

the other side of the rainbow: same sex attraction
within culturally & linguistically diverse
communities

Multicultural Sexual Health Network (MSHN) report



mshn

multicultural sexual health network

produced by
Multicultural Health & Support Service
(MHSS)

Centre for Culture, Ethnicity & Health
(CEH)

T: +61 3 9418 9929
E: inquiries@ceh.org.au

Report for the 2nd MSHN forum
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multicultural health
& support service



centre for
culture,
ethnicity
& health

introduction

On Tuesday 15 October 2013 at the Melbourne Multicultural Hub, 80 participants gathered for the second Multicultural Sexual Health Network (MSHN) forum. The forum focused on how the service sector could best address the needs of culturally and linguistically diverse (CALD) same-sex attracted people. The forum attendees represented a variety of sectors including health, youth, education, settlement and government.

presentations

Dr Anne Harris, senior lecturer and researcher, Monash University

Dr Anne highlighted the key findings from her research report titled '*Teaching Diversities: Same sex attracted young people, CALD communities and arts-based community education*' available online at <http://www.glhv.org.au/report/teaching-diversities-same-sex-attracted-young-people-cald-communities-and-arts-based-communit>

She also talked about the proceeding of the October **2004** Australian Multicultural GLBTIQ Conference (AGMC) 'Living and Loving in diversity' <http://www.agmc.org.au/2004conference/>

A major outcome of the conference was the establishment of *the gay and lesbian physiological review*, a journal that publishes peer-reviewed articles on issues relevant to LGBTIQ communities in Australia and abroad

<http://www.glhv.org.au/?q=taxonomy/term/106>

In her speech Dr Anne noted the following:

- same-sex attracted people from diverse cultural and religious backgrounds do not necessarily identify with LGBTIQ sexual and gender 'categories'
- to provide inclusive services, it is important for organisations to be aware of the intersection between culture, race, and age, sexual and gender diversity
- edutainment projects such as hip-hop and art-work are useful strategies for addressing the challenges facing CALD same-sex attracted young people

Samuel Muchoki, MHSS sector development and policy officer

Samuel talked about the sexual health needs of CALD same-sex attracted people. He briefly highlighted the findings of the 2008 MHSS consultative forum that brought together workers across the health sector to discuss the issues facing CALD men who have sex with men. The findings of that forum were documented in a report titled *double trouble? The health needs of culturally diverse men who have sex with men* available online at http://www.ceh.org.au/our-programs/our_programs_mhss/info_for_service_providers/cald-msm

Samuel also talked about the findings of his PhD research '*Migration, Sexuality and Sexual Health: Exploring the Experiences of Horn of Africa men with refugee backgrounds*'. He noted that a number of workers interviewed during the study were homophobic and were reluctant to provide any support to same-sex people. He noted that this was likely to impact on the health and wellbeing of same-sex attracted men from the Horn of Africa communities.

Sunil Patel, Manager, Gay and Lesbian Health Victoria

Sunil talked about the trainings delivered by Gay and Lesbian Health Victoria. He reported that:

- approximately 50% of LGBTI people occasionally hide their sexual orientation or gender identity when accessing health services
- LGBTI people often face violence and discrimination because of their sexuality and gender identity
- cultural values and religious beliefs are major factors that confront CALD same-sex attracted people
- disability, HIV status, age, racism within the LGBTI community, and geographical location make it harder for CALD same-sex attracted people to make decisions about accessing health services
- there is widespread homophobia in CALD communities. In many of these communities, same-sex attraction is often labelled as a disease that requires healing, and a threat to social order. There is also a denial that same-sex attraction exists in migrants and refugee communities. These beliefs often lead to hostility and violence against same-sex attracted people in multicultural communities.
- there is a need for capacity building among staff who work with migrants and refugees to ensure that they provide cultural responsive and inclusive services for CALD same-sex attracted people

Sunil also mentioned the following documents which highlight some of the challenges experienced by CALD same-sex attracted people:

- Lesbian and Gay Anti-Violence Project (ACON) 2011 '*we are family too*': *A report into the effects of homophobia in Arabic-speaking communities in NSW*. Available online at <http://www.wearefamilytoo.com.au/report.html>
- Poljski C. 2011. *Coming out, coming home or inviting people in? Supporting same-sex attracted women from immigrant and refugee communities*. MCWH: Melbourne. Available online at http://www.mcwh.com.au/downloads/2011/Understanding_Sexuality_Project_Final_report.pdf

Podcasts from the forum, including presentation by speakers, questions and answers session and panel discussion can be accessed at http://ceh.org.au/our-programs/our_programs_mhss/mshn#forum

Workshop discussions

During group discussions, participants focusses on the following questions:

- (1) What are the barriers that prevent us from meeting the needs CALD same-sex attracted people?
- (2) What do you think is needed to overcome these barriers?

Participants identified the following key barriers that prevent the service sector from effectively addressing the needs of CALD same-sex attracted people:

- **Lack of awareness of the issues facing CALD same-sex attracted people**

Therefore, some workers are not keen to provide additional support for CALD same-sex attracted clients

- **Lack of understanding how diverse culture makes sense of same-sex relations**

This leads to assumptions that same-sex relations in CALD communities are as a result of Western influence.

- ***Homophobia***

Some workers, such as interpreters and bi-cultural workers, have negative attitudes towards same-sex relations due to cultural influences. Therefore, they are reluctant to provide appropriate support to same-sex attracted clients.

- ***Language barriers***

This adds to the complexity of providing adequate support for same-sex attracted clients because of the need to use an interpreter. Since, there is often no equivalent terms for lesbian, gay, bi-sexual, transgender and intersex identities (LGBTI) in CALD communities, it is often difficult to explain the diverse gender and sexual diversities in a client's first language.

- ***Competing priorities***

Some workers give low priority to the sexuality needs of CALD same-sex attracted clients because they do not view it as a role within the scope of their practice. For examples, those in resettlement services may prioritise housing, employment or language support for their clients.

- **Lack of knowledge about referral pathways**

This makes it difficult for some workers to refer CALD same-sex attracted clients to existing support services—there are few specialist services that can offer this support.

Recommendations

Based on the group discussions the participants suggested the following key recommendations to address these barriers:

- develop resources that will raise the awareness of the needs of CALD same-sex attracted people among service providers
- increasing awareness of the needs of CALD same-sex attracted people among workers
- Investing in in-house training to address homophobia among staff and interpreters in order to promote principles of inclusive practices in service delivery
- Develop a training module to build the capacity of workers in engaging with CALD same-sex attracted clients.
- informing workers of existing support services where they can refer clients
- more partnerships (such as organising joint events and training) between GLBTI services and multicultural and ethno-specific organisations as a strategy of addressing homophobia among workers and the communities

MHSS acknowledges the support of the Department of Health and the participation of the following organisations/departments at the forum:

1. AMES
2. Australian Catholic University (ACU)
3. Australian Red cross
4. Australian Research Centre in Sex, Health and Society (ARCSHS), Latrobe University
5. Boroondara Youth Services
6. Commission for Children and Young People (CCYP)
7. Darebin City Council
8. Darebin Community Health
9. Deakin University
10. Department of Health
11. Doutta Galla Community Health Service
12. EACH Social & Community Health
13. Gambler's Help Southern
14. Gamma Project | Counselling and Sexual Health for Bisexual Men
15. Gay and Lesbian Health Victoria (GLHV))
16. Health Works @ Western Region Health Centre
17. Home Ground Services
18. International Student Care Service
19. Isis Primary Care
20. Jesuit social services
21. Living Positive Victoria
22. Melbourne City Mission
23. Merri Community health services
24. Monash Health
25. Monash Health Community
26. Multicultural Health and Support Service, Centre for Culture Ethnic and Health
27. North Yarra Community Health
28. Positive Women Victoria
29. Queer Muslims
30. Relationships Australia, Victoria
31. Resourcing Health & Education in the Sex Industry (RhED)
32. Stonnington Youth Services
33. Victoria Aids Council/ Gay Men's Health Centre (VAC/GMHC)
34. Victoria University
35. Victorian Aboriginal Community Controlled Health Organisation (VACCHO)
36. Victorian Interpreting & Translating Service (VITS)
37. Victorian transcultural mental health
38. Wesley Mission Victoria
39. Western Region health Centre
40. Women's Health in the North
41. Youth Empowerment Against HIV/AIDS
42. Young Men's Christian Association (YMCA)
43. Youth Support and Advocacy Service