly every school would have gay or lesbian students and nearly every teacher would come in contact with them on a daily basis. So it's very important for professionals to be very careful about derogatory comments made regarding sexual orientation.

I have found that many of the young people I have talked to while researching this booklet, have made reference to homophobic comments made by teachers, which were hurtful and made the young person doubt their self worth. This can be particularly damaging especially if the young person respects the teacher's opinion.

Strategies, to address homophobia and injustices related to sexuality, should be the same as those being used to address gender.

There should be a whole school approach with systematic strategies to address homophobia at all levels, to include office staff, teachers, students, ground staff etc.

Due to feelings of rejection and isolation, lesbian and gay youth are often a marginalised group in schools. Homophobic behaviour needs to be recognised so that it can be halted effectively. Some argue that to implement anti homophobic education is to promote homosexuality which is unfounded given that homosexuality is not a learned condition. It is important to acknowledge the presence of homosexuality, in the same way we acknowledge different races and cultures in society.

Adopting policies and curricula on this issue is about students rights to an education in safe surroundings.

- The first step is support - not retribution. We need to recognise unacceptable behaviour not condone it.
- We need to get the community involved in strategies to combat homophobia.
- Do not tolerate derogatory language – either in the class room or school ground.
- Do not permit bullying under any circumstances. A young boy once told me that he was badly bullied at school and always by the same person. One day a teacher caught the bully and gave him a warning and told the gay youth to report to him each time he was bullied. The gay youth did this but nothing was ever done. The teacher's excuse was that if the bully was expelled or suspended his education and schoolwork would suffer. The gay youth asked the question, "What about his education and schoolwork?"
- Have information available. Familiarise yourself with the LGBT services available and where they can be accessed. Perhaps access the internet for information and support and have it accessible for students discreetly or anonymously.

- Use gender neutral terms.
- Take note around the school to see who is being bullied. Provide safe areas for pupils.
- Don't stereotype as it perpetuates myths and contributes to homophobic bullying.
- Never make negative comments at any time about homosexuality; a lesbian or gay child will always hear you.
- Don't assume that everyone is heterosexual.
- Discuss current events that involve lesbians and gays positively.
- Educate school staff and promote community awareness about issues faced by youth. Dispel myths and misunderstandings surrounding homosexuality.
- Don't assume that homosexuality is just a passing phase and therefore ignore the problems the young people are experiencing. It will only exacerbate the problem for the young person. The young person's orientation isn't the problem, it's the reaction of others around him/her. Have the courage to do the right thing for these students.
- Use positive LGBTI information in school, e.g. social studies, health, history etc. Encourage inclusive language, e.g. partner, not husband/wife.
- Don't accept homophobic slurs. Racial and sexist slurs are no longer permitted and silence condones.
- Initiate staff and student discussions, about the negative impact, homophobia has on young people.
- Access expertise, from within the gay community eg the local LGBT police liaison officer. Utilise existing Department of Education resources dealing with homophobia.

- Don't assume all students, staff and parents are heterosexual.
- Reducing bias in schools should be part of the school curriculum and should include issues such as racism, sexism, anti immigrant bias and disability bias. It will also only work if teachers and professionals intervene quickly and consistently.
- Involve parents in the school commitment to providing a safe and inclusive school community. All teachers should make blanket statements condemning homophobic statements or actions.
- Focus on challenging the negative opinions and put downs, rather than the person.
- Failure to act often comes from the lack of awareness and staff not willing to take on the job. A holistic approach needs to be taken including race, religion, and gender while getting the school, parents and local groups involved.
- Reduce isolation and negativity – provide gay and lesbian role models.
 - Arts and music – Michelangelo 15th century, Leonardo da Vinci 15th century, Rudolph Nureyev 20th century, Tchaikovsky 19th century.
 - Sport – Ian Roberts, Martina Navratilova, Billy-Jean King, all 20th century. Sciences – Evelyn Hooker, Dr Kerry Phelps.
 - Aust. History and Politics – Sen. Bob Brown, Justice Michael Kirby.
 - Authors and Poets Hans Christian Andersen 19th century, Tennessee Williams 20th century, Lord Byron 18th century, Oscar Wilde 19th century.
 - General – Yves St. Laurent (designer) 20th century, Soldier and author T.E. Lawrence (Lawrence of Arabia) 20th century, J Edgar Hoover (head of US FBI) 20th century, K.D. Lang and Melissa Etheridge singers 20th century.

- Rulers and Royalty Roman Emperor Hadrian 1st-2nd century, Alexander the Great 300 BC, Richard the Lionheart 12th century, Russian Emperor Peter the Great 17th-18th century, Marie Antoinette 18th century, Julius Caesar, 100-44BC, Eleanor Roosevelt 20th century, Queen Anne 18th century.
- Actors - James Dean, Rock Hudson, Montgomery Clift 20th century.
- Popes - Pope Julius 111, 1550-1555, Pope Benedict IX 1032-1044, Pope John XII 955-964.
- Philosophers - Socrates 400BC, Aristotle 384-322BC.

This small sample of famous gay, lesbian and bisexual people can be used as an example to heterosexual students, that homosexuals have made a great difference and positively influenced society as we know it.

This exercise also positively impacts on the LGBT students in the class room by sending the message that they are worthwhile and can succeed. Become better informed and ensure confidentiality. Schools and teachers need to accept ownership for what is happening.

Studies show that 90% of respondents to a gay rights survey had been called names and nearly 50% attacked and half of these attacks occurred at school. Every large high school is certain to have LGBT staff and pupils, even if they keep this information to themselves.

Plus, the results of all surveys done regarding gay youth and "coming out", show they have to face everything from ignorance to open hostility and not surprisingly many become long term truants.

Who is Bullied?

Boys are more likely to be physically abused, more so at school than on the way to/from school and usually in the play or lunch areas.

Girls are more likely to have rumours spread about them.

Facts about bullies

Children and youth who bully are not always loners and not socially isolated.. Very often they are in groups, sometimes sporting and the bullying tactics are effective due to the audience factor.

Children who bully do not necessarily have low self esteem. Many are often filled with their own self importance. The concern with this belief is, that if you work to improve their self esteem, all you have are more confident bullies.

Warning signs of bullying

- Child returns from school with torn, damaged or missing articles of clothes, books etc.
- Has unexplained cuts and bruises. Has few friends, if any.
- Appears reluctant to attend school. Has lost interest in school.
- Complains of headaches, stomach pains, trouble sleeping and/or nightmares. Appears sad, depressed or moody.
- Appears anxious or has poor self-esteem. Appears quiet, sensitive, passive and less likely.

What can be done?

Bullying is an aggressive act intending harm, carried out repeatedly and over time. Bullying occurs in relationships characterised by an imbalance of power (Colgan-Davis, 2003).

Many gay youth are reluctant to report bullying because of the fear that it will only worsen the problem. The belief is that no one will listen. Other times it's the fear that it will draw attention to their sexuality or the possibility of being "outed" by staff or students.

Bullying often exacerbates the problems of anxiety, depression, etc. and can often have long lasting effects, even after the person has left school or the region. I have talked to several young people who have experienced dreadful bullying at school, with little support from those in power and one can see their stress levels heighten as they recount their horrendous experiences. It's not surprising that they still suffer depression and once contemplated or attempted suicide as an option of escape.

Many believe that it's better for the young person to deal with the issue of bullying themselves and it's sometimes considered character building, while others just turn a "blind eye". But realistically, it is the entire school's problem, not just the individual's concern.

Research shows that the programs with more success are the ones that adults are actively involved in, with increased monitoring of student behaviour and a plan to deal with bullying.

Professionals who recognise the abuse or bullying should talk to the young person and be prepared to work with them and their family. It is ideal if referrals can be offered to the health nurse or guidance officer at the school and outside agencies that can offer strategies and assistance to overcome long term effects for the bullied youth.

What young people had to say

- Most feel there is a general lack of understanding regarding sexual orientation by professionals.
- They want more general awareness about sexual orientation. They don't want to be told that homosexuality is "wrong".
- They want talks at assembly.
- They want the world to know they have morals.
- They don't want to hide because of fear in classrooms/ toilet blocks away from other students.
- They want to hear non judgmental comments from teachers. They want talks to parents regarding sexual orientation.
- They want derogatory terms stopped in class rooms and school grounds by pupils and staff.
- They want homosexuality taught in a sexuality unit at school.
- They believe the bullies are often the kids trying to show who's "cool" in the group.

Young persons' strategies for a solution to halt bullying

If a student complains about bullying and a teacher has witnessed the incident, when confronting the bully the teacher should state that the attack was observed.

Mentioning that the bullied student complained often makes the acts of bullying or abuse worse.

What not to do or believe regarding bullying

- Bullying should not be seen as a part of growing up.
- Telling bullies to be nice and behave themselves does nothing.
- Believing “boys will be boys” is just an excuse to do nothing and is justifying bad behaviour.

It isn't always realistic to expect the bullied person to be the one to make the complaint about bullying, because this can often make them more victimised.

A simple strategy to avoid this happening is if the person does make the complaint, state to the bully that “you observed” or “somebody else observed”. This can take the pressure off the victim.

Not so gay - project

Homophobic name calling such as "poofter" or "faggot" are terms used to keep those in line that have moved out of the accepted or perceived "macho heterosexual" bounds.

When "you're so gay" or "this is so gay" comments are heard, adults in charge should not assume the student doesn't understand what he/she is saying. They know it's a put down, because the term is never used as a compliment. This in turn is again reinforcing that "gay is not a good thing" to the lesbian or gay students in the class.

Some strategies to halt this often used put down include:

- *The disciplinary approach* – just by stating this is an unacceptable term and is not to be used, can be seen as antagonising and will rarely achieving the wanted goal, especially if there is no consequence linked to the continuation of the derogatory terms.
- *The personal approach* – "I find what you're saying offensive. I have friends and family who are gay and I don't appreciate what you're saying and comments like that hurt or offend. Plus, others in this room may have someone they care about who is gay."
- *Humorous approach* – Involves making light of the word e.g. "You said your ruler was gay; I wonder how many others have gay rulers? Perhaps we should put the gay rulers together and the straight rulers over here".
- *Correct language approach* – Involves letting the student know they used the word incorrectly. "Last time I checked gay meant something positive".
- *Minority approach* – Suggest they use other minority terms for example, "that's so aboriginal" or "that's so woman" or "that's so disabled" Then discuss whether it would be permissible to use these terms and would they be able to get away with it. This approach is great to discuss why people can put down gays but not other minorities.

- *Student(s) as experts approach* – acknowledges that the teacher doesn't necessarily know what a student means. Then a broader discussion can occur. For example "when you say 'that's so gay' it seems like you mean it's not good?" "When I think of gay I think of something positive".

Another approach is called the NAC approach...

- *Name it* - Name the problem ("you said that's so gay")
- *Agreement* - Refer to an agreement ("we have a clear understanding in this class/school that there are no putdowns")
- *Consequences* - Alert the student(s) to consequences of their behaviour ("as you know this means.....")

This assumes a number of things including an agreement has been set up that students are aware of.

Finally, when these homophobic comments or behaviours are noted, immediate action should be taken and the message swiftly given that homophobia is not acceptable and this needs to be consistent. Things probably won't always go smoothly but it shows the others in the group that you aren't accepting and the LGBT in the class will feel as if at least you're trying.

I call this the three "C's communicate/ be consistent/ and follow through with consequences.

For more information about challenging homophobia in educational settings, visit www.prideandprejudice.com.au

Health Practitioners

A study by the Royal Women's Hospital in Victoria found that lesbians often experience ostracism, invasive personal questioning, sarcasm, pity and condemnation, when health workers know of their sexuality. Some nurses stopped answering calls, doctors stopped giving proper explanations and they complained of being handled roughly. The lesbians surveyed stated they were distressed with their gynaecological health care and were constantly asked about birth control and pregnancy.

Not surprisingly, this sort of treatment does not encourage preventative health care. It is important to use inclusive language e.g. partner, not husband/wife.

Many young people are reluctant to talk with the family doctor about sexual diversity and "coming out" issues because of the fear of lack of confidentiality, or fear of that person's anger and disgust.

They are often in fear that if they disclose to the doctor he/she may tell family, which is a contributing factor for suicidal thoughts. So it would be advantageous to display the rainbow sticker or poster in a prominent place.

More difficulties arise for lesbians and gays in rural communities than those in large cities. These problems arise because of the isolation, lack of resources, discrimination, homophobia and violence which may be directed towards them. "Coming out" is the hardest thing lesbians and gays will ever have to do regardless of where they live.

Lesbians and gays have been subject to discrimination by some mental health workers, often because of lack of education about the theories of sexual orientation. The workers' own homophobic beliefs and therefore feelings of discomfort around gays professionally or socially was reflected in the interactions.

It can be helpful for health and medical practitioners to get information from gay and lesbian health groups to improve understanding. Personal beliefs should be irrelevant.

There is a need to understand their mental health issues. Many feel their own self loathing - they don't need to experience yours as well.

Many suffer depression because of their sexual orientation, but some are often reluctant to admit orientation because of the fear of being judged harshly. This of course is not helpful to the patient and can be time wasting for the specialist.

Depression and suicidal ideation commonly occurs from their feelings of worthlessness, hopelessness and low self esteem. An inability to disclose to the professional who is trying to treat them can be a significant barrier to that treatment.

Risk factors relating to suicide include family rejection, hostile environment, loss of friends and victimisation. Drug and alcohol abuse is also an issue for many who are trying to hide their orientation.

Another stress factor is the problem of hiding their orientation from co-workers. This increased stress and anxiety takes a lot of energy which may interfere with job satisfaction and lead to detachment from their job and work mates.

Bullying, long after the person has left school or a community, can leave residual long term effects on their mental health.

Display gay friendly reading material/rainbow sticker etc.

Counsellors

Counsellors, regardless of geography, need to be aware that they have lesbian and gay clients. Even if the client doesn't necessarily "out" themselves initially, counsellors should feel confident enough to handle this possibility without embarrassing themselves or the client. Problems can arise if there is a lack of awareness surrounding the unique issues that homosexuals deal with.

Read as much as you can to learn to understand the fears and concerns lesbians and gays experience.

Read as much as you can to understand the rejection and isolation they experience not only by society, but family as well.

Talk to LGBTI groups to gain extra understanding. This can be very helpful.

Understand same sex relationships are just as valid and important to them, as heterosexual relationships are to straight couples.

They need to feel heard and understood and feel that you are comfortable with them personally or their problem.

Display gay friendly magazines/rainbow sticker etc.

Community Workers

Aim to ensure that part of the budget is spent on LGBT resources and display them appropriately.

Invite a speaker to address the staff on same sex issues.

Show you're gay friendly by showing posters in the office or a rainbow sticker.

Use gender neutral language which shows you assume nothing regarding sexuality. Set very clear expectations for behaviour and enforce them.

Police

We understand police are in a very different position to counsellors, doctors, teachers etc when working with the LGBT population. When a crime has been committed everyone is stressed and sometimes injured, with friends and family needing to be notified.

An issue for the police service when working with this group is often a sense of mistrust has developed. Lesbians and gays are fearful they will not be taken seriously and the crime against them trivialised.

Additionally, please don't automatically assume when working with gay men that they automatically have HIV/AIDS.

Another cause of concern for those who make a complaint to the police is the fear they will be "outed" to family if a complaint about a crime is reported.

Very importantly, we ask that when talking with family about the person you may have taken into custody or questioned etc is to not divulge the person's sexual diversity to family even if it is perhaps a sexually related case. The reason for this is he/she may not have "come out" and much harm may be caused. Sexual orientation should remain confidential.

Many parents and gay youth have the opinion that police will automatically assume their son/daughter is guilty, or provoked the assault by his/her manner or behaviour.

We ask that police don't stereotype. Unfortunately, many in the community, not just police, believe gay men are just hysterical and inclined to exaggerate.

We ask that police don't discriminate or make assumptions just because of the style of dress. We ask police recognise homophobia for what it is.

We ask that our sons and daughters be treated equally to heterosexuals regarding the law. Treat LGBT domestic violence issues the same as heterosexual incidents.

Police like many in the community need to understand gays are not potential paedophiles.

Not only the police but the community generally, need to understand our sons and daughters don't choose to be gay and transgender don't wear opposite sex clothing just to gain attention. Homosexuality, bisexuality and trans* are not choices, just like heterosexuality.

General information for professionals who work with LGBTI youth

Don't be surprised if a LGBTI youth "comes out" to you. They have probably tested you and based on your responses, feel they can trust you.

If talking to a troubled youth and you feel sexual orientation or gender identity may be their concern, ask "Do you think you might be same sex attracted?" not "Are you gay?"

Additionally, when talking to a young LGBTI person, discuss positive role models.

Respect confidentiality. As a professional, divulging a person's orientation is a breach of trust. This breach can have unintended catastrophic consequences.

Be informed and examine your own biases. Know when and where to seek help for LGBTI youth. Maintain a balanced perspective.

Understand the difference between sexual orientation or gender identity. Understand it isn't a choice or preference as some believe.

Have LGBTI information available and familiarise yourself with the content.

Deal with feelings first. Most LGBTI youth feel alone, afraid and ashamed. You can assist by listening, thus allowing them to release feelings and thoughts that are often in conflict.

Don't assume because you aren't LGBTI that you can't help LGBTI individuals. You don't have to have been in the Vietnam War to help Vietnam Vets with Post Traumatic Stress Syndrome.

Be supportive. Explain that many people have struggled with this issue in the past. Admit that dealing with one's sexual identity is difficult. There are no easy or fast answers. Keep the door open for more conversation and assistance.

Anticipate some confusion. Most youth are sure of their sexual orientation or gender identity by the time they reach high school but some are still confused. They have to work through their own feelings and insights. However you can't make them gay or straight, regardless of what you say to them.

Help but do not force resolution. As heterosexuals, many cannot understand what it means to be different in this manner.

Don't try and guess who is gay or lesbian. Perpetuating old myths and stereotypes help no-one.

Challenge homophobic and transphobic remarks and jokes and don't perpetuate injustice through silence.

Educate staff and promote community awareness. Have the courage to do the correct thing for the client. Use inclusive language, eg partner, not husband/wife.

Access expertise, information and possible guidance within the community eg LGBT Police Liaison Officers, LGBT Liaison staff at universities etc for assistance, if uncertain about how to handle certain situations.

Aim to reduce isolation and negativity. Become better informed and ensure confidentiality. Accept ownership for what is happening.

Working With and Supporting Trans* People

This section of the booklet is intended for people who, in their working life, meet a trans* person either as a co-worker or a client/student.

This section will provide you with some understanding of trans* people and how important it is for them to be honest in their interactions with other people. It is a very brief overview.

All of the answers you may be seeking will not be found here. It is meant to provide some insight and a source of information for you to assist and support the trans* person you are interacting with.

Much of the information in this booklet has been collated from talking to trans* people over the years and parents of trans* children. It has been built from their personal input to create a better understanding of themselves and their loved ones.

It is important to note that a trans* adult was once a trans* child, whether it was recognised at that time or not.

Children

Children identifying as trans* at an early age has become more common and is now recognised by many in the medical field. Society needs to understand that by supporting the child and treating them as individuals, does no harm. It is also equally important to understand that to insist a child repress how they see themselves can and may cause long term problems.

Children have been known to self-harm, develop anxiety, become introverted or develop a suicidal ideation if compelled to remain as the perceived gender. Children may become withdrawn and rebellious which may be challenging, but they are trying to identify who they are to themselves and to the world.

Dr. Ananyas Mandal, MD in the Medical News Jan 14, 2015 states Gender Dysphoria usually means a difficulty identifying with the biological sex in an individual and the causes are unclear. It is not a mental illness and regardless of the reason, to be Gender Dysphoric is real and needs to be recognised and addressed appropriately.

The problem sometimes worsens when the child reaches puberty and the body begins to change. Extreme anxiety, substance abuse, truancy, self-harm and suicide become a real possibility for the young person. It is imperative therefore to support the child when they initially disclose their dysphoria.

The best option is for the child to be permitted to wear the chosen gender clothes, first at home and continuing when the child has decided to publicly transition and use the new chosen name.

Once puberty begins, it is ideal for the child to be prescribed puberty blockers to slow hair development, deepening of the voice and the development of an Adam's apple in young males. For young females, the puberty blockers prevent breasts developing and menstruation commencing. These typical changes can be most distressing for the child.

Professionals coming into contact with families with young trans* children, regardless of how young, need to be patient, listen and research. Referring parents to skilled practitioners without judgement or bias is essential.

Trans* children need treatment from psychologists and psychiatrists no less than adult trans* people. Many young children cannot always articulate very well how they feel, but some are extremely capable and all should be believed.

As a professional person you may be sceptical or perhaps just not familiar with children identifying as trans* or with Gender Dysphoria. It is recommended that the child be referred to an endocrinologist who will be able to provide a professional diagnosis. This will then remove any doubt about the child being genuine for you and the child's family.

Children - Education

There can be no argument that a child must feel safe and comfortable at school, if they are to thrive in the learning environment. We need to recognise that Gender Dysphoria cannot harm or endanger other children and accepting the child as their preferred gender it is not condoning poor behaviour. Trans* children, youth or adults are not living a "preferred" lifestyle.

The suggestions often made that an individual is likely to coerce or assault another to adopt the lifestyle are dangerously ignorant and clearly untrue. Additionally, Educators need to understand this is not a fad or phase the child is experiencing.

Simply put, these are children who need support and are entitled to an education the same as any other student.

Schools should seek information that explains Gender Dysphoria. Ignorance on the part of staff is no excuse for poor treatment of the trans* child. Education Queensland has recommendations on how to support trans* children in schools.

Ideally children should be:

- permitted to use their chosen gender name and be called by that name
- permitted to use the toilet of their chosen gender
- permitted to dress in their chosen gender uniforms and general clothing
- treated as their chosen gender in all situations.

If the child is genuine, it is most definitely detrimental to the child's mental health and self-esteem if they are denied the right to dress as they feel is correct for them.

Whether the stage the child is going through is permanent or not is immaterial, it is important to support them with understanding and compassion.

Gender Dysphoria in children needs to be taken seriously. Sadly, it is common for young male children to attempt to remove their genitals or have children talking about wanting to die so they can come back as the opposite sex. So, to professionals in whatever area of expertise you work, think very carefully before denying the child the right to dress as they see themselves, in their chosen gender.

There has been an increase in the number of young children who are identifying as trans* over the last few years. It may be confusing for the child and especially so for the parents and they need professional support.

Being trans* has nothing to do with (good or bad) parenting skills, abuse, any form of trauma, what the mother did during pregnancy, the child seeking attention or poor mental health. It is genuine.

Mental health issues can manifest when these children are ignored, shunned or treated badly, not as a consequence of being gender dysphoric.

A recent advantage for trans* children now is, once puberty begins, they can be prescribed puberty blockers which hinders the typical bodily changes from happening. Puberty blockers help to decrease anxiety from unwanted bodily changes. They do not decrease general anxiety.

Hormonal therapy and surgery are the next steps that trans* people may choose to take on their journey to transition.

If, as an Educator, you are unsure about how to work most productively with the child and family, the Education Department "School Policy and Advisory Guide – Gender Identity" is an excellent policy and guide for reference.

Adults

Adults about to transition face a number of difficulties. Many have struggled over the years to deny their emotions about being trans*. The effects of changing gender are not easily minimised.

For some trans* adults, substance abuse can be an issue along with mental health problems. For many, inadequate funds and difficulty in gaining legitimate employment have a significant impact.

To be supportive, it's important to use appropriate gender terms. If, the person is dressed as female, use feminine terms. If, the person is dressed as a male, use male terms. If you are unsure, ask what they would prefer.

Many consider Gender Dysphoria to be a mental illness. However, this is an outdated and misguided belief. Mental health issues for trans* people will often be caused by being misunderstood, ridiculed, abandoned by family and friends or being seen as a curiosity.

It can be a difficult life, however most feel it is more important to live their lives honestly.

Tips:

- Never use terms such as "he-she" or "she-male".
- Never ask if the person has had surgery, it is irrelevant and extremely personal.
- Don't expect the person to change their sporting or leisure interests just because they have transitioned.
- Even though the person may have changed gender, sexual orientation doesn't change accordingly to suit gender.
- Never ask a question that is prying, your curiosity is not a right to be exercised.
- Never refer to the person as "trans*". The person is either a "trans* woman" or a "trans* man".
- Never use the terms "tranny", "man in a dress", "transvestite", or "had a sex change."
- Never ask what the person's name used to be.
- Never ask "why transition if you are going to be gay?"
- Always say the person is "transgender" not "transgendered".
- Trans* is not necessarily just because the person has had surgery – don't focus on the surgery. A person can still be a trans* person without surgery.

Show respect for a trans* person the same as you would to anyone else.

Adults in the Workplace

If a person in the workplace is about to transition, training and information is important for work colleagues. A good idea is to discuss with the person and see if they would like staff to receive information while they are away.

Ideally, inform staff and provide information and training prior to the trans* person's return. Then before the person returns to work full time, with their permission, create a welcoming environment where colleagues could ask questions and have them answered without pressure or feelings of awkwardness. This will minimise gossip, give people time to understand and the person transitioning to settle back into work.

It needs to be understood that the commencement of hormonal treatment can cause the mood of a trans* person to be variable, the same as any teenager going through puberty or a woman with PMT. These emotions provide some added stress to the person who is returning to work as well as their colleagues who are likely to be tentative in their responses. A little forgiveness for irritability may be necessary in the first days back at work.

Suicidal ideation is extremely high for trans* people regardless of age. Most contemplate suicide at some time due to a perceived lack of hope or a lack of understanding by family and/or society.

Additionally, for some trans* adults, there is the frustration due to lack of funding and difficulties accessing medications. Much needed surgery is often unaffordable. Government administrative requirements can often be daunting and even more so if the trans* person is struggling with mental health issues.

The "system" can be a very difficult proposition for trans* people without support and understanding.

Conclusion

I hope by reading this booklet it will encourage the you, the reader to feel better equipped to be more supportive of the LGBT community, to help young people cope with every day experiences and to help them come to terms with their identity.

The welfare of these young people is the responsibility of the whole community. It's important that all professionals who have contact with LGBT youth be informed and educated to understand and accept their needs.

Coming from a small town is no excuse for entrenched prejudice, discrimination or homophobia and transphobia.

Acceptance begins with small steps and positive comments

Notes

We have used the term trans* because there is dispute with some as to whether the term transgender or transsexual etc is correct.

Glossary

- *Bisexual* – A person sexually attracted to both men and women. This orientation could be considered fluid. On a scale of one to ten, (one being 100% heterosexual and ten being 100% homosexual), bisexuals can be anywhere in between.
- *Gender Identity* – The gender with which a person internally identifies, they may or may not be one's biological gender.
- *Gay* – A male who is sexually attracted to other men.
- *Lesbian* – A woman who is sexually attracted to other women.
- *Queer* – A person whose sexual identity or gender does not match societal norms.
- *Heterosexism* – The belief that heterosexuality is normative behaviour and superior to other forms of sexuality.
- *Trans* or transgender* – One whose gender identity differs from that typically associated with their physical sex.
- *Heterosexual* – A person who is sexually attracted to the opposite sex.
- *"Come out"/"Come out of the Closet"* – To publicly identify oneself as gay, lesbian, bisexual or transgender.

Referrals

- Gay and Lesbian Welfare Association (GLWA): Telephone counselling providing support and information.
Phone 1800 184 527 or visit www.glwa.org.au
- Open Doors: Counselling for youth questioning their sexuality
Phone (07) 3257 7660 or visit www.opendoors.net.au
- Parents and Friends of Lesbians and Gays (PFLAG): Support & information with an extensive online resource & booklet library.
*Phone 0400 767 832 or visit www.pflagbrisbane.org.au
Email us via info@pflagbrisbane.org.au*
- Queensland Gender Clinic
Phone (07) 3017 1777
- Queensland Police Service (QPS): Contact your local police station to get in touch with the closest police liaison officer for assistance or to report an incident.
- Aboriginal and Torres Strait Islanders Support
Phone (07) 3017 1777
- Queensland AIDS Council
Phone (07) 3017 1777
- ATSAQ: Trans support
Phone (07) 3843 5024

Movies to watch

- *Some of Us* – A love story comparing the lives of a gay son and his straight father. Funny, but a little sad starring Jack Thompson and Russell Crowe.
- *Mambo Italiano* – a comedy about two Italian families where the son in the first family accepts his sexuality and the parents struggles towards acceptance. Meanwhile the second family and the son deny the truth about his sexuality.
- *Boys on the Side* – Funny and sad story about three women dealing with their lives and relationships, Whoopy Goldberg plays a lesbian.

Books to read

"Coming Out" Stories:

- Two Teenagers in Twenty - Edited by Ann Herron; Gay and lesbian youth talk about their lives.
- Inside Out – Erin Shale, Published by Bookman Press, Melbourne – An Australian collection of "coming out" stories.

Guides to Parental Understanding:

- Coming Out as Parents – You and your homosexual child; Author David Switzer published by Westminster John Knox Press, Kentucky
- So Your Child is Gay, Author Dr. Jerald Bain, published by Phyllis Bruce Book, Harper Collins Publishers Ltd. (Canadian book)
- Now That You Know: What every parent should know about sexuality – dealing with sexuality, religion, parent/child relationships, gay couples and HIV/AIDS, Author Betty Fairchild and Nancy Hayward
- Invisible Families, Author Terry Stewart, published by Tandem Press (New Zealand book)

Both books discuss the difference of how the brain works:

- Sex on the Brain - Author Deborah Blum, published by Penguin Books
- Brainsex - Author Anne Moir and David Jessel, published by Random House

Christian perspective:

- Is the Homosexual My Neighbour? A positive Christian response.
- Authors Letha Dawson Scanzoni and Virginia Ramey Mollenkott,
published by Harper Collins

An excellent book to dispel the nature nurture theory:

- As Nature Made Him: The boy who was raised as a girl - Author John Colapinto, published by Harper Collins

Information for straight spouses:

- The Other Side of the Closet: The "coming out" crisis for straight spouses and families. - Author Amity Pierce Buxton, published by John Wiley and Sons.

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- Proceedings from American Medical Association: Educational Forum on Adolescent Health- Youth Bullying, May 3, 2003.
- Kaleidoscope Resource Manual – Victorian resource manual Nov. 2004 adapted from Ian Seals SSAFE in Schools.
- Beyond "That's so Gay" Daniel Witthaus, www.prideandprejudice.com.au
- Profiles of Child Molesters: Child Molesters and Crimes against Children.

- Child Sexual Abuse Information Sheet – National Committee for the Prevention of Child Abuse, Wisconsin, 1997.
- Rape and Sexual Abuse Centre, Nashville, 2002.
- Family Planning Queensland – Out with Homophobia Facilitator Manual, October, 2005.
- Schools Out- Working towards equality for lesbian, gay, bisexual and transgender, Steven Hastings May 2004.
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- Australian HREOC Speech: Rural Youth Suicide: convention, context and cure, Chris Sidotti, Adelaide, Oct. 14 1999.
- Journal of Rural Community Psychology - The Use of Erikson's Developmental Theory with Gay Men from Rural Communities, K. Beard and A Hissam.
- Rainbow Illinois: A survey of non-metropolitan lesbian, gay, bisexual and transgender people, University of Illinois, R. Oswald, E. Gebbie, L. Culton.
- No Longer Alone: A Resource Manual for Rural Sexual Minority Youth and the Adults who Serve Them, C. Stapel, Massachusetts, 2005.

Useful websites

<http://blogs.rch.org.au/news/2014/06/10/whats-gender-dysphoria/>
Gender Dysphoria: what is it and can it be treated

www.gendercentre.org.au/resources/fact-sheets/transsexualism.htm
Transsexualism fact sheet

<http://www.webmd.com/mental-health/gender-dysphoria>
Gender Dysphoria: what it is and how it's treated (WebMD)

www.hemingways.org/GIDinfo/research.htm
Medical Research

www.gires.org.uk/dysphoria.php
GIRES – Gender Variance: Gender Dysphoria – Gender Identity Research and Education Society

Groups to call for Information and Support

- Australian Trans* Support Assoc. Qld. (ATSAQ) – 3843 5024
- Brisbane Gender Clinic – 3017 1777 (open Wed afternoon)
- Many Genders One Voice – 3017 1777
- Open Doors – 32577660 (youth between 12years and 18years)

Need further information or additional resources?

PFLAG Brisbane has a wealth of information & resources available for free on our website at www.pflagbrisbane.org.au

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